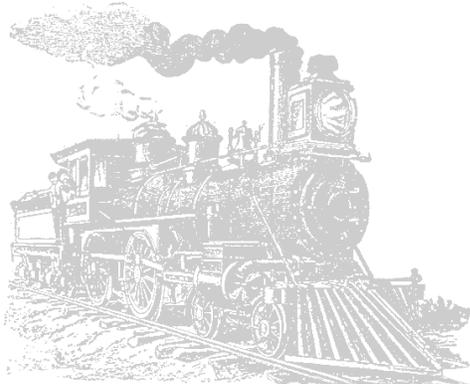


The 2001 Guide to

Federal Employees Health Benefits Plans



***All
Aboard for
Health!***

**FOR UNITED STATES POSTAL SERVICE
Nurses and Tool & Die Shop Employees**

***Be sure to visit OPM's web site at www.opm.gov/insure
and U.S. Postal Service's Intranet web site at blue.usps.gov/hrisp/comp***



United States Office of
Personnel Management

Retirement and Insurance
Service

RI 70-2B
Revised November 2000

Program Features

- **No Waiting Periods.** You can use your benefits as soon as your coverage becomes effective.
- **A Choice of Coverage.** Choose between self only or self and family.
- **A Choice of Plans and Options.** Select from Fee-for-Service, Health Maintenance Organization, or Point of Service plans.
- **A Postal Service Contribution.** The Postal Service makes a generous contribution towards the cost of your premium, but not more than 88.75 percent of the total premium for any plan.
- **Salary Deduction.** You pay your share of the premium through a payroll deduction.
- **Annual Enrollment Opportunity.** Each year you can enroll or change your health plan enrollment.
- **Continued Group Coverage.** Eligible participants can continue coverage following retirement, divorce, death, or changes in employment status. See your local personnel office for more information.
- **Coverage After FEHB Ends.** You or your family members may be eligible for temporary continuation of FEHB coverage or for conversion to non-group (private) coverage when FEHB coverage ends. See your human resource office for more information.



Better Information
Better Choices
Better Health

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Things to Remember

- A number of plans withdrew from the FEHB Program. Make sure your plan will be offered in 2001.
- Be aware of benefit changes for 2001.
- Check the premium for 2001.
- Paying your premium contributions on a pre-tax basis may restrict your ability to reduce or cancel coverage outside of FEHB open season unless you have one of the qualified life status changes and your election is in keeping with the change. See page 9 of this guide.



The information in the 2001 Guide to Federal Employees Health Benefits (FEHB) Plans gives you an overview of the FEHB Program and its participating plans. Before you make any final decisions about health plans, read the plan brochures.

FEHB and You

The Federal Employees Health Benefits (FEHB) Program began operation in July 1960. It is the nation's largest employer-sponsored health insurance program. Almost 9 million people, including 2.3 million federal employees, 1.9 million retirees, and eligible family members, are members of the Program.

Of Note for 2001

- Beginning in 2001, all FEHB plans must offer coverage for mental health and substance abuse that is identical to medical coverage deductibles, coinsurance, copays, and day and visit limitations. Check OPM's web site at www.opm.gov/insure and your plan's brochure for details.
- Patient Safety: See page 5 for five important steps you can take to prevent medical error and improve your healthcare safety.
- Patients' Bill of Rights and Responsibilities: The President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry recommended consumer protections and quality initiatives that are now fully implemented by all FEHB plans. OPM's web site at www.opm.gov/insure lists the specific types of information that your health plan must make available to you. You may also contact your health plan directly for this information.

Overview

The United States Postal Service (USPS) provides health benefits to its career employees by participating in the Federal Employees Health Benefits (FEHB) Program, which is administered by the U.S. Office of Personnel Management (OPM), Office of Insurance Programs. FEHB is the largest employer-sponsored health insurance program in the world. OPM interprets health insurance laws and writes regulations for the FEHB Program. It gives advice and guidance to the USPS and other participating agencies to process your enrollment changes and to deduct your premiums. OPM also contracts with and monitors all of the plans participating in the FEHB Program.

The purpose of this 2001 Guide to Federal Employees Health Benefits (FEHB) Plans is to provide information about enrollment and premium features that USPS career employees must consider when selecting a health insurance plan under the FEHB Program. The Guide is a summary of FEHB plans — the plan brochures give specific benefit information. You can get individual plan brochures directly from the health plans or from your local personnel office. OPM's web site, www.opm.gov/insure, also provides this guide, various plan brochures, and other helpful information.

You may choose from among Fee-for-Service (FFS) plans regardless of where you live (see pages 14 through 16); or plans offering a Point of Service (POS) Product, and Health Maintenance Organizations (HMOs) if you live (or sometimes if you work) within the area serviced by the plan (see pages 22 through 57).

While FEHB eligibility, enrollment requirements, and the plans available for 2001 are the same for federal and USPS employees alike, there are some important differences in premium costs and withholding of premium contributions that apply to postal employees only. Your employee premium rates are calculated using the "Big Six Formula", which covers postal service Nurses and Tool and Die Shop employees. The Postal Service pays a higher percentage contribution than the rest of the federal government, which makes health benefits more affordable for postal employees.

PLEASE NOTE: The premium rates listed in this guide may be slightly different than those printed for postal employees on the individual plan brochures. You should be certain to consider the premium rates listed in this guide only when making your health benefits election. The rates in this guide were calculated using the Big Six Formula.

FEHB and You

Coverage

New employees have the opportunity to select a health plan when hired and current employees have an opportunity to select or change plans when certain life events occur and during an open season that occurs each fall. There are time limits for making these elections, so when a life event occurs, immediately check with your local personnel office to determine the effect on your eligibility and coverage and the action you must take.

Your choice of plans and options includes Self Only coverage just for you, or Self and Family coverage for you, your spouse, and unmarried dependent children under age 22 (and in some cases, a disabled child 22 years or older who is incapable of self-support). Further information for determining family members' eligibility appears on page 2 of the Health Benefits Election Form, SF 2809 (July 1999 edition).

When an event occurs that causes you or your family member to lose coverage, the FEHB Program offers a continuation of coverage, either temporarily or permanent conversion to a private sector. Such events include but are not limited to:

- Separation
- Retirement
- Divorce
- Death

- Relocation
- Leave without pay
- Child reaching age 22.

It is your responsibility to understand and report life events that may cause you or your family member to lose eligibility. Certain rules about coverage, timelines, and premium amounts apply. If you have questions, see your personnel office. If you lose coverage under the FEHB Program, you should automatically receive a Certificate of Group Health Plan Coverage from the last FEHB Plan to cover you. If not, the plan must give you one on request. This certificate may be important to qualify for benefits if you join a non-FEHB plan.

FEHB Open Season

Each year you have the opportunity to enroll or change plans during an open season. **The 2000 Open Season is from November 13 through close of business December 11.** Employees may make any one – or a combination – of the following changes:

- Enroll, if not enrolled
- Change from one plan to another
- Change from one option to another option
- Change from Self Only to Self and Family
- Change from Self and Family to Self Only
- Cancel enrollment

If you decide to do any of the above actions, you must sub-

FEHB and You

mit an election form (Standard Form 2809) to your local personnel office by close of business on **December 11, 2000**. Your new enrollment or any changes that you make to your existing coverage will take effect on **January 13, 2001**. If you decide NOT to change your enrollment, DO NOTHING, and your present enrollment will continue automatically unless you plan is not participating in 2001. If you plan is not participating in 2001, you MUST choose another plan during open season or you will not have FEHB coverage. Ask your personnel office for a list of the plans that will terminate at the end of the 2000 plan year.

If you decide to cancel your coverage, you must submit a Standard Form 2809 that clearly reflects your acceptance of the consequences of cancellation. A cancellation generally is effective at the end of the pay period in which it is received by the local personnel office. However, if cancellation is elected during open season, it will become effective on January 12, 2001. If during the plan year you pay premium contributions on a pre-tax basis you will not be able to cancel or reduce (change from Self and Family to Self Only) coverage unless you experience a qualified life status change and your election is in keeping with the change. See pages 9 and 10.

Should you cancel coverage, you may not enroll again until the next open season unless an event occurs that permits enrollment, for example, a change in marital status.

Note to those considering retirement : In deciding whether to enroll in or cancel FEHB insurance, remember that you will not be eligible for FEHB coverage when you retire if you have not been continuously covered, either as an enrollee or eligible family member, for the 5 years preceding retirement, or, if less than 5 years, for the entire period since your first opportunity to enroll.

You, as an employee, are responsible for being informed about your health benefits. You should thoroughly read this Guide, the brochures of plans that interest you, and the bulletin board notices on health benefits topics. These include family member eligibility, the option to continue or terminate an enrollment during periods of non-pay status or insufficient pay, dual enrollment prohibition, coverage for former spouses, and discontinued health insurance plans. Be sure to read the section on the pre-tax payment of health insurance premium contributions, which begins on page 9.

After referring to these sources, if you still have questions regarding eligibility, enrollment criteria, continued coverage after certain life events, or if you need an election form (SF 2809), contact your local personnel office.

Note: Falsifying or misrepresenting family member eligibility or enrollment is a violation of federal law and may subject an employee to fine, imprisonment and/or disciplinary action.

Selecting a Health Plan

Before selecting a plan you should do the following:

- **Compare benefits in the brochures,**
- **Review costs,**
- **Consider quality, and**
- **Understand how the plan works.**

Benefits —

Check to see if the plan offers the type of services you think you might need. Does it offer a prenatal program? Can you get preventative care? If you have other insurance coverage, how does the FEHB plan coordinate benefits with the other plan? Given the trend toward reducing hospital stays, will your plan pay for home health care? Because health care is expensive, pay attention to the plan's annual out-of-pocket maximum to see how you are protected. See if there are limits on the number of visits for the services you need. Don't assume benefits will be the same as they were last year. Check the plan brochure for details.

- ✓ **Read plan brochures carefully.**
- ✓ **Know what services are covered.**
- ✓ **Know what services are not covered.**

Cost —

The premium you pay is an important consideration. When thinking about premiums, what can you afford biweekly or monthly? Should you enroll in a High Option — and pay High Option premiums — if a Standard Option would do?

You also need to consider other costs. If you need to go to the hospital, how much will you have to pay? What will you pay for an emergency room visit? If you have children, what will you pay for a well-child visit? What will you pay for a prescription?

Do you have to pay a deductible for the services you want? You share medical expenses by paying a coinsurance (a percentage of the bill) or a copayment (a fixed dollar amount). Which option do you prefer? Does the plan limit the dollar amount it will pay for certain services, making you pay the rest?

- ✓ **Review the costs summarized in this Guide.**
- ✓ **Check plan brochures for specific information.**

F E H B a n d Y o u

Quality —

Reviewing the quality data in this Guide is like reading about the repair history of different car models before buying one. The model's repair record may or may not predict what your actual experience will be. However, it gives an indication of how the models compare to one another. You can then be fairly confident that a car that requires fewer repairs is a less risky purchase. The quality information in this Guide can help you avoid an uninformed decision.

What is quality health care? Most experts agree that quality varies at every level of the health care system, from one plan to another and even from one physician's office to another. Quality is just as much a matter of concern in fee-for-service plans as in HMOs. However, there are fewer opportunities to measure how they actually deliver care.

Poor quality can mean too much care (e.g., unnecessary surgery), too little care (e.g., not providing an indicated diagnostic test), or the wrong care (e.g., improper dose of a medication). Health plans can affect the quality of care in the ways they influence the physician's behavior and in the ways in which care is delivered.

Review the survey information in this guide to help you in making an informed decision.

Enrollee survey results in this Guide are not provided by the health plans. *They are solely based on the responses of enrolled individuals like you.* An independent company surveyed a statistically valid sample of each plans' members. A plan's ratings show how well the plan scored based on the responses of its surveyed members.

The complete questionnaire is on OPM's web site at www.opm.gov/insure.

These are summarized findings in key areas:

- **Getting Needed Care.** Did you have problems getting a referral to a specialist or did you experience delays in obtaining care?
- **Getting Care Quickly.** When you called during the doctor's regular office hours, did you get the advice or help you needed? Could you get an appointment for regular or routine care as soon as you wanted?
- **How Well Doctors Communicate.** Did your doctor listen carefully to you and explain things in a way you could understand? Did he spend enough time with you?
- **Courteous and Helpful Office Staff.** Was the doctor's staff as helpful as you thought they should be?

FEHB and You

- **Customer Service.** When you called your plan's customer service department, were they helpful? Did you have paperwork problems? Were the plan's written materials understandable?
- **Claims Processing.** Did your plan pay your claims correctly and in a reasonable time?
- **Overall plan satisfaction.** How would you rate your overall experience with your health plan?

A plan may not be rated for one of three reasons:

1. It is new to the FEHB Program,
2. It has fewer than 500 Federal enrollees, or
3. It failed to administer the survey as we asked. These plans are identified with an **X**.

Accreditation is another quality indicator. It is a rigorous and comprehensive evaluation by independent organizations that assess the quality of the key systems and processes that health care organizations use. It also includes an assessment of the care and service health plans deliver in areas such as immunization rates, mammography rates, and member satisfaction. The National Committee for Quality Assurance, the Joint Commission on Accreditation of Healthcare Organizations, and the American Accreditation Healthcare Commission/URAC are independent, private, not-for-profit organizations dedicated to assessing and reporting on the quality of health care organizations. For further details, visit their web sites at www.ncqa.org, www.jcaho.org and www.urac.org.



Call the
FEHB Fraud Hot Line
(202) 418-3300

if a provider has billed you for services
you did not receive.

Patient Safety

Medical error and patient safety aren't well understood by most Americans. When we need vital or risky health care services, we want to believe that someone else has made sure that we'll get safe care. Sadly, every hour, 10 Americans die in a hospital due to avoidable errors; another 50 are disabled. Too many patients get the wrong medicines, the wrong tests and the wrong diagnosis. By asking questions, learning more and understanding your risks, you can improve the safety of your own health care, and that of your family members. Take these simple steps:

- 1 Speak up if you have questions or concerns.** Choose a doctor who you feel comfortable talking to about your health and treatment. Take a relative or friend with you if this will help you ask questions and understand the answers. It's okay to ask questions and to expect answers you can understand.
- 2 Keep a list of all medicines you take.** Tell your doctor and pharmacist about the medicines you take, including over-the-counter medicines such as aspirin and ibuprofen, and dietary supplements such as vitamins and herbals. Tell them about any drug allergies you have. Ask the pharmacist about side effects and what foods or other things to avoid while taking the medicine. When you get your medicine, read the label, including warnings. Make sure it is what your doctor ordered, and you know how to use it. If the medicine looks different than you expected, ask the pharmacist about it.
- 3 Make sure you get the results of any test or procedure.** Ask your doctor or nurse when and how you will get the results of tests or procedures. If you do not get them when expected — in person, on the phone, or in the mail — don't assume the results are fine. Call your doctor and ask for them. Ask what the results mean for your care.
- 4 Talk with your doctor and health care team about your options if you need hospital care.** If you have more than one hospital to choose from, ask your doctor which one has the best care and results for your condition. Hospitals do a good job of treating a wide range of problems. However, for some procedures (such as heart bypass surgery), research shows results often are better at hospitals doing a lot of these procedures. Also, before you leave the hospital, be sure to ask about follow-up care, and be sure you understand the instructions.
- 5 Make sure you understand what will happen if you need surgery.** Ask your doctor and surgeon: Who will take charge of my care while I'm in the hospital? Exactly what will you be doing? How long will it take? What will happen after the surgery? How can I expect to feel during recovery? Tell the surgeon, anesthesiologist, and nurses if you have allergies or have ever had a bad reaction to anesthesia. Make sure you, your doctor, and your surgeon all agree on exactly what will be done during the operation.

Prescription errors occur much more frequently than they should, often with serious consequences. Keep a record of your medicines; share this information with all of your doctors.

List all prescriptions and over-the-counter drugs, such as aspirin and ibuprofen, and dietary supplements, such as vitamins and herbals. Update this form whenever you have changes.

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Cut out this card and keep it with you.

F E H B a n d Y o u

How the Plan Works

Different types of plans have different methods for getting and paying for care.

- **Fee-for-Service** — This is a traditional type of insurance in which the health plan will either pay the medical provider directly or reimburse you once you have paid the bill and filed an insurance claim for each covered medical expense. You select the doctor or hospital of your choice, but you usually must pay a deductible and coinsurance or copayment. Most fee-for-service plans have preferred provider organizations (PPO). You save money and avoid paperwork when you use preferred providers.
- **Health Maintenance Organization** — This type of health plan gives you coordinated care through a network of physicians and hospitals in particular areas. You usually must get all your care from the providers that are part of the plan. You pay copayments for most services and rarely pay a deductible or coinsurance.
- **Point of Service** — This type of plan also has rules about what benefits are covered, doctor choice, and access to specialists, but you can choose any doctor you like and see specialists without referrals if you agree to pay more.

There are things you can do to make a plan work best for you.

