



The **2015**

Guide To Federal Benefits

For Federal Retirees and Their Survivors

- Federal Employees Health Benefits (FEHB) Program p.4
- Federal Employees Dental and Vision Insurance Program (FEDVIP) p.7
- Federal Employees' Group Life Insurance (FGLI) Program p.11
- Federal Long Term Care Insurance Program (FLTCIP) p.14

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

Visit us at: www.opm.gov/healthcare-insurance

Summary Information

	New Hires Can Enroll	Federal Benefits Open Season	How to Enroll	OPM's Program Website
FEHB	Within 60 days from new hire date	Annual – November 10 to December 8, 2014	Varies by agency; automated enrollment or via SF 2809	www.opm.gov/healthcare-insurance/healthcare
FEDVIP	Within 60 days from new hire date	Annual – November 10 to December 8, 2014	Go to www.BENEFEDS.com or call 1-877-888-3337	www.opm.gov/healthcare-insurance/dental-vision
FEGLI	Does not apply to retirees or survivors	No annual Open Season Retirees/survivors are not eligible to participate in Open Season	Does not apply to retirees or survivors	www.opm.gov/healthcare-insurance/life-insurance
FLTCIP	Apply (not necessarily enroll) within 60 days from new hire date with abbreviated underwriting	No annual Open Season	Go to www.LTCFEDS.com or call 1-800-582-3337	www.opm.gov/healthcare-insurance/long-term-care

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Introduction to Federal Benefits and This Guide

As a Federal retiree, the benefits available to you represent a significant piece of your compensation package. They may provide important insurance coverage to protect you and your family and, in some cases, offer tax advantages that reduce the burden in paying for some health products and services, or dependent or elder care services.

The purpose of this Guide is to provide basic information about the benefits offered to you as a Federal retiree, and assist you in making informed choices about these benefits as you move through your retirement years.

Benefits Programs included in this Guide

In addition to your Civil Service or Federal Employees Retirement System benefits and the Thrift Savings Plan, the Federal government offers other benefits programs to eligible retirees. This Guide includes information on these additional programs:

- Federal Employees Health Benefits (FEHB) Program
- Federal Employees Dental and Vision Insurance Program (FEDVIP)
- Federal Employees' Group Life Insurance (FEGLI) Program
- Federal Long Term Care Insurance Program (FLTCIP)

If you are a retiree, it will provide the most current information regarding the benefit programs, and will support you as you make decisions during the annual Open Season, or experience life events that cause you to reconsider previous choices. This Guide also contains some tips on what to consider as you make your decisions.

Additional Information

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

You can also find additional retirement information and services at www.opm.gov/retire.

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.

Cancellation – You may voluntarily cancel your enrollment at any time. If you cancel, 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 a temporary continuation of coverage (TCC). Once your cancellation takes effect, you will not be able to enroll again as a retiree unless 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.

Suspension – You may suspend your FEHB enrollment for any of the following reasons:

- to enroll in a Medicare Advantage plan (these are Health Maintenance Organizations or Fee-for-Service plans approved by the Centers for Medicare and Medicaid Services);

- because you are eligible under Medicaid or a similar state-sponsored program of medical assistance for the needy; or
- because you have coverage under Peace Corps, 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

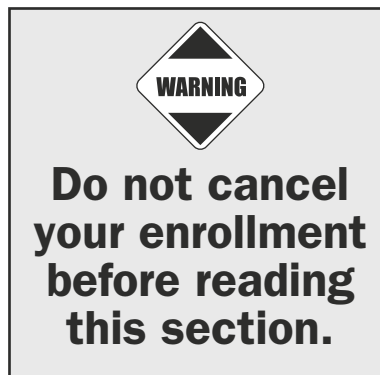
eligibility documentation that you are suspending FEHB to enroll in one of the other programs listed in case you wish to re-enroll in the FEHB Program at a later time.

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 re-enroll 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 from one of those eligible programs for any reason, you cannot re-enroll in FEHB until Open Season.

Coordination of FEHB benefits with Medicare or other coverage – 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.



Federal Employees Health Benefits (FEHB) Program

What does this Program offer?

The FEHB Program offers a wide variety of plans and coverage to help you meet your health care needs. It is group coverage available to employees, retirees and their eligible family members. If you continuously maintain your FEHB enrollment, or are covered by another FEHB enrollment as a family member, or a combination of both, for the five years of service immediately preceding your retirement or the full period(s) of service since your first opportunity to enroll if less than 5 years, and you retire on an immediate annuity, you can continue to participate in the FEHB Program after retirement. The benefits you receive as a retiree are the same coverage Federal employees receive and at the same cost. If you leave government employment before retiring, the Program offers temporary continuation of coverage (TCC) and an opportunity to convert your enrollment to non-group (private) coverage, or you may receive assistance with obtaining coverage inside or outside the Affordable Care Act's Health Insurance Marketplace.

If you are currently enrolled in the FEHB Program and do not want to change plans or enrollment type during Open Season, you do not need to do anything. Your enrollment will continue automatically.

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

Key FEHB facts

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

What enrollment types are available?

- Self Only, which covers only the enrollee;
- Self and Family, which covers the enrollee and all eligible family members.

Federal Employees Health Benefits (FEHB) Program

Which family members are eligible?

Family Members covered under your Self and Family enrollment are:

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

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

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

How much does it cost?

The premiums for your enrollment are shared by you and your Federal agency or retirement system. The government pays the lesser of: 72% of the average total premium of all plans weighted by the number of enrollees in each, or 75% of the premium for the specific plan you choose. If you are an employee, you automatically pay your share of the premium through a payroll deduction using pre-tax dollars, unless you elect not to. The charts in Appendix E provide cost information for all plans in the FEHB Program.

Am I eligible to enroll?

When you retire, you are eligible to continue health benefits coverage if you retire on an immediate annuity under a retirement system for civilian employees (including FERS MRA + 10 retirements) and you have been continuously enrolled (or covered as a family member) in any FEHB plan(s) for the 5 years of service immediately before your retirement date, or for the full period(s) of service since your first opportunity to enroll (if less than 5 years).

If you suspend your FEHB coverage as a retiree because you are covered by TRICARE or CHAMPVA, a Medicare Advantage Plan, Medicaid, or Peace Corps volunteer coverage, you may reenroll under certain conditions. (You should contact your retirement system for information on your eligibility.) **If you are not enrolled in or covered as a family member under FEHB when you retire, you will not be able to enroll after retirement.**

How do I get more information about this program?

Visit the FEHB Program online at www.opm.gov/healthcare-insurance/healthcare for information including:

- How to compare and choose among health plans
- Health plan websites and plan brochures
- How to file a disputed claim request
- Getting quality healthcare
- Medicare and FEHB

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

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

What are examples of HIT at work?

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

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

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

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

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

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

Federal Employees Dental and Vision Insurance Program (FEDVIP)

What does this Program offer?

The Federal Employees Dental and Vision Insurance Program provides comprehensive dental and vision insurance at competitive group rates. There are ten dental plans and four vision plans from which to choose. FEDVIP features nationwide, international, and regional plans.

A dental or vision insurance plan is much like a health insurance plan; you may be required to meet a deductible and provide a copay or coinsurance payments for your dental or vision services. With any plan choice, you should look at all the information and find a plan that will best fit your needs. You should also review your FEHB plan brochure to determine what dental and/or vision coverage the FEHB plan provides.

If you are currently enrolled in FEDVIP and you take no action during Open Season, your current coverage will continue in 2015, provided you remain eligible for the Program. Enrollment continues year to year, automatically. **Please Note:** your premiums and benefits may change for 2015.

Key FEDVIP facts

- FEDVIP is part of the annual Federal Benefits Open Season.
- FEDVIP is separate and different from the FEHB Program.
- The health care law does not change the age or unmarried requirement for dependents in FEDVIP.
- FEDVIP coverage continues each year. You do not need to re-enroll each year. If you do not want to change plans or enrollment type, do nothing.
- You can only cancel FEDVIP coverage during Open Season, upon deployment of yourself or spouse to active military duty or upon transfer to another agency where you enroll in their dental and/or vision plan and the agency pays at least 50% of the premium. You cannot cancel just because you retire or because you can no longer afford the premiums.
- If you are enrolled in an FEHB plan, it is a requirement under the FEDVIP law that your FEHB plan function as the first payor. The FEDVIP plan is always the secondary payor to the FEHB plan.
- All nationwide FEDVIP plans provide international coverage.
- There are separate and/or different provider networks for each plan.
- Utilizing an in-network provider will reduce your out-of-pocket costs.
- There are no pre-existing condition limitations for enrollment.
- There is no opportunity to convert to a private plan when your FEDVIP coverage ends. There is no 31-day extension of coverage, Temporary Continuation of Coverage (TCC), Spouse Equity coverage, or right to convert to an individual policy (conversion policy).

Federal Employees Dental and Vision Insurance (FEDVIP) Program

What enrollment types are available?

- Self Only, which covers only the enrolled employee or retiree;
- Self Plus One, which covers the enrolled employee or retiree plus one eligible family member specified by the enrollee; and
- Self and Family, which covers the enrolled employee or retiree and all eligible family members.

Appendix I lists the available dental and vision insurance plans along with basic benefit information.

How much does it cost?

You pay the entire premium. There is no government contribution to the premium. When you retire, premiums are withheld from your monthly annuity check on a post-tax basis if your annuity is sufficient.

Premiums for the nationwide dental plans and two regional dental plans are based on where you live. This is called your rating region. Your home ZIP code is used to find your rating region. Rating regions vary by carrier. The vision plans do not have rating regions. Enrolling in a FEDVIP plan will not reduce your FEHB premium.

See Appendices J and K to find 1) the rating region assigned to the area where you live by the different dental plans and 2) the related premium you will pay. You may also go to our website at www.opm.gov/insure/dental and www.opm.gov/insure/vision for premium and rating region information.

Am I eligible to enroll?

Federal retirees are eligible to enroll regardless of FEHB or Health Insurance Marketplace (Exchange) status. Former spouses and deferred annuitants are NOT eligible to enroll. Anyone receiving an insurable interest annuity who is not also an eligible family member is NOT eligible to enroll.

