



# Guide to Federal Employees Health Benefits Plans

For Federal Retirees and  
Their Survivors





UNITED STATES  
OFFICE OF PERSONNEL MANAGEMENT  
WASHINGTON, DC 20415-0001

OFFICE OF THE DIRECTOR

Dear Federal Employees Health Benefits Program Participant:

Welcome to the 2005 Open Season! By continuing to introduce pro-consumer health care ideas, the Office of Personnel Management (OPM) team has given you greater, cost effective choices. This year several national and local health plans are offering new options strengthening the Federal Employees Health Benefits (FEHB) Program and once again highlighting its strength as one of the best benefits systems among employers anywhere. I am firm in my belief that you, when fully informed as a Federal subscriber, are in the best position to make the decisions that meet your needs and those of your family. I am pleased to present the *2005 Guide to Federal Employees Health Benefits Plans* to assist you in making an informed decision.

Exciting new features this year give you additional opportunities to save and better manage your hard-earned dollars. For 2005, I am very pleased and enthusiastic about the new High Deductible Health Plans (HDHP) with Health Savings Account (HSA) and Health Reimbursement Arrangements (HRA) components. This combination of health plan and savings vehicle provides a new opportunity to save and better manage your money.

If an HDHP/HSA is not for you and you are not retired, I encourage you to consider a Flexible Spending Account (FSA) for health care. FSAs allow you to reduce your out-of-pocket health care costs by 20 to more than 40 percent by paying for certain health care expenses with tax-free dollars, instead of after-tax dollars.

Since prevention remains a major factor in the cost of health care, last year OPM launched the *HealthierFeds* campaign. Through this effort we are encouraging Federal team members to take greater responsibility for living a healthier lifestyle. The positive effect of a healthier life style brings dividends for you and reduces the demands and costs within the health care system. This campaign embraces four key "actions" that can lead to a healthy America: be physically active every day, eat a nutritious diet, seek out preventative screenings, and make healthy lifestyle choices. Be sure to visit *HealthierFeds* at [www.healthierfeds.opm.gov](http://www.healthierfeds.opm.gov) for more details on this important initiative. I also encourage you to visit the Department of Health and Human Services website on Wellness and Safety, [www.hhs.gov/safety/index.shtml](http://www.hhs.gov/safety/index.shtml), which complements and broadens healthier lifestyle resources. The site provides extensive information from health care experts and organizations to support your personal interest in staying healthy.

The FEHB Program offers the Federal team the widest array of cost-effective health care options and the information needed to make the best choice for you and your family. You will find comprehensive health plan information in this guide, in the brochures of the various health plans, and on the OPM Website at [www.opm.gov/insure](http://www.opm.gov/insure). I hope you find these resources helpful, and thank you once again for your service to the nation.

Sincerely,

A handwritten signature in blue ink that reads "Kay C. James".

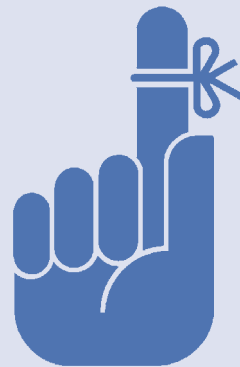
Kay Coles James  
Director

# Table of Contents

	<i>Page:</i>
<b>Changing Enrollment During Open Season</b> .....	1
<b>Picking a Health Plan</b> .....	2
<b>Preventing Medical Mistakes</b> .....	6
<b>FEHB Web Resources</b> .....	7
<b>Program Features</b> .....	8
<b>Definitions</b> .....	9
<b>A Federal Program Complements FEHB Benefits</b>	
The Federal Long Term Care Insurance Program .....	11
<b>Stop Health Care Fraud</b> .....	12
<b>Plan Comparisons</b>	
Nationwide Fee-for-Service Plans Open to All .....	13
Nationwide Fee-for-Service Plans Open Only to Specific Groups .....	19
Health Maintenance Organization Plans, Plans Offering a Point-of-Service Product .....	23
High Deductible Health Plans with a Health Savings Account or Health Reimbursement Arrangement and Consumer-Driven Health Plans .....	52

## Things to Remember

- The plan you choose can make a difference in your health.
- Be aware of benefit changes for 2005.
- Check the premium for 2005.
- Look for new choices.



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

**This page intentionally left blank**

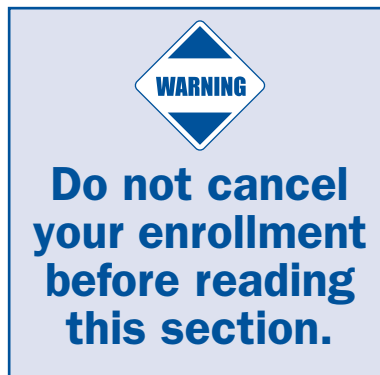
# Changing Enrollment During Open Season

Each year, in early November, your current health benefits plan sends you a brochure, and your retirement office sends you instructions for ordering brochures and making Open Season changes. It is very important that you keep your address up to date to ensure that you receive your Open Season materials each year. If you move, please be sure to let your retirement office know your new address. Any address request sent to OPM must have your CSA or CSF claim number so that we can identify you.

Your new plan will mail you an identification card. If you need services before you receive your new card, contact your new plan at the member services number in your brochure.

If you decide not to change your enrollment, do not respond to the Open Season material. Your coverage under your current health plan continues automatically.

You may voluntarily cancel your enrollment at any time. However, once your cancellation takes effect, you probably will not be able to enroll again as a retiree. You will not be entitled to a 31-day extension of coverage for conversion to a non-group (private) policy and neither you nor your family members will be entitled to temporarily continue coverage.



You will not be able to reenroll in FEHB except under the following circumstances:

- You have been continuously covered as a family member under another enrollment in the FEHB since the date of your cancellation, and you lose the coverage because the enrollment ends or the enrollee changes from self and family to self only; or
- You suspended your FEHB coverage to enroll in a Medicare Advantage plan (these are Health Maintenance Organization or Fee-for-Service plans approved by the Centers for Medicare and Medicaid Services), or because you are eligible under Medicaid or a similar state-sponsored program of medical assistance for the needy, or because you are enrolled with tricare, tricare For Life or CHAMPVA military program.

For more information on how to suspend your FEHB enrollment, contact your retirement office. Time limitations and other restrictions apply. For instance, you must submit eligibility documentation that you are suspending FEHB to enroll in one of the other programs listed in case you wish to reenroll in the FEHB Program at a later time.

If you have suspended FEHB coverage for one of the eligible programs (and submitted the required documentation) but now want to enroll in the FEHB Program again, you may enroll during Open Season. You may reenroll outside Open Season only if you move out of the Medicare Advantage plan's service area, or you involuntarily lose coverage under one of the eligible programs. If you cancel your coverage for any reason, you cannot reenroll.

If the original Medicare Plan is your primary payer, which is generally the case if you have Medicare and are not working, check the plan brochure to see if the plan waives some of its FEHB cost-sharing (e.g., deductibles, coinsurance, or copayments).

If you are interested in an HMO plan, some FEHB HMOs also offer Medicare Advantage plans. Information on coordinating benefits with other coverage, original Medicare or Medicare Advantage is available in Section 9 of the plan brochures

# Picking a Health Plan

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

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

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

# Picking a Health Plan

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

An easy-to-use tool allowing you to compare plans is available on the web at [www.opm.gov/insure/04/spmt/plansearch.aspx](http://www.opm.gov/insure/04/spmt/plansearch.aspx). If you do not have Internet access, use the chart below by consulting the health plans' brochures to review your costs, including premiums, and estimate what you might spend on health care next year. Plan brochures can be obtained from your Human Resources office or on the OPM web site at [www.opm.gov/insure/health](http://www.opm.gov/insure/health).

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

# Picking a Health Plan

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

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

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

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

**Member Survey.** The results shown in the plan comparison sections are collected, scored, and reported by an independent organization – not by the health plans. For each survey measure, individual plan scores are compared to a national average for all plans of the same type. Plan scores are reported as at, above, or below the national average. Here is a brief explanation of each survey category.

<b>Overall Plan Satisfaction</b>	<ul style="list-style-type: none"> <li>• How would you rate your overall experience with your health plan?</li> </ul>
<b>Getting Needed Care</b>	<ul style="list-style-type: none"> <li>• Were you satisfied with the choices your health plan gave you to select a personal doctor?</li> <li>• Were you satisfied with the time it takes to get a referral to a specialist?</li> </ul>
<b>Getting Care Quickly</b>	<ul style="list-style-type: none"> <li>• Did you get the advice or help you needed when you called your doctor during regular office hours?</li> <li>• Could you get an appointment for regular or routine care when you wanted?</li> </ul>
<b>How Well Doctors Communicate</b>	<ul style="list-style-type: none"> <li>• Did your doctor listen carefully to you and explain things in a way you could understand?</li> <li>• Did your doctor spend enough time with you?</li> </ul>
<b>Customer Service</b>	<ul style="list-style-type: none"> <li>• Was your plan helpful when you called its customer service department?</li> <li>• Did you have paperwork problems?</li> <li>• Were the plan's written materials understandable?</li> </ul>
<b>Claims Processing</b>	<ul style="list-style-type: none"> <li>• Did your plan pay your claims correctly and in a reasonable time?</li> </ul>

# Picking a Health Plan

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

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

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

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

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

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

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

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

# Preventing Medical Mistakes

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

## 1. Ask questions if you have doubts or concerns.

- Ask questions and make sure you understand the answers.
- Choose a doctor with whom you feel comfortable talking.
- Take a relative or friend with you to help you ask questions and understand answers.

## 2. Keep and bring a list of all the medicines you take.

- Give your doctor and pharmacist a list of all the medicines that you take, including non-prescription medicines.
- Tell them about any drug allergies you have.
- Ask about side effects and what to avoid while taking the medicine.
- Read the label when you get your medicine, including all warnings.
- Make sure your medicine is what the doctor ordered and know how to use it.
- Ask the pharmacist about your medicine if it looks different than you expected.

## 3. Get the results of any test or procedure.

- Ask when and how you will get the results of tests or procedures.
- Don't assume the results are fine if you do not get them when expected, be it in person, by phone, or by mail.
- Call your doctor and ask for your results.
- Ask what the results mean for your care.

## 4. Talk to your doctor about which hospital is best for your health needs.

- Ask your doctor which hospital has the best care and results for your condition if you have more than one hospital to choose from to get the health care you need.
- Be sure you understand the instructions you get about follow-up care when you leave the hospital.

## 5. Make sure you understand what will happen if you need surgery.

- Make sure you, your doctor, and your surgeon all agree on exactly what will be done during the operation.
- Ask your doctor, "Who will manage my care when I am in the hospital?"
- Ask your surgeon:
  - Exactly what will you be doing?
  - About how long will it take?
  - What will happen after surgery?
  - How can I expect to feel during recovery?
- Tell the surgeon, anesthesiologist, and nurses about any allergies, bad reaction to anesthesia, and any medications you are taking.

## Want more information on patient safety?

- ➔ [www.ahrq.gov/consumer/pathqpack.htm](http://www.ahrq.gov/consumer/pathqpack.htm). The Agency for Healthcare Research and Quality makes available a wide-ranging list of topics not only to inform consumers about patient safety but to help choose quality healthcare providers and improve the quality of care you receive.
- ➔ [www.patientsafety.gov](http://www.patientsafety.gov). The VA National Center for Patient Safety is dedicated to improving the care of America's veterans and offering patients and health care providers, as well as the general public, information on what can be done to improve patient safety.
- ➔ [www.npsf.org](http://www.npsf.org). The National Patient Safety Foundation has information on how to ensure safer healthcare for you and your family.
- ➔ [www.leapfroggroup.org](http://www.leapfroggroup.org). The Leapfrog Group is active in promoting safe practices in hospital care.
- ➔ [www.ahqa.org](http://www.ahqa.org). The American Health Quality Association represents organizations and healthcare professionals working to improve patient safety.

# FEHB Web Resources

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

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

- An interactive tool that allows you to make side-by-side comparisons of the costs, benefits, and quality indicators of the plans in your area.
- All health plan brochures.
- A comparison of how FEHB plans perform in important medical areas under the Health Plan Employer Data and Information Set (HEDIS). HEDIS is a set of standardized performance measures that allows users to reliably compare managed care health plan performance across specific clinical areas. The performance measures are related to many significant diseases such as cancer, heart disease, asthma, and diabetes. Compare plan results at [www.opm.gov/insure/health/hedis2004](http://www.opm.gov/insure/health/hedis2004).
- Information on enrolling, including online enrollment for employees of selected agencies.
- Information on how plans in the FEHB Program coordinate benefit payments with Medicare.
- A comprehensive set of Frequently Asked Questions and answers on all aspects of the Program.
- An online version of the FEHB Handbook for more information on FEHB policies and procedures.

# Program Features

- **No Waiting Periods.** You can use your benefits as soon as your coverage becomes effective. There are no pre-existing condition limitations even if you change plans.
- **A Choice of Coverage.** Choose between Self Only or Self and Family.
- **A Choice of Plans and Options.** Select from Fee-for-Service (with the option of a Preferred Provider Organization), Health Maintenance Organization, Point-of-Service plans, Consumer-Driven plans, or High Deductible Health Plans.
- **A Government Contribution.** The Government pays 72 percent of the average premium toward the total cost of your premium, up to a maximum of 75 percent of the total premium for any plan.
- **Annual Enrollment Opportunity.** Each year you can change your health plan enrollment. This year the Open Season runs from November 8, 2004, through December 13, 2004. Other events allow for certain types of changes throughout the year. See your Retirement System office for details.
- **Continued Group Coverage.** Eligible participants can continue coverage following retirement, divorce, death, or changes in employment status. See your Retirement System 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 Retirement System office for more information.
- **Consumer Protections.** Go to [www.opm.gov/insure/health/consumers](http://www.opm.gov/insure/health/consumers) to: see your appeal rights to OPM if you and your plan have a dispute over a claim; read the Patients' Bill of Rights and the FEHB Program and; learn about your privacy protections when it comes to your medical information.

If the original Medicare Plan is your primary payer, which is generally the case if you have Medicare and are not working, check the plan brochure to see if the plan waives some of its FEHB cost-sharing (i.e., deductibles, coinsurance or copayments).

If you are interested in an HMO plan, some FEHB HMOs also offer Medicare Advantage plans. Information on coordinating benefits with other coverage, original Medicare Advantage is available in Section 9 of the plan brochures.



Federal Employees  
Health Benefits Program

**Better Information**  
**Better Choices**  
**Better Health**

# Definitions

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

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

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

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

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

**Fee-for-Service (FFS)** - Health coverage in which doctors and other providers receive a fee for each service such as an office visit, test, or procedure. The health plan will either pay the medical provider directly or

reimburse you for covered services after you have paid the bill and filed an insurance claim. When you need medical attention, you visit the doctor or hospital of your choice.

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

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

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

**Health Reimbursement Arrangements (HRA)** - Health Reimbursement Arrangements are a common feature of Consumer-Driven Health Plans. They may be referred to by the health plan under a different name, such as Personal Care Account. They are also available to enrollees in High Deductible Health Plans who are ineligible for an HSA. HRAs are similar to HSAs except an enrollee cannot make deposits into an HRA, a health plan may impose a ceiling on the value of an HRA, interest is not earned on an HRA, and the amount in an HRA is not transferable if the enrollee leaves the health plan.

# Definitions

**Health Savings Account (HSA)** - A Health Savings Account allows individuals to pay for current health expenses and save for future qualified medical expenses on a tax-free basis. Funds deposited into an HSA are not taxed, the balance in the HSA grows tax free, and that amount is available on a tax-free basis to pay medical costs. To open an HSA you must be covered under a High Deductible Health Plan and cannot be eligible for Medicare or covered by another plan that is not a High Deductible Health Plan or a dependent on another person's tax return. HSAs are subject to a number of rules and limitations established by the Department of the Treasury. Visit [www.ustreas.gov/offices/public-affairs/hsa](http://www.ustreas.gov/offices/public-affairs/hsa) for more information.