- When you need care, use your brochure to find out about the plan's rules and coverage for the care you need. Know what services require precertification, prior approval, or referral before you use them.
- Use your plan's mail order drug program if it has one. You get the convenience of a 90-day supply instead of a 30-day supply.
- Request generic drugs instead of brand name drugs. A generic medication is a copy of a brand name drug. It has the same active ingredients but costs less.
- Get a second or even third opinion before undergoing treatment for a serious illness or injury.
- If you're in a fee-for-service plan, use the plan's PPO if it has one. (Be aware, however, that some of the services provided in a PPO hospital may not be covered by PPO arrangements. Room and board will be covered, but anesthesia and radiology, for instance, will probably be covered under non-PPO benefits.)
- Ask questions. You deserve a voice in your own health care!

5 Steps to Safer Health Care:

1. Speak up if you have questions or concerns.
2. Keep a list of all the medicines you take.
3. Make sure you get the results of any test or procedure.
4. Talk with your doctor and health care team about your options if you need hospital care.
5. Make sure you understand what will happen if you need surgery.

Learn more at www.opm.gov/insure



Cut out this card and keep it with you.

Pre-Tax Payment of Premium Contributions

The Postal Service has established the pre-tax payment of health insurance premium contributions as a tax-saving benefit feature for its employees. This feature has been sponsored by the Postal Service since 1994. Beginning October 1 this year all other federal employees were afforded this feature as well. Payment of premiums on a pre-tax basis prohibits postal enrollees from reducing coverage at any time. Read the “Reducing Coverage” section for details.

Pre-Tax Withholding

If you are a career USPS employee, your premium contributions will automatically be withheld from pay as “pre-tax money,” which means the premium amount is not subject to income, Social Security, or Medicare taxes.

Premiums are collected on a pre-tax basis automatically, unless you waive this treatment. Once you begin to pay FEHB premiums with pre-tax money, this method continues each year.

Although you are automatically enrolled to pay premium contributions with pre-tax money, you do have an opportunity during FEHB Open Season, or if you have a Qualified Life Status Change, to waive this treatment and pay your premiums with “after-tax money.” This means you give up the tax savings of paying with pre-tax money.

There are two possible disadvantages of paying your premiums with pre-tax money that you should balance against the tax savings you receive.

First when you retire, if you begin to collect Social Security (normally this occurs at age 62), you may receive a slightly lower Social Security benefit. Paying your FEHB premiums with pre-tax money reduces the earnings reported to the Social Security Administration. (Your Medicare, life insurance, retirement plan, and Thrift Savings Plan benefits are not affected.)

Second, there are some restrictions on reducing your coverage outside FEHB Open Season that apply if you pay your premium contributions with pre-tax money. These are explained below.

Most employees prefer paying their premiums with pre-tax money because they save on taxes.

Nevertheless, if for any reason you do not want this method of payment, and instead wish to have premiums paid with after-tax money, you must submit a form to waive the pre-tax treatment. For more information, see the section, How to Waive Pre-Tax Payment on page 10.

Reducing Coverage

When your premium contributions are withheld on a pre-tax basis, certain Internal Revenue Service (IRS) guidelines affect your ability to change coverage. You may elect to reduce your coverage, that is, to cancel your FEHB enrollment, or to go from Self and Family to Self Only coverage, only during an FEHB Open Season, unless one of the following qualified life status changes occur:

Qualified Life Status Changes

1. You marry, divorce, legally separate, or your marriage is annulled.
2. You add a qualified dependent (for example, by birth, or you adopt a child, or your dependent now satisfies eligibility requirements).
3. You lose a qualified dependent (for example, by death, or your child is placed for adoption, or your dependent now ceases to satisfy eligibility requirements).
4. You, your spouse, or your dependent has a change in work site or residence.
5. Your spouse or your dependent starts or ends employment, or an unpaid leave of absence, or a strike or lockout; or has a change in employment status making that person eligible or ineligible for a benefit plan.

FEHB and You

6. A court order, judgment or decree (resulting from a change in marital status or legal custody) requires you to begin providing coverage for your child or requires another person to do so.
7. You, your spouse or your dependent becomes or ceases to be eligible for Medicare or Medicaid.
8. You begin or end an unpaid leave of absence.
9. Your spouse or your dependent elects to change health coverage under another employer's plan, either based upon a qualified life status change or for a period of coverage that is different from USPS—you may then eliminate any duplicate coverage.

Reducing your FEHB coverage outside of FEHB Open Season must be in keeping with your qualified life status change. For example, if you have a new baby, you usually would not change from a Self and Family to a Self Only enrollment, or cancel coverage.

A qualified life status change does not allow you the opportunity to change plans or options.

To reduce your FEHB coverage outside of FEHB Open Season, submit Standard Form (SF) 2809, Health Benefits Election Form, to your local personnel **office no later than 60 days after a qualified life status change has occurred**. You must provide any supporting documentation requested by your local personnel office. The effective date of a change from Self and Family to Self Only will be the first day of the pay period that follows the pay period

in which your SF 2809 is received. The effective date of a cancellation will be the last day of the pay period in which your SF 2809 is received.

If you are the only person left in your Self and Family enrollment as a result of a change in marital or family status (divorce, legal separation, annulment, or loss of a qualified dependent, for example, through death or because your child reaches age 22), you must elect to reduce the enrollment (elect Self Only coverage, or cancel coverage) **WITHIN 60 DAYS** of the qualified life status change. Otherwise, your self and family enrollment will continue until another event (that is, a qualified life status change or FEHB Open Season) occurs that allows you to elect to reduce coverage. The election cannot become effective retroactively, therefore, there will be no retroactive premium adjustment.

Retirement is **NOT** a qualified life status change that allows cancellation prior to separation. If you wish to cancel an enrollment at retirement, your personnel office will accept your completed SF 2809 and forward it to OPM for processing after separation from the Postal Service. (Annuitants' FEHB premiums contributions are not withheld as a pre-tax payment, thus reduction in coverage is allowed at any time.)

During periods of non-pay status or insufficient pay, you may terminate your FEHB enrollment. The effective date of termination is retroactive to the end of the last pay period in which a premium contribution was withheld from pay. Contact your local personnel office for more information about how termination during periods of non-pay status or insufficient pay affects FEHB enrollment.

How to Waive Pre-tax Payments

If you wish to pay your premiums with after-tax money, you should contact your local personnel office and ask for Postal Service (PS) Form 8201, Pre-tax Health Insurance Premium Waiver/Restoration Form. Complete the form and return it to your local personnel office by close of business December 11, 2000.

If you submit a waiver, your premiums will continue to be paid with after-tax money in future years, unless you later submit another PS 8201 to restore pre-tax payment of FEHB premiums.

If you previously submitted a waiver in order to pay with after-tax money, and you want to begin paying your premiums with pre-tax money, you may submit PS 8201 to restore pre-tax payment of your premium contributions. You may change the method of payment from pre-tax to after-tax, or the reverse, only during the annual FEHB Open Season, or in the event of a qualified life status change.

If you pay premiums with after-tax money, you will not be affected by the IRS guidelines described above that restrict reductions in coverage. You may reduce your level of FEHB coverage at any time of year without having a qualified life status change.

Your Right to More Information

This section of the FEHB Guide serves as your summary plan description of the USPS Plan for the Pre-tax Payment of Health Insurance Premiums. There is also a legal plan document containing the full legal plan provisions, which you may arrange to view by writing to:

PRETAX PAYMENT OF HEALTH INSURANCE
 PREMIUMS
 PLAN ADMINISTRATOR
 475 L'ENFANT PLAZA SW, ROOM 9670
 WASHINGTON, DC 20260-4210

WWW.OPM.GOV/INSURE

Opm now has two FEHB web pages to make your search for information easier. There is the FEHB Home Page that has information on the FEHB Program and important information on health care. There is also the Plan Comparison Page that has all the information you'll need to make an informed health insurance election.

Here's what you can find on the two pages:

FEHB Home Page

- The FEHB Handbook for Enrollees and Employing Offices — detailed and in-depth information about the FEHB Program
- The FEHB law and regulations
- Information on Disputed Claims, Patients' Bill of Rights and Mental Health Parity
- Frequently Asked Questions
- Monthly highlights about different health care issues and programs
- Information on Medicare and FEHB
- FEHB Facts — a program overview

Plan Comparison Page

- 2001 Plan Comparison — gives you general information about plans, plan quality, and information about how to choose a plan
- A link to PlanSmartChoice — an interactive decision support tool to help you select a plan
- Links to Guides and Brochures — view them on the web or download them and print them to keep
- Links to other web sites where you can find more about health care quality
- Links to on-line enrollment information — Employee Express, Annuitant Open Season Express

Plan Comparisons

2001 Plan Year List of Health Plans with Biweekly Premium Rates for Nurses and Tool & Die Shop Employees

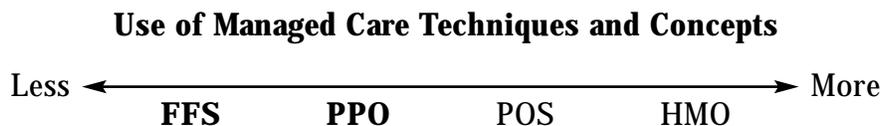
Nationwide Fee-for-Service Plans Open to All

(Pages 14 through 16)

Fee-for-Service (FFS) Plans with a Preferred Provider Organization (PPO) — A FFS option that allows you to see medical providers who reduce their charges to the plan; you pay less money out-of-pocket when you use a PPO provider. When you visit a PPO you usually won't have to file claims or paperwork. However, going to a PPO hospital does not guarantee PPO benefits for all services received within that hospital. For instance, lab work and radiology services from independent practitioners within the hospital may not be covered by the PPO agreement.

Fee-for-Service (FFS) Plans (non-PPO) — A traditional type of insurance in which the health plan will either pay the medical provider directly or reimburse you after you have paid the bill and filed an insurance claim for each covered medical expense after you receive the service. When you need medical attention, you visit the doctor or hospital of your choice.

Managed care is an important force in today's health care. Generally speaking, it is a system that tries to manage the quality of health care, access to health care, and the cost of that care. The following graph compares the extent to which different plan types use managed care.



**Important: Some FFS plans also offer a Point of Service product.
Check pages 22-57 for details.**

Nationwide Fee-for-Service Plans Open to All

How to read this chart:

The table below highlights selected features that may help you narrow your choice of health plans. An (*) in any column means an exception to the general rule for that particular plan. See the applicable column description for details. Always consult plan brochures before making your final decision.

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. Check the plan brochure for details.

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. Check the plan brochure for details.

| Plan name | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|---|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| Alliance Health Plan | 202/939-6325 | 1R1 | 1R2 | 33.47 | 68.48 |
| APWU Health Plan [◇] | 800/222-2798 | 471 | 472 | 25.70 | 61.95 |
| Blue Cross and Blue Shield-High | local phone # | 101 | 102 | 49.06 | 104.40 |
| Blue Cross and Blue Shield-Std [◇] | local phone # | 104 | 105 | 13.60 | 45.99 |
| GEHA Benefit Plan-High | 800/821-6136 | 311 | 312 | 29.34 | 67.44 |
| GEHA Benefit Plan-Std | 800/821-6136 | 314 | 315 | 12.37 | 28.12 |
| Mail Handlers-High | 800/410-7778 | 451 | 452 | 25.91 | 51.02 |
| Mail Handlers-Std | 800/410-7778 | 454 | 455 | 9.87 | 21.42 |
| NALC | 703/729-4677 | 321 | 322 | 27.93 | 59.00 |
| Postmasters-High | 703/683-5585 | 361 | 362 | 153.61 | 332.99 |
| Postmasters-Std | 703/683-5585 | 364 | 365 | 36.81 | 81.79 |

◇ Offers a Point of Service product.

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

The **Annual Out-of-pocket Maximum** is the amount of certain covered charges the plan will require you to pay during the year. Some plans (*) require each family member to pay the maximum.

What you pay for **Doctors** inpatient visits and for surgical services is shown.

Your share of **Outpatient Tests** — provided, or ordered, and billed by a physician or physicians' group — is shown.

Your share of **Hospital Inpatient Room and Board** and **Other** (e.g., nursing, supplies, and medications) covered charges are shown, usually after any per stay deductible. Services provided and billed by the hospital for outpatient care (other than surgery) are shown as **Hospital Outpatient Other** expenses.

Finally, what you pay for **Generic** and **Brand name** drugs purchased through **Mail Order** is shown. In some cases you pay the greater of either the copayment or coinsurance shown. If you pay more for non-preferred drugs, that amount is shown on the non-PPO line.

| Plan name | Benefit type | Medical-Surgical — You pay | | | | | | | | | | | |
|---------------------------------|--------------|----------------------------|-------------------|-----------------------------|------------------------------|----------------------------|------------------|---------------|-----------------|-------------------------------|----------|------------|--|
| | | Deductible | | | Annual Out-of-pocket Maximum | Copay (\$)/Coinsurance (%) | | | | | | | |
| | | Per person | | Per stay hospital inpatient | | Doctors | Outpatient tests | Hospital | | Mail order prescription drugs | | | |
| | | Calendar year | Prescription drug | | | | | Inpatient R&B | Inpatient Other | Outpatient other | Generic | Brand Name | |
| Alliance Health Plan | PPO | \$100 | \$200* | \$150 | \$2,000* | 10% | 10% | 10% | 10% | 10% | 20% | 20% | |
| | Non-PPO | \$300 | \$200* | \$250 | \$3,000* | 30% | 30% | 30% | 30% | 30% | 20% | 20% | |
| APWU Health Plan | PPO | \$250 | None | None | \$4,000 | 10% | 10% | 10% | 10% | 10% | \$5/20% | \$5/20% | |
| | Non-PPO | \$250 | None | \$200 | \$6,000 | 30% | 30% | 30% | 30% | 30% | \$5/20% | \$5/20% | |
| Blue Cross and Blue Shield-High | PPO | \$150 | None | None | \$1,000 | 5% | 5% | Nothing | Nothing | 5% | \$8 | \$14 | |
| | Non-PPO | \$150 | None | \$100 | \$2,700 | 20% | 20% | 30% | 30% | \$100/d | \$8 | \$14 | |
| Blue Cross and Blue Shield-Std | PPO | \$250 | None | \$100 | \$3,000 | 10% | 10% | Nothing | Nothing | 10% | \$12 | \$20 | |
| | Non-PPO | \$250 | None | \$300 | \$5,000 | 25% | 25% | 30% | 30% | \$150/d | \$12 | \$20 | |
| GEHA Benefit Plan-High | PPO | \$300 | None | None | \$2,500 | 10% | 10% | Nothing | 10% | 10% | \$10 | \$30 | |
| | Non-PPO | \$300 | None | None | \$3,500 | 25% | 25% | Nothing | 25% | 25% | \$10 | \$30 | |
| GEHA Benefit Plan-Std | PPO | \$450 | None | None | \$3,000 | 15% | 15% | 15% | 15% | 15% | \$15 | 50% | |
| | Non-PPO | \$450 | None | None | \$4,000 | 35% | 35% | 35% | 35% | 35% | \$15 | 50% | |
| Mail Handlers-High | PPO | \$150 | \$250* | None | \$2,500 | 10% | 10% | Nothing | Nothing | 10% | \$10 | \$30 | |
| | Non-PPO | \$150 | \$250* | \$250 | \$4,000 | 30% | 30% | Nothing | Nothing | 30% | \$10 | \$45 | |
| Mail Handlers-Std | PPO | \$200 | \$600* | \$150 | \$4,000 | 10% | 10% | Nothing | Nothing | 10% | \$10 | \$40 | |
| | Non-PPO | \$200 | \$600* | \$300 | \$4,000 | 30% | 30% | Nothing | Nothing | 30% | \$10 | \$55 | |
| NALC | PPO | \$250 | None | None | \$3,000 | 15% | 15% | Nothing | Nothing | 15% | \$12 | \$25 | |
| | Non-PPO | \$300 | \$25 | \$100 | \$3,500 | 30% | 30% | 20% | 20% | 30% | \$12 | \$25 | |
| Postmasters-High | PPO | \$200 | \$100 | None | \$3,000 | 10% | 10% | 10% | 10% | 10% | \$10 | \$25 | |
| | Non-PPO | \$400 | \$150 | \$150 | \$3,500 | 20% | 20% | 25% | 25% | 20% | \$10 | \$25 | |
| Postmasters-Std | PPO | \$250 | \$100 | None | \$3,500 | 10% | 10% | 10% | 10% | 10% | \$15/20% | \$30/20% | |
| | Non-PPO | \$500 | \$150 | \$250 | \$5,000 | 30% | 30% | 30% | 30% | 30% | \$15/20% | \$30/20% | |

Nationwide Fee-for-Service Plans Open to All

Enrollee Survey Results — See page 5 for a description.

| Plan name | Plan code | Enrollee Survey Results ● above average, ◐ average, ○ below average | | | | | | |
|---------------------------------|-----------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|
| | | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing |
| Alliance Health Plan | 1R | ○ | ○ | ● | ● | ● | ○ | ◐ |
| APWU Health Plan | 47 | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Blue Cross and Blue Shield-High | 10 | ◐ | ◐ | ◐ | ◐ | ◐ | ◐ | ● |
| Blue Cross and Blue Shield-Std | 10 | ◐ | ◐ | ◐ | ◐ | ◐ | ◐ | ● |
| GEHA Benefit Plan-High | 31 | ● | ◐ | ◐ | ● | ● | ● | ● |
| GEHA Benefit Plan-Std | 31 | | | | | | | |
| Mail Handlers-High | 45 | ◐ | ◐ | ◐ | ◐ | ◐ | ◐ | ○ |
| Mail Handlers-Std | 45 | ◐ | ◐ | ◐ | ◐ | ◐ | ◐ | ○ |
| NALC | 32 | ● | ● | ● | ● | ● | ● | ● |
| Postmasters-High | 36 | ● | ◐ | ● | ◐ | ◐ | ◐ | ● |
| Postmasters-Std | 36 | ● | ◐ | ● | ◐ | ◐ | ◐ | ● |

Plan Comparisons

2001 Plan Year List of Health Plans with Biweekly Premium Rates for USPS Nurses and Tool & Die Shop Employees

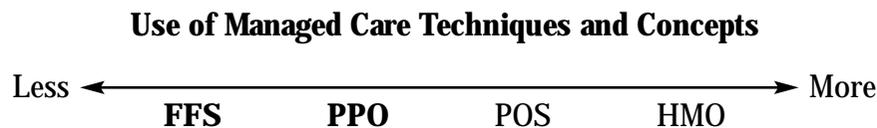
Nationwide Fee-for-Service Plans Open Only to Specific Groups

(Pages 18 through 20)

Fee-for-Service (FFS) Plans with a Preferred Provider Organization (PPO) — A FFS option that allows you to see medical providers who reduce their charges to the plan; you pay less money out-of-pocket when you use a PPO provider. When you visit a PPO you usually won't have to file claims or paperwork. However, going to a PPO hospital does not guarantee PPO benefits for all services received within that hospital. For instance, lab work and radiology services from independent practitioners within the hospital may not be covered by the PPO agreement.