Which family members are eligible?

Eligible family members include your spouse and unmarried dependent children under age 22. This includes your legally adopted children, recognized natural children who meet certain dependency requirements, foster children who live with you in a regular parent-child relationship, and stepchildren (including the children of your same-sex domestic partner if you would marry, but live in a state that does not allow same-sex couples to marry). Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support. In order to determine whether your dependent child age 22 or over is incapable of self-support, you may be asked to provide a medical certificate that describes a disability with onset prior to age 22; or acceptable documentation that the medical condition is not compatible with employment, that there is a medical reason to restrict your child from working, or that he/she may suffer injury or harm by working.

FEDVIP rules and FEHB rules for family member eligibility are **NOT** the same.

Note: Changes in dependent eligibility under healthcare reform (Affordable Care Act) do not affect eligibility for children under FEDVIP.

Federal Employees Dental and Vision Insurance (FEDVIP) Program

When can I enroll or change my enrollment?

An eligible employee or retiree may enroll during the annual Federal Benefits Open Season, which runs from the Monday of the second full work week in November through the Monday of the second full work week in December. An eligible employee or retiree may enroll, cancel, or change enrollment type or options during Open Season. They may enroll or make changes outside of Open Season if they experience a qualifying life event (QLE) such as a change in family or other insurance coverage status. Please see Appendix H for more information about QLEs that permit employees and retirees to enroll or make changes in FEDVIP.

If you enroll during Open Season, premiums are deducted beginning the first full pay period on or after January 1. An Open Season enrollment or change is effective January 1.

How do I enroll or change my enrollment?

You may enroll on the Internet at www.BENEFEDS.com. BENEFEDS is a secure enrollment website sponsored by OPM. For those without access to a computer, please call 1-877-888-FEDS (1-877-888-3337) (TTY number, 1-877-889-5680).

You cannot enroll in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, MyPay or Employee Personal Page. However, those sites may provide a link to BENEFEDS.

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

There are questions you should ask yourself when deciding to enroll in FEDVIP or selecting a FEDVIP plan. By considering these questions thoroughly, you will be able to determine if FEDVIP is a good option for you.

1. Does my FEHB plan provide dental or vision coverage?
2. Does the FEDVIP plan coordinate benefits with the FEHB plan and how is the coordination of benefits calculated?
3. How affordable is the plan?
 - How much will it cost me on a bi-weekly or monthly basis? Can I afford that for the entire year?
 - Must I pay a deductible?
 - If I use a FEDVIP provider outside of the network, how much will I pay to get care?
 - How frequently can I visit the dentist and how much do I have to pay at each visit?
 - Will the plan provide benefits if I am also covered by another dental or vision plan?
4. Do I have access to any provider?
 - Does the plan give me the freedom to choose my own dentist or am I restricted to a panel of dentists selected by the plan?
 - Are there enough of the kinds of dentists I want to see?
 - Where will I go for care? Are these places near where I work or live?
 - Do I need to get permission before I see a dental specialist?
 - Will the plan allow referrals to specialists? Will my dentist and I be able to choose the specialist?

Federal Employees Dental and Vision Insurance (FEDVIP) Program

5. Does the plan provide coverage for specialty services?
 - Are dentures, orthodontics, implants or replacement of missing teeth covered?
 - What are the plan's limitations or exclusions?
 - Are there annual limits on the types of services included?

How do I find my premium rate?

If you live outside the United States:

Go to Appendix K for your dental and vision premium rates.

If you live inside the United States:

Go to Appendix K for your vision premium rate. To find your bi-weekly or monthly dental premium, you must first find your rating area on the chart in Appendix J. Some plans may have changed their rating regions for the upcoming plan year.

Please Note: If you are currently enrolled and have moved or your postal service has assigned you a new ZIP code, your rating region may have changed.

1. To find your dental rating area:
 - a. Go to the chart in Appendix J.
 - b. Find your state and your corresponding Zip code (1st 3 digits).
 - c. Look under the plan name and you will find your rating area.
2. To find your bi-weekly or monthly dental premium, match your rating area with your desired FEDVIP plan on the chart in Appendix K.

Making an informed choice

- Before selecting a plan that best suits your needs, ask your carrier or access the OPM website for a copy of the plan brochure.
- If you have questions about coverage, exclusions, limitations or payment of benefits, ask the plan before making your plan selection.
- Contact your provider and find out which federal plan your provider participates in and why. Keep in mind that if your provider leaves the plan, this is not a qualifying life event allowing a change or cancellation.

How do I get more information about this Program?

Visit FEDVIP online at www.opm.gov/healthcare-insurance/dental-vision for information including:

- How to enroll
- FEDVIP plan websites, brochures, and provider searches
- Dental premium rates
- Vision premium rates

Federal Employees Group Life Insurance (FEGLI) Program

What Happens to My Life Insurance Coverage When I Retire?

Your coverage will automatically continue when you retire if:

- You retire on an immediate annuity and had the coverage for:
 - The five years of service immediately before the starting date of your annuity or, for annuitants retiring under the Federal Employees Retirement System (FERS) who postpone receiving their annuity, the five years immediately before their separation date for annuity purposes, or
 - All period(s) of service during which that coverage was available to you if it's less than five years, and
- You (or your assignees) do not convert the coverage to a private policy. If you have already converted the coverage before it is determined that you are eligible to continue your coverage, you must void the conversion policy. To void the conversion policy, contact the insurance company. That company will send you a refund of any premiums you have already paid for the conversion policy.

Basic Insurance in Retirement

The amount of your Basic insurance in retirement is your BIA (Basic Insurance Amount) at the time you separated as an employee. This amount continues until you reach age 65, after which it may reduce based on the election options described below. You will not have Accidental Death and Dismemberment coverage in retirement.

When you retire, you must choose the type of reduction you want by completing a Continuation of Life Insurance Coverage as a Retiree or Compensation (SF 2818) provided by your human resources office. For Basic insurance, you must choose 75% Reduction, 50% Reduction, or No Reduction. You can change to 75% Reduction at any time; your coverage will be as if you had originally elected 75% Reduction and your "extra premium" will stop. You will not receive a refund of premiums.

• What is 75% Reduction?

This means your Basic insurance will reduce by 2% of the pre-retirement amount each month. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Your Basic insurance will continue to reduce until 25% of the pre-retirement amount remains. Your Basic insurance is free once it starts to reduce.

• What is 50% Reduction?

This means your Basic insurance will reduce by 1% of the pre-retirement amount each month. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Your Basic insurance will continue to reduce until 50% of the pre-retirement amount remains. When you turn 65, your "regular" premium for Basic insurance stops, but you continue to pay an extra premium for this choice. See page 13 for these premiums.

• What is No Reduction?

This means your Basic insurance will not reduce. When you turn 65, your "regular" premium for Basic insurance stops, but you continue to pay an extra premium for this choice. See page 13 for these premiums.

Federal Employees Group Life Insurance (FEGLI) Program

Optional Insurance in Retirement

The amount of your Optional insurance in retirement depends on the options you had at the time you separated as an employee. This amount continues until you reach age 65, unless you elect No Reduction (for Option B and Option C only.)

• Option A - Standard:

If you are eligible to continue Option A into retirement, it will reduce by 2% of the pre-retirement amount each month until it reaches 25% of the pre-retirement amount. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Option A is free once it starts to reduce. You cannot choose No Reduction for Option A.

If you are eligible to continue Option B and/or Option C into retirement, you must choose whether you want these options to reduce, as explained below.

• Option B - Additional:

At the time of retirement, you elect how many Option B multiples you want to carry into retirement. In addition, you elect if you want Full Reduction or No Reduction for each multiple. For example, an employee who has three multiples can elect to have two multiples with Full Reduction and one multiple with No Reduction. "Mixed elections" are allowed.

If you choose Full Reduction, the value of your Full Reduction Option B multiples will reduce by 2% of the pre-retirement amount each month for 50 months, at which time coverage on those multiples will end. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Option B Full Reduction multiples are free once the reductions start. If you choose Full Reduction, you cannot change to No Reduction.

If you choose No Reduction, the value of your No Reduction Option B multiples will not reduce. You will continue to pay the full premium for all No Reduction multiples until you die, change those multiples to Full Reduction, or cancel those multiples. If you choose No Reduction, you can change to Full Reduction at any time (unless you assigned your coverage. Then, only your assignee can change). However, if you change to Full Reduction after you reach age 65, the level of coverage you have will be as if you had originally elected Full Reduction. You will not receive a refund of premiums.

• Option C - Family:

At the time of retirement, you elect how many Option C multiples you want to carry into retirement. In addition, you elect if you want Full Reduction or No Reduction for each multiple. For example, an employee who has three multiples can elect to have two multiples with Full Reduction and one multiple with No Reduction. "Mixed elections" are allowed.

If you choose Full Reduction, the value of your Full Reduction Option C multiples will reduce by 2% of the pre-retirement amount each month for 50 months, at which time coverage on those multiples will end. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Option C Full Reduction multiples are free once the reductions start. If you choose Full Reduction, you cannot change to No Reduction.

Federal Employees Group Life Insurance (FEGLI) Program

If you choose No Reduction, the value of your No Reduction Option C multiples will not reduce. You will continue to pay the full premium for all No Reduction multiples until you die, change those multiples to Full Reduction, or cancel those multiples. If you choose No Reduction, you can change to Full Reduction at any time. However, if you change to Full Reduction after you reach age 65, the level of coverage you have will be as if you had originally elected Full Reduction. You will not receive a refund of premiums.

Basic Insurance — Annuitants*

Cost For Each \$1,000 Of Your Basic Insurance Amount¹ Monthly

You Have Full Coverage To Age 65 Then:	Before You Reach Age 65 You Pay the TOTAL of BOTH the Regular Premium and the Extra Premium			After You Reach Age 65, ² Continuing for Life
	Regular Premium	Extra Premium for 50% or No Reduction	Total Cost	
75% Reduction — reduces 2% of the BIA ¹ each month after you reach age 65, ³ until 25% of the amount at retirement remains.	\$0.3250	No Cost	\$0.3250	No Cost
50% Reduction — reduces 1% of the BIA ¹ each month after you reach age 65, ³ until 50% of the amount at retirement remains.	\$0.3250	\$0.64	\$0.9650	\$0.64
No Reduction — 100% of the BIA ¹ remains for life.	\$0.3250	\$1.94	\$2.265	\$1.94

* These are the current FEGLI rates. They may change in future years. For more information, see the FEGLI website at www.opm.gov/insure/life.