**High Deductible Health Plan (HDHP)** - A High Deductible Health Plan is a health insurance plan in which the enrollee pays a deductible of at least \$1,050 (self-only coverage) or \$2,100 (family coverage). The annual out-of-pocket amount (including deductibles and copayments) the enrollee pays cannot exceed \$5,000 (self-only coverage) or \$10,000 (family coverage). HDHPs can have first dollar coverage (no deductible) for preventive care and higher out-of-pocket copayments and coinsurance for services received from non-network providers. HDHPs offered by the FEHB Program establish and partially fund HSAs for all eligible enrollees and provide a comparable HRA for enrollees who are ineligible for an HSA. The HSA premium funding or HRA credit amounts vary by plan.

**In-Network** - You receive treatment from the doctors, clinics, health centers, hospitals, medical practices, and other providers with whom your plan has an agreement to care for its members. Examples include a Fee-For-Service plan's PPO or a Health Maintenance Organization. Members have fewer out-of-pocket costs when they use in-network providers.

**Out-of-Network** - You receive treatment from doctors, hospitals, and medical practitioners other than those with whom the plan has an agreement, and pay more to do so. Members in a PPO-only option who receive services outside the PPO network generally pay all charges.

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

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

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

# The Federal Long Term Care Insurance Program

## It's important protection.

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

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

**To find out more and to request an application.** Call 1-800-LTC-FEDS (1-800-582-3337) (TTY 1-800-843-3557) or visit [www.ltcfeds.com](http://www.ltcfeds.com).

# Stop Health Care Fraud

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

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

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

**CALL – THE HEALTH CARE FRAUD HOTLINE**

**202-418-3300**

**OR WRITE TO:**

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

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

# Plan Comparisons

## Nationwide Fee-for-Service Plans Open to All

**(Pages 14 through 17)**

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

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

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

## Nationwide Fee-for-Service Plans Open to All

### How to read this chart:

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

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

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

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

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

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

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

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

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan-High (APWU)	800/222-2798	471	472	123.33	247.54	129.39	261.10
Blue Cross and Blue Shield Service Benefit Plan-Std (BCBS)	Local phone #	104	105	105.95	244.58	109.87	255.79
Blue Cross and Blue Shield Service Benefit Plan-Basic (BCBS)	Local phone #	111	112	82.32	192.82	82.32	192.82
GEHA Benefit Plan-High (GEHA)	800/821-6136	311	312	165.19	331.61	193.46	392.99
GEHA Benefit Plan-Std (GEHA)	800/821-6136	314	315	65.54	148.96	72.10	163.85
Mail Handlers-High (MH)	800/410-7778	451	452	207.12	391.32	327.19	643.04
Mail Handlers-Std (MH)	800/410-7778	454	455	69.68	151.26	97.84	207.22
NALC	888/636-6252	321	322	111.98	201.03	126.34	230.75
PBP Health Plan-High (PBP)	800-544-7111	361	362	396.63	822.86	375.65	777.05
PBP Health Plan-Std (PBP)	800-544-7111	364	365	147.12	328.69	158.94	357.19

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

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

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

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

## Nationwide Fee-for-Service Plans Open to All

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

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

Plan name	Plan code	Member Survey Results					
		Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing
APWU Health Plan-High	47	●	◐	●	◐	●	●
Blue Cross and Blue Shield Service Benefit Plan-Std	10	◐	●	◐	◐	◐	◐
Blue Cross and Blue Shield Service Benefit Plan-Basic	11	○	○	○	◐	○	○
GEHA Benefit Plan-High	31	◐	○	○	○	●	●
GEHA Benefit Plan-Std	31	◐	○	○	○	●	●
Mail Handlers Benefit Plan-High	45	◐	●	◐	◐	●	◐
Mail Handlers Benefit Plan-Std	45	◐	●	◐	◐	●	◐
NALC	32	●	◐	◐	◐	●	●
PBP Health Plan-High	36	◐	◐	●	●	○	○
PBP Health Plan-Std	36	◐	◐	●	●	○	○

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

Again this year we are providing more detailed information regarding the quality of services provided by our health plans. We are including the results of the Member Satisfaction survey at the *state level* for eight local Blue Cross Blue Shield (BCBS) Plans. Prior to 2003, BCBS conducted a single survey representing all of its members *nationwide*. We now provide local member satisfaction results for both the Standard Option plan and the Basic Option plan.

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

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

		<b>Member Survey Results</b>						
		● above average, ● average, ○ below average						
<b>Plan Name</b>	<b>Location</b>	<b>Plan Code</b>	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Arizona	1011	● ○	○ ○	○ ○	○ ○	● ○	● ○
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	California	1011	● ○	● ○	● ○	● ○	● ○	● ○
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	District of Columbia	1011	● ○	● ○	○ ○	○ ○	○ ○	○ ○
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Florida	1011	● ○	● ○	○ ○	○ ○	● ○	● ○
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Illinois	1011	● ○	● ○	● ○	● ●	● ○	● ○
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Maryland	1011	● ○	● ○	○ ○	● ○	● ○	● ○
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Texas	1011	● ○	● ○	○ ○	● ○	● ○	● ○
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Virginia	1011	● ○	● ○	● ●	● ○	● ●	● ●

**This page intentionally left blank**

# Plan Comparisons

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

**(Pages 20 through 22)**

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

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

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

### How to read this chart:

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

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

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

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

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

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

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

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

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Association Benefit Plan (ABP)	800/634-0069	421	422	127.32	298.83	130.93	309.68
Foreign Service Benefit Plan (FSBP)	202/833-4910	401	402	89.44	253.31	96.65	263.01
Panama Canal Area Benefit Plan (PCABP)	800/548-8969	431	432	82.45	172.10	86.57	180.70
Rural Carrier Benefit Plan (Rural)	800/638-8432	381	382	170.17	281.08	167.91	273.34
SAMBA-High	800/638-6589	441	442	153.21	379.88	163.43	407.61
SAMBA-Std	800/638-6589	444	445	0.00	0.00	90.43	214.33

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

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

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

Plan	Benefit Type	Medical-Surgical – You Pay								
		Deductible			Copay (\$)/Coinsurance (%)					
		Per Person		Hospital Inpatient	Doctors		Hospital Inpatient R&B	Prescription Drugs		
		Calendar Year	Prescription Drug		Office Visits	Inpatient Surgical Services		Generic	Brand Name / Non-formulary	Mail Order Discounts
ABP	PPO	\$300	None	\$100	\$10	10%	Nothing	\$5	\$25/\$40	Yes
	Non-PPO	\$300	None	\$300	30%	30%	30%	\$5	\$25/\$40	Yes
FSBP	PPO	\$300	None	Nothing	10%	10%	Nothing	\$10/25%	\$20/25%	Yes
	Non-PPO	\$300	None	\$200	30%	30%	20%	\$10/25%	\$20/25%	Yes
PCABP	POS	None	\$400	\$50	\$10	Nothing	Nothing	50%	50%/50%	N/A
	FFS	None	\$400	\$125	50%	50%	50%	50%	50%/50%	N/A
Rural	PPO	\$350	\$200	\$100	\$20	10%	Nothing	30%	30%/30%	Yes
	Non-PPO	\$400	\$200	\$300	25%	20%	20%	30%	30%/30%	Yes
SAMBA-High	PPO	\$250	None	\$200	\$20/\$0	10%	Nothing	\$10	\$25/\$40	Yes
	Non-PPO	\$250	None	\$300	30%	30%	30%	\$10	\$25/\$40	Yes
SAMBA-Std	PPO	\$250	None	\$200	\$20/\$0	15%	Nothing	\$10	\$30/\$45 + 1 refill	Yes
	Non-PPO	\$250	None	\$300	30%	30%	30%	\$10	\$30/\$45 + 1 refill	Yes

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

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

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

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

		<b>Member Survey Results</b>					
		● above average, ◐ average, ○ below average					
<b>Plan Name</b>	<b>Plan Code</b>	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing
Association Benefit Plan	42	●	◐	◐	◐	●	●
Foreign Service Benefit Plan	40	◐	○	◐	○	○	○
Panama Canal Area Benefit Plan	43						
Rural Carrier Benefit Plan	38	●	●	●	◐	●	◐
SAMBA-High	44	●	◐	◐	◐	●	◐
SAMBA-Std	44						

# Plan Comparisons

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

### (Pages 24 through 51)

**Health Maintenance Organization (HMO)** – A Health Maintenance Organization provides care through a network of physicians and hospitals in particular geographic or service areas. HMOs coordinate the health care service you receive and free you from completing paperwork or being billed for covered services. Your eligibility to enroll in an HMO is determined by where you live or, for some plans, where you work. If you travel or are away from home for extended periods, some HMOs are affiliated with or have arrangements with HMOs in other service areas for non-emergency care (reciprocity). 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 coinsurance for in-hospital care.
- Most HMOs ask you to choose a doctor or medical group as your primary care physician (PCP). Your PCP provides your general medical care. In many HMOs, you must get authorization or a “referral” from your PCP to see other providers. The referral is a recommendation by your physician for you to be evaluated and/or treated by a different physician or medical professional. The referral ensures that you see the right provider for the care most appropriate to your condition.
- Medical Care from a provider not in the plan’s network is not covered unless it’s emergency care or your plan has an arrangement with another plan.

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

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

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

**Primary Care Specialist/Office Copay** shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

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

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005		Accredited
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
<b>Arizona</b>								
Aetna - Phoenix/Tucson Areas	800/537-9384	WQ1	WQ2	62.56	171.83	76.29	190.70	NCQA
Health Net of Arizona, Inc. - Maricopa/Pima/Other AZ counties	800/289-2818	A71	A72	76.72	194.38	82.02	207.83	NCQA
PacifiCare of Arizona - Maricopa, Pima County & Apache Junction	800-531-3341	A31	A32	69.54	173.16	86.81	218.53	NCQA
<b>California</b>								
Aetna - Los Angeles and San Diego Areas	800/537-9384	2X1	2X2	58.65	142.99	62.30	153.50	NCQA
Blue Cross- HMO - Most of California	800/235-8631	M51	M52	83.70	225.40	83.70	214.69	NCQA
Blue Shield of CA Access+ - Most of California	800/880-8086	SJ1	SJ2	73.05	181.21	86.20	213.83	NCQA
Health Net of California - Most of California	800/522-0088	LB1	LB2	77.43	183.30	83.28	197.16	NCQA
Kaiser Foundation Health Plan, Inc.-High -Northern California	800/464-4000	591	592	85.57	216.63	92.29	235.12	NCQA
Kaiser Foundation Health Plan, Inc.-Std - Northern California	800/464-4000	594	595	0.00	0.00	71.09	169.70	NCQA
Kaiser Foundation Health Plan, Inc.-High -Southern California	800/464-4000	621	622	80.28	185.54	84.37	195.00	NCQA
Kaiser Foundation Health Plan, Inc.-Std - Southern California	800/464-4000	624	625	0.00	0.00	66.04	152.63	NCQA
PacifiCare of California - Most of California	800-531-3341	CY1	CY2	64.97	150.74	76.36	177.16	NCQA
UHP Healthcare - LA/Orange/San Bernardino Counties	800/544-0088	C41	C42	58.32	124.19	53.46	114.78	JCAHO
Universal Care-High -Southern California	800/635-6668	6Q1	6Q2	59.66	157.48	70.31	185.61	NCQA
<b>Colorado</b>								
Aetna - Denver Area	800/537-9384	9E1	9E2	0.00	0.00	85.77	236.99	NCQA
Kaiser Permanente-High -Denver/Colorado Springs areas	800/632-9700	651	652	77.47	199.87	87.14	210.00	NCQA
Kaiser Permanente-Std - Denver/Colorado Springs areas	800/632-9700	654	655	0.00	0.00	66.15	159.42	NCQA
PacifiCare of Colorado - Denver/Colorado Springs/Ft.Collins	800/877-9777	D61	D62	84.49	207.44	93.98	243.31	NCQA
<b>Connecticut</b>								
ConnectiCare - All of Connecticut	800/251-7722	TE1	TE2	82.53	264.18	91.16	276.38	NCQA

**Prescription Drugs — Generic, Brand Name, and Non-formulary** shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

**Mail Order Discounts.** If your plan has a Mail Order program and that program is

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

**Member Survey Results** — See page 4 for a description.

**Accredited** — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results ● above average, ● average, ○ below average					
			Generic	Brand name/ Non-formulary	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing
<b>Arizona</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	○	○	○	●	●	●
Health Net of Arizona, Inc.	\$15/\$30	\$200/day x 3	\$15	\$30/\$50	Yes	○	●	○	●	○	○
PacificCare of Arizona	\$15/\$30	\$150/day x 3	\$10	\$30/\$50	Yes	○	○	○	○	○	●
<b>California</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	○	○	○	○	○	●
Blue Cross- HMO	\$10/\$10	None	\$5	\$10/50%	Yes	●	○	○	○	○	●
Blue Shield of CA Access+	\$10/\$10	None	\$5	\$10/\$25	Yes	●	○	○	●	●	●
Health Net of California	\$15/\$15	\$250	\$15	\$35/\$50	Yes	●	○	○	●	●	●
Kaiser Foundation Health Plan, Inc.-High	\$15/\$15	\$100	\$10	\$25/\$25	No	●	○	○	○	●	●
Kaiser Foundation Health Plan, Inc.-Std	\$30/\$30	\$500	\$10	\$30/\$30	No	●	○	○	○	●	●
Kaiser Foundation Health Plan, Inc.-High	\$15/\$15	\$100	\$10	\$25/\$25	No	●	○	○	○	●	●
Kaiser Foundation Health Plan, Inc.-Std	\$30/\$30	\$500	\$10	\$30/\$30	No	●	○	○	○	●	●
PacificCare of California	\$10/\$30	\$100/day x 3	\$10	\$30/\$50	Yes	●	○	○	○	●	●
UHP Healthcare	\$10/\$10	\$300	\$10	\$30/\$50	No						
Universal Care-High	\$10/\$10	\$300	\$10	\$20/\$30	Yes	○	○	○	●	●	●
<b>Colorado</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes						
Kaiser Permanente-High	\$15/\$30	\$250	\$10	\$25/\$25	No	●	●	●	○	●	●
Kaiser Permanente-Std	\$20+20%/\$40+20%	\$250/dayx3	\$15	\$35/\$35	No	●	●	●	○	●	●
PacificCare of Colorado	\$20/\$40	\$400/day x 5	\$10	\$40/\$50	Yes	○	●	●	●	●	●
<b>Connecticut</b>											
ConnectiCare	\$15/\$20	\$50/day x 5	\$15	\$20/\$35	Yes	●	●	●	●	●	●