Fee-for-Service (FFS) Plans (non-PPO) — A traditional type of insurance in which the health plan will either pay the medical provider directly or reimburse you after you have paid the bill and filed an insurance claim for each covered medical expense after you receive the service. When you need medical attention, you visit the doctor or hospital of your choice.

Managed care is an important force in today's health care. Generally speaking, it is a system that tries to manage the quality of health care, access to health care, and the cost of that care. The following graph compares the extent to which different plan types use managed care.



**Important: Some FFS plans also offer a Point of Service product.
Check pages 22-57 for details.**

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

How to read this chart:

The table below highlights selected features that may help you narrow your choice of health plans. An (*) in any column means an exception to the general rule for that particular plan. See the applicable column description for details. Always consult plan brochures before making your final decision.

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. Check the plan brochure for details.

Some plans apply **Prescription Drug** purchases to the Calendar Year deductible (CY).

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

| Plan name | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|--------------------------------|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| Association Benefit Plan | 800/634-0069 | 421 | 422 | † | † |
| Foreign Service | 202/833-4910 | 401 | 402 | 13.68 | 63.96 |
| Panama Canal Area [◇] | 732/222-2229 | 431 | 432 | 16.61 | 38.79 |
| Rural Carrier Benefit Plan | 800/638-8432 | 381 | 382 | 29.73 | 49.13 |
| SAMBA | 301/984-4101 | 441 | 442 | 35.66 | 106.80 |
| Secret Service | 800/424-7474 | Y71 | Y72 | 12.47 | 32.00 |

[◇] Offers a Point of Service product.

[†] See your personnel office.

The **Annual Out-of-pocket Maximum** is the amount of certain covered charges the plan will require you to pay during the year. Some plans (*) apply the limit to inpatient charges other than room and board.

What you pay for **Doctors** inpatient visits and for surgical services is shown.

Your share of **Outpatient Tests** — provided, or ordered, and billed by a physician or physicians' group — is shown.

Your share of **Hospital Inpatient Room and Board** and **Other** (e.g., nursing, supplies, and medications) covered charges are shown, usually after any per stay deductible. Some plans require this for your first admission only (*). Services provided and billed by the hospital for outpatient care (other than surgery) are shown as **Hospital Outpatient Other** expenses.

Finally, what you pay for **Generic** and **Brand name** drugs purchased through **Mail Order** is shown. In some cases you pay the greater of either the copayment or coinsurance shown. If you pay more for non-preferred drugs, that amount is shown on the non-PPO line.

| Plan name | Benefit type | Medical-Surgical — You pay | | | | | | | | | | |
|----------------------------|--------------|----------------------------|-------------------|-----------------------------|------------------------------|----------------------------|------------------|---------------|-----------------|-------------------------------|---------|------------|
| | | Deductible | | | Annual Out-of-pocket Maximum | Copay (\$)/Coinsurance (%) | | | | | | |
| | | Per person | | Per stay hospital inpatient | | Doctors | Outpatient tests | Hospital | | Mail order prescription drugs | | |
| | | Calendar year | Prescription drug | | | | | Inpatient R&B | Inpatient Other | Outpatient other | Generic | Brand Name |
| Association Benefit Plan | PPO | \$250 | CY | None | \$2,000 | 10% | 10% | Nothing | Nothing | 10% | \$15 | \$30 |
| | Non-PPO | \$250 | CY | \$100 | \$3,000 | 25% | 25% | 25% | 25% | 25% | \$15 | \$45 |
| Foreign Service | PPO | \$300 | None | None | \$3,000 | Nothing | 10% | Nothing | Nothing | 10% | \$15 | \$25 |
| | Non-PPO | \$300 | CY | \$200 | \$4,000 | 20% | 20% | 20% | 20% | 20% | \$15 | \$25 |
| Panama Canal Area | No PPO | None | \$400 | \$125 | \$2,500* | 50% | 50% | 50% | 50% | 50% | N/A | N/A |
| Rural Carrier Benefit Plan | PPO | \$250 | CY | None | \$2,000 | 15% | 15% | Nothing | Nothing | Nothing | \$13 | \$18 |
| | Non-PPO | \$250 | CY | \$200* | \$2,500 | 15% | 25% | \$200* | 20% | Nothing | \$13 | \$18 |
| SAMBA | PPO | \$300 | None | \$200 | \$2,500 | 10% | 10% | Nothing | 10% | 10% | \$15 | \$20 |
| | Non-PPO | \$300 | None | \$200 | \$2,500 | 30% | 30% | 30% | 30% | 30% | \$15 | \$25 |
| Secret Service | No PPO | \$200 | None | \$100 | \$1,000 | 20% | 20% | Nothing | Nothing | Nothing | \$5 | \$12 |

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

Enrollee Survey Results — See page 5 for a description.

| | | Enrollee Survey Results ● above average, ◐ average, ○ below average | | | | | | |
|----------------------------|-----------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|
| Plan name | Plan code | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing |
| Association Benefit Plan | 42 | ○ | ● | ○ | ○ | ○ | ◐ | ◐ |
| Foreign Service | 40 | ◐ | ◐ | ◐ | ○ | ○ | ◐ | ◐ |
| Panama Canal Area | 43 | | | | | | | |
| Rural Carrier Benefit Plan | 38 | ● | ● | ● | ◐ | ● | ● | ● |
| SAMBA | 44 | ◐ | ○ | ○ | ◐ | ○ | ◐ | ○ |
| Secret Service | Y7 | ◐ | ● | ◐ | ◐ | ◐ | ◐ | ◐ |

Plan Comparisons

2001 Plan Year List of Health Plans with Biweekly Premium Rates for USPS Nurses and Tool & Die Shop Employees

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

(Pages 22 through 57)

Health Maintenance Organization (HMO) — A health plan that 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. Some HMOs are affiliated with or have arrangements with HMOs in other service areas for non-emergency care if you travel or are away from home for extended periods. Plans that offer reciprocity discuss it in their brochure.

- 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 generally no deductible or coinsurance for in-hospital care.
- Most HMOs ask you to choose a doctor or medical group to be 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 most appropriate to your condition.
- Care received from a provider not in the plan’s network is not covered unless it’s emergency care or the plan has a reciprocity arrangement.

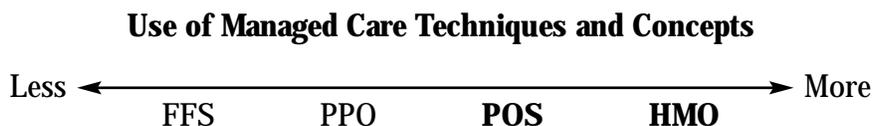
Plans Offering a Point of Service (POS) Product — A product offered by an HMO or FFS plan that has features of both.

In an HMO, the POS product lets you use providers who are not part of the HMO network. However, you pay more for using these non-network providers. You usually pay higher deductibles and coinsurances than you pay with a plan provider. You will also need to file a claim for reimbursement, like in a FFS plan. The HMO plan wants you to use its network of providers, but recognizes that sometimes enrollees want to choose their own provider.

In a FFS plan, the plan’s regular benefits include deductibles and coinsurance. But in some locations, the plan has set up a POS network of providers similar to what you would find in an HMO, which means you usually must select a primary care physician and obtain a referral to see other providers. The plan encourages you to use these providers, usually by waiving the deductibles and applying a copayment that is smaller than the normal coinsurance. Generally there is no paperwork when you use a network provider.

The POS plans have two rows for “In Network” and “Out of Network” benefits. In Network shows what you pay if you go to the plan’s providers; Out of Network shows what you pay if you decide not to go to the plan’s providers.

Managed care is an important force in today’s health care. Generally speaking, managed care is a system of health care delivery that tries to manage the quality of health care, access to health care, and the cost of that care. The following graph compares the extent to which different plan types use managed care.



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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|---|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| Alabama | | | | | |
| Health Partners of Alabama - Birmingham/Other areas | 800/947-5093 | DF1 | DF2 | 19.72 | 95.38 |
| PrimeHealth of Alabama, Inc. - Central/Southern Alabama | 800/236-9421 | AA1 | AA2 | 11.55 | 32.21 |
| Arizona | | | | | |
| Aetna U.S. Healthcare - Phoenix/Tucson areas | 800/537-9384 | WQ1 | WQ2 | 9.78 | 27.52 |
| CIGNA HealthCare of AZ-Phoenix - Phoenix area | 800/572-9990 | 161 | 162 | 13.14 | 37.91 |
| Intergroup of Arizona, Inc. - Maricopa/Pima/Other AZ counties | 800/289-2818 | A71 | A72 | 10.80 | 29.14 |
| PacifiCare Health Plans - Most of Arizona | 800/347-8600 | A31 | A32 | 10.00 | 28.01 |
| California | | | | | |
| Aetna U.S. Healthcare - Southern California area | 800/537-9384 | 2X1 | 2X2 | 9.59 | 22.38 |
| Aetna U.S. Healthcare - Northern California area | 800/537-9384 | BU1 | BU2 | 16.55 | 47.00 |
| Blue Cross- HMO - Most of California | 800/235-8631 | M51 | M52 | 10.58 | 27.00 |
| Blue Shield of CA Access+ - Most of California | 800/334-5847 | SJ1 | SJ2 | 10.14 | 25.16 |
| CIGNA HealthCare of California - Northern/Southern California | 800/832-3211 | 9T1 | 9T2 | 10.95 | 24.10 |
| Health Net - Most of California | 800/522-0088 | LB1 | LB2 | 10.46 | 24.77 |
| Kaiser Permanente - Northern California | 800/464-4000 | 591 | 592 | 10.16 | 24.25 |
| Kaiser Permanente - Southern California | 800/464-4000 | 621 | 622 | 10.62 | 24.54 |
| Maxicare Southern California - Southern California | 800/234-6294 | CM1 | CM2 | 8.67 | 22.03 |
| National HMO Health Plan - Northern/Central/Southern California | 800/468-8600 | MN1 | MN2 | 8.47 | 22.24 |
| PacifiCare Health Plans - Most of California | 800/624-8822 | CY1 | CY2 | 9.03 | 23.55 |
| UHP HEALTHCARE - LA/Orange/San Bernardino Counties | 800/544-0088 | C41 | C42 | 8.46 | 18.03 |
| Universal Care - Southern California | 800/257-3087 | 6Q1 | 6Q2 | 8.60 | 22.72 |
| Western Health Advantage - Northern California | 888/563-2250 | 5Z1 | 5Z2 | 10.10 | 24.23 |

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

Enrollee Survey Results — See page 5 for a description. An (X) means the plan did not conduct the survey as we asked. **Accredited** — A (✓) means the plan is accredited by the National Committee for Quality Assurance; the Joint Commission on Accreditation of Healthcare Organizations; and/or the American Accreditation Healthcare Commission/URAC.

| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ● average, ○ below average | | | | | | | Accredited | |
|--------------------------------|----------------------------------|-------------------------------------|--------------------|------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|---|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | | |
| | | | | | | | | | | | | | |
| Alabama | | | | | | | | | | | | | |
| Health Partners of Alabama | \$15 | \$100 | \$5 | \$15/\$25 | ○ | ○ | ● | ● | ● | ● | ● | ● | |
| PrimeHealth of Alabama, Inc. | \$10 | None | \$7 | \$12/\$30 | ● | ● | ● | ● | ● | ● | ● | ● | |
| Arizona | | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ● | ○ | ○ | ● | ● | ● | ● | ● | ✓ |
| CIGNA HealthCare of AZ-Phoenix | \$10 | None | \$5 | \$15 | ○ | ○ | ○ | ○ | ○ | ○ | ● | ● | ✓ |
| Intergroup of Arizona, Inc. | \$10 | None | \$5 | \$10 | ○ | ○ | ○ | ○ | ○ | ○ | ● | ● | ✓ |
| PacifiCare Health Plans | \$10 | None | \$5 | \$15 | ○ | ○ | ○ | ○ | ○ | ○ | ● | ● | ✓ |
| California | | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ● | ○ | ○ | ○ | ○ | ○ | ● | ● | ✓ |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ○ | ○ | ○ | ● | ○ | ○ | ○ | ○ | ✓ |
| Blue Cross- HMO | \$10 | None | \$5 | \$10 | ● | ○ | ○ | ○ | ○ | ○ | ● | ● | ✓ |
| Blue Shield of CA Access+ | \$10 | None | \$6 | \$6 | ○ | ● | ○ | ○ | ○ | ○ | ● | ● | ✓ |
| CIGNA HealthCare of California | \$10 | None | \$5 | \$10 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ✓ |
| Health Net | \$10 | None | \$5 | \$10/\$15 | ● | ○ | ● | ● | ● | ● | ● | ● | ✓ |
| Kaiser Permanente | \$10 | None | \$10 | \$10 | ● | ● | ○ | ○ | ○ | ○ | ● | ● | ✓ |
| Kaiser Permanente | \$10 | None | \$10 | \$10 | ● | ● | ○ | ○ | ○ | ○ | ● | ● | ✓ |
| Maxicare Southern California | \$10 | None | \$5 | \$10/\$25 | ● | ○ | ○ | ● | ○ | ○ | ● | ○ | |
| National HMO Health Plan | \$10 | \$25 | \$5 | \$10/50% | ● | ○ | ○ | ● | ● | ● | ● | ● | ✓ |
| PacifiCare Health Plans | \$10 | None | \$5 | \$15 | ● | ○ | ○ | ○ | ○ | ○ | ● | ● | ✓ |
| UHP HEALTHCARE | \$10 | None | \$5 | \$5 | | | | | | | | | ✓ |
| Universal Care | \$10 | None | \$5 | \$5 | | | | | | | | | ✓ |
| Western Health Advantage | \$10 | None | \$5 | \$10/\$20 | | | | | | | | | ✓ |

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|---|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| Colorado | | | | | |
| Aetna U.S. Healthcare - The Front Range | 800/537-9384 | 6F1 | 6F2 | 11.68 | 43.55 |
| Kaiser Permanente - Denver/Colorado Springs areas | 888/681-7878 | 651 | 652 | 9.77 | 24.90 |
| PacifiCare of Colorado-High -Denver/Pueblo/Col.Sprgs/FtColins/LaPlata | 800/877-9777 | D61 | D62 | 11.52 | 34.24 |
| PacifiCare of Colorado-Std - Denver/Pueblo/Col.Sprgs/FtColins/LaPlata | 800/877-9777 | D64 | D65 | 8.70 | 22.52 |
| Rocky Mountain HMO - Most of Colorado | 800/346-4643 | XJ1 | XJ2 | 29.15 | 89.26 |
| Connecticut | | | | | |
| Aetna U.S. Healthcare - All of Connecticut | 800/537-9384 | H11 | H12 | 20.61 | 112.32 |
| Blue Cross and Blue Shield-Std - All of Connecticut | 800/438-5356 | 104 | 105 | 13.60 | 45.99 |
| ConnectiCare - All of Connecticut | 800/251-7722 | TE1 | TE2 | 11.06 | 28.96 |
| Health New England - Northern Connecticut | 413/787-4004 | DJ1 | DJ2 | 14.60 | 73.98 |
| Physicians Health Services/CT - All of Connecticut | 877/747-9585 | DP1 | DP2 | 30.02 | 154.02 |
| Delaware | | | | | |
| Aetna U.S. Healthcare-High -All of Delaware | 800/537-9384 | SU1 | SU2 | 15.21 | 84.37 |
| Aetna U.S. Healthcare-Std - All of Delaware | 800/537-9384 | SU4 | SU5 | 12.15 | 48.03 |

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

Enrollee Survey Results — See page 5 for a description. An (X) means the plan did not conduct the survey as we asked. **Accredited** — A (✓) means the plan is accredited by the National Committee for Quality Assurance; the Joint Commission on Accreditation of Healthcare Organizations; and/or the American Accreditation Healthcare Commission/URAC.

| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ● average, ○ below average | | | | | | | Accredited |
|--------------------------------|----------------------------------|-------------------------------------|--------------------|------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | |
| | | | | | | | | | | | | |
| Colorado | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ○ | ○ | ● | ● | ● | ○ | ○ | |
| Kaiser Permanente | \$10 | None | \$5 | \$15 | ● | ● | ○ | ○ | ○ | ● | ● | ✓ |
| PacifiCare of Colorado-High | \$10 | None | \$5 | \$10/\$20 | ○ | ○ | ● | ● | ● | ○ | ○ | ✓ |
| PacifiCare of Colorado-Std | \$15 | \$300 | \$10 | \$20/\$30 | ○ | ○ | ● | ● | ● | ○ | ○ | ✓ |
| Rocky Mountain HMO | \$10 | None | \$10 | \$15 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Connecticut | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ○ | ● | ● | ● | ● | ○ | ○ | ✓ |
| Blue Cross and Blue Shield-Std | \$15 | None | \$10 | \$20 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| - In-Network | 25% | \$300 | 45% | 45% | | | | | | | | |
| - Out-of-Network | | | | | | | | | | | | |
| ConnectiCare | \$10 | None | \$10 | \$20/\$35 | ● | ● | ● | ● | ● | ○ | ● | ✓ |
| Health New England | \$10 | None | \$7 | \$15 | ● | ● | ○ | ● | ● | ● | ● | ✓ |
| Physicians Health Services/CT | \$10 | None | \$10 | \$20 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Delaware | | | | | | | | | | | | |
| Aetna U.S. Healthcare-High | \$10 | None | \$5 | \$10/\$25 | | | | | | | | |
| Aetna U.S. Healthcare-Std | \$15 | \$240 | \$10 | \$15/\$30 | | | | | | | | |

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|--|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| District of Columbia | | | | | |
| Aetna U.S. Healthcare-High -Washington, DC area | 800/537-9384 | JN1 | JN2 | 12.85 | 33.51 |
| Aetna U.S. Healthcare-Std - Washington, DC area | 800/537-9384 | JN4 | JN5 | 9.36 | 21.89 |
| CapitalCare - Washington, DC area | 800/680-9495 | 2G1 | 2G2 | 13.39 | 42.98 |
| Free State Health Plan - Washington, DC area | 800/445-6036 | LD1 | LD2 | 13.43 | 41.40 |
| George Washington Univ HP - Washington, DC area | 301/941-2000 | E51 | E52 | 11.52 | 28.24 |
| Kaiser Permanente - Washington, DC area | 301/468-6000 | E31 | E32 | 11.90 | 30.48 |
| MD-IPA - Washington, DC area | 800/251-0956 | JP1 | JP2 | 12.25 | 30.67 |
| Florida | | | | | |
| Av-Med Health Plan - Broward/Dade/Palm Beach Counties | 800/882-8633 | EM1 | EM2 | 12.97 | 86.39 |
| Av-Med Health Plan - Orlando area | 800/882-8633 | GP1 | GP2 | 13.80 | 103.33 |
| Av-Med Health Plan - Tampa Bay area | 800/882-8633 | H51 | H52 | 20.48 | 121.66 |
| Av-Med Health Plan - Jacksonville area | 800/882-8633 | HW1 | HW2 | 12.84 | 83.11 |
| Av-Med Health Plan - Gainesville area | 800/882-8633 | JF1 | JF2 | 13.14 | 90.45 |
| Beacon Health Plans - Dade/Broward/Palm Beach Counties | 800/850-0979 | 4K1 | 4K2 | 9.79 | 27.59 |
| Capital Health Plan - Tallahassee area | 850/383-3311 | EA1 | EA2 | 10.56 | 28.19 |
| Foundation Health - Central Florida | 800/441-5501 | 5D1 | 5D2 | 10.56 | 33.74 |
| Foundation Health - Southern Florida | 800/441-5501 | 5E1 | 5E2 | 8.43 | 23.20 |
| HIP Health Plan of FL - South Florida | 800/447-8255 | 3N1 | 3N2 | 12.15 | 67.86 |
| HIP Health Plan of FL - Tampa area | 800/447-8255 | K71 | K72 | 29.06 | 147.27 |
| Humana Medical Plan - South Florida | 888/393-6765 | EE1 | EE2 | 11.41 | 28.54 |
| Prudential HealthCare HMO - Jacksonville area | 800/856-0764 | EC1 | EC2 | 11.53 | 51.08 |
| Prudential HealthCare HMO - Central Florida area | 800/856-0764 | EH1 | EH2 | 10.73 | 36.06 |
| Total Health Choice - Broward/Dade/Palm Beach Counties | 305/408-5823 | 4A1 | 4A2 | 10.16 | 25.30 |

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

Enrollee Survey Results — See page 5 for a description. An (X) means the plan did not conduct the survey as we asked. **Accredited** — A (✓) means the plan is accredited by the National Committee for Quality Assurance; the Joint Commission on Accreditation of Healthcare Organizations; and/or the American Accreditation Healthcare Commission/URAC.

| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ● average, ○ below average | | | | | | | Accredited |
|---|----------------------------------|-------------------------------------|--------------------|------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | |
| | | | | | | | | | | | | |
| District of Columbia | | | | | | | | | | | | |
| Aetna U.S. Healthcare-High | \$10 | None | \$5 | \$10/\$25 | ○ | ○ | ● | ● | ● | ○ | ○ | ✓ |
| Aetna U.S. Healthcare-Std | \$15 | \$240 | \$10 | \$15/\$30 | ○ | ○ | ● | ● | ● | ○ | ○ | ✓ |
| CapitalCare | \$10 | None | \$8 | \$15/\$30 | ● | ● | ○ | ● | ○ | ● | ● | ✓ |
| Free State Health Plan - In-Network | \$10 | None | \$10 | \$20/\$35 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Free State Health Plan - Out-of-Network | 20% | \$200# | \$10 | \$20/\$35 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ✓ |
| George Washington Univ HP | \$10 | None | \$5 | \$15/\$25 | ○ | ● | ○ | ● | ○ | ○ | ○ | ✓ |
| Kaiser Permanente | \$10 | None | \$7 | \$7 | ● | ● | ○ | ○ | ○ | ● | ● | ✓ |
| MD-IPA | \$10 | None | \$5 | \$10/\$25 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Florida | | | | | | | | | | | | |
| Av-Med Health Plan | \$10 | None | \$5 | \$5 | ● | ○ | ○ | ● | ● | ● | ● | ✓ |
| Av-Med Health Plan | \$10 | None | \$5 | \$5 | ● | ○ | ○ | ● | ● | ● | ● | ✓ |
| Av-Med Health Plan | \$10 | None | \$5 | \$5 | ● | ○ | ○ | ● | ● | ● | ● | ✓ |
| Av-Med Health Plan | \$10 | None | \$5 | \$5 | ● | ○ | ○ | ● | ● | ● | ● | ✓ |
| Av-Med Health Plan | \$10 | None | \$5 | \$5 | ● | ○ | ○ | ● | ● | ● | ● | ✓ |
| Beacon Health Plans | \$10 | None | \$5 | \$15 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ✓ |
| Capital Health Plan | \$10 | \$100 | \$7 | \$20/\$35 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Foundation Health | \$10 | None | \$5 | \$15/\$30 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ✓ |
| Foundation Health | \$10 | None | \$5 | \$15/\$30 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ✓ |
| HIP Health Plan of FL | \$10 | \$100 | \$5 | \$10 | ○ | ● | ○ | ○ | ● | ○ | ○ | ✓ |
| HIP Health Plan of FL | \$10 | \$100 | \$5 | \$10 | ○ | ● | ○ | ○ | ● | ○ | ○ | ✓ |
| Humana Medical Plan | \$10 | None | \$5 | \$10/\$25 | ● | ○ | ○ | ○ | ○ | ○ | ○ | ✓ |
| Prudential HealthCare HMO | \$10 | None | \$5 | \$10/\$20 | ● | ● | ○ | ● | ● | ○ | ○ | ✓ |
| Prudential HealthCare HMO | \$10 | None | \$5 | \$10/\$20 | ● | ○ | ○ | ○ | ○ | ○ | ○ | ✓ |
| Total Health Choice | \$10 | \$100 | \$5 | \$15 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ✓ |

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|--|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| Georgia | | | | | |
| Aetna U.S. Healthcare - Atlanta, Athens and Augusta areas | 800/537-9384 | 2U1 | 2U2 | 10.81 | 28.41 |
| Blue Cross and Blue Shield-Std - Athens/Atl/Augusta/Col/Macon/Savannah | 800/282-2473 | 104 | 105 | 13.60 | 45.99 |
| Kaiser Permanente - Atlanta area | 800/611-1811 | F81 | F82 | 10.89 | 27.63 |
| Guam | | | | | |
| PacificCare Asia Pacific-High -Guam/N. Mariana Islands/Palau | 671/647-3526 | JK1 | JK2 | 12.27 | 55.86 |
| PacificCare Asia Pacific-Std - Guam/N. Mariana Islands/Palau | 671/647-3526 | JK4 | JK5 | 8.08 | 21.33 |
| Hawaii | | | | | |
| HMSA - All of Hawaii | 808/948-6499 | 871 | 872 | 11.10 | 24.71 |
| Kaiser Permanente-High -Islands of Hawaii/Maui/Oahu/Kauai | 808/597-5955 | 631 | 632 | 13.44 | 28.89 |
| Kaiser Permanente-Std - Islands of Hawaii/Maui/Oahu/Kauai | 808/597-5955 | 634 | 635 | 10.22 | 21.98 |
| Idaho | | | | | |
| Group Health Cooperative - Kootenai and Latah | 800/497-2210 | VR1 | VR2 | 13.44 | 76.73 |
| Premera HealthPlus - Washington border counties | 800/527-6675 | 8F1 | 8F2 | 13.35 | 56.06 |

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

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| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ◐ average, ○ below average | | | | | | | Accredited |
|--------------------------------|----------------------------------|-------------------------------------|--------------------|------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | |
| | | | | | | | | | | | | |
| Georgia | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ○ | ○ | ◐ | ◐ | ◐ | ○ | ○ | |
| Blue Cross and Blue Shield-Std | \$15 | None | \$10 | \$20 | ◐ | ○ | ○ | ◐ | ◐ | ◐ | ● | ✓ |
| - In-Network | | | | | | | | | | | | |
| - Out-of-Network | 25% | \$300 | 45% | 45% | | | | | | | | |
| Kaiser Permanente | \$10 | None | \$11 | \$11 | ● | ● | ● | ◐ | ● | ● | ◐ | ✓ |
| Guam | | | | | | | | | | | | |
| PacifiCare Asia Pacific-High | \$10 | None | \$5 | \$5/\$20 | ● | ◐ | ○ | ◐ | ○ | ● | ◐ | |
| PacifiCare Asia Pacific-Std | \$15 | \$150 | \$5 | \$5/\$20 | ● | ◐ | ○ | ◐ | ○ | ● | ◐ | |
| Hawaii | | | | | | | | | | | | |
| HMSA | 20% | None | \$5 | \$10/50%** | ● | ● | ● | ● | ● | ● | ● | |
| - In-Network | | | | | | | | | | | | |
| - Out-of-Network | 30% | 30% | \$5*** | \$10*** | | | | | | | | |
| Kaiser Permanente-High | \$10 | None | \$7 | \$7 | ● | ● | ◐ | ◐ | ◐ | ● | ● | ✓ |
| Kaiser Permanente-Std | \$15 | None# | \$7 | \$7 | ● | ● | ◐ | ◐ | ◐ | ● | ● | ✓ |
| Idaho | | | | | | | | | | | | |
| Group Health Cooperative | \$10 | \$100/day* | \$10 | \$10 | ● | ◐ | ● | ● | ● | ● | ● | ✓ |
| Premera HealthPlus | \$10 | \$100 | \$10 | \$20/\$30 | ○ | ◐ | ◐ | ◐ | ◐ | ○ | ◐ | ✓ |

* For up to 3 days
 ** Based on fee schedule
 *** Plan pays non-plan pharmacy only what it would have paid a plan pharmacy; you pay the difference.

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|--|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| Illinois | | | | | |
| Aetna U.S. Healthcare - Metro St. Louis area | 800/537-9384 | D41 | D42 | 9.14 | 24.31 |
| Aetna U.S. Healthcare - Chicago area | 800/537-9384 | XC1 | XC2 | 8.06 | 25.65 |
| Group Health Plan - Southern/Metro East/Central | 800/743-3901 | MM1 | MM2 | 19.91 | 46.12 |
| Health Alliance HMO - Central/E.Central/N.West/South/West IL | 800/851-3379 | FX1 | FX2 | 14.13 | 53.56 |
| Health Partners of the Midwest - St. Louis area | 800/338-4123 | RN1 | RN2 | 20.25 | 46.84 |
| Humana Health Plan Inc. - Chicago area | 888/393-6765 | 751 | 752 | 12.59 | 37.62 |
| John Deere Health Plan - Bloomington/Joliet/Moline/Peoria/RockIsld | 800/247-9110 | YH1 | YH2 | 12.80 | 76.41 |
| Mercy Health Plans/Premier - Southwest Illinois | 800/327-0763 | 7M1 | 7M2 | 11.66 | 27.12 |
| OSF HealthPlans - Central/Northern Illinois | 800/673-5222 | 9F1 | 9F2 | 10.89 | 28.65 |
| PersonalCare's HMO - East Central Illinois | 800/431-1211 | GE1 | GE2 | 8.82 | 22.68 |
| Prudential HealthCare HMO - Southern Illinois | 800/856-0764 | VZ1 | VZ2 | 9.65 | 24.36 |
| UNICARE Health Plans of the Mid-West - Chicago area | 312/234-7747 | 171 | 172 | 9.34 | 24.25 |
| Union Health Service - Chicago area | 312/829-4224 | 761 | 762 | 10.10 | 25.04 |
| Indiana | | | | | |
| Aetna U.S. Healthcare - Southern Indiana | 800/537-9384 | 7L1 | 7L2 | 11.16 | 27.58 |
| Aetna U.S. Healthcare - Southeastern Indiana | 800/537-9384 | RD1 | RD2 | 12.66 | 53.96 |
| Aetna U.S. Healthcare - Lake/Porter Counties | 800/537-9384 | XC1 | XC2 | 8.06 | 25.65 |
| Arnett HMO - Lafayette area | 765/448-7440 | G21 | G22 | 13.63 | 84.40 |
| Health Alliance HMO - Fountain/Vermillion/Warren Counties | 800/851-3379 | FX1 | FX2 | 14.13 | 53.56 |
| Humana Health Plan - Southern Indiana | 888/393-6765 | D21 | D22 | 12.95 | 56.99 |
| Humana Health Plan Inc. - Lake/Porter/LaPorte Counties | 888/393-6765 | 751 | 752 | 12.59 | 37.62 |
| M*Plan - Central/Northeast/Southwest Indiana | 317/571-5320 | IN1 | IN2 | 13.57 | 38.51 |
| Maxicare Indiana - Most of Indiana | 800/752-5866 | GK1 | GK2 | 11.99 | 28.19 |
| Physicians HP of N. Indiana - Northern Indiana | 219/432-6690 | DQ1 | DQ2 | 15.83 | 47.30 |
| Sagamore Advantage HMO, Inc. - Most of Indiana | 800/553-8933 | 6Y1 | 6Y2 | 11.94 | 28.03 |
| UNICARE Health Plans of the Mid-West - Lake/Porter Counties | 888/234-7747 | 171 | 172 | 9.34 | 24.25 |
| Welborn HMO - Evansville area | 812/426-6600 | H31 | H32 | 13.24 | 73.58 |