¹ Basic Insurance Amount (BIA)—Your final annual rate of basic pay, rounded to the next even \$1,000, plus \$2,000 (or a minimum of \$10,000) (or the post-election BIA you had after your election of a partial Living Benefit). Your BIA does not include the Extra Benefit.

² The regular premium automatically stops on the first day of the month after you reach age 65. If you retire after reaching 65, you do not pay the regular premium.

³ The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later.

Federal Long Term Care Insurance Program (FLTCIP)

What does this Program offer?

The FLTCIP offers insurance that helps cover the costs of certain long term care services. Long term care is the assistance you receive to perform activities of daily living – such as bathing or dressing yourself – or supervision you receive because of a severe cognitive impairment, such as Alzheimer's disease. Long term care can be provided in a facility, like a nursing home, but is most often provided at home.

Key FLTCIP facts

- The FLTCIP is **not** part of the annual Federal Benefits Open Season.
- You must apply and answer questions about your health to find out if you are approved to enroll.
- You can apply for coverage at any time using the full underwriting application; you do not have to wait for an Open Season.
- Qualified relatives, including same-sex domestic partners can also apply, with full underwriting.
- Once enrolled, you can keep your coverage even if you are no longer in an eligible group (for example, you leave your job with the Federal Government).

How much does it cost?

If you are approved for coverage, your premium is based on your age on the date your application is received and on the benefit options you select. You may pay your premiums through deductions from pay or annuity, by automatic bank withdrawal, or by direct bill.

PLEASE NOTE: Your premiums do not change because you get older or your health changes after your coverage becomes effective. However, premiums are not guaranteed. We may only increase premiums if you are among a group of enrollees whose premium is determined to be inadequate.

Am I eligible to apply?

Federal, USPS, and retired members of the uniformed services, including deferred retirees are eligible to apply. Separated employees with title to a deferred annuity, even if they are not yet receiving that annuity are also eligible to apply. There is no requirement for retirees or compensationers to be eligible for the FEHB Program in order to apply for FLTCIP.

Federal Long Term Care Insurance Program (FLTCIP)

Which family members are eligible?

Enrollment in the FLTCIP is on an individual basis. If you are eligible as a Federal retiree, your current spouse, same sex domestic partner (other than that of retired members of the uniformed services), and your adult children at least 18 years old, including adopted or stepchildren, are eligible to apply for coverage, even if you do not. Surviving spouses receiving a survivor annuity and his or her current spouse, as well as adult children of surviving spouses receiving a survivor annuity are also eligible to apply.

For more information on eligibility, visit www.ltcfeds.com/eligibility.

How do I apply?

You apply by completing an application found at www.ltcfeds.com or by calling 1-800-LTC-FEDS. You must 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 and your qualified relatives, including same-sex domestic partners may apply anytime using the full underwriting application.

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

Remember that FEHB plans do not cover the cost of long term care. While Medicare covers some care in nursing homes and at home, it does so only for a limited time, subject to restrictions. The need for long term care can strike anyone at any age and the cost of care can be substantial.

Be sure to visit www.ltcfeds.com for the most up-to-date information about the FLTCIP before deciding whether to apply.

How do I get more information about this Program?

Call 1-800-LTC-FEDS (1-800-582-3337), (TTY 1-800-843-3557) or visit www.ltcfeds.com.

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Appendix A

FEHB Program Features

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

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

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

A Government contribution. The Government pays 72 percent of the average premium of all plans toward the total cost of your premium, but not more than 75 percent of the total premium for any plan.

Salary deduction. You pay your share of the premium through a monthly deduction from your annuity check.

Enrollment opportunities. Each year you can enroll or change your health plan enrollment during Open Season. Open Season runs from the Monday of the second full work week in November through the Monday of the second full work week in December. Also, Qualifying Life Events (QLEs) allow for certain types of changes throughout the year; see your human resource office or retirement system for details.

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

- for you and your family when you retire from Federal service (normally you need to be covered under the FEHB Program for the five years of service immediately before you retire),
- for your former spouse if you divorce and he or she has a qualifying court order (see your human resources office for more information),
- for your family if you die, or
- for you and your family when you move, transfer, go on leave without pay, or enter military service (certain rules about coverage and premium amounts apply; see your human resources office).

Coverage after FEHB ends. The FEHB Program offers temporary continuation of coverage (TCC) and conversion to non-group (private) coverage, or receive assistance in obtaining coverage inside or outside the Affordable Care Acts Health Insurance Market Place.

- for you and your family if you leave Federal service (including when you are not eligible to carry FEHB into retirement),
- for your covered child if he or she turns age 26, or
- for your former spouse if you divorce and he or she does not have a qualifying court order (see your human resource office for more information).

If you lose coverage under the FEHB Program, you should automatically receive a Certificate of Group Health Plan Coverage from the last FEHB plan to cover you. If not, the plan must give you one on request. This certificate may be important to qualify for benefits if you join a non-FEHB plan.

Appendix B

Choosing an FEHB Plan

What type of health plan is best for you?

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

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

Appendix B

Choosing an FEHB Plan

What should you consider when choosing a plan?

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

Ask yourself these questions:

1. **How much does the plan cost?** This includes the premium you pay.
2. **What benefits does the plan cover?** Make sure the plan covers the services or supplies that are important to you, and know its limitations and exclusions.
3. **What are my out-of-pocket costs?** Does the plan charge a deductible (the amount you must first pay before the plan begins to pay benefits)? What is the copayment or coinsurance (the amount you share in the cost of the service or supply)?
4. **Who are the doctors, hospitals, and other care providers I can use?** Your costs are lower when you use providers who are part of the plan; these are “in-network” providers.
5. **How well does my plan provide quality care?** Quality care varies from plan to plan, and here are three sources for reviewing quality.
 - Member survey results – evaluations by current plan members are posted within the health plan benefit charts in this Guide.
 - Effectiveness of care – how a plan performs in preventing or treating common conditions is measured by the Healthcare Effectiveness Data and Information Set and is found at www.opm.gov/healthcare-insurance/healthcare/plan-information/quality-healthcare-scores
 - Accreditation – evaluations of health plans by independent accrediting organizations. Check the cover of your health plan's brochure for its accreditation level or go to <http://reportcard.ncqa.org/plan/external/plansearch.aspx>.

Appendix B

Choosing an FEHB Plan

Definitions

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

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

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

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

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

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

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

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

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

Qualifying Life Events - An event that may allow participants in the FEHB Program to change their health benefits enrollment outside of an Open Season. These events also apply to employees under premium conversion and include such events as change in family status, loss of FEHB coverage due to termination or cancellation, and change in employment status.

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

Appendix C

Qualifying Life Events (QLEs) that May Permit Change in Your FEHB Enrollment for Individuals Who are Not Participating in Premium Conversion

Below is a brief list of the more common OLEs. Be aware that time limits apply for requesting changes. A complete listing of QLEs can be found at www.opm.gov/forms/pdf_fill/sf2809.pdf. For more details about these and other QLEs, contact your Retirement System office. Enrollment may be cancelled or changed from Family to Self Only at any time.

	From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another
Open Season	No	Yes	Yes
Change in family status, for example: marriage, birth or death of family member, adoption, legal separation or divorce.	No	Yes	Yes
Annuitant or eligible family member loses FEHB coverage due to termination, cancellation, or change to Self Only of the covering enrollment.	Yes	Yes	Yes
Annuitant (or covered family member) enrolled in an FEHB health maintenance organization (HMO) moves or becomes employed outside the geographic area from which the FEHB carrier accepts enrollment or, if already outside the area, moves further from this area.	Not Applicable	Yes	Yes
On becoming eligible for Medicare. (This change may be made once in a lifetime.)	Not Applicable	No	Yes

Appendix D

FEHB Member Survey Results

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

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

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

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

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

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

Appendix E

FEHB Plan Comparison Charts

Nationwide Fee-for-Service Plans (Pages 24 through 27)

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

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

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

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

The Health Maintenance Organization (HMO) and Point-of-Service (POS) section begins on page 29.

The High Deductible Health Plan (HDHP) and Consumer Driven-Health Plan (CDHP) section begins on page 70.

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

Nationwide Fee-for-Service Plans

How to read this chart:

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

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

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

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

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

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

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

Plan Name: Open to All	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan (APWU) -high	800-222-2798	471	472	136.70	309.10	140.12	316.83
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -std	Local phone #	104	105	190.28	444.12	197.23	462.17
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -basic	Local phone #	111	112	132.09	309.30	137.38	321.67
GEHA Benefit Plan (GEHA) -high	800-821-6136	311	312	203.17	483.10	204.21	488.00
GEHA Benefit Plan (GEHA) -std	800-821-6136	314	315	104.18	236.91	106.26	241.65
MHBP -std	800-410-7778	454	455	209.13	505.65	200.74	489.21
MHBP -Value Plan	800-410-7778	414	415	113.02	269.46	123.20	293.71
NALC -high	888-636-6252	321	322	161.22	327.27	166.70	337.35
NALC Value Option	888-636-6252	KM1	KM2	90.01	195.46	93.38	202.79
SAMBA -high	800-638-6589	441	442	275.23	703.56	298.74	762.43
SAMBA -std	800-638-6589	444	445	131.71	300.81	131.71	300.81

Plan Name: Open Only to Specific Groups

Compass Rose Health Plan (CRHP) -high	888-438-9135	421	422	156.13	390.39	167.87	420.21
Foreign Service Benefit Plan (FS) -high	202-833-4910	401	402	125.35	308.85	130.36	321.21
Panama Canal Area Benefit Plan (PCABP) -high	800-424-8196	431	432	111.70	233.16	120.64	251.81
Rural Carrier Benefit Plan (Rural) -high	800-638-8432	381	382	189.13	302.10	196.04	302.10

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

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

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

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

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

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

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

Nationwide Fee-for-Service Plans

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

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

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

Plan Name: Open Only to Specific Groups

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

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

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

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

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

Appendix E

FEHB Plan Comparison Charts

Health Maintenance Organization Plans and Plans Offering a Point-of-Service Product (Pages 30 through 69)

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

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

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

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

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

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

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

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

Member Survey Results – See Appendix D for a description.