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

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

**Primary Care Specialist/Office Copay** shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

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

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005		Accredited
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
<b>Delaware</b>								
Coventry Health Care of Delaware -High -Most of Delaware	800/833-7423	2J1	2J2	0.00	0.00	134.85	411.45	
<b>District of Columbia</b>								
Aetna Open Access-High -Washington, DC Area	800/537-9384	JN1	JN2	87.19	196.36	97.32	213.54	NCQA
Aetna Open Access-Basic - Washington, DC Area	800/537-9384	JN4	JN5	57.28	134.05	62.77	146.88	NCQA
CareFirst BlueChoice - Washington, D.C. Metro Area	866/520-6099	2G1	2G2	130.52	285.01	109.54	239.20	NCQA
Kaiser Permanente-High -Washington, DC area	301/468-6000	E31	E32	79.07	188.20	86.24	205.27	NCQA
Kaiser Permanente-Std - Washington, DC area	301/468-6000	E34	E35	0.00	0.00	69.41	165.21	NCQA
M.D. IPA - Washington, DC area	800/251-0956	JP1	JP2	79.52	190.87	87.26	209.46	NCQA
<b>Florida</b>								
Av-Med Health Plan-High -Broward, Dade and Palm Beach	800/882-8633	ML1	ML2	79.53	274.28	85.08	238.68	NCQA
Av-Med Health Plan-Std - Broward, Dade and Palm Beach	800/882-8633	ML4	ML5	0.00	0.00	67.99	176.76	NCQA
Capital Health Plan - Tallahassee area	850/383-3311	EA1	EA2	80.45	252.46	88.30	289.83	NCQA
Humana Medical Plan - South Florida	888/393-6765	EE1	EE2	81.57	187.62	82.26	189.19	URAC
JMH Health Plan - Broward-Dade counties	800/721-2993	J81	J82	71.86	177.82	79.58	196.91	
Total Health Choice - Broward/Dade/Palm Beach Counties	800/213-1133	4A1	4A2	63.26	157.62	71.85	179.01	
Vista Healthplan - South Florida	866/847-8235	3N1	3N2	88.60	366.36	105.21	423.90	
Vista Healthplan - Gainesville	866/847-8235	UL1	UL2	68.49	182.88	85.37	265.63	
Vista Healthplan - Tallahassee	866/847-8235	Y91	Y92	64.54	172.34	71.60	191.21	
Vista Healthplan of South Florida - Southern Florida	800/441-5501	5E1	5E2	60.94	167.60	72.63	199.73	
<b>Georgia</b>								
Aetna - Atlanta and Athens Areas	800/537-9384	2U1	2U2	72.37	174.58	82.75	199.61	NCQA
Kaiser Permanente-High -Atlanta area	800/611-1811	F81	F82	69.62	176.75	76.36	193.86	NCQA
Kaiser Permanente-Std - Atlanta area	800/611-1811	F84	F85	0.00	0.00	57.48	145.92	NCQA

**Prescription Drugs — Generic, Brand Name, and Non-formulary** shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

**Mail Order Discounts.** If your plan has a Mail Order program and that program is

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

**Member Survey Results** — See page 4 for a description.

**Accredited** — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results ● above average, ● average, ○ below average					
			Generic	Brand name/ Non-formulary	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing
<b>Delaware</b>											
Coventry Health Care of Delaware -High	\$10/\$20	None	\$10	\$20/\$45	Yes						
<b>District of Columbia</b>											
Aetna Open Access-High	\$15/\$20	\$150/day x 3	\$10	\$25/\$40	No	○	●	●	●	●	●
Aetna Open Access-Basic	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	No	○	●	●	●	●	●
CareFirst BlueChoice	\$20/\$30	\$100 per adm	\$10	\$25/\$40	Yes	○	○	○	●	○	○
Kaiser Permanente-High	\$10/\$20	\$100	\$10/\$20Net	\$20/\$55	Yes	●	○	○	○	●	●
Kaiser Permanente-Std	\$30/\$30	\$250/dayx3	\$15	\$25/\$40	Yes	●	○	○	○	●	●
M.D. IPA	\$10/\$20	\$100	\$8	\$20/\$35	No	●	●	○	●	●	●
<b>Florida</b>											
Av-Med Health Plan-High	\$15/\$25	\$100/dayx5	\$15	\$30/\$50	No	●	○	○	○	●	●
Av-Med Health Plan-Std	\$25/\$40	\$125/dayx5	\$20	\$40/\$60	No	●	○	○	○	●	●
Capital Health Plan	\$15/\$25	\$250	\$15	\$30/\$50	No	●	●	●	●	●	●
Humana Medical Plan	\$10/\$20	\$100/day x 3	\$5/\$20	\$20/\$40	No	●	○	○	●	●	○
JMH Health Plan	\$10/\$10	None	\$5	50%/50%	Yes						
Total Health Choice	\$10/\$10	\$100	\$5	\$15/\$15	No						
Vista Healthplan	\$15/\$25	\$100/day x 3	\$10	\$25/\$40	Yes	○	○	○	○	○	○
Vista Healthplan	\$15/\$25	\$100/day x 3	\$10	\$25/\$40	Yes	○	○	○	○	○	○
Vista Healthplan	\$15/\$25	\$100/day x 3	\$10	\$25/\$40	Yes	○	○	○	○	○	○
Vista Healthplan of South Florida	\$20/\$30	\$200	\$15	\$30/\$50	Yes	○	○	○	○	○	○
<b>Georgia</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	○	○	○	○	○	○
Kaiser Permanente-High	\$15/\$15	\$250	\$10/\$16 Com	\$20/\$26	No	●	●	●	●	●	●
Kaiser Permanente-Std	\$20/\$30	\$250/dayx3	\$15 /\$21 Com	\$25/\$31	No	●	●	●	●	●	●

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

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

**Primary Care Specialist/Office Copay** shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

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

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005		Accredited
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
<b>Guam</b>								
PacifiCare Asia Pacific-High -Guam/N.Mariana Islands/Belau	671/647-3526	JK1	JK2	78.31	222.80	134.50	354.57	
PacifiCare Asia Pacific-Std - Guam/N.Mariana Islands/Belau	671/647-3526	JK4	JK5	61.74	163.04	74.13	195.75	
<b>Hawaii</b>								
HMSA - All of Hawaii	808/948-6499	871	872	73.09	162.69	80.03	178.15	NCQA
Kaiser Permanente-High -Islands of Hawaii/Maui/Oahu	808/432-5955	631	632	87.27	187.63	92.49	198.86	NCQA
Kaiser Permanente-Std - Islands of Hawaii/Maui/Oahu	808/432-5955	634	635	70.17	150.87	71.81	154.39	NCQA
<b>Idaho</b>								
Group Health Cooperative-High -Kootenai and Latah	888/901-4636	VR1	VR2	86.25	240.78	94.20	272.54	NCQA
Group Health Cooperative-Std - Kootenai and Latah	888/901-4636	VR4	VR5	74.74	171.91	79.69	183.28	NCQA
<b>Illinois</b>								
Aetna - Chicago Area	800/537-9384	IK1	IK2	0.00	0.00	82.39	203.35	NCQA
BlueCHOICE - Madison and St. Clair counties	800/634-4395	9G1	9G2	83.24	180.23	100.57	208.16	NCQA
Group Health Plan-High -Southern/Cental	800/755-3901	MM1	MM2	164.93	324.01	161.91	316.98	URAC
Health Alliance HMO - Central/E.Central/N.West/South/West IL	800/851-3379	FX1	FX2	104.00	256.28	108.94	270.87	NCQA
Humana Health Plan Inc.-High -Chicago area	888/393-6765	751	752	84.49	194.33	93.05	214.02	URAC
Humana Health Plan Inc.-Std - Chicago area	888/393-6765	754	755	64.78	148.99	66.00	151.78	URAC
John Deere Health Plan - Bloomingtn/Moline/Peoria/RockIsld	800/247-9110	YH1	YH2	77.04	188.75	82.07	201.06	NCQA
Mercy Health Plans/Premier Health Plans - Southwest Illinois	800/327-0763	7M1	7M2	156.31	305.44	185.66	368.33	
OSF HealthPlans-High -Central/Central-Northwestern Illinois	800/673-5222	9F1	9F2	70.84	186.30	89.09	290.96	NCQA
PersonalCare's HMO - Central Illinois	800/431-1211	GE1	GE2	74.60	191.80	71.70	184.29	NCQA
Unicare HMO - Chicagoland Area	888/234-8855	171	172	79.24	262.32	90.73	285.54	NCQA
Union Health Service - Chicago area	312/829-4224	761	762	67.00	166.15	71.06	176.24	

**Prescription Drugs — Generic, Brand Name, and Non-formulary** shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

**Mail Order Discounts.** If your plan has a Mail Order program and that program is

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

**Member Survey Results** — See page 4 for a description.

**Accredited** — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results ● above average, ● average, ○ below average					
			Generic	Brand name/ Non-formulary	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing
<b>Guam</b>											
PacificCare Asia Pacific-High	\$10/\$25	\$100	\$5	\$10/\$20	No	●	○	●	●	●	●
PacificCare Asia Pacific-Std	\$15/\$25	\$250	\$10	\$20/\$30	No	●	○	●	●	●	●
<b>Hawaii</b>											
HMSA - In-Network	\$15/\$15	None	\$5	\$20/50%	Yes	●	●	●	●	●	●
HMSA - Out-of-Network	30% sch +/30% sch +	30% sch +	\$5+20%+	\$20+20%/50%+	No	●	●	●	●	●	●
Kaiser Permanente-High	\$12/\$12	None	\$10	\$10/\$10	Yes	●	●	●	●	●	●
Kaiser Permanente-Std	\$20/\$20	10%	\$10	\$10/\$10	Yes	●	●	●	●	●	●
<b>Idaho</b>											
Group Health Cooperative-High	\$15/\$15	\$200/day x 3	\$15	\$25/\$50	Yes	○	●	●	●	●	●
Group Health Cooperative-Std	\$20+20%/ \$20+20%	\$200/day x 3	\$20	\$30/\$60	Yes	○	●	●	●	●	●
<b>Illinois</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes						
BlueCHOICE	\$10/\$10	None	\$7	\$12/\$25	Yes	●	●	●	●	●	●
Group Health Plan-High	\$10/\$20	\$100	\$10	\$20/\$35	Yes	●	●	●	●	●	●
Health Alliance HMO	\$15/\$15	\$250	\$10	\$20/\$40	No	●	●	●	●	●	●
Humana Health Plan Inc.-High	\$10/\$20	\$100/day x 3	\$5/\$15	\$15/\$35	No	○	●	○	●	○	○
Humana Health Plan Inc.-Std	\$15/\$25	\$250/day x 3	\$10/\$25	\$25/\$45	No	○	●	○	●	○	○
John Deere Health Plan	\$15/\$25	None	\$10	\$20/\$35	Yes	●	●	●	●	●	●
Mercy Health Plans/Premier Health Plans - In-Network	\$10/\$20	None	\$10	\$20/\$35	Yes	●	●	●	●	●	●
Mercy Health Plans/Premier Health Plans - Out-of-Network	30%/30%	30%	N/A	N/A	N/A	●	●	●	●	●	●
OSF HealthPlans-High	\$20/\$20	\$500	\$10	\$20/\$40	Yes	●	●	●	●	●	●
PersonalCare's HMO	\$20/\$20	\$100/day x 5	\$10	\$20/\$50	No	●	●	●	●	○	●
Unicare HMO	\$15/\$15	None	\$5	\$15/\$25	Yes	●	●	●	●	●	○
Union Health Service	\$10/\$10	None	\$15	\$15/\$15	No						

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

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

**Primary Care Specialist/Office Copay** shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

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

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005		Accredited
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
<b>Indiana</b>								
Advantage Health Solutions, Inc.-High -Most of Indiana	800/553-8933	6Y1	6Y2	103.18	259.48	113.96	288.27	NCQA
Aetna - Northern Indiana	800/537-9384	IK1	IK2	0.00	0.00	82.39	203.35	NCQA
Aetna - Southeastern Indiana	800/537-9384	RD1	RD2	81.79	203.65	87.77	213.27	NCQA
Arnett HMO - Lafayette area	765/448-7440	G21	G22	69.31	180.22	78.20	203.34	NCQA
Health Alliance HMO - Fountain/Vermillion/Warren Counties	800/851-3379	FX1	FX2	104.00	256.28	108.94	270.87	NCQA
Humana Health Plan - Southern Indiana	888/393-6765	D21	D22	122.79	286.96	146.90	344.91	NCQA
Humana Health Plan Inc.-High -Lake/Porter/LaPorte Counties	888/393-6765	751	752	84.49	194.33	93.05	214.02	URAC
Humana Health Plan Inc.-Std - Lake/Porter/LaPorte Counties	888/393-6765	754	755	64.78	148.99	66.00	151.78	URAC
M*Plan - Indiana Metropolitan areas	317/571-5320	IN1	IN2	144.85	335.73	159.83	372.42	NCQA
Physicians Health Plan of Northern Indiana - Northeast Indiana	260/432-6690	DQ1	DQ2	83.82	188.20	184.19	405.16	
Unicare HMO - Lake/Porter Counties	888/234-8855	171	172	79.24	262.32	90.73	285.54	NCQA
<b>Iowa</b>								
Avera Health Plans - Northwestern Iowa	888/322-2115	AV1	AV2	78.42	183.13	137.93	339.19	
Coventry Health Care of Iowa-High -Central Iowa/Cedar Rapids/Sioux City	800/257-4692	SV1	SV2	72.66	196.22	81.99	239.50	
Health Alliance HMO - Central and Eastern Iowa	800/851-3379	FX1	FX2	104.00	256.28	108.94	270.87	NCQA
John Deere Health Plan - Eastern Iowa	800/247-9110	YH1	YH2	77.04	188.75	82.07	201.06	NCQA
Sioux Valley Health Plan-High -Northwestern Iowa	800/752-5863	AU1	AU2	199.90	464.02	197.45	461.71	NCQA
Sioux Valley Health Plan-Std - Northwestern Iowa	800/752-5863	AU4	AU5	129.83	302.77	148.15	347.29	NCQA

**Prescription Drugs — Generic, Brand Name, and Non-formulary** shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

**Mail Order Discounts.** If your plan has a Mail Order program and that program is

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

**Member Survey Results** — See page 4 for a description.

**Accredited** — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results ● above average, ● average, ○ below average					
			Generic	Brand name/ Non-formulary	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing
<b>Indiana</b>											
Advantage Health Solutions, Inc.-High	\$15/\$30	\$400x2/Yr	\$10	\$30/\$50	Yes	○	●	●	●	●	○
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes						
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	○	●	●	●	○	○
Arnett HMO	\$10/\$10	\$100	\$10	\$20/\$40	N/A	●	●	●	●	●	●
Health Alliance HMO	\$15/\$15	\$250	\$10	\$20/\$40	No	●	●	●	●	●	●
Humana Health Plan	\$15/\$25	\$250/day x 3	\$10/\$25	\$25/\$45	No	●	●	●	●	○	○
Humana Health Plan Inc.-High	\$10/\$20	\$100/day x 3	\$5/\$15	\$15/\$35	No	○	●	○	●	○	○
Humana Health Plan Inc.-Std	\$15/\$25	\$250/day x 3	\$10/\$25	\$25/\$45	No	○	●	○	●	○	○
M*Plan	\$15/\$30	\$250	\$10/\$20	\$30/\$50	Yes	●	●	●	●	○	○
Physicians Health Plan of Northern Indiana	\$15/\$15	20%	\$10	\$20/\$40	Yes	●	●	●	●	●	●
Unicare HMO	\$15/\$15	None	\$5	\$15/\$25	N/A	●	●	●	●	●	○
<b>Iowa</b>											
Avera Health Plans	\$10/\$15	\$100/dayx3	\$10	\$20	Yes						
Coventry Health Care of Iowa-High	\$15/\$15	\$100/day x 3	\$5	\$15/\$30	Yes	●	●	●	●	●	●
Health Alliance HMO	\$15/\$15	\$250	\$10	\$20/\$40	No	●	●	●	●	●	●
John Deere Health Plan	\$15/\$25	None	\$10	\$20/\$35	Yes	●	●	●	●	●	●
Sioux Valley Health Plan - In-Network	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	No	○	●	●	●	●	○
Sioux Valley Health Plan - Out-of-Network	40%/40%	40%	N/A	N/A	N/A	○	●	●	●	●	○
Sioux Valley Health Plan - In-Network	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	No	○	●	●	●	●	○
Sioux Valley Health Plan - Out-of-Network	40%/40%	40%	N/A	N/A	N/A	○	●	●	●	●	○