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

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| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ● average, ○ below average | | | | | | | Accredited |
|---|----------------------------------|-------------------------------------|--------------------|------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | |
| | | | | | | | | | | | | |
| Illinois | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ○ | ○ | ● | ● | ○ | ○ | ○ | ✓ |
| Group Health Plan | \$10 | None | \$8 | \$15/\$30 | ● | ● | ○ | ● | ○ | ● | ● | ✓ |
| Health Alliance HMO | \$10 | \$100 | \$7 | \$14 | ● | ● | ● | ● | ● | ● | ● | |
| Health Partners of the Midwest | \$10 | None | \$7 | \$12/\$25 | ● | ● | ● | ● | ● | ● | ● | |
| Humana Health Plan Inc. | \$10 | None | \$3 | \$7/\$20 | ○ | ● | ○ | ● | ○ | ● | ○ | ✓ |
| John Deere Health Plan | \$10 | \$100 | \$5 | \$15/\$30 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Mercy Health - In-Network Plans/Premier | \$10 | None | \$7 | \$12 | ● | ● | ● | ● | ● | ● | ● | |
| - Out-of-Network | 30% | None# | \$7 | \$12 | | | | | | | | |
| OSF HealthPlans | \$10 | \$100* | \$7 | \$15/\$25 | ● | ● | ● | ● | ● | ● | ● | |
| PersonalCare’s HMO | \$10 | \$100 | \$10 | \$20/\$35 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Prudential HealthCare HMO | \$10 | None | \$5 | \$15/\$25 | ○ | ○ | ● | ● | ● | ○ | ○ | ✓ |
| UNICARE Health Plans of the Mid-West | \$10 | None | \$5 | \$10 | ○ | ● | ● | ○ | ● | ● | ○ | ✓ |
| Union Health Service | \$10 | None | \$5 | \$5 | | | | | | | | |
| Indiana | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ○ | ● | ● | ● | ● | ○ | ○ | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ○ | ○ | ● | ● | ○ | ○ | ○ | ✓ |
| Arnett HMO | \$10 | None | \$5 | \$15/\$30 | ● | ● | ● | ● | ● | ● | ● | |
| Health Alliance HMO | \$10 | \$100 | \$7 | \$14 | ● | ● | ● | ● | ● | ● | ● | |
| Humana Health Plan | \$10 | None | \$5 | \$10/\$25 | ● | ● | ● | ● | ● | ○ | ● | |
| Humana Health Plan Inc. | \$10 | None | \$3 | \$7/\$20 | ○ | ● | ○ | ● | ○ | ● | ○ | |
| M*Plan | \$10 | None | \$5 | \$10/\$30 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Maxicare Indiana | \$10 | None | \$5 | \$10/\$25 | ● | ● | ● | ● | ● | ○ | ○ | ✓ |
| Physicians HP of N. Indiana | \$10 | 20%** | \$10 | \$10/\$25 | ● | ● | ● | ● | ● | ● | ● | |
| Sagamore Advantage HMO, Inc. | \$10 | \$100 | \$5 | \$10 | | | | | | | | |
| UNICARE Health Plans of the Mid-West | \$10 | None | \$5 | \$10 | ○ | ● | ● | ○ | ● | ● | ○ | ✓ |
| Welborn HMO | \$10 | None | \$5 | \$15 | ● | ● | ● | ● | ● | ● | ● | ✓ |

* For up to 3 days
 ** Of the first \$2,500

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|--|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| Iowa | | | | | |
| Coventry Health Care of Iowa - Des Moines/Central Iowa/Waterloo | 800/257-4692 | SV1 | SV2 | 9.45 | 25.51 |
| Health Alliance HMO - Central Iowa | 888/536-5300 | 7X1 | 7X2 | 11.21 | 27.20 |
| John Deere Health Plan - Central/Eastern Iowa | 800/247-9110 | YH1 | YH2 | 12.80 | 76.41 |
| SecureCare of Iowa - Central/Eastern Iowa | 888/881-8820 | 3Q1 | 3Q2 | 11.31 | 32.61 |
| Kansas | | | | | |
| Aetna U.S. Healthcare - Kansas City Metro area | 800/537-9384 | 7K1 | 7K2 | 9.93 | 26.06 |
| Blue Cross and Blue Shield-Std - Most of Kansas | 800/432-0379 | 104 | 105 | 13.60 | 45.99 |
| Coventry Health Care of Kansas - Wichita/Salinas areas | 800/969-3343 | 7W1 | 7W2 | 11.13 | 28.38 |
| Humana Kansas City, Inc.-High -Kansas City area | 888/393-6765 | MS1 | MS2 | 12.76 | 41.39 |
| Humana Kansas City, Inc.-Std - Kansas City area | 888/393-6765 | MS4 | MS5 | 9.89 | 23.73 |
| Kaiser Permanente - Kansas City area | 913/642-2662 | HA1 | HA2 | 9.54 | 24.62 |
| Preferred Plus of Kansas - S. Central & Jefferson/Shawnee Counties | 800/660-8114 | VA1 | VA2 | 12.79 | 71.71 |
| Kentucky | | | | | |
| Advantage Care, Inc. - Central/Eastern Kentucky | 800/850-8585 | XW1 | XW2 | 11.96 | 45.54 |
| Aetna U.S. Healthcare - Lexington/Louisville areas | 800/537-9384 | 7L1 | 7L2 | 11.16 | 27.58 |
| Aetna U.S. Healthcare - Northern Kentucky area | 800/537-9384 | RD1 | RD2 | 12.66 | 53.96 |
| Bluegrass Family Health - Central/Eastern Kentucky | 606/269-4475 | 2B1 | 2B2 | 13.76 | 84.97 |
| Bluegrass Family Health - Southern Kentucky | 606/269-4475 | BD1 | BD2 | 18.54 | 97.41 |
| Bluegrass Family Health - Western Kentucky | 606/269-4475 | BH1 | BH2 | 20.94 | 103.63 |
| Humana Health Plan - Louisville area | 888/393-6765 | D21 | D22 | 12.95 | 56.99 |
| United Health Care of Ohio, Inc. - Northern Kentucky | 800/231-2918 | 3U1 | 3U2 | 13.78 | 48.59 |

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

Enrollee Survey Results — See page 5 for a description. An (X) means the plan did not conduct the survey as we asked. **Accredited** — A (✓) means the plan is accredited by the National Committee for Quality Assurance; the Joint Commission on Accreditation of Healthcare Organizations; and/or the American Accreditation Healthcare Commission/URAC.

| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ● average, ○ below average | | | | | | | Accredited | |
|---|----------------------------------|-------------------------------------|--------------------|-------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|---|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | | |
| | | | | | | | | | | | | | |
| Iowa | | | | | | | | | | | | | |
| Coventry Health Care of Iowa | \$10 | None | \$5 or 25%* | \$5 or 25%* | ● | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Health Alliance HMO | \$10 | \$100 | \$7 | \$14 | ● | ● | ● | ● | ● | ● | ● | ● | |
| John Deere Health Plan | \$10 | \$100 | \$5 | \$15/\$30 | ● | ● | ● | ● | ● | ● | ● | ● | ✓ |
| SecureCare of Iowa | \$10 | \$100 | 25% | 25% | | | | | | | | | |
| Kansas | | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | | | | | | | | | |
| Blue Cross and Blue Shield-Std - In-Network | \$15 | None | \$10 | \$20 | ● | ● | ● | ● | ● | ● | ● | ● | |
| Blue Cross and Blue Shield-Std - Out-of-Network | 25% | \$300 | 45% | 45% | | | | | | | | | |
| Coventry Health Care of Kansas | \$10 | None | \$5 | \$10/\$20 | ○ | ○ | ● | ● | ● | ● | ● | ● | ✓ |
| Humana Kansas City, Inc.-High | \$10 | None | \$5 | \$10/\$25 | ○ | ● | ● | ● | ○ | ● | ● | ● | ✓ |
| Humana Kansas City, Inc.-Std | \$15 | \$100 | \$10 | \$20/\$35 | ○ | ● | ● | ● | ○ | ● | ● | ● | ✓ |
| Kaiser Permanente | \$10 | None | \$5 | \$5 | ● | ● | ● | ○ | ● | ● | ● | ● | ✓ |
| Preferred Plus of Kansas | \$10 | None | \$5 | \$15 | | | | | | | | | |
| Kentucky | | | | | | | | | | | | | |
| Advantage Care, Inc. | \$10 | \$100 | \$7 | \$14/\$30 | ● | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ○ | ● | ● | ● | ● | ○ | ○ | | |
| Bluegrass Family Health - In-Network | \$10 | \$100 | \$5 | \$10/\$25 | ● | ● | ● | ● | ● | ● | ● | ● | |
| Bluegrass Family Health - Out-of-Network | 30% | 30% | 30% | 30% | | | | | | | | | |
| Bluegrass Family Health - In-Network | \$10 | \$100 | \$5 | \$10/\$25 | | | | | | | | | |
| Bluegrass Family Health - Out-of-Network | 30% | 30% | 30% | 30% | | | | | | | | | |
| Bluegrass Family Health - In-Network | \$10 | \$100 | \$5 | \$10/\$25 | | | | | | | | | |
| Bluegrass Family Health - Out-of-Network | 30% | 30% | 30% | 30% | | | | | | | | | |
| Humana Health Plan | \$10 | None | \$5 | \$10/\$25 | ● | ● | ● | ● | ● | ○ | ● | ● | |
| United Health Care of Ohio, Inc. | \$10 | \$100 | \$10 | \$15 | ● | ● | ● | ● | ● | ● | ● | ● | ✓ |

* You pay the greater amount

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|---|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| Louisiana | | | | | |
| Aetna U.S. Healthcare - Baton Rouge/Lafayette/New Orleans areas | 800/537-9384 | NG1 | NG2 | 10.38 | 30.50 |
| Amcare Health Plans - New Orleans area | 800/772-2995 | ZH1 | ZH2 | 9.46 | 24.59 |
| Amcare Health Plans - Baton Rouge/Alexandria/Shreveport areas | 800/772-2995 | ZQ1 | ZQ2 | 10.70 | 27.81 |
| Blue Cross and Blue Shield-Std - New Orleans area | 800/272-3029 | 104 | 105 | 13.60 | 45.99 |
| Maxicare Louisiana - Baton Rouge/New Orleans areas | 800/933-6294 | JA1 | JA2 | 10.56 | 24.53 |
| Maryland | | | | | |
| Aetna U.S. Healthcare-High -North/Central/Southern Maryland | 800/537-9384 | JN1 | JN2 | 12.85 | 33.51 |
| Aetna U.S. Healthcare-Std - North/Central/Southern Maryland | 800/537-9384 | JN4 | JN5 | 9.36 | 21.89 |
| CapitalCare - South/Central Maryland | 800/680-9495 | 2G1 | 2G2 | 13.39 | 42.98 |
| Free State Health Plan - All of Maryland | 800/445-6036 | LD1 | LD2 | 13.43 | 41.40 |
| George Washington Univ HP - Central/Southern Maryland | 301/941-2000 | E51 | E52 | 11.52 | 28.24 |
| Kaiser Permanente - Baltimore/Washington, DC areas | 301/468-6000 | E31 | E32 | 11.90 | 30.48 |
| MD-IPA - All of Maryland | 800/251-0956 | JP1 | JP2 | 12.25 | 30.67 |
| Massachusetts | | | | | |
| Aetna U.S. Healthcare - Central/Eastern MA/Hampden | 800/537-9384 | NE1 | NE2 | 22.35 | 111.47 |
| Blue Chip, Coord Hlth Partners - Southeastern Massachusetts | 401/459-5500 | DA1 | DA2 | 13.36 | 73.38 |
| Blue Cross and Blue Shield-Std - All of Massachusetts | 800/433-7766 | 104 | 105 | 13.60 | 45.99 |
| Fallon Community Health Plan - Central/Eastern Massachusetts | 800/868-5200 | JV1 | JV2 | 11.84 | 40.13 |
| Health New England - Western Massachusetts | 413/787-4004 | DJ1 | DJ2 | 14.60 | 73.98 |

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

Enrollee Survey Results — See page 5 for a description. An (X) means the plan did not conduct the survey as we asked. **Accredited** — A (✓) means the plan is accredited by the National Committee for Quality Assurance; the Joint Commission on Accreditation of Healthcare Organizations; and/or the American Accreditation Healthcare Commission/URAC.

| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ● average, ○ below average | | | | | | | Accredited |
|---|----------------------------------|-------------------------------------|--------------------|------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | |
| | | | | | | | | | | | | |
| Louisiana | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ● | ● | ○ | ● | ● | ● | ○ | |
| Amcare Health Plans | \$10 | None | \$5 | \$15/50% | | | | | | | | |
| Amcare Health Plans | \$10 | None | \$5 | \$15/50% | | | | | | | | |
| Blue Cross and Blue Shield-Std - In-Network | \$15 | None | \$10 | \$20 | ● | ● | ○ | ● | ○ | ● | ● | ✓ |
| - Out-of-Network | 25% | \$300 | 45% | 45% | | | | | | | | |
| Maxicare Louisiana - In-Network | \$10 | None | \$7 | \$12/\$25 | ● | ○ | ○ | ● | ○ | ○ | ○ | |
| - Out-of-Network | 20% | 20% | N/A | N/A | | | | | | | | |
| Maryland | | | | | | | | | | | | |
| Aetna U.S. Healthcare-High | \$10 | None | \$5 | \$10/\$25 | ○ | ○ | ● | ● | ● | ○ | ○ | ✓ |
| Aetna U.S. Healthcare-Std | \$15 | \$240 | \$10 | \$15/\$30 | ○ | ○ | ● | ● | ● | ○ | ○ | ✓ |
| CapitalCare | \$10 | None | \$8 | \$15/\$30 | ● | ● | ○ | ● | ○ | ● | ● | ✓ |
| Free State Health Plan - In-Network | \$10 | None | \$10 | \$20/\$35 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| - Out-of-Network | 20% | \$200# | \$10 | \$20/\$35 | | | | | | | | |
| George Washington Univ HP | \$10 | None | \$5 | \$15/\$25 | ○ | ● | ○ | ● | ○ | ○ | ○ | ✓ |
| Kaiser Permanente | \$10 | None | \$7 | \$7 | ● | ● | ○ | ○ | ○ | ● | ● | ✓ |
| MD-IPA | \$10 | None | \$5 | \$10/\$25 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Massachusetts | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ○ | ● | ● | ● | ● | ○ | ○ | ✓ |
| Blue Chip, Coord Hlth Partners - In-Network | \$10 | None | \$5 | \$15/\$30 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| - Out-of-Network | 20% | None# | \$5 | \$15/\$30 | | | | | | | | |
| Blue Cross and Blue Shield-Std - In-Network | \$15 | None | \$10 | \$20 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| - Out-of-Network | 25% | \$300 | 45% | 45% | | | | | | | | |
| Fallon Community Health Plan | \$10 | None | \$5 | \$10 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Health New England | \$10 | None | \$7 | \$15 | ● | ● | ○ | ● | ● | ● | ● | ✓ |

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|---|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| Michigan | | | | | |
| Aetna U.S. Healthcare - Greater Detroit Metro area | 800/537-9384 | 8Z1 | 8Z2 | 10.12 | 26.18 |
| Blue Care Network West MI - Western Michigan | 800/662-6667 | G71 | G72 | 40.84 | 144.60 |
| Blue Care Network West MI - East Michigan Region | 800/662-6667 | K51 | K52 | 12.33 | 75.22 |
| Blue Care Network West MI - Western Michigan | 800/662-6667 | KF1 | KF2 | 13.06 | 88.46 |
| Blue Care Network West MI - East Michigan Region | 800/662-6667 | KN1 | KN2 | 12.91 | 89.83 |
| Blue Care Network West MI - Western Michigan | 800/662-6667 | KR1 | KR2 | 13.58 | 117.55 |
| Blue Care Network West MI - Mid Michigan | 800/662-6667 | LN1 | LN2 | 28.07 | 95.98 |
| Blue Care Network West MI - Southeast MI | 800/662-6667 | LX1 | LX2 | 8.86 | 29.14 |
| Grand Valley Health Plan - Grand Rapids area | 616/949-2410 | RL1 | RL2 | 11.71 | 31.65 |
| Health Alliance - Southeastern Michigan/Flint area | 800/422-4641 | 521 | 522 | 10.76 | 28.51 |
| HealthPlus MI - Flint/Saginaw areas | 800/332-9161 | X51 | X52 | 12.25 | 36.24 |
| M-Care - Mid/Southeastern Michigan | 800/658-8878 | EG1 | EG2 | 10.73 | 28.44 |
| OmniCare - Southeastern Michigan | 800/477-6664 | KA1 | KA2 | 10.21 | 25.64 |
| SelectCare HMO - Southeast Michigan | 800/332-2365 | K61 | K62 | 10.27 | 28.76 |
| SelectCare HMO - Flint area | 800/332-2365 | KP1 | KP2 | 12.32 | 76.00 |
| The Wellness Plan - Southeastern Michigan | 800/875-9355 | K31 | K32 | 10.51 | 28.77 |
| Total Health Care - Greater Detroit/Flint areas | 800/826-2862 | N21 | N22 | 9.96 | 25.21 |
| Minnesota | | | | | |
| APWU Health Plan - Minneapolis/St Paul area | 800/222-2798 | 471 | 472 | 25.70 | 61.95 |
| Blue Cross and Blue Shield-Std - All of Minnesota | 800/859-2128 | 104 | 105 | 13.60 | 45.99 |
| HealthPartners Classic-High -Minneapolis/St. Paul areas | 612/883-5000 | 531 | 532 | 22.43 | 81.51 |
| HealthPartners Classic-Std - Minneapolis/St. Paul areas | 612/883-5000 | 534 | 535 | 12.29 | 31.44 |
| HealthPartners Health Plan - Minneapolis/St. Paul/St. Cloud areas | 612/883-5000 | HQ1 | HQ2 | 37.56 | 117.80 |

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

Enrollee Survey Results — See page 5 for a description. An (X) means the plan did not conduct the survey as we asked. **Accredited** — A (✓) means the plan is accredited by the National Committee for Quality Assurance; the Joint Commission on Accreditation of Healthcare Organizations; and/or the American Accreditation Healthcare Commission/URAC.

| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ● average, ○ below average | | | | | | | Accredited |
|--------------------------------|----------------------------------|-------------------------------------|--------------------|-------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | |
| | | | | | | | | | | | | |
| Michigan | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | | | | | | | | |
| Blue Care Network West MI | \$10 | None | \$5 | \$5 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Blue Care Network West MI | \$10 | None | \$5 | \$5 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Blue Care Network West MI | \$10 | None | \$5 | \$5 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Blue Care Network West MI | \$10 | None | \$5 | \$5 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Blue Care Network West MI | \$10 | None | \$5 | \$5 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Blue Care Network West MI | \$10 | None | \$5 | \$5 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Blue Care Network West MI | \$10 | None | \$5 | \$5 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Grand Valley Health Plan | \$10 | None | \$5 | \$5 | | | | | | | | ✓ |
| Health Alliance | \$10 | None | \$2 | \$2 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| HealthPlus MI | \$10 | None | \$5 | \$5 | ● | ○ | ● | ● | ● | ● | ● | ✓ |
| M-Care | \$10 | None | \$5 | \$10 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| OmniCare | \$10 | None | \$2 | \$2 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ✓ |
| SelectCare HMO | \$10 | None | \$2 | \$2 | ○ | ○ | ○ | ○ | ○ | ● | ○ | ✓ |
| SelectCare HMO | \$10 | None | \$2 | \$2 | | | | | | | | |
| The Wellness Plan | \$10 | None | \$5 | \$5 | ○ | ○ | ○ | ● | ○ | ○ | ○ | ✓ |
| Total Health Care | \$10 | None | Nothing | Nothing | | | | | | | | |
| Minnesota | | | | | | | | | | | | |
| APWU Health Plan | | | | | | | | | | | | |
| - In-Network | \$10 | None | \$5 or 25%* | \$5 or 25%* | | | | | | | | |
| - Out-of-Network | 30% | \$200 | \$5 or 45%* | \$5 or 45%* | | | | | | | | |
| Blue Cross and Blue Shield-Std | | | | | | | | | | | | |
| - In-Network | \$15 | None | \$10 | \$20 | ● | ● | ● | ● | ● | ● | ● | |
| - Out-of-Network | 25% | \$300 | 45% | 45% | | | | | | | | |
| HealthPartners Classic-High | \$10 | None | \$8 | \$8 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| HealthPartners Classic-Std | \$15 | \$200 | \$10 | \$10 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| HealthPartners Health Plan | \$10 | None | \$8 | \$8 | ● | ● | ● | ● | ● | ● | ● | ✓ |

* You pay the greater amount. See plan brochure for details.