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Alabama							
Aetna Value Plan - Most of Alabama	877-459-6604	F54	F55	130.58	296.56	131.89	299.52
Alaska							
Aetna Value Plan - Most of Alaska	877-459-6604	JS4	JS5	172.58	411.40	167.01	401.29
Arizona							
Aetna Value Plan - All of Arizona	877-459-6604	G54	G55	128.22	291.19	129.51	294.10
Aetna Open Access-High-Phoenix and Tucson Areas	877-459-6604	WQ1	WQ2	334.82	891.88	377.56	999.51
Health Net of Arizona, Inc. -high- Maricopa/Pima/Other AZ counties	800-289-2818	A71	A72	265.48	803.03	280.63	846.91
Health Net of Arizona, Inc. -std- Maricopa/Pima/Other AZ counties	800-289-2818	A74	A75	195.09	624.76	217.90	688.11
Humana Health Plan, Inc. -High- Phoenix	888-393-6765	BF1	BF2	138.80	308.82	158.90	355.49
Humana Health Plan, Inc. -Std- Phoenix	888-393-6765	BF4	BF5	124.91	277.94	141.69	315.26
Humana Health Plan, Inc. -High- Tucson	888-393-6765	C71	C72	158.25	352.10	158.90	355.49
Humana Health Plan, Inc. -Std- Tucson	888-393-6765	C74	C75	131.49	292.56	141.69	315.26
Arkansas							
Aetna Value Plan - Most of Arkansas	877-459-6604	F54	F55	130.58	296.56	131.89	299.52
QualChoice -High- All of Arkansas	800-235-7017	DH1	DH2	303.53	760.56	151.62	408.16
QualChoice -Std- All of Arkansas	800-235-7017	DH4	DH5	142.96	384.52	125.38	293.63

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

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
California							
Aetna Value Plan - Most of California	877-459-6604	JS4	JS5	172.58	411.40	167.01	401.29
Aetna HMO - Los Angeles and San Diego Areas	877-459-6604	2X1	2X2	159.40	417.69	167.14	438.90
Anthem Blue Cross Select HMO -High- Southern California	800-235-8631	B31	B32	181.94	438.25	261.62	531.62
Blue Shield of CA Access+HMO -High- Southern Region	800-880-8086	SI1	SI2	184.45	425.66	232.35	535.73
Health Net of California -High- Northern Region	800-522-0088	LB1	LB2	774.74	1828.34	829.81	1958.65
Health Net of California -Std- Northern Region	800-522-0088	LB4	LB5	714.05	1688.07	769.45	1819.07
Health Net of California -High- Southern Region	800-522-0088	LP1	LP2	306.87	746.63	308.12	752.51
Health Net of California -Std- Southern Region	800-522-0088	LP4	LP5	270.27	661.98	271.63	668.14
Kaiser Foundation Health Plan of California -High- Northern California	800-464-4000	591	592	353.45	912.75	341.90	889.03
Kaiser Foundation Health Plan of California -Std- Northern California	800-464-4000	594	595	227.72	581.83	216.17	558.11
Kaiser Foundation Health Plan of California -High- Southern California	800-464-4000	621	622	140.73	352.93	144.29	362.01
Kaiser Foundation Health Plan of California -Std- Southern California	800-464-4000	624	625	90.19	208.45	93.60	216.34
Kaiser Foundation Health Plan -Basic- Northern California	800-464-4000	KC1	KC2	182.93	477.05	171.38	453.33
Kaiser Foundation Health Plan-Fresno County -High- Fresno County	800-464-4000	NZ1	NZ2	New Plan	New Plan	144.29	362.01
Kaiser Foundation Health Plan-Fresno County -Std- Fresno County	800-464-4000	NZ4	NZ5	New Plan	New Plan	93.60	216.34
UnitedHealthcare of California -High- Central and Southern California	866-546-0510	CY1	CY2	228.19	546.99	206.35	499.77
UnitedHealthcare of California -Std- Central and Southern California	866-546-0510	CY4	CY5	131.09	300.36	136.20	312.08
Colorado							
Aetna Value Plan - All of Colorado	877-459-6604	G54	G55	128.22	291.19	129.51	294.10
Humana Health Plan, Inc. -High- Denver Colorado area	888-393-6765	NR1	NR2	New Plan	New Plan	113.35	252.21
Humana Health Plan, Inc. -Std- Denver Colorado area	888-393-6765	NR4	NR5	New Plan	New Plan	102.02	226.99
Humana Health Plan, Inc. -High- Colorado counties of El Paso and Teller	888-393-6765	NT1	NT2	New Plan	New Plan	119.32	265.49
Humana Health Plan, Inc. -Std- Colorado counties of El Paso and Teller	888-393-6765	NT4	NT5	New Plan	New Plan	107.39	238.94
Kaiser Foundation Health Plan of Colorado -High- Denver/Boulder/Northern/Southern Colorad	800-632-9700	651	652	239.33	555.81	246.80	575.06
Kaiser Foundation Health Plan of Colorado -Std- Denver/Boulder/Northern/Southern Colorad	800-632-9700	654	655	98.87	223.45	108.95	246.23
Kaiser Foundation Health Plan of Colorado -Basic- Denver/Boulder/Northern/Southern Colorad	800-632-9700	N41	N42	New Plan	New Plan	77.83	175.88

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

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Connecticut							
Aetna Value Plan - All of Connecticut	877-459-6604	EP4	EP5	126.94	288.27	128.21	291.16
Delaware							
Aetna Value Plan - All of Delaware	877-459-6604	EP4	EP5	126.94	288.27	128.21	291.16
Aetna Open Access -High- Kent/New Castle/Sussex areas	877-459-6604	P31	P32	648.01	1643.59	770.64	1943.61
Aetna Open Access -Basic- Kent/New Castle/Sussex areas	877-459-6604	P34	P35	495.60	1180.27	609.03	1445.10
District of Columbia							
Aetna Value Plan - All of Washington DC	877-459-6604	F54	F55	130.58	296.56	131.89	299.52
Aetna Open Access -High- Washington, DC Area	877-459-6604	JN1	JN2	468.67	1056.10	487.00	1099.37
Aetna Open Access -Basic- Washington, DC Area	877-459-6604	JN4	JN5	140.21	313.51	144.02	322.03
CareFirst BlueChoice -High- Washington, D.C. Metro Area	888-789-9065	2G1	2G2	211.77	486.93	232.66	536.12
CareFirst BlueChoice -Std- Washington, D.C. Metro Area	888-789-9065	2G4	2G5	152.84	354.29	161.55	376.16
Kaiser Foundation Health Plan Mid-Atlantic States -High- Washington, DC area	877-574-3337	E31	E32	169.26	421.24	168.85	423.15
Kaiser Foundation Health Plan Mid-Atlantic States -Std- Washington, DC area	877-574-3337	E34	E35	96.46	221.86	98.33	226.14
M.D. IPA -High- Washington, DC area	877-835-9861	JP1	JP2	202.45	501.23	243.84	599.58
UnitedHealthcare Insurance Company -Value- DC Area	877-835-9861	L91	L92	New Plan	New Plan	132.34	294.45

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

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Florida							
Aetna Value Plan - Most of Florida	877-459-6604	F54	F55	130.58	296.56	131.89	299.52
AvMed Health Plans -High- Broward, Dade and Palm Beach	800-882-8633	ML1	ML2	203.36	562.79	212.27	588.08
AvMed Health Plans -Std- Broward, Dade and Palm Beach	800-882-8633	ML4	ML5	126.04	302.53	131.01	314.46
Capital Health Plan -High- Tallahassee area	850-383-3311	EA1	EA2	116.79	309.49	128.54	390.61
Coventry Health Plan of Florida -High- Southern Florida	800-441-5501	5E1	5E2	166.64	474.50	256.21	693.49
Coventry Health Plan of Florida -Std- Southern Florida	800-441-5501	5E4	5E5	125.01	300.03	243.32	662.57
Humana Value Plan - Tampa Area	888-393-6765	MJ4	MJ5	102.47	226.97	107.72	239.68
Humana Value Plan - South Florida Area	888-393-6765	QP4	QP5	102.47	226.97	107.72	239.68
Humana Medical Plan, Inc. -High- Orlando	888-393-6765	E21	E22	131.49	292.56	132.57	294.98
Humana Medical Plan, Inc. -Std- Orlando	888-393-6765	E24	E25	118.34	263.31	119.32	265.48
Humana Medical Plan, Inc. -High- South Florida	888-393-6765	EE1	EE2	231.53	515.14	259.33	578.96
Humana Medical Plan, Inc. -Std- South Florida	888-393-6765	EE4	EE5	158.25	352.10	158.84	355.38
Humana Medical Plan, Inc. -High- Daytona	888-393-6765	EX1	EX2	138.80	308.82	140.86	313.41
Humana Medical Plan, Inc. -Std- Daytona	888-393-6765	EX4	EX5	124.91	277.94	126.78	282.08
Humana Medical Plan, Inc. -High- Tampa	888-393-6765	LL1	LL2	487.20	1083.98	585.24	1304.10
Humana Medical Plan, Inc. -Std- Tampa	888-393-6765	LL4	LL5	158.25	352.08	158.90	355.51
UnitedHealthcare Insurance Company -Value- Tampa, Orlando, Miami	877-835-9861	LV1	LV2	New Plan	New Plan	138.03	307.11