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

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

**Primary Care Specialist/Office Copay** shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

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

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005		Accredited
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
<b>Kansas</b>								
Aetna - Kansas City Area	800/537-9384	KS1	KS2	0.00	0.00	78.18	200.85	NCQA
Coventry Health Care of Kansas-Wichita/Salinas-High -Wichita/Salina areas	800/664-9251	7W1	7W2	81.74	233.46	85.06	221.47	
Coventry Health Care of Kansas-Wichita/Salinas-Std -Wichita/Salina areas	800/664-9251	7W4	7W5	0.00	0.00	80.54	205.38	
Coventry Health Care of Kansas-Kansas City-High -Kansas City area	800/969-3343	HA1	HA2	71.69	185.00	80.62	208.06	
Coventry Health Care of Kansas-Kansas City-Std - Kansas City area	800/969-3343	HA4	HA5	0.00	0.00	76.36	197.05	
Humana Health Plan, Inc.-High -Kansas City area	888/393-6765	MS1	MS2	106.84	250.36	133.83	314.86	NCQA
Humana Health Plan, Inc.-Std - Kansas City area	888/393-6765	MS4	MS5	66.56	153.10	68.87	158.40	NCQA
Preferred Plus of Kansas - S. Central Area	800/660-8114	VA1	VA2	196.89	623.03	191.62	619.03	JCAHO
<b>Kentucky</b>								
Aetna - Northern Kentucky	800/537-9384	RD1	RD2	81.79	203.65	87.77	213.27	NCQA
Humana Health Plan - Louisville area	888/393-6765	D21	D22	122.79	286.96	146.90	344.91	NCQA
United Healthcare of Ohio, Inc.-High -Northern Kentucky	800/231-2918	3U1	3U2	164.87	383.81	260.41	556.11	NCQA
United Healthcare of Ohio, Inc.-Std - Northern Kentucky	800/231-2918	3U4	3U5	0.00	0.00	154.07	308.85	NCQA NCQA
<b>Louisiana</b>								
Coventry Healthcare Louisiana-High -New Orleans area	800/341-6613	BJ1	BJ2	66.25	153.88	84.02	195.14	
Coventry Healthcare Louisiana-High -Baton Rouge area	800/341-6613	JA1	JA2	106.37	257.53	88.07	204.54	
Vantage Health Plan - Monroe/Shreveport/Alexandria Areas	888/823-1910	MV1	MV2	122.70	402.53	122.35	288.49	
<b>Maryland</b>								
Aetna Open Access-High -Northern/Central/Southern Maryland	800/537-9384	JN1	JN2	87.19	196.36	97.32	213.54	NCQA
Aetna Open Access-Basic - Northern/Central/Southern Maryland	800/537-9384	JN4	JN5	57.28	134.05	62.77	146.88	NCQA
CareFirst BlueChoice - All of Maryland	866/520-6099	2G1	2G2	130.52	285.01	109.54	239.20	NCQA
Coventry Health Care of Delaware -High -Most of Maryland	800/833-7423	IG1	IG2	0.00	0.00	133.62	408.30	
Kaiser Permanente-High -Baltimore/Washington, DC areas	301/468-6000	E31	E32	79.07	188.20	86.24	205.27	NCQA
Kaiser Permanente-Std - Baltimore/Washington, DC areas	301/468-6000	E34	E35	0.00	0.00	69.41	165.21	NCQA
M.D. IPA - All of Maryland	800/251-0956	JP1	JP2	79.52	190.87	87.26	209.46	NCQA

**Prescription Drugs — Generic, Brand Name, and Non-formulary** shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

**Mail Order Discounts.** If your plan has a Mail Order program and that program is

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

**Member Survey Results** — See page 4 for a description.

**Accredited** — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results ● above average, ● average, ○ below average					
			Generic	Brand name/ Non-formulary	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing
<b>Kansas</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes						
Coventry Health Care of Kansas-Wichita/Salinas-High	\$15/\$30	\$100/day x 3	\$10	\$30/\$55	Yes	○	●	●	●	●	○
Coventry Health Care of Kansas-Wichita/Salinas-Std	\$20/\$35	\$300/day x 3	\$10	\$30/\$55	Yes	○	●	●	●	●	○
Coventry Health Care of Kansas-Kansas City-High	\$15/\$30	\$100/day x 3	\$10	\$30/\$55	Yes	○	●	●	●	●	○
Coventry Health Care of Kansas-Kansas City-Std	\$20/\$35	\$300/day x 3	\$10	\$30/\$55	Yes	○	●	●	●	●	○
Humana Health Plan, Inc.-High	\$10/\$20	\$100/day x 3	\$5/\$20	\$20/\$40	No	○	●	●	○	○	○
Humana Health Plan, Inc.-Std	\$15/\$25	\$250/day x 3	\$10/\$25	\$25/\$45	No	○	●	●	○	○	○
Preferred Plus of Kansas	\$20/\$25	\$150 X 5 days per yr	\$10	\$30/\$50	Yes						
<b>Kentucky</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes						
Humana Health Plan	\$15/\$25	\$250/day x 3	\$10/\$25	\$25/\$45	No	●	●	●	●	○	○
United Healthcare of Ohio, Inc.-High	\$15/\$15	\$250	\$10	\$15/\$30	Yes	●	●	●	●	○	●
United Healthcare of Ohio, Inc. - In-Network	\$20/\$20	\$500	\$10	\$20/\$40	Yes	●	●	●	●	○	●
United Healthcare of Ohio, Inc. - Out-of-Network	30%/30%	30%	\$10	\$20/\$40	Yes	●	●	●	●	○	●
<b>Louisiana</b>											
Coventry Healthcare Louisiana-High	\$15/\$15	\$100/day x 3	\$10	\$20/\$45	Yes	●	●	○	●	●	●
Coventry Healthcare Louisiana-High	\$15/\$15	\$100/day x 3	\$10	\$20/\$45	Yes	●	●	○	●	●	●
Vantage Health Plan	\$15/\$15	\$250	\$10	\$20/\$35	Yes						
<b>Maryland</b>											
Aetna Open Access-High	\$15/\$20	\$150/day x 3	\$10	\$25/\$40	No	○	●	●	●	●	●
Aetna Open Access-Basic	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	No	○	●	●	●	●	●
CareFirst BlueChoice	\$20/\$30	\$100 per adm	\$10	\$25/\$40	Yes	○	○	○	●	○	○
Coventry Health Care of Delaware -High	\$10/\$20	None	\$10	\$20/\$45	Yes						
Kaiser Permanente-High	\$10/\$20	\$100	\$10/\$20Net	\$20/\$55	Yes	●	○	○	○	●	●
Kaiser Permanente-Std	\$30/\$30	\$250/dayx3	\$15	\$25/\$40	Yes	●	○	○	○	●	●
M.D. IPA	\$10/\$20	\$100	\$8	\$20/\$35	No	●	●	○	●	●	●

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

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

**Primary Care Specialist/Office Copay** shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

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

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005		Accredited
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
<b>Massachusetts</b>								
BlueChip, Coordinated Health Partners, Inc. - Southeastern Massachusetts	401/459-5500	DA1	DA2	133.12	414.01	124.19	435.50	NCQA
ConnectiCare - Counties Hampden, Hampshire, Franklin	800/251-7722	TE1	TE2	82.53	264.18	91.16	276.38	NCQA
Fallon Community Health Plan-High -Central/Eastern Massachusetts	800/868-5200	JV1	JV2	124.07	340.47	123.43	344.13	NCQA
Fallon Community Health Plan-Std - Central/Eastern Massachusetts	800/868-5200	JV4	JV5	0.00	0.00	87.88	213.58	NCQA
<b>Michigan</b>								
Bluecare Network of MI - Midland County Area	800/662-6667	K51	K52	85.85	360.75	84.26	297.09	NCQA
Bluecare Network of MI - Kent County Area	800/662-6667	KR1	KR2	154.83	606.73	168.56	661.67	NCQA
Bluecare Network of MI - Mid Michigan	800/662-6667	LN1	LN2	190.95	492.85	176.32	462.36	NCQA
Bluecare Network of MI - Southeast MI	800/662-6667	LX1	LX2	64.76	193.70	70.92	212.24	NCQA
Grand Valley Health Plan - Grand Rapids area	616/949-2410	RL1	RL2	81.14	310.81	90.33	370.11	NCQA
Health Alliance Plan - Southeastern Michigan/Flint area	800/422-4641	521	522	72.84	193.02	76.29	202.17	NCQA
HealthPlus MI - Flint/Saginaw areas	800/332-9161	X51	X52	120.23	274.89	152.79	351.34	NCQA
M-Care - Southeastern Michigan and Flint area	800/658-8878	EG1	EG2	68.61	181.79	72.76	192.82	NCQA
Total Health Care - Greater Detroit/Flint areas	800/826-2862	N21	N22	62.66	153.95	67.12	164.88	JCAHO
<b>Minnesota</b>								
Avera Health Plans - Southwestern Minnesota	888/322-2115	AV1	AV2	78.42	183.13	137.93	339.19	
HealthPartners Classic-High -Minneapolis/St. Paul/St.Cloud	952-883-5000	531	532	156.07	405.45	218.92	560.82	NCQA
HealthPartners Open Access Deductible - Minneapolis/St. Paul/St.Cloud	952-883-5000	534	535	92.22	252.18	106.77	291.67	NCQA
HealthPartners Primary Clinic Plan - Minneapolis/St. Paul/St. Cloud	952-883-5000	HQ1	HQ2	256.73	647.03	340.06	851.58	NCQA

**Prescription Drugs — Generic, Brand Name, and Non-formulary** shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

**Mail Order Discounts.** If your plan has a Mail Order program and that program is

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

**Member Survey Results** — See page 4 for a description.

**Accredited** — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results ● above average, ● average, ○ below average						
			Generic	Brand name/ Non-formulary	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	
<b>Massachusetts</b>												
BlueChip, Coordinated Health Partners, Inc. - In-Network	\$15/\$25	\$500	\$7	\$30/\$50	Yes	○	●	●	●	●	●	
BlueChip, Coordinated Health Partners, Inc. - Out-of-Network	30%/30%	None	\$50+20%	\$50+20%	N/A	○	●	●	●	●	●	
ConnectiCare	\$15/\$20	\$50/day x 5	\$15	\$20/\$35	Yes	●	●	●	●	●	●	
Fallon Community Health Plan-High	\$15/\$25	\$250	\$5	\$25/\$50	Yes	●	●	●	●	●	●	
Fallon Community Health Plan-Std	\$20/\$20	Nothing after Deduct	\$10	\$30/\$60	Yes	●	●	●	●	●	●	
<b>Michigan</b>												
Bluecare Network of MI	\$10/\$10	Nothing	\$5	\$20/\$20	Yes	●	○	●	●	○	●	
Bluecare Network of MI	\$10/\$10	Nothing	\$5	\$20/\$20	Yes	●	○	●	●	○	●	
Bluecare Network of MI	\$10/\$10	Nothing	\$5	\$20/\$20	Yes	●	○	●	●	○	●	
Bluecare Network of MI	\$10/\$10	Nothing	\$5	\$20/\$20	Yes	●	○	●	●	○	●	
Grand Valley Health Plan	\$10/\$10	None	\$5	\$5/\$5	No	●	●	●	○	●	●	
Health Alliance Plan	\$10/\$10	None	\$10	\$20/\$20	Yes	●	●	●	●	●	●	
HealthPlus MI	\$10/\$10	None	\$10	\$20/\$20	Yes	●	●	●	●	●	●	
M-Care	\$10/\$10	None	\$10	\$20/\$30	No	●	●	●	●	●	●	
Total Health Care	\$10/\$10	None	Nothing	Nothing	No	●	○	○	○	●	○	
<b>Minnesota</b>												
Avera Health Plans	\$10/\$15	\$100/dayx3	\$10	\$20	Yes							
HealthPartners Classic-High	\$15/\$15	\$100	\$12	\$12/\$24	No	●	●	●	●	●	●	
HealthPartners Open Access Deductible	\$15/\$15	\$100	\$10	\$10/\$35	No	●	●	●	●	●	●	
HealthPartners Primary Clinic Plan	\$20/\$20	\$200	\$12	\$12/\$24	No	●	●	●	●	●	●	

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

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

**Primary Care Specialist/Office Copay** shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

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

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005		Accredited
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
<b>Missouri</b>								
Aetna - Kansas City Area	800/537-9384	KS1	KS2	0.00	0.00	78.18	200.85	NCQA
BlueCHOICE - StLouis/Central/SW areas	800/634-4395	9G1	9G2	83.24	180.23	100.57	208.16	NCQA
Community Health Plan - MISSOURI	800-990-9247	IC1	IC2	0.00	0.00	75.10	206.76	
Coventry Health Care of Kansas-Kansas City-High -Kansas City area	800/969-3343	HA1	HA2	71.69	185.00	80.62	208.06	
Coventry Health Care of Kansas-Kansas City-Std - Kansas City area	800/969-3343	HA4	HA5	0.00	0.00	76.36	197.05	
Group Health Plan-High -St. Louis area	800/755-3901	MM1	MM2	164.93	324.01	161.91	316.98	URAC
Humana Health Plan, Inc.-High -Kansas City area	888/393-6765	MS1	MS2	106.84	250.36	133.83	314.86	NCQA
Humana Health Plan, Inc.-Std - Kansas City area	888/393-6765	MS4	MS5	66.56	153.10	68.87	158.40	NCQA
Mercy Health Plans/Premier Health Plans - East/Central/Southwest Missouri	800/327-0763	7M1	7M2	156.31	305.44	185.66	368.33	
<b>Montana</b>								
New West Health Services - Most of Montana	800/290-3657	NV1	NV2	83.01	184.70	91.37	195.16	
<b>Nebraska</b>								
Coventry Health Care of Nebraska - Omaha Metropolitan area	800/471-0240	IE1	IE2	0.00	0.00	91.51	275.05	

**Prescription Drugs — Generic, Brand Name, and Non-formulary** shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

**Mail Order Discounts.** If your plan has a Mail Order program and that program is

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

**Member Survey Results** — See page 4 for a description.

**Accredited** — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results ● above average, ● average, ○ below average					
			Generic	Brand name/ Non-formulary	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing
<b>Missouri</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes						
BlueCHOICE	\$10/\$10	None	\$7	\$12/\$25	Yes	●	●	●	●	●	●
Community Health Plan	\$15/\$30	\$100/day x 4	\$10	\$25/\$40	Yes						
Coventry Health Care of Kansas-Kansas City-High	\$15/\$30	\$100/day x 3	\$10	\$30/\$55	Yes	○	●	●	●	●	○
Coventry Health Care of Kansas-Kansas City-Std	\$20/\$35	\$300/day x 3	\$10	\$30/\$55	Yes	○	●	●	●	●	○
Group Health Plan-High	\$10/\$20	\$100	\$10	\$20/\$35	Yes	●	●	●	●	●	●
Humana Health Plan, Inc.-High	\$10/\$20	\$100/day x 3	\$5/\$20	\$20/\$40	No	○	●	●	○	○	○
Humana Health Plan, Inc.-Std	\$15/\$25	\$250/day x 3	\$10/\$25	\$25/\$45	No	○	●	●	○	○	○
Mercy Health Plans/Premier Health Plans - In-Network	\$10/\$20	None	\$10	\$20/\$35	Yes	●	●	●	●	●	●
Mercy Health Plans/Premier Health Plans - Out-of-Network	30%/30%	30%	N/A	N/A	N/A	●	●	●	●	●	●
<b>Montana</b>											
New West Health Services - In-Network	\$15/\$15	\$100	\$10	\$20/\$40	Yes						
New West Health Services - Out-of-Network	30%/30%	30%	N/A	N/A	N/A						
<b>Nebraska</b>											
Coventry Health Care of Nebraska	\$20/\$20	None	\$10	\$20/\$45	Yes						

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

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

**Primary Care Specialist/Office Copay** shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

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

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005		Accredited
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
<b>Nevada</b>								
Aetna - Las Vegas Area	800/537-9384	Y11	Y12	72.85	181.40	83.78	208.61	NCQA
Health Plan of Nevada - Northern Area	702/242-7300	2L1	2L2	0.00	0.00	85.38	228.15	NCQA
Health Plan of Nevada - Las Vegas area	702/242-7300	NM1	NM2	49.81	127.53	50.16	128.44	NCQA
NevadaCare - Clark County	702/304-5500	IF1	IF2	0.00	0.00	89.62	226.43	
Pacificare of Nevada - Las Vegas/Clark County	800-531-3341	K91	K92	67.76	153.82	75.33	171.00	NCQA
<b>New Jersey</b>								
Aetna - All of New Jersey	800/537-9384	P31	P32	86.07	230.41	117.13	321.77	NCQA
AmeriHealth HMO - All of New Jersey	800/454-7651	FK1	FK2	81.92	195.59	89.27	213.06	NCQA
Coventry Health Care of Delaware -High -Southern New Jersey	800/833-7423	2J1	2J2	0.00	0.00	134.85	411.45	
GHI Health Plan-High -Northern New Jersey	212/501-4444	801	802	138.17	402.63	151.30	442.10	URAC
<b>New Mexico</b>								
Lovelace Health Plan - All of New Mexico	800/808-7363	Q11	Q12	83.37	217.97	83.37	204.58	NCQA
Presbyterian Health Plan - All NM counties except Otero & S. Eddy	800/356-2219	P21	P22	78.19	215.28	90.25	295.25	NCQA