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|---|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| Mississippi | | | | | |
| Prudential HealthCare HMO - Desoto/Marshall/Tate/Tunica Cos. | 800/856-0764 | UB1 | UB2 | 8.65 | 26.37 |
| Missouri | | | | | |
| Aetna U.S. Healthcare - Kansas City Metro area | 800/537-9384 | 7K1 | 7K2 | 9.93 | 26.06 |
| Aetna U.S. Healthcare - Metro St. Louis area | 800/537-9384 | D41 | D42 | 9.14 | 24.31 |
| BlueCHOICE - StLouis/Central/SW/Poplar Bluff area | 800/634-4395 | 9G1 | 9G2 | 12.55 | 27.16 |
| Group Health Plan - St. Louis area | 800/743-3901 | MM1 | MM2 | 19.91 | 46.12 |
| Health Partners of the Midwest - St. Louis and Columbia areas | 800/338-4123 | RN1 | RN2 | 20.25 | 46.84 |
| Humana Kansas City, Inc.-High -Kansas City area | 888/393-6765 | MS1 | MS2 | 12.76 | 41.39 |
| Humana Kansas City, Inc.-Std - Kansas City area | 888/393-6765 | MS4 | MS5 | 9.89 | 23.73 |
| Kaiser Permanente - Kansas City area | 913/642-2662 | HA1 | HA2 | 9.54 | 24.62 |
| Mercy Health Plans/Premier - East/Central/Southwest Missouri | 800/327-0763 | 7M1 | 7M2 | 11.66 | 27.12 |
| Prudential HealthCare HMO - St. Louis area | 800/856-0764 | VZ1 | VZ2 | 9.65 | 24.36 |
| Nevada | | | | | |
| Aetna U.S. Healthcare - Southern Nevada/Las Vegas area | 800/537-9384 | 8L1 | 8L2 | 10.41 | 27.26 |
| Health Plan of Nevada - Las Vegas/Reno areas | 702/871-0999 | NM1 | NM2 | 10.19 | 26.09 |
| PacifiCare Health Plans - LasVegas/Carson City/Reno areas | 800/811-7305 | K91 | K92 | 10.15 | 25.72 |

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

Enrollee Survey Results — See page 5 for a description. An (X) means the plan did not conduct the survey as we asked. **Accredited** — A (✓) means the plan is accredited by the National Committee for Quality Assurance; the Joint Commission on Accreditation of Healthcare Organizations; and/or the American Accreditation Healthcare Commission/URAC.

| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ● average, ○ below average | | | | | | | Accredited |
|------------------------------------|----------------------------------|-------------------------------------|--------------------|------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | |
| | | | | | | | | | | | | |
| Mississippi | | | | | | | | | | | | |
| Prudential HealthCare HMO | \$10 | None | \$5 | \$15/\$25 | ● | ○ | ○ | ● | ● | ○ | ○ | ✓ |
| Missouri | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ○ | ● | ● | ● | ● | ○ | ● | ✓ |
| Aetna U.S. Healthcare | | | | | | | | | | | | |
| BlueCHOICE | \$10 | None | \$5 | \$10/\$15 | ○ | ● | ● | ● | ● | ○ | ● | ✓ |
| Group Health Plan | \$10 | None | \$8 | \$15/\$30 | ● | ● | ○ | ● | ○ | ● | ● | ✓ |
| Health Partners of the Midwest | \$10 | None | \$7 | \$12/\$25 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Humana Kansas City, Inc.-High | \$10 | None | \$5 | \$10/\$25 | ○ | ● | ● | ● | ○ | ● | ● | ✓ |
| Humana Kansas City, Inc.-Std | \$15 | \$100 | \$10 | \$20/\$35 | ○ | ● | ● | ● | ○ | ● | ● | ✓ |
| Kaiser Permanente | \$10 | None | \$5 | \$5 | ● | ● | ● | ○ | ● | ● | ● | ✓ |
| Mercy Health - In-Network | \$10 | None | \$7 | \$12 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Plans/Premier - Out-of-Network | 30% | None# | \$7 | \$12 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ✓ |
| Prudential HealthCare HMO | \$10 | None | \$5 | \$15/\$25 | ○ | ○ | ● | ● | ● | ○ | ○ | ✓ |
| Nevada | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | | | | | | | | ✓ |
| Health Plan of Nevada - In-Network | \$10 | \$100/day* | \$5 | \$20 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ✓ |
| - Out-of-Network | 20% | CY#** | \$5 | \$20 | | | | | | | | ✓ |
| PacifiCare Health Plans | \$10 | None | \$5 | \$15 | ○ | ○ | ○ | ○ | ○ | ● | ● | ✓ |

* Up to the annual out-of-pocket maximum

** Applied to calendar year deductible

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|---|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| New Jersey | | | | | |
| Aetna U.S. Healthcare-High -All of New Jersey | 800/537-9384 | P31 | P32 | 28.81 | 121.28 |
| Aetna U.S. Healthcare-Std - All of New Jersey | 800/537-9384 | P34 | P35 | 13.59 | 86.94 |
| AmeriHealth HMO - All of New Jersey | 800/454-7651 | FK1 | FK2 | 53.81 | 127.61 |
| Blue Cross and Blue Shield-Std - All of New Jersey | 800/624-5078 | 104 | 105 | 13.60 | 45.99 |
| CIGNA CoMED HealthCare - All of New Jersey | 800/462-6633 | P41 | P42 | 54.13 | 109.08 |
| GHI Health Plan - Northern New Jersey | 201/623-6000 | 801 | 802 | 13.18 | 62.22 |
| Physicians Health Services of NJ - All of New Jersey | 877/747-9585 | 2F1 | 2F2 | 10.94 | 26.25 |
| QualMed Plans for Health - Burlington/Camden/Gloucester Counties | 800/998-2840 | 271 | 272 | 32.53 | 95.20 |
| New Mexico | | | | | |
| Lovelace Health Plan - All of New Mexico | 505/262-7363 | Q11 | Q12 | 12.37 | 55.12 |
| Presbyterian Health Plan - All NM counties except Otero & S. Eddy | 505/923-5678 | P21 | P22 | 10.97 | 28.62 |
| Cimarron Health Plan - All of New Mexico | 800/365-0009 | PX1 | PX2 | 8.97 | 23.68 |

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

Enrollee Survey Results — See page 5 for a description. An (X) means the plan did not conduct the survey as we asked. **Accredited** — A (✓) means the plan is accredited by the National Committee for Quality Assurance; the Joint Commission on Accreditation of Healthcare Organizations; and/or the American Accreditation Healthcare Commission/URAC.

| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ◐ average, ○ below average | | | | | | | Accredited |
|----------------------------------|----------------------------------|-------------------------------------|--------------------|------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | |
| | | | | | | | | | | | | |
| New Jersey | | | | | | | | | | | | |
| Aetna U.S. Healthcare-High | \$10 | None | \$5 | \$10/\$25 | ● | ● | ● | ● | ● | ◐ | ◐ | ✓ |
| Aetna U.S. Healthcare-Std | \$15 | \$240 | \$10 | \$15/\$30 | ● | ● | ● | ● | ● | ◐ | ◐ | ✓ |
| AmeriHealth HMO | \$10 | None | \$5 | \$5 | ○ | ◐ | ◐ | ● | ◐ | ○ | ○ | ✓ |
| Blue Cross and Blue Shield-Std | \$15 | None | \$10 | \$20 | ○ | ◐ | ○ | ◐ | ○ | ○ | ○ | ✓ |
| - In-Network | | | | | | | | | | | | |
| - Out-of-Network | 25% | \$300 | 45% | 45% | | | | | | | | |
| CIGNA CoMED HealthCare | \$10 | None | \$10 | \$20 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ✓ |
| GHI Health Plan | \$10 | None | \$5 | \$15/\$30 | ◐ | ● | ◐ | ◐ | ◐ | ◐ | ◐ | |
| - In-Network | | | | | | | | | | | | |
| - Out-of-Network | 50%* | 50%* | \$5 | N/A | | | | | | | | |
| Physicians Health Services of NJ | \$10 | None | \$10 | \$20 | ◐ | ◐ | ◐ | ◐ | ◐ | ◐ | ○ | |
| QualMed Plans for Health | \$10 | None | \$4 | \$4 | ○ | ○ | ● | ◐ | ◐ | ○ | ○ | ✓ |
| New Mexico | | | | | | | | | | | | |
| Lovelace Health Plan | \$10 | None | \$5 | \$10 | ◐ | ◐ | ○ | ○ | ○ | ○ | ○ | ✓ |
| Presbyterian Health Plan | \$10 | None | \$5 | \$15 | ○ | ○ | ○ | ◐ | ○ | ◐ | ◐ | |
| Cimarron Health Plan | \$10 | None | \$5 | \$8 | ◐ | ◐ | ○ | ◐ | ◐ | ◐ | ● | |

* Non-plan doctors and hospitals paid based on fee schedule

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|---|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| New York | | | | | |
| Aetna U.S. Healthcare - NYC area and Dutchess/Sullivan/Ulster | 800/537-9384 | JC1 | JC2 | 11.96 | 35.33 |
| Aetna U.S. Healthcare - Syracuse area | 800/537-9384 | TG1 | TG2 | 11.67 | 29.41 |
| Blue Choice - Rochester area | 716/238-4300 | MK1 | MK2 | 12.30 | 42.94 |
| Blue Cross and Blue Shield-Std - NYC/LI/Rocklnd/Wstchstr/Mid-Hudson | 800/522-5566 | 104 | 105 | 13.60 | 45.99 |
| C.D.P.H.P. - Albany/Cooperstown areas | 800/777-2273 | PW1 | PW2 | 11.76 | 35.86 |
| C.D.P.H.P. - Hudson Valley area | 800/777-2273 | QB1 | QB2 | 13.09 | 68.25 |
| C.D.P.H.P. - Capital District area | 518/862-3750 | SG1 | SG2 | 11.70 | 35.68 |
| CIGNA HealthCare of NY - New York City area | 800/345-9458 | HU1 | HU2 | 18.81 | 104.42 |
| GHI Health Plan - All of New York | 212/501-4444 | 801 | 802 | 13.18 | 62.22 |
| GHI HMO Select - Bronx/Brklyn/Manhattan/Queens/Westchster | 877/244-4466 | 6V1 | 6V2 | 43.50 | 101.48 |
| GHI HMO Select - Capital/Hudson Valley Regions | 877/244-4466 | X41 | X42 | 11.70 | 28.94 |
| Health First New York - New York City area | 888/232-5415 | 7N1 | 7N2 | 11.95 | 35.79 |
| HealthCarePlan - Western New York | 716/847-0881 | Q81 | Q82 | 9.18 | 26.02 |
| HIP of Greater New York - New York City area | 800/HIP-TALK | 511 | 512 | 10.49 | 49.07 |
| HMO Blue - Utica/Rome/Central New York areas | 800/722-7884 | AH1 | AH2 | 13.61 | 76.55 |
| HMO-CNY - Syracuse/Binghamton/Elmira areas | 800/828-2887 | EB1 | EB2 | 12.47 | 63.09 |
| Independent Health Assoc - Western New York | 800/453-1910 | QA1 | QA2 | 8.58 | 24.08 |
| MVP Health Plan - Eastern Region | 888/687-6277 | GA1 | GA2 | 11.46 | 31.91 |
| MVP Health Plan - Central Region | 888/687-6277 | M91 | M92 | 11.41 | 30.78 |
| MVP Health Plan - Mid-Hudson Region | 888/687-6277 | MX1 | MX2 | 12.81 | 62.81 |
| PHP/Mohawk Valley Region - Utica area | 315/797-7019 | SH1 | SH2 | 12.02 | 52.71 |
| Physicians Health Svcs of NY - NYC/LI/Dtchs/Orng/Putnm/Rkln/Wschs | 877/747-9585 | PD1 | PD2 | 13.79 | 83.24 |
| Preferred Care - Rochester area | 716/325-3113 | GV1 | GV2 | 11.44 | 29.03 |
| Prepaid Health Plan - Syracuse/Southern Tier areas | 315/638-2133 | QE1 | QE2 | 12.21 | 57.05 |
| Vytra Health Plans - Queens/Nassau/Suffolk Counties | 800/406-0806 | J61 | J62 | 18.26 | 99.26 |

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| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ● average, ○ below average | | | | | | | Accredited |
|--------------------------------|----------------------------------|-------------------------------------|--------------------|------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | |
| | | | | | | | | | | | | |
| New York | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ○ | ● | ○ | ● | ● | ● | ○ | ✓ |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | | | | | | | | |
| Blue Choice | \$10 | None | \$8 | \$8 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Blue Cross and Blue Shield-Std | \$15 | None | \$10 | \$20 | ● | ● | ● | ● | ● | ● | ○ | ✓ |
| - In-Network | \$15 | None | \$10 | \$20 | | | | | | | | |
| - Out-of-Network | 25% | \$300 | 45% | 45% | | | | | | | | |
| C.D.P.H.P. | \$10 | None | \$5 | \$20 | | | | | | | | ✓ |
| C.D.P.H.P. | \$10 | None | \$5 | \$20 | | | | | | | | ✓ |
| C.D.P.H.P. | \$10 | None | \$5 | \$20 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| CIGNA HealthCare of NY | \$10 | None | \$7 | \$14 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| GHI Health Plan | \$10 | None | \$5 | \$15/\$30 | ● | ● | ● | ● | ● | ● | ● | |
| - In-Network | \$10 | None | \$5 | \$15/\$30 | | | | | | | | |
| - Out-of-Network | 50%* | 50%* | \$5 | N/A | | | | | | | | |
| GHI HMO Select | \$10 | None | \$10 | \$10 | | | | | | | | ✓ |
| GHI HMO Select | \$10 | None | \$10 | \$10 | | | | | | | | ✓ |
| Health First New York | \$10 | \$100 | \$5 | \$10 | | | | | | | | |
| HealthCarePlan | \$10 | None | \$5 | \$5 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| HIP of Greater New York | \$10 | None | \$10 | \$10 | ● | ● | ○ | ○ | ○ | ● | ○ | ✓ |
| HMO Blue | \$10 | None | \$5 | \$20/\$35 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| HMO-CNY | \$10 | None | \$5 | \$20/\$35 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Independent Health Assoc | \$10 | None | \$5 | \$10/\$25 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| MVP Health Plan | \$10 | None | \$5 | \$20 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| MVP Health Plan | \$10 | None | \$5 | \$20 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| MVP Health Plan | \$10 | None | \$5 | \$20 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| PHP/Mohawk Valley Region | \$10 | None | \$5 | \$10 | | | | | | | | |
| Physicians Health Svcs of NY | \$10 | None | \$10 | \$20 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Preferred Care | \$10 | None | \$10 | \$20/\$35 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Prepaid Health Plan | \$10 | None | \$5 | \$10 | ● | ● | ● | ● | ● | ● | ● | |
| Vytra Health Plans | \$10 | None | \$5 | \$5 | ● | ● | ● | ● | ○ | ● | ○ | |