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

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Georgia							
Aetna Value Plan - All of Georgia	877-459-6604	F54	F55	130.58	296.56	131.89	299.52
Aetna Open Access -High- Atlanta and Athens Areas	877-459-6604	2U1	2U2	441.33	1042.32	529.16	1246.72
Humana Value Plan -Basic- Atlanta Area	888-393-6765	AD4	AD5	102.47	226.97	107.72	239.68
Humana Value Plan -Basic- Macon Area	888-393-6765	LM4	LM5	102.47	226.97	107.72	239.68
Humana Employers Health of Georgia, Inc. -High- Columbus	888-393-6765	CB1	CB2	158.25	352.10	158.90	355.49
Humana Employers Health of Georgia, Inc. -Std- Columbus	888-393-6765	CB4	CB5	138.80	308.82	141.69	315.26
Humana Employers Health of Georgia, Inc. -High- Atlanta	888-393-6765	DG1	DG2	158.25	352.10	208.00	464.75
Humana Employers Health of Georgia, Inc. -Std- Atlanta	888-393-6765	DG4	DG5	131.49	292.56	158.90	355.51
Humana Employers Health of Georgia, Inc. -High- Macon	888-393-6765	DN1	DN2	158.25	352.10	158.90	355.49
Humana Employers Health of Georgia, Inc. -Std- Macon	888-393-6765	DN4	DN5	138.80	308.82	141.69	315.26
Kaiser Foundation Health Plan of Georgia -High- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F81	F82	150.15	368.63	150.91	373.08
Kaiser Foundation Health Plan of Georgia -Std- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F84	F85	100.47	229.57	108.71	248.40
UnitedHealthcare Insurance Company -Value- Atlanta Region	877-835-9861	LV1	LV2	New Plan	New Plan	138.03	307.11
Guam							
Calvos Selectcare -High- Guam, Northern Mariana Islands, Palau	671-479-7982	B41	B42	119.49	313.99	105.64	288.21
Calvos Selectcare -Std- Guam, Northern Mariana Islands, Palau	671-479-7982	B44	B45	New Plan	New Plan	91.39	249.17
TakeCare -High- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	JK1	JK2	124.47	360.18	111.44	292.83
TakeCare -Std- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	JK4	JK5	102.09	269.60	93.12	245.92

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

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Hawaii							
Aetna Value Plan - All of Hawaii	877-459-6604	JS4	JS5	172.58	411.40	167.01	401.29
HMSA -High- All of Hawaii	800-776-4672	871	872	113.77	253.25	124.58	277.31
Kaiser Foundation Health Plan of Hawaii-High-Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	631	632	145.15	325.78	132.08	294.53
Kaiser Foundation Health Plan of Hawaii-Std-Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	634	635	75.53	168.46	91.15	203.26
Idaho							
Aetna Value Plan - Most of Idaho	877-459-6604	H44	H45	130.93	297.32	132.23	300.29
Altius Health Plans -High- Southern Region	800-377-4161	9K1	9K2	198.19	425.42	211.62	456.65
Altius Health Plans -Std- Southern Region	800-377-4161	DK4	DK5	117.98	259.54	122.11	268.63
Group Health Cooperative -High- most of Washington State&Northern Idaho	888-901-4636	541	542	270.70	550.09	265.22	539.35
Group Health Cooperative -Std- most of Washington State&Northern Idaho	888-901-4636	544	545	117.42	265.09	120.63	272.33
SelectHealth -High- Idaho South	800-538-5038	SF1	SF2	192.10	430.95	199.09	448.61
SelectHealth -Std- Idaho South	800-538-5038	SF4	SF5	124.35	277.41	124.35	277.41

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

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Illinois							
Aetna Value Plan - Most of Illinois	877-459-6604	H44	H45	130.93	297.32	132.23	300.29
Blue Cross and Blue Shield of Illinois -High- Illinois	855-676-4482	A21	A22	304.83	711.21	331.63	774.54
Blue Preferred Plus POS -High- Madison and St. Clair counties	888-811-2092	9G1	9G2	321.58	670.69	431.56	766.61
Health Alliance HMO -High- Central/E.Central/N.Cent/South/West Illinois	800-851-3379	FX1	FX2	269.32	672.94	302.96	754.59
Health Alliance HMO -Std- Central/E.Central/N.Central/South/West Illinois	800-851-3379	K84	K85	203.23	518.91	191.68	495.19
Humana Benefit Plan of Illinois, Inc. -High- Central and Northwestern Illinois	888-393-6765	9F1	9F2	518.05	1152.64	735.95	1639.45
Humana Benefit Plan of Illinois, Inc. -Std- Central and Northwestern Illinois	888-393-6765	AB4	AB5	158.25	352.10	171.45	383.46
Humana Value Plan - Central Illinois	888-393-6765	GB4	GB5	102.47	226.97	107.72	239.68
Humana Value Plan - Chicago Area	888-393-6765	MW4	MW5	102.47	226.97	107.72	239.68
Humana Health Plan, Inc. -High- Chicago	888-393-6765	751	752	406.38	904.13	537.09	1197.02
Humana Health Plan, Inc. -Std- Chicago	888-393-6765	754	755	158.25	352.10	158.90	355.51
Union Health Service -High- Chicago area	312-423-4200	761	762	141.09	337.87	139.46	323.87
UnitedHealthcare Insurance Company -Value- Chicago Area	877-835-9861	L91	L92	New Plan	New Plan	132.34	294.45
UnitedHealthcare Plan of the River Valley Inc. -High- West Central Illinois	800-747-1446	YH1	YH2	140.91	383.30	145.92	406.84

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

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Indiana							
Aetna Value Plan - All of Indiana	877-459-6604	JS4	JS5	172.58	411.40	167.01	401.29
Health Alliance HMO -High- Western Indiana	800-851-3379	FX1	FX2	269.32	672.94	302.96	754.59
Health Alliance HMO -Std- Western Indiana	800-851-3379	K84	K85	203.23	518.91	191.68	495.19
Humana Value Plan - Lake/Porter/LaPorte Counties	888-393-6765	MW4	MW5	102.47	226.97	107.72	239.68
Humana Health Plan of Ohio -High- Portions of Indiana	888-393-6765	A61	A62	138.80	308.82	158.90	355.49
Humana Health Plan of Ohio -Std- Portions of Indiana	888-393-6765	A64	A65	124.91	277.94	141.69	315.26
Humana Health Plan, Inc. -High- Lake/Porter/LaPorte Counties	888-393-6765	751	752	406.38	904.13	537.09	1197.02
Humana Health Plan, Inc. -Std- Lake/Porter/LaPorte Counties	888-393-6765	754	755	158.25	352.10	158.90	355.51
Humana Health Plan, Inc. -High- Southern Indiana	888-393-6765	MH1	MH2	158.25	352.10	158.90	355.49
Humana Health Plan, Inc. -Std- Southern Indiana	888-393-6765	MH4	MH5	138.80	308.82	141.69	315.26
Physicians Health Plan of Northern Indiana -High- Northeast Indiana	260-432-6690	DQ1	DQ2	307.86	685.57	333.69	745.05
Iowa							
Aetna Value Plan - All of Iowa	877-459-6604	H44	H45	130.93	297.32	132.23	300.29
Coventry Health Care of Iowa -High- Central/Eastern/Western Iowa	800-257-4692	SV1	SV2	133.51	313.76	133.23	313.09
Coventry Health Care of Iowa -Std- Central/Eastern/Western Iowa	800-257-4692	SY4	SY5	97.99	230.27	100.58	236.37
Health Alliance HMO -High- Central and Eastern Iowa	800-851-3379	FX1	FX2	269.32	672.94	302.96	754.59
Health Alliance HMO -Std- Central and Eastern Iowa	800-851-3379	K84	K85	203.23	518.91	191.68	495.19
HealthPartners High Option - Northern Iowa	800-883-2177	V31	V32	268.65	649.82	222.36	546.24
HealthPartners Standard Option - Northern Iowa	800-883-2177	V34	V35	88.97	204.64	91.64	210.78
Sanford Health Plan -High- Northwestern Iowa	800-752-5863	AU1	AU2	261.73	634.55	299.39	724.04
Sanford Health Plan -Std- Northwestern Iowa	800-752-5863	AU4	AU5	236.47	575.94	269.62	654.96
UnitedHealthcare Plan of the River Valley Inc. -High- Eastern and Central Iowa	800-747-1446	YH1	YH2	140.91	383.30	145.92	406.84

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
HMO/POS National Average						69.2	87.13	86.05	94.58	88.17	88.93	64.43	
Indiana													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
Health Alliance HMO-High		\$25/\$50	Nothing	\$10	\$40/\$80	Yes	80.22	90.41	88.34	95.6	91.67	89.07	70.08
Health Alliance HMO-Standard		\$25/\$50	20%	\$7	\$35/\$70	Yes							
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes							
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+ /\$60+	No							
Humana Health Plan of Ohio-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan of Ohio-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	70.24	84.24	81.9	95.32	NR*	NR*	55.95
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	70.24	84.24	81.9	95.32	NR*	NR*	55.95
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Physicians Health Plan of Northern Indiana-High		\$20/\$40	20%	\$10	\$30/\$60	Yes	59.77	93.07	85.46	96.77	NR*	91.92	56.68
Iowa													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
Coventry Health Care of Iowa-High		\$25/\$50	20%	\$3/ \$10	\$45/\$70/\$100	Yes	56.36	90.84	86.92	97.36	82.13	89.8	NR*
Coventry Health Care of Iowa-Standard		\$25/\$50	20%	\$3/ \$10	\$75 MAX/\$45M/ \$210/\$100	No	56.36	90.84	86.92	97.36	82.13	89.8	NR*
Health Alliance HMO-High		\$25/\$50	Nothing	\$10	\$40/\$80	Yes	80.22	90.41	88.34	95.6	91.67	89.07	70.08
Health Alliance HMO-Standard		\$25/\$50	20%	\$7	\$35/\$70	Yes							
HealthPartners High Option		\$25/\$45	\$500 annual	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
HealthPartners Standard Option	\$0 for 3, then 20%	20% in/40% out		\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
Sanford Health Plan	In-Network	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	N/A	58.29	90.77	88.55	97.62	NR*	90.56	62.24
Sanford Health Plan	Out-Network	40%/40%	40%	40%+	40%+ /40%+	N/A							
Sanford Health Plan	In-Network	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	N/A	58.29	90.77	88.55	97.62	NR*	90.56	62.24
Sanford Health Plan	Out-Network	40%+ /40%+	40%+	40%+	40%+ /40%+	N/A							
UnitedHealthcare Plan of the River Valley Inc.-High		\$25/\$50	20%	\$10	\$35/\$50	Yes	60.76	91.54	86.72	95.71	82.42	94.16	60.13