**Prescription Drugs — Generic, Brand Name, and Non-formulary** shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

**Mail Order Discounts.** If your plan has a Mail Order program and that program is

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

**Member Survey Results** — See page 4 for a description.

**Accredited** — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results ● above average, ● average, ○ below average					
			Generic	Brand name/ Non-formulary	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing
<b>Nevada</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes						
Health Plan of Nevada	\$10/\$10	\$100	\$10	\$25/\$40	Yes						
Health Plan of Nevada	\$10/\$10	\$100	\$10	\$25/\$40	Yes	○	○	○	○	●	●
NevadaCare - In-Network	\$20/\$20	\$250/day x 3	\$15	\$25/\$60	Yes						
NevadaCare - Out-of-Network	\$20+30%sch	30%sch +	N/A	N/A	N/A						
Pacificare of Nevada	\$15/\$30	\$200/day x 5	\$15	\$35/\$50	Yes	○	○	○	○	●	●
<b>New Jersey</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	●	●	●	●	●	●
AmeriHealth HMO	\$30/\$35	\$200/day x 3	\$10	\$40/50%	Yes	●	●	●	●	●	○
Coventry Health Care of Delaware -High	\$10/\$20	None	\$10	\$20/\$45	Yes						
GHI Health Plan - In-Network	\$15/\$15	\$100/adm x2	\$15	\$25/\$75	Yes	●	●	●	○	○	○
GHI Health Plan - Out-of-Network	+ 50% of sch	+ 50% of sch	N/A	N/A	N/A	●	●	●	○	○	○
<b>New Mexico</b>											
Lovelace Health Plan	\$15/\$25	\$250	\$7	\$15/\$35	Yes	●	○	○	●	○	○
Presbyterian Health Plan	\$15/\$25	\$100	\$10	\$20/\$40	Yes	●	●	○	●	●	●

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

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

**Primary Care Specialist/Office Copay** shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

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

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005		Accredited
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
<b>New York</b>								
Aetna - NYC Area and Dutchess/Sullivan/Ulster	800/537-9384	JC1	JC2	87.48	261.00	100.90	301.31	NCQA
Blue Choice - Rochester area	800/462-0108	MK1	MK2	65.05	163.05	70.45	176.51	NCQA
CDPHP Universal Benefits, Inc.	877/269-2134	SG1	SG2	79.95	218.71	84.14	212.03	NCQA
GHI Health Plan-High -All of New York	212/501-4444	801	802	138.17	402.63	151.30	442.10	URAC
GHI Health Plan-Std - All of New York	212/501-4444	804	805	86.05	260.24	92.16	215.15	URAC
GHI HMO Select-High -Brnx/Brklyn/Manhat/Queen/Richmon/Westche	877/244-4466	6V1	6V2	118.95	348.66	114.12	367.35	NCQA
GHI HMO Select-Std - Brnx/Brklyn/Manhat/Queen/Richmon/Westche	877/244-4466	6V4	6V5	0.00	0.00	85.42	223.66	NCQA
GHI HMO Select-High -Capital/Hudson Valley Regions	877/244-4466	X41	X42	94.34	317.42	91.95	301.73	NCQA
GHI HMO Select-Std - Capital/Hudson Valley Regions	877/244-4466	X44	X45	0.00	0.00	83.61	211.41	NCQA
HIP of Greater New York-High -New York City area	800/HIP-TALK	511	512	79.13	285.87	86.35	320.92	NCQA
HIP of Greater New York-Std - New York City area	800/HIP-TALK	514	515	63.35	177.38	71.23	199.46	NCQA
HMO Blue - Utica/Rome/Central New York areas	800/722-7884	AH1	AH2	194.20	567.21	94.23	312.47	NCQA
HMOBlue-CNY - Syracuse/Binghamton/Elmira areas	800/828-2887	EB1	EB2	134.49	319.30	93.43	309.83	NCQA
Independent Health Assoc - Western New York	800/453-1910	QA1	QA2	56.92	159.34	70.22	192.59	NCQA
MVP Health Care - Eastern Region	888/687-6277	GA1	GA2	67.00	173.05	80.18	207.07	NCQA
MVP Health Care - Central Region	888/687-6277	M91	M92	75.98	196.20	87.24	254.99	NCQA
MVP Health Care - Mid-Hudson Region	888/687-6277	MX1	MX2	78.03	205.84	89.94	282.90	NCQA
Preferred Care - Rochester area	800/950-3224	GV1	GV2	64.76	172.90	68.82	183.74	NCQA
Univera Healthcare - Western New York (Southern Counties)	(800) 427-8490	KQ1	KQ2	78.37	230.06	79.51	210.64	NCQA
Univera Healthcare - Western New York (Northern Counties)	(800) 427-8490	Q81	Q82	61.83	175.31	63.85	181.05	NCQA
Vytra Health Plans - Queens/Nassau/Suffolk Counties	800/406-0806	J61	J62	117.29	397.00	129.02	437.34	NCQA
<b>North Dakota</b>								
Heart of America Health Plan - Northcentral North Dakota	800-525-5661	RU1	RU2	64.14	164.85	67.80	174.27	

**Prescription Drugs — Generic, Brand Name, and Non-formulary** shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

**Mail Order Discounts.** If your plan has a Mail Order program and that program is

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

**Member Survey Results** — See page 4 for a description.

**Accredited** — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results ● above average, ● average, ○ below average					
			Generic	Brand name/ Non-formulary	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing
<b>New York</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	●	●	●	●	●	●
Blue Choice	\$15/\$15	None	\$10	\$25/\$40	No	●	●	●	●	●	●
CDPHP Universal Benefits	\$20/\$20	\$100/day X5	\$10	\$25/\$40	Yes	●	●	●	●	●	●
GHI Health Plan - In-Network	\$15/\$15	\$100/adm x2	\$15	\$25/\$50	Yes	●	●	●	○	○	○
GHI Health Plan - Out-of-Network	+ 50% of sch	+ 50% of sch	N/A	N/A	N/A	●	●	●	○	○	○
GHI Health Plan-Std	\$25/\$25	\$250/day x 3	\$10	\$25/\$50	Yes	●	●	●	○	○	○
GHI HMO Select-High	\$10/\$10	None	\$10	\$20/\$30	Yes	○	●	●	●	●	○
GHI HMO Select-Std	\$20/\$20	None	\$10	\$20/\$30	Yes	○	●	●	●	●	○
GHI HMO Select-High	\$10/\$10	None	\$10	\$20/\$30	Yes	○	●	●	●	●	○
GHI HMO Select-Std	\$20/\$20	None	\$10	\$20/\$30	Yes	○	●	●	●	●	○
HIP of Greater New York-High	\$10/\$10	None	\$10	\$15/\$40	Yes	●	○	○	○	●	○
HIP of Greater New York-Std	\$10/\$20	\$500	\$10	\$20/\$40	Yes	●	○	○	○	●	○
HMO Blue	\$20/\$20	\$240	\$10	\$25/\$40	No	●	●	●	●	○	●
HMOBlue-CNY	\$20/\$20	\$240	\$10	\$25/\$40	No	●	●	●	●	○	●
Independent Health Assoc - In-Network	\$15/\$15	None	\$10	\$20/\$35	No	●	●	●	●	●	●
Independent Health Assoc - Out-of-Network	Ded+25%/50%+	Ded+25%/50%+	Ded+25%/50%+	N/A	No	●	●	●	●	●	●
MVP Health Care	\$15/\$15	\$240	\$5	\$20/\$40	Yes	●	●	●	●	●	●
MVP Health Care	\$15/\$15	\$240	\$5	\$20/\$40	Yes	●	●	●	●	●	●
MVP Health Care	\$15/\$15	\$240	\$5	\$20/\$40	Yes	●	●	●	●	●	●
Preferred Care	\$15/\$15	\$100	\$10	\$25/\$40	Yes	●	●	●	●	●	●
Univera Healthcare	\$20/\$20	None	\$10	\$20/\$45	No	○	●	●	●	●	●
Univera Healthcare	\$20/\$20	None	\$10	\$20/\$45	No	○	●	●	●	●	●
Vytra Health Plans	\$10/\$10	None	\$10	\$15/\$15	Yes	●	●	●	●	●	●
<b>North Dakota</b>											
Heart of America Health Plan	\$10/Nothing	None	50%	50%/50%	None						

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

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

**Primary Care Specialist/Office Copay** shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

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

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005		Accredited
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
<b>Ohio</b>								
Aetna - Cleveland and Toledo Areas	800/537-9384	7D1	7D2	76.43	184.07	80.36	191.25	NCQA
Aetna - Columbus Area	800/537-9384	ND1	ND2	0.00	0.00	89.15	285.76	NCQA
Aetna - Greater Cincinnati Area	800/537-9384	RD1	RD2	81.79	203.65	87.77	213.27	NCQA
AultCare HMO-High -Stark/Carroll/Holmes/Tuscarawas/Wayne Co	330/363-6360	3A1	3A2	79.02	194.00	87.46	214.71	
Blue HMO - Most of Ohio	800/228-4375	R51	R52	113.34	334.41	137.52	335.33	
HMO Health Ohio - Northeast Ohio	800/522-2066	L41	L42	81.87	237.38	89.86	273.34	NCQA
Hometown Health Plan - Massillon	800-426-9013	MZ1	MZ2	70.24	175.60	73.28	183.20	
Kaiser Permanente - Cleveland/Akron areas	800/686-7100	641	642	82.21	206.66	93.10	267.67	NCQA
Paramount Health Care - Northwest/North Central Ohio	800/462-3589	U21	U22	83.72	286.31	90.05	307.51	NCQA
SummaCare Health Plan - Cleveland, Akron areas	330/996-8700	5W1	5W2	78.77	266.13	111.47	263.48	NCQA
SuperMed HMO - Northeast Ohio	800/522-2066	5M1	5M2	101.10	331.07	201.39	595.46	NCQA
The Health Plan of the Upper Ohio Valley - Eastern Ohio	800/624-6961	U41	U42	83.66	192.40	78.71	181.03	NCQA
United Healthcare of Ohio, Inc.-High -Cincinnati/Dayton/Springfield areas	800/231-2918	3U1	3U2	164.87	383.81	260.41	556.11	NCQA
United Healthcare of Ohio, Inc.-Std - Cincinnati/Dayton/Springfield areas	800/231-2918	3U4	3U5	0.00	0.00	154.07	308.85	NCQA
<b>Oklahoma</b>								
Aetna - Oklahoma City/Tulsa Areas	800/537-9384	SL1	SL2	85.07	229.65	92.84	215.47	NCQA
Globalhealth, Inc. - OKLAHOMA	405-280-5600	IM1	IM2	0.00	0.00	81.25	195.84	
PacificCare Southwest Region (OK & TX) - Central/Northeastern Oklahoma	800-531-3341	2N1	2N2	88.27	246.35	92.29	236.83	NCQA
<b>Oregon</b>								
Kaiser Permanente-High -Portland/Salem areas	800/813-2000	571	572	106.65	248.04	93.70	213.83	NCQA
Kaiser Permanente-Std - Portland/Salem areas	800/813-2000	574	575	81.07	186.06	86.06	196.40	NCQA
PacificCare Northwest Region (Oregon/Washington) - Metro Portland/Salem/Corvallis/Eugene	800-531-3341	7Z1	7Z2	99.13	214.52	119.19	256.05	NCQA

**Prescription Drugs — Generic, Brand Name, and Non-formulary** shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

**Mail Order Discounts.** If your plan has a Mail Order program and that program is

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

**Member Survey Results** — See page 4 for a description.

**Accredited** — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results ● above average, ● average, ○ below average					
			Generic	Brand name/ Non-formulary	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing
<b>Ohio</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	○	●	●	●	○	○
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes						
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	○	●	●	●	○	○
AultCare HMO-High	\$10/\$10	None	\$10	\$20/\$35	N/A	●	●	●	●	●	●
Blue HMO	\$10/\$10	None	\$10	\$20/\$30	Yes	●	●	●	●	●	●
HMO Health Ohio	\$15/\$15	\$250	\$10	\$20/\$30	Yes	●	●	●	●	○	○
Hometown Health Plan	\$15/\$20	\$250	\$15	\$25/\$40	No	●	●	●	●	●	●
Kaiser Permanente	\$10/\$10	\$100	\$10	\$25/\$25	No	●	●	●	●	●	●
Paramount Health Care	\$10/\$20	\$300	\$5	\$15/\$25	No	●	●	●	●	●	●
SummaCare Health Plan	\$15/\$20	\$250	\$12	\$30/\$50	Yes	●	●	●	●	●	●
SuperMed HMO	\$15/\$15	\$250	\$10	\$20/\$30	Yes	●	●	●	●	○	○
The Health Plan of the Upper Ohio Valley	\$10/\$20	\$250	\$15	\$30/\$50	Yes	●	●	●	●	●	●
United Healthcare of Ohio, Inc.-High	\$15/\$15	\$250	\$10	\$15/\$30	Yes	●	●	●	●	○	○
United Healthcare of Ohio, Inc. - In-Network	\$20/\$20	\$500	\$10	\$20/\$40	Yes	●	●	●	●	○	○
United Healthcare of Ohio, Inc. - Out-of-Network	30%/30%	30%	\$10	\$20/\$40	Yes	●	●	●	●	○	○
<b>Oklahoma</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	○	●	●	●	●	●
Globalhealth, Inc.	\$15/\$25	\$250/day x 5	\$10	\$25/\$40	Yes						
PacifiCare Southwest Region (OK & TX)	\$20/\$40	\$400/day x 5	\$10	\$40/\$50	Yes	●	●	●	●	●	●
<b>Oregon</b>											
Kaiser Permanente-High	\$15/\$15	\$100	\$15	\$30/\$30	Yes	●	●	○	○	●	●
Kaiser Permanente-Std	\$15/\$15	\$100	\$15	\$30/\$30	Yes	●	●	○	○	●	●
PacifiCare Northwest Region (Oregon/Washington)	\$15/\$45	\$250/day x 3	\$10	\$30/\$50	Yes	○	○	●	●	○	○