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| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|---|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| North Carolina | | | | | |
| Aetna U.S. Healthcare - Charlotte/Metrolina and Raleigh/Durham | 800/537-9384 | 3G1 | 3G2 | 10.06 | 26.04 |
| Doctors Health Plan, Inc. - Greater Tri/Char/Up-Low Cape Fear areas | 800/476-2303 | 6D1 | 6D2 | 11.14 | 26.51 |
| Generations Family Health Plan - Triangle area:Raleigh/Durham/Chapel Hill | 888/256-5563 | 8B1 | 8B2 | 11.01 | 27.70 |
| PARTNERS NHP of NC - Most of North Carolina | 800/942-5695 | EQ1 | EQ2 | 13.07 | 30.75 |
| QualChoice of North Carolina - Northwestern North Carolina | 800/816-0911 | 7Q1 | 7Q2 | 14.45 | 66.51 |
| UHC of North Carolina - Central/Eastern/Western areas | 800/999-1147 | XM1 | XM2 | 19.45 | 55.29 |
| North Dakota | | | | | |
| Blue Cross and Blue Shield-Std - Fargo/Moorehead area | 800/548-4026 | 104 | 105 | 13.60 | 45.99 |
| Heart of America HMO - Northcentral North Dakota | 701/776-5848 | RU1 | RU2 | 11.89 | 28.62 |
| Ohio | | | | | |
| Aetna U.S. Healthcare - Cleveland and Toledo areas | 800/537-9384 | 7D1 | 7D2 | 13.19 | 59.06 |
| Aetna U.S. Healthcare - Columbus area | 800/537-9384 | 7J1 | 7J2 | 17.98 | 79.81 |
| Aetna U.S. Healthcare - Greater Cincinnati area | 800/537-9384 | RD1 | RD2 | 12.66 | 53.96 |
| AultCare HMO - Stark/Carroll/Holmes/Tuscarawas/Wayne Co | 330/438-6360 | 3A1 | 3A2 | 11.31 | 30.58 |
| CHP of Ohio - Lick'g/Ottawa/Sandusky/Seneca Cos | 740/348-1449 | MG1 | MG2 | 11.19 | 60.45 |
| Health Maintenance Plan(HMP) - Most of Ohio | 800/228-4375 | R51 | R52 | 12.92 | 29.19 |
| Health Plan Upper OH Valley - Eastern Ohio | 800/624-6961 | U41 | U42 | 11.50 | 50.42 |
| HMO Health Ohio - Northeast Ohio | 800/522-2066 | L41 | L42 | 11.50 | 30.71 |
| Kaiser Permanente - Akron/Cleveland areas | 800/686-7100 | 641 | 642 | 11.27 | 27.67 |
| Paramount Health Care - Northwest/North Central Ohio | 800/462-3589 | U21 | U22 | 12.52 | 64.44 |
| SummaCare Health Plan - Northern Ohio | 330/996-8410 | 5W1 | 5W2 | 10.09 | 27.74 |
| SuperMed HMO - Northeast Ohio | 800/522-2066 | 5M1 | 5M2 | 10.97 | 28.05 |
| United Health Care of Ohio, Inc. - Cincinnati/Dayton/Springfield/Toledo | 800/231-2918 | 3U1 | 3U2 | 13.78 | 48.59 |
| Vantage Health Plan - North Central Ohio | 800/878-4394 | 6A1 | 6A2 | 11.78 | 29.20 |

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| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ● average, ○ below average | | | | | | | Accredited |
|---|----------------------------------|-------------------------------------|--------------------|------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | |
| | | | | | | | | | | | | |
| North Carolina | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ○ | ○ | ● | ● | ● | ○ | ○ | |
| Doctors Health Plan, Inc. | \$10 | \$100 | \$10 | \$20/\$30 | ● | ○ | ● | ● | ● | ○ | ○ | |
| Generations Family Health Plan | \$10 | None | \$5 | \$15/\$25 | ● | ○ | ● | ● | ● | ● | ● | |
| PARTNERS NHP of NC | \$10 | \$250 | \$10 | \$10 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| QualChoice of North Carolina - In-Network | \$10 | None | \$6 | \$12 | ● | ● | ● | ● | ● | ● | ● | |
| QualChoice of North Carolina - Out-of-Network | \$10 | None | \$6 | \$12 | | | | | | | | |
| UHC of North Carolina | \$10 | None | \$10 | \$15 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| North Dakota | | | | | | | | | | | | |
| Blue Cross and Blue Shield-Std - In-Network | \$15 | None | \$10 | \$20 | ● | ● | ● | ○ | ● | ● | ● | |
| Blue Cross and Blue Shield-Std - Out-of-Network | 25% | \$300 | 45% | 45% | | | | | | | | |
| Heart of America HMO | \$10 | None | 50% | 50% | | | | | | | | |
| Ohio | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ○ | ● | ● | ● | ● | ○ | ○ | ✓ |
| AultCare HMO | \$10 | None | \$5 | \$10 | ● | ● | ● | ● | ● | ● | ● | |
| CHP of Ohio | \$10 | \$50/day* | \$10 | \$15 | ● | ● | ● | ● | ● | ● | ● | |
| Health Maintenance Plan(HMP) | \$10 | None | \$5 | \$12 | ○ | ● | ● | ● | ● | ● | ● | ✓ |
| Health Plan Upper OH Valley | \$10 | None | \$5 | \$10 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| HMO Health Ohio | \$10 | None | \$5 | \$5 | ○ | ● | ● | ● | ● | ○ | ○ | ✓ |
| Kaiser Permanente | \$10 | None | \$5 | \$5 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Paramount Health Care | \$10 | None | \$5 | \$10 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| SummaCare Health Plan | \$10 | None | \$5 | \$10 | | | | | | | | |
| SuperMed HMO | \$10 | None | \$5 | \$5 | ○ | ● | ● | ● | ● | ○ | ○ | ✓ |
| United Health Care of Ohio, Inc. | \$10 | \$100 | \$10 | \$15 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Vantage Health Plan | \$10 | \$100 | \$10 | 30% | | | | | | | | |

* For up to 5 days

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|---|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| Oklahoma | | | | | |
| Aetna U.S. Healthcare - N. E. Oklahoma and Oklahoma City areas | 800/537-9384 | 8V1 | 8V2 | 9.93 | 26.03 |
| Amcare Health Plans - Oklahoma City/Tulsa areas | 800/772-2993 | ZX1 | ZX2 | 10.00 | 25.99 |
| Blue Cross and Blue Shield-Std - Lawton/OK City/Tulsa/Other areas | 800/722-3130 | 104 | 105 | 13.60 | 45.99 |
| Healthcare Oklahoma - Oklahoma City/Lawton/Tulsa/Enid areas | 800/535-2244 | 6W1 | 6W2 | 8.83 | 22.94 |
| PacifiCare Health Plans - Oklahoma City/Tulsa areas | 800/825-9355 | 2N1 | 2N2 | 10.00 | 26.12 |
| Prudential HealthCare HMO - Central/Western/Southern Oklahoma | 800/856-0764 | RR1 | RR2 | 10.75 | 28.62 |
| Prudential HealthCare HMO - Tulsa area | 800/856-0764 | RS1 | RS2 | 11.69 | 25.89 |
| Oregon | | | | | |
| Kaiser Permanente-High -Portland/Salem areas | 800/813-2000 | 571 | 572 | 14.38 | 49.36 |
| Kaiser Permanente-Std - Portland/Salem areas | 800/813-2000 | 574 | 575 | 12.05 | 27.66 |
| PacifiCare Health Plans - Counties along I-5 Corridor | 800/932-3004 | 7Z1 | 7Z2 | 19.05 | 50.03 |
| Panama | | | | | |
| Panama Canal Area - Republic of Panama | 732/222-2229 | 431 | 432 | 16.61 | 38.79 |

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

Enrollee Survey Results — See page 5 for a description. An (X) means the plan did not conduct the survey as we asked. **Accredited** — A (✓) means the plan is accredited by the National Committee for Quality Assurance; the Joint Commission on Accreditation of Healthcare Organizations; and/or the American Accreditation Healthcare Commission/URAC.

| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ● average, ○ below average | | | | | | | Accredited | |
|--------------------------------|----------------------------------|-------------------------------------|--------------------|-------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|---|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | | |
| | | | | | | | | | | | | | |
| Oklahoma | | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | | | | | | | | | ✓ |
| Amcare Health Plans | \$10 | None | \$5 | \$15/50% | | | | | | | | | |
| Blue Cross and Blue Shield-Std | - In-Network Out-of-Network | None \$300 | \$10 45% | \$20 45% | ● | ● | ● | ● | ● | ○ | ● | | |
| Healthcare Oklahoma | \$10 | None | \$5 | \$10 | ● | ○ | ● | ● | ● | ● | ● | | ✓ |
| PacifiCare Health Plans | \$10 | None | \$5 | \$15 | ○ | ○ | ○ | ● | ● | ● | ● | | ✓ |
| Prudential HealthCare HMO | \$10 | None | \$5 | \$15/\$25 | X | X | X | X | X | X | X | | ✓ |
| Prudential HealthCare HMO | \$10 | None | \$5 | \$15/\$25 | X | X | X | X | X | X | X | | ✓ |
| Oregon | | | | | | | | | | | | | |
| Kaiser Permanente-High | \$10 | None | \$10 | \$10 | ● | ● | ○ | ○ | ● | ● | ● | | ✓ |
| Kaiser Permanente-Std | \$12 | None | \$15 | \$15 | ● | ● | ○ | ○ | ● | ● | ● | | ✓ |
| PacifiCare Health Plans | \$10 | None | \$5 | \$15 | ○ | ○ | ● | ○ | ● | ● | ● | | |
| Panama | | | | | | | | | | | | | |
| Panama Canal Area | - In-Network - Out-of-Network | \$75 \$125 | 50% 50% | 50% 50% | | | | | | | | | |

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|--|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| Pennsylvania | | | | | |
| Aetna U.S. Healthcare-High -Southwestern/Central/NE PA | 800/537-9384 | KL1 | KL2 | 10.30 | 27.26 |
| Aetna U.S. Healthcare-Std - Southwestern/Central/NE PA | 800/537-9384 | KL4 | KL5 | 8.94 | 23.80 |
| Aetna U.S. Healthcare-High -Southeastern PA | 800/537-9384 | SU1 | SU2 | 15.21 | 84.37 |
| Aetna U.S. Healthcare-Std - Southeastern PA | 800/537-9384 | SU4 | SU5 | 12.15 | 48.03 |
| First Priority Hlth - Northeastern Pennsylvania | 800/822-8753 | C81 | C82 | 32.82 | 131.43 |
| Free State Health Plan - Southern Pennsylvania | 800/445-6036 | LD1 | LD2 | 13.43 | 41.40 |
| Geisinger Health Plan - Central/Northeastern/South Central PA | 800/447-4000 | N91 | N92 | 10.25 | 40.63 |
| HealthAmerica Pennsylvania - Greater Pittsburgh area | 800/735-4404 | 261 | 262 | 10.46 | 27.19 |
| HealthAmerica Pennsylvania - Central Pennsylvania | 800/788-8445 | SW1 | SW2 | 11.17 | 29.03 |
| HealthGuard - Berks/Cmbrlnd/Dauphine/Lanc/Lebanon/York | 800/822-0350 | NQ1 | NQ2 | 10.38 | 27.08 |
| Keystone Health Plan Central - Harrisburg/Norther Region/Lehigh Valley | 800/622-2843 | S41 | S42 | 13.04 | 49.86 |
| Keystone Health Plan East - Philadelphia area | 800/227-3115 | ED1 | ED2 | 12.04 | 51.26 |
| KeystoneBlue - Pittsburgh/Altoona/Erie areas | 800/421-0959 | EF1 | EF2 | 12.47 | 98.08 |
| QualMed Plans for Health - Southern Pennsylvania | 800/998-2840 | 271 | 272 | 32.53 | 95.20 |
| QualMed Plans for Health - Scranton/Wilkes Barre areas | 800/998-2840 | 2K1 | 2K2 | 13.08 | 51.58 |
| UPMC Health Plan - Pittsburgh Area | 412/454-7652 | 8W1 | 8W2 | 9.15 | 23.34 |
| Puerto Rico | | | | | |
| Triple-S - All of Puerto Rico | 787/749-4777 | 891 | 892 | 10.25 | 22.02 |

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

Enrollee Survey Results — See page 5 for a description. An (X) means the plan did not conduct the survey as we asked. **Accredited** — A (✓) means the plan is accredited by the National Committee for Quality Assurance; the Joint Commission on Accreditation of Healthcare Organizations; and/or the American Accreditation Healthcare Commission/URAC.

| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ● average, ○ below average | | | | | | | Accredited |
|---|----------------------------------|-------------------------------------|--------------------|------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | |
| | | | | | | | | | | | | |
| Pennsylvania | | | | | | | | | | | | |
| Aetna U.S. Healthcare-High | \$10 | None | \$5 | \$10/\$25 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Aetna U.S. Healthcare-Std | \$15 | \$240 | \$10 | \$15/\$30 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Aetna U.S. Healthcare-High | \$10 | None | \$5 | \$10/\$25 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Aetna U.S. Healthcare-Std | \$15 | \$240 | \$10 | \$15/\$30 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| First Priority Hlth | \$10 | None | \$8 | \$8/\$23 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Free State Health Plan - In-Network | \$10 | None | \$10 | \$20/\$35 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Free State Health Plan - Out-of-Network | 20% | \$200# | \$10 | \$20/\$35 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Geisinger Health Plan - In-Network | \$10 | None | \$8 | \$8 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Geisinger Health Plan - Out-of-Network | 20% | 20% | N/A | N/A | ● | ● | ● | ● | ● | ● | ● | ✓ |
| HealthAmerica Pennsylvania | \$10 | None | \$8 | \$14/\$35 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| HealthAmerica Pennsylvania | \$10 | None | \$8 | \$14/\$35 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| HealthGuard | \$10 | None | \$10 | \$20 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Keystone Health Plan Central | \$10 | None | \$10 | \$10 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Keystone Health Plan East | \$10 | None | \$5 | \$5 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| KeystoneBlue | \$10 | \$100 | \$8 | \$14 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| QualMed Plans for Health | \$10 | None | \$4 | \$4 | ○ | ○ | ● | ● | ● | ○ | ○ | ✓ |
| QualMed Plans for Health | \$10 | None | \$4 | \$4 | | | | | | | | ✓ |
| UPMC Health Plan | \$10 | None | \$5 | \$15 | | | | | | | | |
| Puerto Rico | | | | | | | | | | | | |
| Triple-S - In-Network | \$7.50 | None | \$2 | \$10 | ● | ● | ○ | ● | ● | ● | ● | |
| Triple-S - Out-of-Network | \$7.50 | None# | \$2 | \$10 | | | | | | | | |

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|--|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| Rhode Island | | | | | |
| Aetna U.S. Healthcare - All of Rhode Island | 800/537-9384 | 5U1 | 5U2 | 9.80 | 26.35 |
| Blue Chip, Coord Hlth Partners - All of Rhode Island | 401/459-5500 | DA1 | DA2 | 13.36 | 73.38 |
| South Carolina | | | | | |
| Doctors Health Plan, Inc. - York County | 800/476-2303 | 6D1 | 6D2 | 11.14 | 26.51 |
| PARTNERS NHP of NC - Upstate South Carolina | 800/942-5695 | EQ1 | EQ2 | 13.07 | 30.75 |
| Tennessee | | | | | |
| Aetna U.S. Healthcare - Nashville/Middle Tennessee areas | 800/537-9384 | 6J1 | 6J2 | 11.75 | 60.39 |
| Prudential HealthCare HMO - Nashville area | 800/856-0764 | UA1 | UA2 | 11.88 | 67.00 |
| Prudential HealthCare HMO - Memphis area | 800/856-0764 | UB1 | UB2 | 8.65 | 26.37 |

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

Enrollee Survey Results — See page 5 for a description. An (X) means the plan did not conduct the survey as we asked. **Accredited** — A (✓) means the plan is accredited by the National Committee for Quality Assurance; the Joint Commission on Accreditation of Healthcare Organizations; and/or the American Accreditation Healthcare Commission/URAC.

| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ● average, ○ below average | | | | | | | Accredited |
|--------------------------------|----------------------------------|-------------------------------------|--------------------|------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | |
| | | | | | | | | | | | | |
| Rhode Island | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ○ | ○ | ● | ● | ● | ○ | ○ | |
| Blue Chip, Coord - In-Network | \$10 | None | \$5 | \$15/\$30 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Hlth Partners - Out-of-Network | 20% | None# | \$5 | \$15/\$30 | | | | | | | | |
| South Carolina | | | | | | | | | | | | |
| Doctors Health Plan, Inc. | \$10 | \$100 | \$10 | \$20/\$30 | ● | ○ | ● | ● | ● | ○ | ○ | |
| PARTNERS NHP of NC | \$10 | \$250 | \$10 | \$10 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Tennessee | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ○ | ○ | ● | ● | ● | ○ | ○ | |
| Prudential HealthCare HMO | \$10 | None | \$5 | \$15/\$25 | ○ | ● | ● | ● | ● | ○ | ● | ✓ |
| Prudential HealthCare HMO | \$10 | None | \$5 | \$15/\$25 | ● | ○ | ○ | ● | ● | ○ | ○ | ✓ |