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Kansas							
Aetna Value Plan - Most of Kansas	877-459-6604	G54	G55	128.22	291.19	129.51	294.10
Coventry Health Care of Kansas -High- Kansas City Metro Area (KS and MO)	800-969-3343	HA1	HA2	135.19	322.70	132.40	311.16
Coventry Health Care of Kansas -Std- Kansas City Metro Area (KS and MO)	800-969-3343	HA4	HA5	125.68	295.35	141.66	359.73
Humana Value Plan - Kansas City Area	888-393-6765	PH4	PH5	102.47	226.97	107.72	239.68
Humana Health Plan, Inc. -High- Kansas City	888-393-6765	MS1	MS2	625.21	1391.11	834.21	1858.05
Humana Health Plan, Inc. -Std- Kansas City	888-393-6765	MS4	MS5	158.25	352.10	158.90	355.51
Kentucky							
Aetna Value Plan - Most of Kentucky	877-459-6604	H44	H45	130.93	297.32	132.23	300.29
Humana Health Plan of Ohio -High- Portions of Kentucky	888-393-6765	A61	A62	138.80	308.82	158.90	355.49
Humana Health Plan of Ohio -Std- Portions of Kentucky	888-393-6765	A64	A65	124.91	277.94	141.69	315.26
Humana Health Plan, Inc. -High- Louisville	888-393-6765	MH1	MH2	158.25	352.10	158.90	355.49
Humana Health Plan, Inc. -Std- Louisville	888-393-6765	MH4	MH5	138.80	308.82	141.69	315.26
Humana Health Plan, Inc. -High- Lexington	888-393-6765	MI1	MI2	194.59	432.92	158.90	355.51
Humana Health Plan, Inc. -Std- Lexington	888-393-6765	MI4	MI5	138.80	308.82	141.69	315.26
Louisiana							
Aetna Value Plan - Most of Louisiana	877-459-6604	F54	F55	130.58	296.56	131.89	299.52
Coventry Health Care of Louisiana -High- New Orleans Area	800-341-6613	BJ1	BJ2	192.08	487.54	284.03	704.15
Coventry Health Care of Louisiana -Std- New Orleans Area	800-341-6613	BJ4	BJ5	130.35	302.71	141.77	345.13
Humana Health Benefit Plan of Louisiana, Inc. -High- Baton Rouge	888-393-6765	AE1	AE2	158.25	352.10	158.90	355.51
Humana Health Benefit Plan of Louisiana, Inc. -Std- Baton Rouge	888-393-6765	AE4	AE5	131.49	292.56	134.23	298.67
Humana Health Benefit Plan of Louisiana, Inc. -High- New Orleans	888-393-6765	BC1	BC2	138.80	308.82	140.86	313.41
Humana Health Benefit Plan of Louisiana, Inc. -Std- New Orleans	888-393-6765	BC4	BC5	124.91	277.94	126.78	282.08

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

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

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Maine							
Aetna Value Plan - All of Maine	877-459-6604	EP4	EP5	126.94	288.27	128.21	291.16
Maryland							
Aetna Value Plan - All of Maryland	877-459-6604	F54	F55	130.58	296.56	131.89	299.52
Aetna Open Access -High- Northern/Central/Southern Maryland Areas	877-459-6604	JN1	JN2	468.67	1056.10	487.00	1099.37
Aetna Open Access -Basic- Northern/Central/Southern Maryland Areas	877-459-6604	JN4	JN5	140.21	313.51	144.02	322.03
CareFirst BlueChoice -High- All of Maryland	888-789-9065	2G1	2G2	211.77	486.93	232.66	536.12
CareFirst BlueChoice -Std- All of Maryland	888-789-9065	2G4	2G5	152.84	354.29	161.55	376.16
Kaiser Foundation Health Plan Mid-Atlantic States -High- Baltimore/Washington, DC areas	877-574-3337	E31	E32	169.26	421.24	168.85	423.15
Kaiser Foundation Health Plan Mid-Atlantic States -Std- Baltimore/Washington, DC areas	877-574-3337	E34	E35	96.46	221.86	98.33	226.14
M.D. IPA -High- All of Maryland	877-835-9861	JP1	JP2	202.45	501.23	243.84	599.58
UnitedHealthcare Insurance Company -Value- All of Maryland	877-835-9861	L91	L92	New Plan	New Plan	132.34	294.45
Massachusetts							
Aetna Value Plan - Most of Massachusetts	877-459-6604	EP4	EP5	126.94	288.27	128.21	291.16
Fallon Community Health Plan -Basic- Central/Eastern Massachusetts	800-868-5200	JG1	JG2	293.37	800.43	415.89	1102.60

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

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Michigan							
Aetna Value Plan - All of Michigan	877-459-6604	G54	G55	128.22	291.19	129.51	294.10
Bluecare Network of MI -High- East Region	800-662-6667	K51	K52	220.55	525.93	248.49	592.52
Bluecare Network of MI -High- Southeast Region	800-662-6667	LX1	LX2	180.55	507.47	169.50	484.95
Grand Valley Health Plan -High- Grand Rapids area	616-949-2410	RL1	RL2	241.84	614.92	234.48	600.95
Grand Valley Health Plan -Std- Grand Rapids area	616-949-2410	RL4	RL5	196.56	508.97	190.77	498.62
Health Alliance Plan -High- Southeastern Michigan/Flint Area	800-556-9765	521	522	201.11	557.22	241.39	623.96
Health Alliance Plan -Std- Southeastern Michigan/Flint Area	800-556-9765	GY4	GY5	169.74	481.91	144.37	385.19
HealthPlus of MI -High- East Michigan	800-332-9161	X51	X52	139.15	498.09	203.56	566.74
Priority Health -High- Lower Peninsula in Michigan	800-446-5674	LE1	LE2	New Plan	New Plan	244.94	666.40
Priority Health -Std- Lower Peninsula in Michigan	800-446-5674	LE4	LE5	New Plan	New Plan	145.15	421.57
Minnesota							
Aetna Value Plan - Most of Minnesota	877-459-6604	H44	H45	130.93	297.32	132.23	300.29
HealthPartners High Option - Minnesota	800-883-2177	V31	V32	268.65	649.82	222.36	546.24
HealthPartners Standard Option - Minnesota	800-883-2177	V34	V35	88.97	204.64	91.64	210.78
Mississippi							
Aetna Value Plan - Most of Mississippi	877-459-6604	H44	H45	130.93	297.32	132.23	300.29

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

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Missouri							
Aetna Value Plan - Most of Missouri	877-459-6604	G54	G55	128.22	291.19	129.51	294.10
Blue Preferred Plus POS -High- StLouis/Central/SW areas	888-811-2092	9G1	9G2	321.58	670.69	431.56	766.61
Coventry Health Care of Kansas -High- Kansas City Metro Area (KS and MO)	800-969-3343	HA1	HA2	135.19	322.70	132.40	311.16
Coventry Health Care of Kansas -Std- Kansas City Metro Area (KS and MO)	800-969-3343	HA4	HA5	125.68	295.35	141.66	359.73
Humana Value Plan- Kansas City Area	888-393-6765	PH4	PH5	102.47	226.97	107.72	239.68
Humana Health Plan, Inc. -High- Kansas City	888-393-6765	MS1	MS2	625.21	1391.11	834.21	1858.05
Humana Health Plan, Inc. -Std- Kansas City	888-393-6765	MS4	MS5	158.25	352.10	158.90	355.51
Montana							
Aetna Value Plan - South/Southeast/Western MT Areas	877-459-6604	H44	H45	130.93	297.32	132.23	300.29
Nebraska							
Aetna Value Plan - All of Nebraska	877-459-6604	H44	H45	130.93	297.32	132.23	300.29
Nevada							
Aetna Value Plan - Las Vegas Area	877-459-6604	G54	G55	128.22	291.19	129.51	294.10
Aetna Open Access -High- Clark County and Las Vegas areas	877-459-6604	HF1	HF2	112.67	364.91	116.47	385.43
Health Plan of Nevada -High- Las Vegas/Esmeralda and Nye counties	877-545-7378	NM1	NM2	98.83	233.03	112.13	264.42
New Hampshire							
Aetna Value Plan - All of New Hampshire	877-459-6604	EP4	EP5	126.94	288.27	128.21	291.16

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

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
New Jersey							
Aetna Value Plan - All of New Jersey	877-459-6604	EP4	EP5	126.94	288.27	128.21	291.16
Aetna Open Access -High- Northern New Jersey	877-459-6604	JR1	JR2	523.55	1236.41	721.00	1693.43
Aetna Open Access -Basic- Northern New Jersey	877-459-6604	JR4	JR5	341.84	824.57	417.10	1001.28
Aetna Open Access -High- Southern New Jersey	877-459-6604	P31	P32	648.01	1643.59	770.64	1943.61
Aetna Open Access -Basic- Southern New Jersey	877-459-6604	P34	P35	495.60	1180.27	609.03	1445.10
GHI Health Plan -High- Northern New Jersey	212-501-4444	801	802	325.91	932.12	340.69	974.22
GHI Health Plan -Std- Northern New Jersey	212-501-4444	804	805	141.35	335.72	147.51	356.94
New Mexico							
Aetna Value Plan - Albuquerque/Dona Ana/Hobbs Area	877-459-6604	G54	G55	128.22	291.19	129.51	294.10
Lovelace Health Plan -High- All of New Mexico	800-808-7363	Q11	Q12	130.99	307.85	163.26	440.36
Presbyterian Health Plan -High- All counties in New Mexico	800-356-2219	P21	P22	239.40	563.35	249.19	588.06