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

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

**Primary Care Specialist/Office Copay** shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

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

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005		Accredited
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
<b>Pennsylvania</b>								
Aetna - Philadelphia and Southeastern PA	800/537-9384	P31	P32	86.07	230.41	117.13	321.77	NCQA
Aetna - Pittsburgh Area	800/537-9384	YE1	YE2	67.16	185.21	72.71	200.49	NCQA
Coventry Health Care of Delaware -High -Southeastern Pennsylvania	800/833-7423	2J1	2J2	0.00	0.00	134.85	411.45	
HealthAmerica Pennsylvania-High -Greater Pittsburgh area	866/351-5946	261	262	92.80	307.02	92.26	294.90	NCQA
HealthAmerica Pennsylvania-Std - Greater Pittsburgh area	866/351-5946	264	265	80.13	216.95	86.11	232.22	NCQA
HealthAmerica Pennsylvania-High -Northeast Pennsylvania	866/351-5946	4N1	4N2	125.11	362.20	231.79	540.17	NCQA
HealthAmerica Pennsylvania-Std - Northeast Pennsylvania	866/351-5946	4N4	4N5	87.48	267.43	173.27	405.57	NCQA
HealthAmerica Pennsylvania-High -Southeastern Pennsylvania	866/351-5946	PN1	PN2	0.00	0.00	222.12	515.97	NCQA
HealthAmerica Pennsylvania-Std - Southeastern Pennsylvania	866/351-5946	PN4	PN5	0.00	0.00	169.69	395.35	NCQA
HealthAmerica Pennsylvania-High -Central Pennsylvania	866/351-5946	SW1	SW2	120.90	329.51	155.24	364.10	NCQA
HealthAmerica Pennsylvania-Std - Central Pennsylvania	866/351-5946	SW4	SW5	86.22	234.91	119.99	283.03	NCQA
Keystone Health Plan Central - Harrisburg/Northern Region/Lehigh Valley	800/622-2843	S41	S42	114.43	305.68	167.11	430.21	NCQA
Keystone Health Plan East - Philadelphia area	800/227-3115	ED1	ED2	87.07	318.00	89.16	294.29	NCQA
UPMC Health Plan - Western Pennsylvania area	888/876-2756	8W1	8W2	84.56	262.43	92.61	298.65	NCQA
<b>Puerto Rico</b>								
Humana Health Plans of Puerto Rico - Puerto Rico	800/314-3121	ZJ1	ZJ2	45.23	104.03	50.66	116.51	
Triple-S - All of Puerto Rico	787/749-4777	891	892	61.16	131.38	64.22	137.95	
<b>Rhode Island</b>								
BlueChip, Coordinated Health Partners, Inc. - All of Rhode Island	401/459-5500	DA1	DA2	133.12	414.01	124.19	435.50	NCQA NCQA
<b>South Carolina</b>								
Carolina Care - South Carolina	800/868-6734	IB1	IB2	0.00	0.00	94.24	211.98	

**Prescription Drugs — Generic, Brand Name, and Non-formulary** shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

**Mail Order Discounts.** If your plan has a Mail Order program and that program is

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

**Member Survey Results** — See page 4 for a description.

**Accredited** — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results ● above average, ● average, ○ below average					
			Generic	Brand name/ Non-formulary	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing
<b>Pennsylvania</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	●	●	●	●	○	●
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes						
Coventry Health Care of Delaware -High	\$10/\$20	None	\$10	\$20/\$45	Yes						
HealthAmerica Pennsylvania-High	\$10/\$25	None	\$8	\$25/\$40	Yes	●	●	●	●	●	●
HealthAmerica Pennsylvania-Std	\$20/\$30	\$200/day x 3	\$8	\$35/\$50	Yes	●	●	●	●	●	●
HealthAmerica Pennsylvania-High	\$10/\$25	None	\$8	\$25/\$40	Yes	●	●	●	●	●	●
HealthAmerica Pennsylvania-Std	\$20/\$30	\$200/day x 3	\$8	\$35/\$50	Yes	●	●	●	●	●	●
HealthAmerica Pennsylvania-High	\$10/\$25	None	\$8	\$25/\$40	Yes						
HealthAmerica Pennsylvania-Std	\$20/\$30	\$200/day x 3	\$8	\$35/\$50	Yes						
HealthAmerica Pennsylvania-High	\$10/\$25	None	\$8	\$25/\$40	Yes	●	●	●	●	●	●
HealthAmerica Pennsylvania-Std	\$20/\$30	\$200/day x 3	\$8	\$35/\$50	Yes	●	●	●	●	●	●
HealthAmerica Pennsylvania-High	\$10/\$25	None	\$8	\$25/\$40	Yes	●	●	●	●	●	●
HealthAmerica Pennsylvania-Std	\$20/\$30	\$200/day x 3	\$8	\$35/\$50	Yes	●	●	●	●	●	●
Keystone Health Plan Central	\$15/\$20	\$200	\$10	\$25/\$40	Yes	●	●	●	●	●	●
Keystone Health Plan East	\$15/\$25	None	\$15	\$20/\$35	Yes	●	●	●	●	●	●
UPMC Health Plan	\$10/\$10	None	\$5	\$15/\$35	Yes	●	●	●	●	●	●
<b>Puerto Rico</b>											
Humana Health Plans of Puerto Rico - In-Network	\$5/\$5	None	\$2.50	\$5/\$5	No						
Humana Health Plans of Puerto Rico - Out-of-Network	\$8/\$8	\$50	N/A	N/A	N/A						
Triple-S - In-Network	\$7.50/\$10	None	\$5	\$8/\$12	Yes	●	●	○	●	●	●
Triple-S - Out-of-Network	\$7.50 + 10%/\$10 + 10%	None	25%	25%/25%	No	●	●	○	●	●	●
<b>Rhode Island</b>											
BlueChip, Coordinated Health Partners, Inc. - In-Network	\$15/\$25	\$500	\$7	\$30/\$50	Yes	○	●	●	●	●	●
BlueChip, Coordinated Health Partners, Inc. - Out-of-Network	30%/30%	None	\$50+20%	\$50+20%	N/A	○	●	●	●	●	●
<b>South Carolina</b>											
Carolina Care	\$20/\$30	\$250	\$10	\$20/\$50	Yes						

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

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

**Primary Care Specialist/Office Copay** shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

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

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005		Accredited
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
<b>South Dakota</b>								
Avera Health Plans - Eastern and Central South Dakota	888/322-2115	AV1	AV2	78.42	183.13	137.93	339.19	
Sioux Valley Health Plan-High -Eastern/Central/Rapid City Areas	800/752-5863	AU1	AU2	199.90	464.02	197.45	461.71	NCQA
Sioux Valley Health Plan-Std - Eastern/Central/Rapid City Areas	800/752-5863	AU4	AU5	129.83	302.77	148.15	347.29	NCQA
<b>Tennessee</b>								
Aetna - Nashville Area	800/537-9384	6J1	6J2	74.99	180.83	101.57	233.02	NCQA
Aetna - Memphis Area	800/537-9384	UB1	UB2	71.81	192.13	80.54	205.38	NCQA
<b>Texas</b>								
Aetna - Houston Area	800/537-9384	8G1	8G2	0.00	0.00	92.93	281.90	NCQA
Aetna - Austin/San Antonio Areas	800/537-9384	P11	P12	69.22	174.39	83.76	211.02	NCQA
Aetna - Dallas/Ft Worth Areas	800/537-9384	PU1	PU2	83.19	230.38	102.00	300.86	NCQA
FirstCare - Waco area	800/884-4901	6U1	6U2	81.16	174.36	86.68	186.21	
FirstCare - West Texas	800/884-4901	CK1	CK2	146.67	279.68	176.06	342.07	
HMO Blue Texas - Houston	877/299-2377	YM1	YM2	83.84	220.66	113.49	326.84	NCQA
Humana Health Plan of Texas-High -San Antonio area	888/393-6765	UR1	UR2	106.65	249.93	163.58	383.30	URAC
Humana Health Plan of Texas-Std - San Antonio area	888/393-6765	UR4	UR5	74.21	170.68	80.36	184.82	URAC
Mercy Health Plans/Premier Health Plans - Webb/Zapata/Duval/Jim Hogg Counties	800/617-3433	HM1	HM2	114.21	342.77	94.31	296.96	
PacifiCare Southwest Region (OK & TX) - San Antonio/Dallas/Ft.Worth	800-531-3341	GF1	GF2	99.02	235.87	96.05	226.61	NCQA
<b>Utah</b>								
Altius Health Plans - Wasatch Front	800/377-4161	9K1	9K2	129.94	264.18	134.59	274.79	

**Prescription Drugs — Generic, Brand Name, and Non-formulary** shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

**Mail Order Discounts.** If your plan has a Mail Order program and that program is

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

**Member Survey Results** — See page 4 for a description.

**Accredited** — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results ● above average, ● average, ○ below average					
			Generic	Brand name/ Non-formulary	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing
<b>South Dakota</b>											
Avera Health Plans	\$10/\$15	\$100/dayx3	\$10	\$20	Yes						
Sioux Valley Health Plan - In-Network	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	\$30	○	●	●	●	●	○
Sioux Valley Health Plan - Out-of-Network	40%/40%	40%	N/A	N/A	No	○	●	●	●	●	○
Sioux Valley Health Plan - In-Network	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	No	○	●	●	●	●	○
Sioux Valley Health Plan - Out-of-Network	40%/40%	40%	N/A	N/A	No	○	●	●	●	●	○
<b>Tennessee</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	○	○	○	○	○	○
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	○	○	○	○	○	○
<b>Texas</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes						
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	●	●	●	●	●	●
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	●	○	○	●	●	●
FirstCare	\$20/\$20	\$100/day x 5	\$10	\$20/\$40	Yes	●	●	●	●	●	●
FirstCare	\$20/\$20	\$100/day x 5	\$10	\$20/\$40	Yes	●	●	●	●	●	●
HMO Blue Texas	\$20/\$20	\$100/dayx4	\$10	\$25/\$40	Yes	○	○	○	○	●	○
Humana Health Plan of Texas-High	\$10/\$20	\$100/day x 3	\$5/\$20	\$20/\$40	No	●	●	●	●	●	●
Humana Health Plan of Texas-Std	\$15/\$25	\$250/day x 3	\$10/\$25	\$25/\$45	No	●	●	●	●	●	●
Mercy Health Plans/Premier Health Plans - In-Network	\$10	None	\$7	\$12/\$25	Yes	●	●	○	●	●	●
Mercy Health Plans/Premier Health Plans - Out-of-Network	40%/40%	40%	N/A	N/A	N/A	●	●	○	●	●	●
PacifiCare Southwest Region (OK & TX)	\$20/\$40	\$400/day x 5	\$10	\$40/\$50	Yes	●	●	●	●	●	●
<b>Utah</b>											
Altius Health Plans	\$10/\$15	None	\$10	\$20/\$40	Yes	●	●	●	●	●	●

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

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

**Primary Care Specialist/Office Copay** shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

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

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005		Accredited
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
<b>Vermont</b>								
MVP Health Care - All of Vermont	888/687-6277	VW1	VW2	96.88	329.10	150.91	477.23	NCQA
<b>Virginia</b>								
Aetna Open Access-High -Northern/Central/Richmond, Virginia Area	800/537-9384	JN1	JN2	87.19	196.36	97.32	213.54	NCQA
Aetna Open Access-Basic - Northern/Central/Richmond, Virginia Area	800/537-9384	JN4	JN5	57.28	134.05	62.77	146.88	NCQA
CareFirst BlueChoice - Northern Virginia	866/520-6099	2G1	2G2	130.52	285.01	109.54	239.20	NCQA
Kaiser Permanente-High -Washington, DC area	301/468-6000	E31	E32	79.07	188.20	86.24	205.27	NCQA
Kaiser Permanente-Std - Washington, DC area	301/468-6000	E34	E35	0.00	0.00	69.41	165.21	NCQA
M.D. IPA - N.VA/Cntrl VA/Richmond/Tidewater/Roanoke	800/251-0956	JP1	JP2	79.52	190.87	87.26	209.46	NCQA
Optima Health Plan - Peninsula/Southside Hampton Roads	800/206-1060	9R1	9R2	98.26	254.56	105.12	274.56	NCQA
Piedmont Community Healthcare - Lynchburg area	888/674-3368	2C1	2C2	88.30	204.12	88.71	203.13	
<b>Washington</b>								
Aetna - Seattle/Puget Sound Areas	800/537-9384	8J1	8J2	64.42	163.81	75.37	191.66	NCQA
Group Health Cooperative-High -Most of Western Washington	888/901-4636	541	542	104.26	228.78	103.00	227.52	NCQA
Group Health Cooperative-Std - Most of Western Washington	888/901-4636	544	545	76.87	173.53	76.62	172.97	NCQA
Group Health Cooperative-High -Central WA/Spokane/Pullman	888/901-4636	VR1	VR2	86.25	240.78	94.20	272.54	NCQA
Group Health Cooperative-Std - Central WA/Spokane/Pullman	888/901-4636	VR4	VR5	74.74	171.91	79.69	183.28	NCQA
Kaiser Permanente-High -Vancouver/Longview	800/813-2000	571	572	106.65	248.04	93.70	213.83	NCQA
Kaiser Permanente-Std - Vancouver/Longview	800/813-2000	574	575	81.07	186.06	86.06	196.40	NCQA
KPS Health Plans - High -All of Washington	800/552-7114	VT1	VT2	124.52	246.46	123.15	243.51	
KPS Health Plans - Std - All of Washington	800/552-7114	L11	L12	77.99	170.42	83.36	179.92	
PacifiCare Northwest Region (Oregon/Washington) - Clark County	800-531-3341	7Z1	7Z2	99.13	214.52	119.19	256.05	NCQA
PacifiCare Northwest Region (Oregon/Washington) - Washington	800-531-3341	SA1	SA2	0.00	0.00	69.48	162.41	NCQA

**Prescription Drugs — Generic, Brand Name, and Non-formulary** shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

**Mail Order Discounts.** If your plan has a Mail Order program and that program is

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

**Member Survey Results** — See page 4 for a description.

**Accredited** — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results ● above average, ● average, ○ below average					
			Generic	Brand name/ Non-formulary	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing
<b>Vermont</b>											
MVP Health Care	\$15/\$15	\$240	\$5	\$20/\$40	Yes	●	●	●	●	●	●
<b>Virginia</b>											
Aetna Open Access-High	\$15/\$20	\$150/day x 3	\$10	\$25/\$40	No	○	●	●	●	●	●
Aetna Open Access-Basic	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	No	○	●	●	●	●	●
CareFirst BlueChoice	\$20/\$30	\$100 per adm	\$10	\$25/\$40	Yes	○	○	○	●	○	○
Kaiser Permanente-High	\$10/\$20	\$100	\$10/\$20Net	\$20/\$55	Yes	●	○	○	○	●	●
Kaiser Permanente-Std	\$30/\$30	\$250/dayx3	\$15	\$25/\$40	Yes	●	○	○	○	●	●
M.D. IPA	\$10/\$20	\$100	\$8	\$20/\$35	No	●	●	○	●	●	●
Optima Health Plan	\$10/\$20	\$250	\$10	\$20/\$40	Yes	●	●	●	●	●	●
Piedmont Community Healthcare - In-Network	\$25/\$25	None	\$15	\$30/\$30	Yes						
Piedmont Community Healthcare - Out-of-Network	40%/30%	None	\$15	\$30/\$30	N/A						
<b>Washington</b>											
Aetna	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	○	○	●	○	○	○
Group Health Cooperative-High	\$15/\$15	\$200/day x 3	\$15	\$25/\$50	N/A	○	●	●	●	●	●
Group Health Cooperative-Std	\$20+20%/\$20+20%	\$200/day x 3	\$20	\$30/\$60	Yes	○	●	●	●	●	●
Group Health Cooperative-High	\$15/\$15	\$200/day x 3	\$15	\$25/\$50	N/A	○	●	●	●	●	●
Group Health Cooperative-Std	\$20+20%/\$20+20%	\$200/day x 3	\$20	\$30/\$60	Yes	○	●	●	●	●	●
Kaiser Permanente-High	\$15/\$15	\$100	\$15	\$30/\$30	Yes	●	●	○	○	●	●
Kaiser Permanente-Std	\$15/\$15	\$100	\$15	\$30/\$30	Yes	●	●	○	○	●	●
KPS Health Plans - High -In-Network	\$20/\$20	None	\$5	\$20/50%	Yes	●	●	●	●	●	●
KPS Health Plans - High -Out-of-Network	\$20+45%/\$20+45%	None	N/A	N/A	N/A	●	●	●	●	●	●
KPS Health Plans - Std -In-Network	\$15/x3 or 20%/20%	\$100/day x 5	\$10	\$30/50%	Yes	●	●	●	●	●	●
KPS Health Plans - Std -Out-of-Network	\$15/x3 or 45%/45%	\$100/day x 5	N/A	N/A	No	●	●	●	●	●	●
PacificCare Northwest Region (Oregon/Washington)	\$15/\$45	\$250/day x 3	\$10	\$30/\$50	Yes	○	○	●	●	○	●
PacificCare Northwest Region (Oregon/Washington)	\$15/\$45	\$250/day x 3	\$10	\$30/\$50	Yes						