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|---|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| Texas | | | | | |
| Aetna U.S. Healthcare - Houston area | 800/537-9384 | 5B1 | 5B2 | 10.31 | 36.14 |
| Aetna U.S. Healthcare - San Antonio area | 800/537-9384 | 8X1 | 8X2 | 11.47 | 34.18 |
| Amcare Health Plans - Houston/El Paso areas | 800/782-8373 | 2V1 | 2V2 | 10.26 | 26.68 |
| Amcare Health Plans - Austin/San Antonio areas | 800/782-8373 | ZG1 | ZG2 | 9.46 | 24.59 |
| APWU Health Plan - Eastern and Central Texas | 800/222-2798 | 471 | 472 | 25.70 | 61.95 |
| FIRSTCARE - Waco area | 800/884-4901 | 6U1 | 6U2 | 13.17 | 28.30 |
| FIRSTCARE - West Texas | 800/884-4901 | CK1 | CK2 | 46.22 | 99.81 |
| Humana Health Plan of Texas - San Antonio area | 888/393-6765 | UR1 | UR2 | 10.65 | 27.39 |
| Mercy Health Plans/Premier - Webb/Zapata/Duval/Jim Hogg Counties | 800/617-3433 | HM1 | HM2 | 12.71 | 51.68 |
| HMO Blue Texas - Dallas/Ft. Worth/Amarillo/East & West Texas | 800/486-3040 | YX1 | YX2 | 13.14 | 52.49 |
| HMO Blue Texas - Houston/Austin/S.Antonio/C.Christi/Beau/Victoria | 800/833-5318 | YM1 | YM2 | 11.35 | 27.78 |
| PacifiCare Health Plans - S Ant/Hstn/Glvston/Da/Ft Wor/Glf Coast | 800/825-9355 | GF1 | GF2 | 9.88 | 25.80 |
| Texas Health Choice, L. C. - Dallas/Ft. Worth areas | 972/458-5000 | UK1 | UK2 | 10.68 | 27.33 |
| Utah | | | | | |
| Altius Health Plans - Wasatch Front | 800/377-4161 | 9K1 | 9K2 | 24.50 | 60.04 |
| Vermont | | | | | |
| MVP Health Plan - Bennington/Chittenden/Rutland/Wash. Cos. | 888/687-6277 | VW1 | VW2 | 21.48 | 102.35 |

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

Enrollee Survey Results — See page 5 for a description. An (X) means the plan did not conduct the survey as we asked. **Accredited** — A (✓) means the plan is accredited by the National Committee for Quality Assurance; the Joint Commission on Accreditation of Healthcare Organizations; and/or the American Accreditation Healthcare Commission/URAC.

| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ● average, ○ below average | | | | | | | Accredited |
|---|----------------------------------|-------------------------------------|--------------------|-------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | |
| | | | | | | | | | | | | |
| Texas | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ● | ○ | ○ | ● | ● | ● | ● | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ● | ○ | ● | ● | ● | ● | ○ | |
| Amcare Health Plans | \$10 | None | \$5 | \$15/50% | | | | | | | | |
| Amcare Health Plans | \$10 | None | \$5 | \$15/50% | | | | | | | | |
| APWU Health Plan - In-Network | \$10 | None | \$5 or 25%* | \$5 or 25%* | | | | | | | | |
| APWU Health Plan - Out-of-Network | 30% | \$200 | \$5 or 45%* | \$5 or 45%* | | | | | | | | |
| FIRSTCARE | \$10 | None | \$10 | \$20/\$30 | ● | ● | ● | ● | ● | ● | ● | |
| FIRSTCARE | \$10 | None | \$10 | \$20/\$30 | ● | ● | ● | ● | ● | ● | ● | |
| Humana Health Plan of Texas | \$10 | None | \$5 | \$10/\$25 | ● | ○ | ○ | ● | ● | ● | ● | ✓ |
| Mercy Health Plans/Premier - In-Network | \$10 | None | \$7 | \$12 | | | | | | | | |
| Mercy Health Plans/Premier - Out-of-Network | 30% | None# | \$7 | \$12 | | | | | | | | |
| HMO Blue Texas | \$10 | \$100 | \$5 | \$10/\$25 | ○ | ○ | ○ | ● | ● | ● | ○ | ✓ |
| HMO Blue Texas | \$10 | \$100 | \$5 | \$10/\$25 | ○ | ○ | ○ | ● | ● | ○ | ○ | ✓ |
| PacifiCare Health Plans | \$10 | None | \$5 | \$15 | ○ | ○ | ○ | ● | ● | ○ | ○ | |
| Texas Health Choice, L. C. | \$10 | None | \$6 | \$12 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ✓ |
| Utah | | | | | | | | | | | | |
| Altius Health Plans | \$10 | None | \$10 | \$15/\$30 | ○ | ○ | ● | ● | ● | ○ | ○ | ✓ |
| Vermont | | | | | | | | | | | | |
| MVP Health Plan | \$10 | None | \$5 | \$20 | ● | ● | ● | ● | ● | ● | ● | ✓ |

* You pay the greater amount. See plan brochure for details.

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|---|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| Virginia | | | | | |
| Aetna U.S. Healthcare-High -N.VA/Fredericksburg areas | 800/537-9384 | JN1 | JN2 | 12.85 | 33.51 |
| Aetna U.S. Healthcare-Std - N.VA/Fredericksburg areas | 800/537-9384 | JN4 | JN5 | 9.36 | 21.89 |
| Aetna U.S. Healthcare-High -Richmond VA area | 800/537-9384 | XE1 | XE2 | 10.99 | 28.52 |
| Aetna U.S. Healthcare-Std - Richmond VA area | 800/537-9384 | XE4 | XE5 | 9.78 | 25.42 |
| CapitalCare - Northern Virginia | 800/680-9495 | 2G1 | 2G2 | 13.39 | 42.98 |
| CIGNA HealthCare of VA - Southeastern Virginia | 800/533-1708 | W21 | W22 | 11.09 | 24.86 |
| CIGNA HealthCare of VA - Central Virginia | 800/533-1708 | W31 | W32 | 10.36 | 23.43 |
| George Washington Univ HP - Northern Virginia | 301/941-2000 | E51 | E52 | 11.52 | 28.24 |
| HealthKeepers - Eastern,Central,F'burg,Western,SW areas | 800/421-1880 | X81 | X82 | 11.75 | 34.47 |
| Kaiser Permanente - Washington, DC area | 301/468-6000 | E31 | E32 | 11.90 | 30.48 |
| MD-IPA - N.VA/Cntrl VA/Richmond/Tidewater/Roanoke | 800/251-0956 | JP1 | JP2 | 12.25 | 30.67 |
| OPTIMA Health Plan - Peninsula/Southside Hampton Roads | 757/552-7500 | 9R1 | 9R2 | 14.51 | 58.36 |
| PARTNERS NHP of NC - Southwest Virginia | 800/942-5695 | EQ1 | EQ2 | 13.07 | 30.75 |
| Piedmont Community Healthcare - Lynchburg area | 888/674-3368 | 2C1 | 2C2 | 12.55 | 29.20 |
| Washington | | | | | |
| Aetna U.S. Healthcare - Western/Southeast Washington | 800/537-9384 | 8J1 | 8J2 | 9.97 | 25.83 |
| First Choice Health Plan - Greater Seattle area | 800/783-7312 | 5G1 | 5G2 | 13.39 | 78.80 |
| Group Health Cooperative - Most of Western Washington | 206/448-4140 | 541 | 542 | 12.97 | 29.48 |
| Group Health Cooperative - Central WA/Spokane/Colville/Pullman | 800/497-2210 | VR1 | VR2 | 13.44 | 76.73 |
| Kaiser Permanente-High -Vancouver/Longview | 800/813-2000 | 571 | 572 | 14.38 | 49.36 |
| Kaiser Permanente-Std - Vancouver/Longview | 800/813-2000 | 574 | 575 | 12.05 | 27.66 |
| Kitsap Physicians Service-High -Kitsap/Mason/Jefferson Counties | 800/552-7114 | VT1 | VT2 | 57.45 | 122.44 |
| Kitsap Physicians Service-Std - Kitsap/Mason/Jefferson Counties | 800/552-7114 | VT4 | VT5 | 16.44 | 40.47 |
| PacifiCare Health Plans - Clark County | 800/932-3004 | 7Z1 | 7Z2 | 19.05 | 50.03 |
| PacifiCare Health Plans - Puget Sound/Most West WA/Walla Walla | 800/932-3004 | WB1 | WB2 | 10.60 | 27.68 |
| Premera HealthPlus - Most of Washington | 800/527-6675 | 8F1 | 8F2 | 13.35 | 56.06 |

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

Enrollee Survey Results — See page 5 for a description. An (X) means the plan did not conduct the survey as we asked. **Accredited** — A (✓) means the plan is accredited by the National Committee for Quality Assurance; the Joint Commission on Accreditation of Healthcare Organizations; and/or the American Accreditation Healthcare Commission/URAC.

| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ● average, ○ below average | | | | | | | Accredited |
|--|----------------------------------|-------------------------------------|--------------------|------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | |
| | | | | | | | | | | | | |
| Virginia | | | | | | | | | | | | |
| Aetna U.S. Healthcare-High | \$10 | None | \$5 | \$10/\$25 | ○ | ○ | ● | ● | ● | ○ | ○ | ✓ |
| Aetna U.S. Healthcare-Std | \$15 | \$240 | \$10 | \$15/\$30 | ○ | ○ | ● | ● | ● | ○ | ○ | ✓ |
| Aetna U.S. Healthcare-High | \$10 | None | \$5 | \$10/\$25 | | | | | | | | |
| Aetna U.S. Healthcare-Std | \$15 | \$240 | \$10 | \$15/\$30 | | | | | | | | |
| CapitalCare | \$10 | None | \$8 | \$15/\$30 | ● | ● | ○ | ● | ○ | ● | ● | ✓ |
| CIGNA HealthCare of VA | \$10 | None | \$5 | \$15/\$35 | ● | ● | ● | ○ | ○ | ● | ● | ✓ |
| CIGNA HealthCare of VA | \$10 | None | \$5 | \$15/\$35 | ● | ● | ● | ○ | ○ | ● | ● | ✓ |
| George Washington Univ HP | \$10 | None | \$5 | \$15/\$25 | ○ | ● | ○ | ● | ○ | ○ | ○ | ✓ |
| HealthKeepers | \$10 | \$100 | \$5 | \$10/\$25 | ● | ● | ● | ● | ○ | ● | ● | ✓ |
| Kaiser Permanente | \$10 | None | \$7 | \$7 | ● | ● | ○ | ○ | ○ | ● | ● | ✓ |
| MD-IPA | \$10 | None | \$5 | \$10/\$25 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| OPTIMA Health Plan | \$10 | None | \$8 | \$15/\$40 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| PARTNERS NHP of NC | \$10 | \$250 | \$10 | \$10 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Piedmont Community Healthcare - In-Network | \$10 | None# | \$5 | \$15 | | | | | | | | |
| Piedmont Community Healthcare - Out-of-Network | 30% | None# | \$5 | \$15 | | | | | | | | |
| Washington | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | None | \$5 | \$10/\$25 | ○ | ● | ● | ● | ● | ○ | ○ | |
| First Choice Health Plan | \$10 | None | \$5 | \$10/\$25 | | | | | | | | |
| Group Health Cooperative | \$10 | \$100/day* | \$10 | \$10 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Group Health Cooperative | \$10 | \$100/day* | \$10 | \$10 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Kaiser Permanente-High | \$10 | None | \$10 | \$10 | ● | ● | ○ | ○ | ● | ● | ● | ✓ |
| Kaiser Permanente-Std | \$12 | None | \$15 | \$15 | ● | ● | ○ | ○ | ● | ● | ● | ✓ |
| Kitsap Physicians Service-High | \$10 | \$200 | 50% | 50% | ● | ● | ● | ● | ● | ● | ● | |
| Kitsap Physicians Service-Std | 20% | None# | 20% | 20% | ● | ● | ● | ● | ● | ● | ● | |
| PacifiCare Health Plans | \$10 | None | \$5 | \$15 | ○ | ○ | ● | ○ | ● | ● | ● | ✓ |
| PacifiCare Health Plans | \$10 | None | \$5 | \$15 | ○ | ○ | ● | ● | ● | ○ | ○ | |
| Premera HealthPlus | \$10 | \$100 | \$10 | \$20/\$30 | ○ | ● | ● | ● | ● | ○ | ● | ✓ |

* For up to 3 days

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

| Plan name – location | Telephone number | Enrollment code | | Biweekly Premium Your Share | |
|---|------------------|-----------------|---------------|-----------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family |
| West Virginia | | | | | |
| Carelink Health Plans - Northern/Central/Southern West Virginia | 800/348-2922 | 4C1 | 4C2 | 12.18 | 88.33 |
| Free State Health Plan - Northeastern West Virginia | 800/445-6036 | LD1 | LD2 | 13.43 | 41.40 |
| Health Plan Upper OH Valley - Northern/Central West Virginia | 800/624-6961 | U41 | U42 | 11.50 | 50.42 |
| Wisconsin | | | | | |
| CompCare Health Services - Southeastern Wisconsin | 414/226-6744 | 691 | 692 | 27.89 | 120.12 |
| CompCare Health Services - Northcentral/Northwest Wisconsin | 800/242-9635 | 6X1 | 6X2 | 20.99 | 90.98 |
| Dean Health Plan - South Central Wisconsin | 800/279-1301 | WD1 | WD2 | 12.41 | 67.15 |
| Family Health Plan - Milwaukee area | 414/256-0040 | WH1 | WH2 | 15.20 | 87.64 |
| Group Health Coop - South Central Wisconsin | 608/251-3356 | WJ1 | WJ2 | 11.19 | 34.84 |
| Group Hlth Coop/Eau Claire - West Central Wisconsin | 715/552-4300 | WT1 | WT2 | 27.55 | 118.20 |
| HealthPartners Classic-High -Pierce/St. Croix Counties | 612/883-5000 | 531 | 532 | 22.43 | 81.51 |
| HealthPartners Classic-Std - Pierce/St. Croix Counties | 612/883-5000 | 534 | 535 | 12.29 | 31.44 |
| HealthPartners Health Plan - West Central Wisconsin | 612/883-5000 | HQ1 | HQ2 | 37.56 | 117.80 |
| Unity Health Plans - Southern/Central Wisconsin | 800/362-3310 | W41 | W42 | 12.26 | 58.14 |
| Valley Health Plan - Western Wisconsin | 715/832-3235 | VH1 | VH2 | 42.45 | 153.57 |

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| Plan name | Primary care doctor office copay | Hospital per stay deductible/ copay | Prescription drugs | | Enrollee Survey Results ● above average, ◐ average, ○ below average | | | | | | | Accredited |
|---|----------------------------------|-------------------------------------|--------------------|------------|--|---------------------|----------------------|------------------------------|------------------------------------|------------------|-------------------|------------|
| | | | Generic | Brand name | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Courteous and helpful office staff | Customer service | Claims processing | |
| | | | | | | | | | | | | |
| West Virginia | | | | | | | | | | | | |
| Carelink Health Plans | \$10 | \$100 | \$10 | \$20 | | | | | | | | |
| Free State Health Plan - In-Network | \$10 | None | \$10 | \$20/\$35 | ◐ | ◐ | ◐ | ◐ | ◐ | ◐ | ◐ | ✓ |
| Free State Health Plan - Out-of-Network | 20% | \$200# | \$10 | \$20/\$35 | | | | | | | | |
| Health Plan Upper OH Valley | \$10 | None | \$5 | \$10 | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Wisconsin | | | | | | | | | | | | |
| Compcare Health Services | \$10 | \$100/day* | \$7 | \$12 | ○ | ● | ● | ◐ | ◐ | ○ | ○ | ✓ |
| Compcare Health Services | \$10 | \$100/day* | \$7 | \$12 | ○ | ● | ● | ◐ | ◐ | ○ | ○ | ✓ |
| Dean Health Plan | \$10 | None | \$6 | \$10 | ● | ● | ● | ◐ | ● | ● | ● | ✓ |
| Family Health Plan | \$10 | None | Nothing | Nothing | ○ | ◐ | ○ | ○ | ○ | ○ | ○ | |
| Group Health Coop | \$10 | None | Nothing | Nothing | ● | ● | ● | ● | ● | ● | ● | ✓ |
| Group Hlth Coop/Eau Claire | \$10 | None | \$7.50 | \$7.50 | | | | | | | | |
| HealthPartners Classic-High | \$10 | None | \$8 | \$8 | ◐ | ◐ | ◐ | ◐ | ◐ | ● | ◐ | ✓ |
| HealthPartners Classic-Std | \$15 | \$200 | \$10 | \$10 | ◐ | ◐ | ◐ | ◐ | ◐ | ● | ◐ | ✓ |
| HealthPartners Health Plan | \$10 | None | \$8 | \$8 | ◐ | ◐ | ◐ | ◐ | ◐ | ● | ◐ | ✓ |
| Unity Health Plans | \$10 | None | \$5 | \$10 | ● | ● | ● | ◐ | ◐ | ● | ● | |
| Valley Health Plan | \$10 | None | \$5 | \$10 | ● | ● | ● | ● | ● | ● | ● | |

* For up to 2 days

Learning about today's Medicare can be beneficial to your health.

Today's Medicare offers more.

- ✓ *More preventive benefits.*
- ✓ *More information.*
- ✓ *More help with your questions.*

Medicare Questions?

www.medicare.gov



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(1-800-633-4227)



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Notes

**READ IMMEDIATELY:
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