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

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
New York							
Aetna Value Plan - Most of New York	877-459-6604	EP4	EP5	126.94	288.27	128.21	291.16
Aetna Open Access -High- NYC Area/Upstate NY	877-459-6604	JC1	JC2	401.98	1090.33	466.35	1253.48
Aetna Open Access -Basic- NYC Area/Upstate NY	877-459-6604	JC4	JC5	260.07	719.20	263.05	730.80
CDPHP Universal Benefits, Inc. -High- Upstate, Hudson Valley, Central NY	877-269-2134	SG1	SG2	229.52	712.35	250.75	771.64
CDPHP Universal Benefits, Inc. -Std- Upstate, Hudson Valley, Central NY	877-269-2134	SG4	SG5	122.94	320.53	131.23	317.18
GHI Health Plan -High- All of New York	212-501-4444	801	802	325.91	932.12	340.69	974.22
GHI Health Plan -Std- All of New York	212-501-4444	804	805	141.35	335.72	147.51	356.94
HIP Health of Greater New York -High- NYC/LI/Capital Region/Hudson	800-447-8255	511	512	170.00	631.58	200.78	720.09
Independent Health Association -High- Western New York	800-501-3439	QA1	QA2	185.97	582.01	207.31	576.05
Independent Health Association -Std- Western New York	800-501-3439	C54	C55	144.54	478.53	197.38	552.29
MVP Health Care -High- Eastern Region	888-687-6277	GA1	GA2	165.86	533.86	212.01	655.79
MVP Health Care -Std- Eastern Region	888-687-6277	GA4	GA5	133.77	396.74	166.40	545.85
MVP Health Care -High- Western Region	888-687-6277	GV1	GV2	130.42	357.04	161.65	527.91
MVP Health Care -Std- Western Region	888-687-6277	GV4	GV5	111.93	280.06	134.24	371.78
MVP Health Care -High- Central Region	888-687-6277	M91	M92	171.10	548.77	206.74	643.20
MVP Health Care -Std- Central Region	888-687-6277	M94	M95	137.79	426.51	167.79	540.48
MVP Health Care -High- Northern Region	888-687-6277	MF1	MF2	254.17	754.11	296.44	865.22
MVP Health Care -Std- Northern Region	888-687-6277	MF4	MF5	223.49	677.34	261.26	777.14
MVP Health Care -High- Mid-Hudson Region	888-687-6277	MX1	MX2	187.31	586.64	221.65	677.50
MVP Health Care -Std- Mid-Hudson Region	888-687-6277	MX4	MX5	136.57	423.45	183.80	587.02

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

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
North Carolina							
Aetna Value Plan - All of North Carolina	877-459-6604	F54	F55	130.58	296.56	131.89	299.52
North Dakota							
Aetna Value Plan - Most of North Dakota	877-459-6604	H44	H45	130.93	297.32	132.23	300.29
HealthPartners High Option - Eastern North Dakota	800-883-2177	V31	V32	268.65	649.82	222.36	546.24
HealthPartners Standard Option - Eastern North Dakota	800-883-2177	V34	V35	88.97	204.64	91.64	210.78
Sanford Health Plan -High- North Dakota	800-752-5863	C91	C92	209.76	514.41	276.16	669.98
Sanford Health Plan -Std- North Dakota	800-752-5863	C94	C95	141.43	458.36	197.38	607.02
Sanford Heart of America Health Plan -High- Northcentral North Dakota	800-525-5661	RU1	RU2	138.03	470.86	155.52	552.70
Ohio							
Aetna Value Plan - All of Ohio	877-459-6604	JS4	JS5	172.58	411.40	167.01	401.29
AultCare HMO -High- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A1	3A2	142.04	446.76	158.79	492.44
HealthSpan Integrated Care -High- Cleveland/Akron areas	800-686-7100	641	642	287.58	693.44	300.13	725.08
HealthSpan Integrated Care -Std- Cleveland/Akron areas	800-686-7100	644	645	131.14	301.63	135.32	311.22
Humana Health Plan of Ohio -High- Greater Cincinnati Area	888-393-6765	A61	A62	138.80	308.82	158.90	355.49
Humana Health Plan of Ohio -Std- Greater Cincinnati Area	888-393-6765	A64	A65	124.91	277.94	141.69	315.26
The Health Plan of the Upper Ohio Valley -High- Eastern Ohio	800-624-6961	U41	U42	262.71	608.55	180.55	425.38
Oklahoma							
Aetna Value Plan - All of Oklahoma	877-459-6604	JS4	JS5	172.58	411.40	167.01	401.29
Globalhealth, Inc. -High- Oklahoma	877-280-5600	IM1	IM2	118.10	284.60	136.40	343.01

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

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Oregon							
Aetna Value Plan - Most of Oregon	877-459-6604	H44	H45	130.93	297.32	132.23	300.29
Kaiser Foundation Health Plan of Northwest -High- Portland/Salem areas	800-813-2000	571	572	226.72	526.45	187.03	439.21
Kaiser Foundation Health Plan of Northwest -Std- Portland/Salem areas	800-813-2000	574	575	136.17	312.83	131.88	308.82
Pennsylvania							
Aetna Value Plan - All of Pennsylvania	877-459-6604	H44	H45	130.93	297.32	132.23	300.29
Aetna Open Access -High- Philadelphia	877-459-6604	P31	P32	648.01	1643.59	770.64	1943.61
Aetna Open Access -Basic- Philadelphia	877-459-6604	P34	P35	495.60	1180.27	609.03	1445.10
Aetna Open Access -High- Pittsburgh and Western PA Areas	877-459-6604	YE1	YE2	192.03	598.06	256.36	764.12
Geisinger Health Plan -Std- Northeastern/Central/South Central areas	800-447-4000	GG4	GG5	168.20	418.84	195.17	483.69
HealthAmerica Pennsylvania -High- Greater Pittsburgh Area	866-351-5946	261	262	178.14	471.83	254.24	654.10
Keystone Health Plan West -High- Pittsburgh	866-823-0925	NP1	NP2	New Plan	New Plan	111.00	259.75
UPMC Health Plan -High- Western Pennsylvania	888-876-2756	8W1	8W2	221.35	541.01	224.60	551.29
UPMC Health Plan -Std- Western Pennsylvania	888-876-2756	UW4	UW5	133.45	306.92	135.95	312.69
Puerto Rico							
Humana Health Plans of Puerto Rico, Inc. -High- Puerto Rico	800-314-3121	ZJ1	ZJ2	80.26	183.17	82.33	183.17
Triple-S Salud, Inc. -High- All of Puerto Rico	787-774-6060	891	892	88.29	198.66	97.49	223.26
Rhode Island							
Aetna Value Plan - All of Rhode Island	877-459-6604	EP4	EP5	126.94	288.27	128.21	291.16
South Carolina							
Aetna Value Plan - All of South Carolina	877-459-6604	JS4	JS5	172.58	411.40	167.01	401.29

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
HMO/POS National Average						69.2	87.13	86.05	94.58	88.17	88.93	64.43	
Oregon													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Kaiser Foundation HP of Northwest-High		\$20/\$30	\$250	\$15	\$40/\$50	Yes	77.87	88.12	85.01	95.99	90.85	NR*	70.39
Kaiser Foundation HP of Northwest-Standard		\$30/\$40	\$200/day up to \$600	\$20	\$40/\$60	Yes	77.87	88.12	85.01	95.99	90.85	NR*	70.39
Pennsylvania													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes	58.21	89.47	89.15	96.32	NR*	90.46	51.76
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	61.51	91.39	87.15	95.76	NR*	NR*	NR*
Aetna Open Access-Basic		\$15/\$35	20% Plan Allow	\$5	\$35/\$100	Yes	61.51	91.39	87.15	95.76	NR*	NR*	NR*
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	61.51	91.39	87.15	95.76	NR*	NR*	NR*
Geisinger Health Plan-Standard		\$20/\$35	20% after deduct	30% \$5/\$15	40% \$40/\$120/ 50% \$85/\$250	Yes	77.7	86.94	84.7	96.61	92.54	90.04	71.17
HealthAmerica Pennsylvania-High		\$25/\$50	15% after deduct	\$5	\$35/\$60	Yes	79.59	93.18	92.94	96.69	91.4	91.04	69.83
Keystone Health Plan West-High		\$20/\$40	100% after deduct	\$5	\$35/\$60	Yes							
UPMC Health Plan-High		10% after deduct	10% after deduct	\$5 after deduct	\$35 after deduct/ \$75	Yes	63.41	88.23	88.42	95.58	89.68	89.01	61.23
UPMC Health Plan-Standard		20% after deduct	20% after deduct	\$5 after deduct	\$35 after deduct/ \$75 after ded	Yes	63.41	88.23	88.42	95.58	89.68	89.01	61.23
Puerto Rico													
Humana Health Plans of Puerto Rico, Inc.	In-Network	\$5/\$5	None	\$2.50	\$10/\$15	Yes	87.1	84.62	85.11	96.73	NR*	NR*	NR*
Humana Health Plans of Puerto Rico, Inc.	Out-Network	\$10/\$10	\$50	N/A	N/A	Yes							
Triple-S Salud, Inc.	In-Network	\$7.50/\$10	None	\$0	\$20 or 25%/ 20% or 30%	Yes	71.92	89.21	87.74	96.95	89.52	NR*	57.19
Triple-S Salud, Inc.	Out-Network	\$7.50 & 10% + /\$10 & 10% +	10% +	N/A	N/A	No							
Rhode Island													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
South Carolina													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
South Dakota							
Aetna Value Plan - Rapid City/Sioux Falls Area	877-459-6604	G54	G55	128.22	291.19	129.51	294.10
HealthPartners High Option - Eastern South Dakota	800-883-2177	V31	V32	268.65	649.82	222.36	546.24
HealthPartners Standard Option - Eastern South Dakota	800-883-2177	V34	V35	88.97	204.64	91.64	210.78
Sanford Health Plan -High- Eastern/Central/Rapid City Areas	800-752-5863	AU1	AU2	261.73	634.55	299.39	724.04
Sanford Health Plan -Std- Eastern/Central/Rapid City Areas	800-752-5863	AU4	AU5	236.47	575.94	269.62	654.96
Tennessee							
Aetna Value Plan - Most of Tennessee	877-459-6604	F54	F55	130.58	296.56	131.89	299.52
Aetna Open Access -High- Memphis Area	877-459-6604	UB1	UB2	245.81	765.16	306.11	924.65
Humana Health Plan, Inc. -High- Knoxville	888-393-6765	GJ1	GJ2	158.25	352.10	140.86	313.41
Humana Health Plan, Inc. -Std- Knoxville	888-393-6765	GJ4	GJ5	124.91	277.94	126.78	282.08