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

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

**Primary Care Specialist/Office Copay** shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

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

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005		Accredited
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
<b>West Virginia</b>								
The Health Plan of the Upper Ohio Valley - Northern/Central West Virginia	800/624-6961	U41	U42	83.66	192.40	78.71	181.03	NCQA
<b>Wisconsin</b>								
Dean Health Plan - South Central Wisconsin	800/279-1301	WD1	WD2	73.31	197.92	85.04	255.14	NCQA
Group Health Cooperative - South Central Wisconsin	608/828-4827	WJ1	WJ2	71.73	193.89	74.16	200.44	NCQA
HealthPartners Classic-High -West Central Wisconsin	952-883-5000	531	532	156.07	405.45	218.92	560.82	NCQA
HealthPartners Open Access Deductible - West Central Wisconsin	952-883-5000	534	535	92.22	252.18	106.77	291.67	NCQA
HealthPartners Primary Clinic Plan - West Central Wisconsin	952-883-5000	HQ1	HQ2	256.73	647.03	340.06	851.58	NCQA
PHP Insurance Plan, Inc. - Northeastern Wisconsin	888/711-1444	ID1	ID2	0.00	0.00	90.54	254.84	
<b>Wyoming</b>								
WINhealth Partners - Wyoming	307/638-7700	PV1	PV2	108.03	401.46	90.67	337.06	

**Prescription Drugs — Generic, Brand Name, and Non-formulary** shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

**Mail Order Discounts.** If your plan has a Mail Order program and that program is

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

**Member Survey Results** — See page 4 for a description.

**Accredited** — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results ● above average, ◐ average, ○ below average					
			Generic	Brand name/ Non-formulary	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing
<b>West Virginia</b>											
The Health Plan of the Upper Ohio Valley	\$10/\$20	\$250	\$15	\$30/\$50	Yes	●	●	●	●	●	●
<b>Wisconsin</b>											
Dean Health Plan	\$10/\$10	None	\$10	30%/30%	No	●	●	◐	◐	◐	●
Group Health Cooperative	\$10/\$10	None	\$5	\$20/\$20	No	●	●	●	●	◐	◐
HealthPartners Classic-High	\$15/\$15	\$100	\$12	\$12/\$24	No	◐	●	◐	◐	◐	◐
HealthPartners Open Access Deductible	\$15/\$15	\$100	\$10	\$10/\$35	No	◐	●	◐	◐	◐	◐
HealthPartners Primary Clinic Plan	\$20/\$20	\$200	\$12	\$12/\$24	No	◐	●	◐	◐	◐	◐
PHP Insurance Plan	\$15/\$15	\$100	\$10	\$20/\$40	Yes						
<b>Wyoming</b>											
WINhealth Partners	\$10/\$10	None	\$10	\$15/\$40	Yes						

# High Deductible and Consumer-Driven Health Plans

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

(Pages 54 through 77)

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

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

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

The HDHP features higher annual deductibles (a minimum of \$1,050 for Self and \$2,100 for Family coverage) and annual out-of-pocket limits (not to exceed \$5,000 for Self and \$10,000 for Family coverage) than other insurance plans. Depending on the HDHP you choose, you may have the choice of using in-network and out-of-network providers. There may be higher deductibles and out-of-pocket limits when you use out-of-network providers. Using in-network providers will save you money.

### Health Savings Account (HSA)

Health Savings Accounts are available to members who do not have Medicare or another health plan. The amount of the “premium pass through” is based on whether you have a Self Only or Self and Family enrollment. You have the option to make tax-free contributions to your account, provided the total contributions do not exceed the limits established by law, which are typically not more than the plan deductible. If you are over 55, you can make an additional “catch up” contribution. You can use funds in your account to help pay your health plan deductible. However, if you enroll in a HDHP with a HSA, you are not eligible to participate in a Health Care Flexible Spending account.

Features of an HSA include:

- Tax-deductible deposits you make to the HSA.
- Tax-deferred interest earned on the account.
- Tax-free withdrawals for qualified medical expenses.
- Carryover of unused funds and interest from year to year.
- Portability; the account is owned by you and is yours to keep – even when you retire.

### Health Reimbursement Arrangement (HRA)

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

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

Features of an HRA include:

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

# High Deductible and Consumer-Driven Health Plans

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

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

**Consumer-Driven Plans** – A Consumer-Driven plan provides you with greater freedom in spending health care dollars the way you want. The typical plan has common components: Member responsibility for certain up-front medical costs, an employer-funded account that you may use to pay these up-front costs, and catastrophic coverage with a high deductible. You and your family members receive full coverage for in-network preventive care.

# High Deductible and Consumer-Driven Health Plans

## How to read this chart

**Premium Contribution to HSA/HRA** shows the amount your health plan automatically deposits into your account.

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

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

**Office Visit** shows what you pay for a visit to a primary care physician.

**Hospital Inpatient** when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days), a coinsurance amount such as 20%, or a flat deductible amount (e.g., \$200 per admission).

**Outpatient Surgery** shows what the member pays to the doctor for surgery performed on an outpatient basis.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
APWU Health Plan Consumer Driven Plan (CDHP)	866/333-3463	474	475	84.39	196.51	88.60	206.34
GEHA High Deductible Health Plan (HDHP)	800/821-6136	341	342	0.00	0.00	96.80	223.62
Mail Handlers High Deductible Health Plan (HDHP)	800/410-7778	481	482	0.00	0.00	91.55	207.47

# High Deductible and Consumer-Driven Health Plans

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

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

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Surgery	Outpatient Surgery	Preventive Services	Prescription Drugs
APWU (CDHP)	PPO	N/A	\$600/\$1,200	\$4,500/\$4,500	15%	None	15%	Nothing	25%/25%/25%
	Non-PPO	N/A	\$600/\$1,200	\$9,000/\$9,000	40%	None	40%	Nothing to \$1200/\$2400	N/A
GEHA (HDHP)	PPO	\$60/\$120	\$1,100/\$2,200	\$5,000/\$10,000	15%	15%	15%	Nothing up to \$300	30%/30%/N/A
	Non-PPO	\$60/\$120	\$1,100/\$2,200	\$5,000/\$10,000	30%	30%	30%	Nothing up to \$300	30%/30%/N/A
Mail Handlers (HDHP)	PPO	\$83/\$166	\$2,250/\$4,500	\$5,000/\$10,000	\$15	\$75day-\$750	\$150	Nothing	\$10/\$25/\$40
	Non-PPO	\$83/\$166	\$2,250/\$4,500	\$7,500/\$15,000	40%	40%	40%	Not covered	Not Covered

# High Deductible and Consumer-Driven Health Plans

**Premium Contribution to HSA/HRA** shows the amount your health plan automatically deposits into your account.

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

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

**Office Visit** shows what you pay for a visit to a primary care physician.

**Hospital Inpatient** when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

**Outpatient Surgery** shows what the member pays to the doctor for surgery performed on an outpatient basis.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
<b>Alabama</b>							
Aetna HealthFund CDHP -Lamar and Pickens Counties	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Lamar and Pickens Counties	800/537-9384	224	225	0.00	0.00	83.27	191.53
<b>Alaska</b>							
Aetna HealthFund CDHP -Anchorage and Fairbanks Areas	800/537/9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Anchorage and Fairbanks Areas	800/537/9384	224	225	0.00	0.00	83.27	191.53
<b>Arizona</b>							
Aetna HealthFund CDHP -Phoenix and Tucson Areas	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Phoenix and Tucson Areas	800/537-9384	224	225	0.00	0.00	83.27	191.53
Humana CoverageFirst CDHP - Phoenix	888/393-6765	DB1	DB2	49.44	113.70	50.53	116.19
<b>Arkansas</b>							
Aetna HealthFund CDHP -Eastern Arkansas	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Eastern Arkansas	800/537-9384	224	225	0.00	0.00	83.27	191.53

# High Deductible and Consumer-Driven Health Plans

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

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

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Surgery	Outpatient Surgery	Preventive Services	Prescription Drugs
<b>Alabama</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
<b>Alaska</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
<b>Arizona</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
<b>Arkansas</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%

# High Deductible and Consumer-Driven Health Plans

**Premium Contribution to HSA/HRA** shows the amount your health plan automatically deposits into your account.

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

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

**Office Visit** shows what you pay for a visit to a primary care physician.

**Hospital Inpatient** when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

**Outpatient Surgery** shows what the member pays to the doctor for surgery performed on an outpatient basis.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
<b>California</b>							
Aetna HealthFund CDHP -Northern/Central Valley/Southern CA	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Northern/Central Valley/Southern CA	800/537-9384	224	225	0.00	0.00	83.27	191.53
Universal Care HDHP -Southern California	800/635-6668	6Q4	6Q5	0.00	0.00	59.01	155.79
<b>Colorado</b>							
Aetna HealthFund CDHP -Denver Area	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Denver Area	800/537-9384	224	225	0.00	0.00	83.27	191.53
Humana CoverageFirst CDHP - Denver	888/393-6765	7T1	7T2	0.00	0.00	58.49	134.54
<b>Connecticut</b>							
Aetna HealthFund CDHP -All of Connecticut	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - All of Connecticut	800/537-9384	224	225	0.00	0.00	83.27	191.53
<b>Delaware</b>							
Aetna HealthFund CDHP -All of Delaware	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - All of Delaware	800/537-9384	224	225	0.00	0.00	83.27	191.53
Coventry Health Care of Delaware HDHP - Most of Delaware	800/833-7423	2J4	2J5	0.00	0.00	86.34	212.26

# High Deductible and Consumer-Driven Health Plans

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

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

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Surgery	Outpatient Surgery	Preventive Services	Prescription Drugs
<b>California</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
Universal Care-HDHP		\$50/\$100	\$1,050/\$2,100	\$5,000/\$10,000	\$10	20%	20%	\$10	\$10/\$25/50%
<b>Colorado</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
<b>Connecticut</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
<b>Delaware</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
Coventry Health Care of Delaware-HDHP		\$41.66/\$83.33	\$1,050/\$2,100	\$5,000/\$10,000	\$15	15%	15%	\$15/\$25/15%	\$10/\$20/\$45

# High Deductible and Consumer-Driven Health Plans

**Premium Contribution to HSA/HRA** shows the amount your health plan automatically deposits into your account.

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

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

**Office Visit** shows what you pay for a visit to a primary care physician.

**Hospital Inpatient** when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

**Outpatient Surgery** shows what the member pays to the doctor for surgery performed on an outpatient basis.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
<b>District of Columbia</b>							
Aetna HealthFund CDHP - All of Washington D.C.	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - All of Washington D.C.	800/537-9384	224	225	0.00	0.00	83.27	191.53
<b>Florida</b>							
Aetna HealthFund CDHP - Jacksonville/Miami/Orlando/Tampa Areas	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Jacksonville/Miami/Orlando/Tampa Areas	800/537-9384	224	225	0.00	0.00	83.27	191.53
Humana CoverageFirst CDHP - Tampa	888/393-6765	MJ1	MJ2	54.64	125.67	55.83	128.42
Humana CoverageFirst CDHP - Jacksonville	888/393-6765	MQ1	MQ2	57.24	131.66	58.49	134.54
Humana CoverageFirst CDHP - South Florida	888/393-6765	QP1	QP2	52.04	119.69	53.18	122.31
Humana CoverageFirst CDHP - Orlando	888/393-6765	YG1	YG2	0.00	0.00	61.16	140.65
<b>Georgia</b>							
Aetna HealthFund CDHP - Atlanta Area	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Atlanta Area	800/537-9384	224	225	0.00	0.00	83.27	191.53
Coventry Health Care of Georgia HDHP - Atlanta Area	800/395-2545	L51	L52	0.00	0.00	60.98	140.26

# High Deductible and Consumer-Driven Health Plans

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

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

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Surgery	Outpatient Surgery	Preventive Services	Prescription Drugs
<b>District of Columbia</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
<b>Florida</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
<b>Georgia</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
Coventry Health Care of Georgia- HDHP		\$41.66/\$83.33	\$1,500/\$3,000	\$5,000/\$10,000	\$20	15%	15%	\$20/\$40/15%	\$10/\$25/\$50

# High Deductible and Consumer-Driven Health Plans

**Premium Contribution to HSA/HRA** shows the amount your health plan automatically deposits into your account.

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

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

**Office Visit** shows what you pay for a visit to a primary care physician.

**Hospital Inpatient** when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

**Outpatient Surgery** shows what the member pays to the doctor for surgery performed on an outpatient basis.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
<b>Illinois</b>							
Aetna HealthFund CDHP -Chicago Area	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Chicago Area	800/537-9384	224	225	0.00	0.00	83.27	191.53
Group Health Plan, Inc. HDHP - Southern/Central	800/755-3901	MM4	MM5	0.00	0.00	92.24	197.50
Humana CoverageFirst CDHP - Chicago	888/393-6765	MW1	MW2	41.63	95.75	42.54	97.85
OSF HealthPlans HDHP -Central/Central-Northwestern Illinois	800/673-5222	9F4	9F5	0.00	0.00	80.30	199.66
<b>Indiana</b>							
Advantage Health Solutions, Inc.HDHP -Most of Indiana	800/553-8933	6Y4	6Y5	0.00	0.00	94.49	214.76
Aetna HealthFund CDHP -Lake and Porter Counties	800/537-9384	221	222	70.11	161.27	74.10	170.43
5Aetna HealthFund HDHP - Lake and Porter Counties	800/537-9384	224	225	0.00	0.00	83.27	191.53
Humana CoverageFirst CDHP - Southern Indiana	888/393-6765	BM1	BM2	62.44	143.63	63.81	146.77
Humana CoverageFirst CDHP - Indiana	888/393-6765	L81	L82	52.04	119.69	53.18	122.31
Humana CoverageFirst CDHP - Lake/Porter/LaPorte Counties	888/393-6765	MW1	MW2	41.63	95.75	42.54	97.85
<b>Iowa</b>							
Coventry Health Care of Iowa HDHP -Central Iowa/Cedar Rapids/Sioux City	800/257-4692	SV4	SV5	0.00	0.00	65.95	170.43

# High Deductible and Consumer-Driven Health Plans

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

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

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Surgery	Outpatient Surgery	Preventive Services	Prescription Drugs
<b>Illinois</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
Group Health Plan, Inc.	- In-of-Network	\$41.33/\$83.33	\$1,500/\$2,500	\$5,000/\$10,000	\$15	10%	10%	\$15/\$25	\$15/\$25/\$50
Group Health Plan, Inc.	- Out-of-Network	\$41.33/\$41.33	\$3,000/\$5,000	\$10,000/\$20,000	30%	30%	30%	30% + Ded	N/A
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	30%
OSF HealthPlans-HDHP	-In-Network	\$42/\$83	\$1,050/\$2,100	\$3,000/\$6,000	20%	20%	20%	\$20	20%
OSF HealthPlans-HDHP	-Out-of-Network	\$42/\$83	\$4,000/\$8,000	\$12,000/\$24,000	40%	40% + Ded	40%	40%	All
<b>Indiana</b>									
Advantage Health Plan, Inc.-HDHP		\$45.83/\$93.33	\$1050/\$2100	\$3000/\$6000	20%	20%	20%	20%	\$10/\$20/\$50
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
<b>Iowa</b>									
Coventry Health Care of Iowa-HDHP		\$41.66/\$83.33	\$1,050/\$2,100	\$5,000/\$10,000	\$20	10%	10%	\$20/\$30/10%	\$10/\$20/\$45

# High Deductible and Consumer-Driven Health Plans

**Premium Contribution to HSA/HRA** shows the amount your health plan automatically deposits into your account.

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

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

**Office Visit** shows what you pay for a visit to a primary care physician.

**Hospital Inpatient** when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

**Outpatient Surgery** shows what the member pays to the doctor for surgery performed on an outpatient basis.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
<b>Kansas</b>							
Aetna HealthFund CDHP -Kansas City Area	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Kansas City Area	800/537-9384	224	225	0.00	0.00	83.27	191.53
Coventry Health Care of Kansas, Inc. HDHP - Wichita/Salina areas	800/664-9251	7G1	7G2	0.00	0.00	65.56	161.91
Coventry Health Care of Kansas - Kansas City-HDHP -Kansas City area	800/969-3343	9H1	9H2	0.00	0.00	69.81	180.12
Humana CoverageFirst CDHP Plan - Kansas City	888/393-6765	PH1	PH2	41.63	95.75	42.54	97.85
<b>Kentucky</b>							
Aetna HealthFund CDHP -Northern KY/Fulton and Lewis Counties	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Northern KY/Fulton and Lewis Counties	800/537-9384	224	225	0.00	0.00	83.27	191.53
Humana CoverageFirst CDHP - Lexington	888/393-6765	6N1	6N2	0.00	0.00	66.47	152.89
Humana CoverageFirst CDHP - Louisville	888/393-6765	BM1	BM2	62.44	143.63	63.81	146.77
Humana CoverageFirst CDHP - Northern Kentucky	888/393-6765	L81	L82	52.04	119.69	53.18	122.31

# High Deductible and Consumer-Driven Health Plans

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

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

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Surgery	Outpatient Surgery	Preventive Services	Prescription Drugs
<b>Kansas</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
Coventry Health Care of Kansas, Inc. (HDHP)		\$41.66/\$83.33	\$1,050/\$2,100	\$5,000/\$10,000	\$20	20%	20%	\$20/\$35/20%	\$15/\$25/\$50
Coventry Health Care of Kansas - Kansas City-HDHP		\$41.66/\$83.33	\$1,050/\$2,100	\$5,000/\$10,000	\$20	20%	20%	\$20/\$35/20%	\$15/\$25/\$50
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
<b>Kentucky</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%

# High Deductible and Consumer-Driven Health Plans

**Premium Contribution to HSA/HRA** shows the amount your health plan automatically deposits into your account.

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

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

**Office Visit** shows what you pay for a visit to a primary care physician.

**Hospital Inpatient** when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

**Outpatient Surgery** shows what the member pays to the doctor for surgery performed on an outpatient basis.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
<b>Louisiana</b>							
Coventry Healthcare Louisiana-HDHP - New Orleans area	800/341-6613	BJ4	BJ5	0.00	0.00	66.73	154.98
Coventry Healthcare Louisiana-HDHP -Baton Rouge area	800/341-6613	JA4	JA5	0.00	0.00	70.70	164.22
Humana CoverageFirst CDHP - New Orleans	888/393-6765	9J1	9J2	0.00	0.00	50.53	116.19
Humana CoverageFirst (CDHP) - Baton Rouge	888/393-6765	9L1	9L2	0.00	0.00	61.16	140.65
Humana CoverageFirst (CDHP) - Shreveport	888/393-6765	9S1	9S2	0.00	0.00	69.13	159.00
<b>Maryland</b>							
Aetna HealthFund CDHP -All of Maryland	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - All of Maryland	800/537-9384	224	225	0.00	0.00	83.27	191.53
Coventry Health Care of Delaware HDHP - Most of Maryland	800/833-7423	IG4	IG5	0.00	0.00	83.12	204.15
<b>Massachusetts</b>							
Aetna HealthFund CDHP -Boston Area	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP- Boston Area	800/537-9384	224	225	0.00	0.00	83.27	191.53
<b>Michigan</b>							
Aetna HealthFund CDHP -Detroit Area	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Detroit Area	800/537-9384	224	225	0.00	0.00	83.27	191.53

# High Deductible and Consumer-Driven Health Plans

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

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

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Surgery	Outpatient Surgery	Preventive Services	Prescription Drugs
<b>Louisiana</b>									
Coventry Healthcare Louisiana-HDHP	- In-Network	\$41.66/\$83.33	\$1,050/\$2,100	\$4,000/\$8,000	20%	20%	20%	20%	10\$/35/\$60
Coventry Healthcare Louisiana-HDHP	- Out-of-Network	\$41.66/\$83.33	\$2,000/\$4,000	\$6,000/\$12,000	30%	30%	30%	30%	N/A
Coventry Healthcare Louisiana-HDHP	- In-Network	\$41.66/\$83.33	\$1,050/\$2,100	\$4,000/\$8,000	20%	20%	20%	20%	10\$/35/\$60
Coventry Healthcare Louisiana-HDHP	- Out-of-Network	\$41.66/\$83.33	\$2,000/\$4,000	\$6,000/\$12,000	30%	30%	30%	30%	N/A
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
<b>Maryland</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
Coventry Health Care of Delaware -HDHP	- In-Network	\$41.66/\$83.33	\$1,050/\$2,100	\$5,000/\$10,000	\$15	15%	15%	\$15/\$25/15%	\$10/\$20/\$45
<b>Massachusetts</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
<b>Michigan</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%

# High Deductible and Consumer-Driven Health Plans

**Premium Contribution to HSA/HRA** shows the amount your health plan automatically deposits into your account.

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

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

**Office Visit** shows what you pay for a visit to a primary care physician.

**Hospital Inpatient** when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

**Outpatient Surgery** shows what the member pays to the doctor for surgery performed on an outpatient basis.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
<b>Mississippi</b>							
Aetna HealthFund CDHP -Northern Mississippi	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Northern Mississippi	800/537-9384	224	225	0.00	0.00	83.27	191.53
<b>Missouri</b>							
Aetna HealthFund CDHP -Kansas City and St. Louis Areas	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Kansas City and St. Louis Areas	800/537-9384	224	225	0.00	0.00	83.27	191.53
Coventry Health Care of Kansas - Kansas City-HDHP -Kansas City area	800-969-3343	9H1	9H2	0.00	0.00	69.81	180.12
Group Health Plan, Inc. - St. Louis Area	800/755-3901 800/755-3901	MM4	MM5	0.00	0.00	92.24	197.50
Humana CoverageFirst CDHP - Kansas City	888/393-6765	PH1	PH2	41.63	95.75	42.54	97.85
<b>Nevada</b>							
Aetna HealthFund CDHP -Las Vegas/Clark and Nye Counties	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Las Vegas/Clark and Nye Counties	800/537-9384	224	225	0.00	0.00	83.27	191.53
<b>New Hampshire</b>							
Aetna HealthFund CDHP -Most of New Hampshire	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Most of New Hampshire	800/537-9384	224	225	0.00	0.00	83.27	191.53

# High Deductible and Consumer-Driven Health Plans

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

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

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Surgery	Outpatient Surgery	Preventive Services	Prescription Drugs
<b>Mississippi</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
<b>Missouri</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
Coventry Health Care of Kansas - Kansas City-HDHP		\$41.66/\$83.33	\$1,050/\$2,100	\$5,000/\$10,000	\$20	20%	20%	\$20/\$35/20%	\$15/\$25/\$50
Group Health Plan, Inc.	- In-of-Network	\$41.33/\$83.33	\$1,500/\$2,500	\$5,000/\$10,000	\$15	10%	10%	\$15/\$25	\$15/\$25/\$50
Group Health Plan, Inc.	- Out-of-Network	\$41.33/\$41.33	\$3,000/\$5,000	\$10,000/\$20,000	30%	30%	30%	30% + Ded	N/A
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
<b>Nevada</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
<b>New Hampshire</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%

# High Deductible and Consumer-Driven Health Plans

**Premium Contribution to HSA/HRA** shows the amount your health plan automatically deposits into your account.

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

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

**Office Visit** shows what you pay for a visit to a primary care physician.

**Hospital Inpatient** when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

**Outpatient Surgery** shows what the member pays to the doctor for surgery performed on an outpatient basis.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
<b>New Jersey</b>							
Aetna HealthFund CDHP -All of New Jersey	800/537-9382	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - All of New Jersey	800/537-9382	224	225	0.00	0.00	83.27	191.53
Coventry Health Care of Delaware HDHP -Southern New Jersey	800/833-7423	2J4	2J5	0.00	0.00	86.34	212.26
<b>New York</b>							
Aetna HealthFund CDHP -NY City Area/Upstate NY (Syr. & Roch.)	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - NY City Area/Upstate NY (Syr. & Roch.)	800/537-9384	224	225	0.00	0.00	83.27	191.53
<b>North Carolina</b>							
Aetna HealthFund CDHP -Charlotte/Central/Raleigh/Durham Areas	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Charlotte/Central/Raleigh/Durham Areas	800/537-9384	224	225	0.00	0.00	83.27	191.53
<b>Ohio</b>							
Aetna HealthFund CDHP -Cincinnati/Cleveland/Columbus/Toledo	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Cincinnati/Cleveland/Columbus/Toledo	800/537-9384	224	225	0.00	0.00	83.27	191.53
AultCare HMO-HDHP -Stark/Carroll/Holmes/Tuscarawas/Wayne Co	330/363-6360	3A4	3A5	0.00	0.00	91.29	182.91
Humana CoverageFirst CDHP - Cincinnati	888/393-6765	L81	L82	52.04	119.69	53.18	122.31

# High Deductible and Consumer-Driven Health Plans

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

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

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Surgery	Outpatient Surgery	Preventive Services	Prescription Drugs
<b>New Jersey</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
Coventry Health Care of Delaware-HDHP		\$41.66/\$83.33	\$1,050/\$2,100	\$5,000/\$10,000	\$15	15%	15%	\$15/\$25/15%	\$10/\$20/\$45
<b>New York</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
<b>North Carolina</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
<b>Ohio</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
AultCare HDHP	- In-Network	\$166.67/\$333.33	\$2,000/\$4,000	\$4,000/\$8,000	20%	20%	20%	Nothing	20%/20%/20%
AultCare HDHP	- Out-of-Network	\$166.67/\$333.33	\$4,000/\$8,000	\$8,000/\$16,000	40%	40%	40%	50% UCR	40%/40%/40%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%

# High Deductible and Consumer-Driven Health Plans

**Premium Contribution to HSA/HRA** shows the amount your health plan automatically deposits into your account.

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

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

**Office Visit** shows what you pay for a visit to a primary care physician.

**Hospital Inpatient** when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

**Outpatient Surgery** shows what the member pays to the doctor for surgery performed on an outpatient basis.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
<b>Oklahoma</b>							
Aetna HealthFund CDHP -Oklahoma City and Tulsa Areas	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Oklahoma City and Tulsa Areas	800/537-9384	224	225	0.00	0.00	83.27	191.53
<b>Pennsylvania</b>							
Aetna HealthFund CDHP -Philadelphia/Pittsburgh/Southeastern PA	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Philadelphia/Pittsburgh/Southeastern PA	800/537-9384	224	225	0.00	0.00	83.27	191.53
Coventry Health Care of Delaware HDHP -Southeastern Pennsylvania	800/833-7423	2J4	2J5	0.00	0.00	86.34	212.26
HealthAmerica Pennsylvania-HDHP - Southeastern Pennsylvania	866/351-5946	9N1	9N2	0.00	0.00	114.14	251.81
HealthAmerica Pennsylvania-HDHP - Greater Pittsburgh area	866/351-5946	Y61	Y62	0.00	0.00	82.27	202.27
HealthAmerica Pennsylvania-HDHP -Northeast Pennsylvania	866/351-5946	YN1	YN2	0.00	0.00	129.30	288.01
HealthAmerica Pennsylvania-HDHP - Central Pennsylvania	866/351-5946	YW1	YW2	0.00	0.00	92.94	209.68
<b>South Carolina</b>							
Aetna HealthFund CDHP -York County	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - York County	800/537-9384	224	225	0.00	0.00	83.27	191.53

# High Deductible and Consumer-Driven Health Plans

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

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

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Surgery	Outpatient Surgery	Preventive Services	Prescription Drugs
<b>Oklahoma</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
<b>Pennsylvania</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
Coventry Health Care of Delaware -HDHP		\$41.66/\$83.33	\$1,050/\$2,100	\$5,000/\$10,000	\$15	15%	15%	\$15/\$25/15%	\$10/\$20/\$45
HealthAmerica Pennsylvania-HDHP		\$52.08/\$208.33	\$1,250/\$2,500	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	\$5/\$35/\$50
HealthAmerica Pennsylvania-HDHP		\$52.08/\$208.33	\$1,250/\$2,500	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	\$5/\$35/\$50
HealthAmerica Pennsylvania-HDHP		\$52.08/\$208.33	\$1,250/\$2,500	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	\$5/\$35/\$50
HealthAmerica Pennsylvania-HDHP		\$52.08/\$208.33	\$1,250/\$2,500	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	\$5/\$35/\$50
<b>South Carolina</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%

# High Deductible and Consumer-Driven Health Plans

**Premium Contribution to HSA/HRA** shows the amount your health plan automatically deposits into your account.

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

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

**Office Visit** shows what you pay for a visit to a primary care physician.

**Hospital Inpatient** when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

**Outpatient Surgery** shows what the member pays to the doctor for surgery performed on an outpatient basis.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
<b>Tennessee</b>							
Aetna HealthFund CDHP - Memphis and Nashville Areas	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Memphis and Nashville Areas	800/537-9384	224	225	0.00	0.00	83.27	191.53
Humana CoverageFirst CDHP - Memphis	888/393-6765	L61	L62	52.04	119.69	53.18	122.31
<b>Texas</b>							
Aetna HealthFund CDHP - Austin/Dallas/FtWorth/Houston/SanAntonio	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Austin/Dallas/FtWorth/Houston/SanAntonio	800/537-9384	224	225	0.00	0.00	83.27	191.53
Humana CoverageFirst CDHP - Houston	888/393-6765	T21	T22	62.44	143.63	63.81	146.77
Humana CoverageFirst CDHP - Dallas/Ft. Worth	888/393-6765	T81	T82	59.85	137.64	61.16	140.65
Humana CoverageFirst CDHP - Corpus Christi	888/393-6765	TP1	TP2	54.64	125.67	55.83	128.42
Humana CoverageFirst CDHP - San Antonio	888/393-6765	TU1	TU2	52.04	119.69	53.18	122.31
Humana CoverageFirst CDHP - Austin	888/393-6765	TV1	TV2	57.24	131.66	58.49	134.54

# High Deductible and Consumer-Driven Health Plans

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

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

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Surgery	Outpatient Surgery	Preventive Services	Prescription Drugs
<b>Tennessee</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
<b>Texas</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%

# High Deductible and Consumer-Driven Health Plans

**Premium Contribution to HSA/HRA** shows the amount your health plan automatically deposits into your account.

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

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

**Office Visit** shows what you pay for a visit to a primary care physician.

**Hospital Inpatient** when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

**Outpatient Surgery** shows what the member pays to the doctor for surgery performed on an outpatient basis.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2004		Premium You Will Pay in 2005	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
<b>Virginia</b>							
Aetna HealthFund CDHP -Northern/Central/Richmond VA Areas	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Northern/Central/Richmond VA Areas	800/537-9384	224	225	0.00	0.00	83.27	191.53
<b>Washington</b>							
Aetna HealthFund CDHP -Seattle/Puget Sound Areas	800/537-9384	221	222	70.11	161.27	74.10	170.43
Aetna HealthFund HDHP - Seattle/Puget Sound Areas	800/537-9384	224	225	0.00	0.00	83.27	191.53
<b>Wisconsin</b>							
Humana CoverageFirst CDHP - Milwaukee	888/393-6765	FB1	FB2	57.24	131.66	58.49	134.54

# High Deductible and Consumer-Driven Health Plans

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

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

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Surgery	Outpatient Surgery	Preventive Services	Prescription Drugs
<b>Virginia</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
<b>Washington</b>									
Aetna HealthFund CDHP	- In-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	N/A	\$1,000/\$2,000	\$3,000/\$6,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund HDHP	- In-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$104/\$208	\$2,500/\$5,000	\$4,000/\$8,000	30%	30%	30%	All	30%/30%/30%
<b>Wisconsin</b>									
Humana CoverageFirst (CDHP)	- In-Network	N/A	\$1,000/\$2,000	Stated copays	\$20	\$100/day x 5	\$50	\$20/\$35	\$10/\$25 \$25/50%
Humana CoverageFirst (CDHP)	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	Copay + 30%