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

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Texas							
Aetna Value Plan - All of Texas	877-459-6604	JS4	JS5	172.58	411.40	167.01	401.29
Aetna Whole Health -Basic- Houston, TX area	877-459-6604	ES1	ES2	128.17	403.32	132.02	420.14
Firstcare -High- Northwest Texas	800-884-4901	CK1	CK2	108.09	348.96	129.81	298.55
Humana Value Plan - Corpus Christi Area	888-393-6765	TP4	TP5	102.47	226.97	107.72	239.68
Humana Value Plan - San Antonio Area	888-393-6765	TU4	TU5	102.47	226.97	107.72	239.68
Humana Value Plan - Austin Area	888-393-6765	TV4	TV5	102.47	226.97	107.72	239.68
Humana Health Plan of Texas -High- Houston	888-393-6765	EW1	EW2	138.80	308.82	140.86	313.41
Humana Health Plan of Texas -Std- Houston	888-393-6765	EW4	EW5	124.91	277.94	126.78	282.08
Humana Health Plan of Texas -High- Corpus Christi	888-393-6765	UC1	UC2	178.99	398.21	158.90	355.51
Humana Health Plan of Texas -Std- Corpus Christi	888-393-6765	UC4	UC5	138.80	308.82	141.69	315.26
Humana Health Plan of Texas -High- San Antonio	888-393-6765	UR1	UR2	550.20	1224.16	606.99	1352.50
Humana Health Plan of Texas -Std- San Antonio	888-393-6765	UR4	UR5	138.80	308.82	158.90	355.51
Humana Health Plan of Texas -High- Austin	888-393-6765	UU1	UU2	265.24	590.15	332.50	741.76
Humana Health Plan of Texas -Std- Austin	888-393-6765	UU4	UU5	158.25	352.10	158.90	355.51
Scott & White Health Plan -Std- Central TX & Some SE and SW Counties	800-321-7947	A84	A85	149.07	372.60	141.14	324.35
UnitedHealthcare Benefits of Texas, Inc. -High- San Antonio	866-546-0510	GF1	GF2	325.15	781.60	354.29	852.20
UnitedHealthcare Insurance Company -Value- San Antonio	877-835-9861	L91	L92	New Plan	New Plan	132.34	294.45

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Plan Name – Location		Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
				Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
HMO/POS National Average							69.2	87.13	86.05	94.58	88.17	88.93	64.43	
Texas														
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes								
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No								
Aetna Whole Health	In-Network	\$25/\$35	10%	\$5	\$35/\$60	Yes								
Aetna Whole Health	Out-Network	50%/50%	50%	50%	50%/40%	No								
Firstcare-High		\$20/\$30	\$250/day x 5	\$20	\$30/20%/\$40/30% /\$55/40%to\$200	Yes								
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes								
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No								
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes								
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No								
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes								
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No								
Humana Health Plan of Texas-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes								
Humana Health Plan of Texas-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes								
Humana Health Plan of Texas-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes								
Humana Health Plan of Texas-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes								
Humana Health Plan of Texas-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	66.85	87.12	NR*	93.41	NR*	NR*	NR*	
Humana Health Plan of Texas-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	66.85	87.12	NR*	93.41	NR*	NR*	NR*	
Humana Health Plan of Texas-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes								
Humana Health Plan of Texas-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	66.85	87.12	NR*	93.41	NR*	NR*	NR*	
Scott & White Health Plan-Standard		\$20/\$45	\$250/day x 3	\$6	\$50/\$100 or 50% up \$250	Yes								
UnitedHealthcare Benefits of Texas, Inc.-High		\$25/\$50	\$250/day x 5	\$10	\$35/\$60	Yes	62.72	85.5	81.19	92.01	78.06	84.4	57.33	
UnitedHealthcare Insurance Company -Value		\$25/\$50/\$75	20%/\$500 ded.	\$10	\$35/\$60	Yes								

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Utah							
Aetna Value Plan - Most of Utah	877-459-6604	G54	G55	128.22	291.19	129.51	294.10
Altius Health Plans -High- Wasatch Front	800-377-4161	9K1	9K2	198.19	425.42	211.62	456.65
Altius Health Plans -Std- Wasatch Front	800-377-4161	DK4	DK5	117.98	259.54	122.11	268.63
SelectHealth -High- Utah Statewide	800-538-5038	SF1	SF2	192.10	430.95	199.09	448.61
SelectHealth -Std- Utah Statewide	800-538-5038	SF4	SF5	124.35	277.41	124.35	277.41
Vermont							
Aetna Value Plan - All of Vermont	877-459-6604	EP4	EP5	126.94	288.27	128.21	291.16
Virgin Islands							
Triple-S Salud, Inc. -High- US Virgin Islands	800-981-3241	851	852	103.05	234.02	123.42	282.64
Virginia							
Aetna Value Plan - Most of Virginia	877-459-6604	F54	F55	130.58	296.56	131.89	299.52
Aetna Open Access -High- Northern/Central/Richmond Virginia Areas	877-459-6604	JN1	JN2	468.67	1056.10	487.00	1099.37
Aetna Open Access -Basic- Northern/Central/Richmond Virginia Areas	877-459-6604	JN4	JN5	140.21	313.51	144.02	322.03
Aetna Whole Health -Basic- Roanoke, VA area	877-459-6604	D91	D92	121.38	403.32	125.02	420.14
Aetna Whole Health -Basic- Newport News, VA area	877-459-6604	J91	J92	112.80	293.65	116.19	302.46
CareFirst BlueChoice -High- Northern Virginia	888-789-9065	2G1	2G2	211.77	486.93	232.66	536.12
CareFirst BlueChoice -Std- Northern Virginia	888-789-9065	2G4	2G5	152.84	354.29	161.55	376.16
Innovation Health Plan -High- Northern Virginia	800-245-7919	LQ1	LQ2	New Plan	New Plan	130.50	305.75
Kaiser Foundation Health Plan Mid-Atlantic States -High- Northern Virginia/Fredericksburg area	877-574-3337	E31	E32	169.26	421.24	168.85	423.15
Kaiser Foundation Health Plan Mid-Atlantic States -Std- Northern Virginia/Fredericksburg area	877-574-3337	E34	E35	96.46	221.86	98.33	226.14
M.D. IPA -High- Northern Virginia	877-835-9861	JP1	JP2	202.45	501.23	243.84	599.58
Piedmont Community Healthcare -High- Lynchburg area	888-674-3368	2C1	2C2	122.35	280.17	125.42	287.19
UnitedHealthcare Insurance Company -Value- Northern Virginia	877-835-9861	L91	L92	New Plan	New Plan	132.34	294.45

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

*Not Reportable

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

See page 29 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Washington							
Aetna Value Plan - Most of Washington	877-459-6604	G54	G55	128.22	291.19	129.51	294.10
Aetna Open Access -High- Seattle and Spokane areas	877-459-6604	C31	C32	149.33	622.74	166.55	677.56
Group Health Cooperative -High- Western WA/Central WA/Spokane/Pullman	888-901-4636	541	542	270.70	550.09	265.22	539.35
Group Health Cooperative -Std- Western WA/Central WA/Spokane/Pullman	888-901-4636	544	545	117.42	265.09	120.63	272.33
KPS Health Plans -Std- All of Washington	800-552-7114	L11	L12	124.26	268.23	145.38	313.81
KPS Health Plans -High- All of Washington	800-552-7114	VT1	VT2	316.51	674.59	282.68	602.18
Kaiser Foundation Health Plan of Northwest -High- Vancouver/Longview	800-813-2000	571	572	226.72	526.45	187.03	439.21
Kaiser Foundation Health Plan of Northwest -Std- Vancouver/Longview	800-813-2000	574	575	136.17	312.83	131.88	308.82
West Virginia							
Aetna Value Plan - Most of West Virginia	877-459-6604	F54	F55	130.58	296.56	131.89	299.52
The Health Plan of the Upper Ohio Valley -High- Northern/Central West Virginia	800-624-6961	U41	U42	262.71	608.55	180.55	425.38
Wisconsin							
Aetna Value Plan - All of Wisconsin	877-459-6604	JS4	JS5	172.58	411.40	167.01	401.29
Aetna Whole Health -Basic- Milwaukee, WI area	877-459-6604	F71	F72	106.00	292.08	109.18	300.85
Dean Health Plan -High- South Central Wisconsin	800-279-1301	WD1	WD2	243.82	726.70	338.43	968.37
Dean Health Plan -Std- South Central Wisconsin	800-279-1301	WD4	WD5	New Plan	New Plan	130.25	330.59
Group Health Cooperative -High- South Central Wisconsin	800-605-4327	WJ1	WJ2	159.10	515.34	159.77	522.10
HealthPartners High Option - Western Wisconsin	800-883-2177	V31	V32	268.65	649.82	222.36	546.24
HealthPartners Standard Option - Western Wisconsin	800-883-2177	V34	V35	88.97	204.64	91.64	210.78
MercyCare HMO -High- South Central Wisconsin	800-895-2421	EY1	EY2	145.97	482.75	211.68	652.26
Physicians Plus -High- South Central Counties in Wisconsin	800-545-5015	LW1	LW2	165.56	559.54	211.83	683.11
Wyoming							
Aetna Value Plan - All of Wyoming	877-459-6604	H44	H45	130.93	297.32	132.23	300.29
Altius Health Plans -High- Uinta County	800-377-4161	9K1	9K2	198.19	425.42	211.62	456.65
Altius Health Plans -Std- Uinta County	800-377-4161	DK4	DK5	117.98	259.54	122.11	268.63

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

*Not Reportable

Appendix E

FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement (Pages 74 through 93)

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

Health Savings Account (HSA)

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

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

Appendix E

FEHB Plan Comparison Charts

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

Features of an HSA include:

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

Health Reimbursement Arrangement (HRA)

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

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

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

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

Features of an HRA include:

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

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FEHB Plan Comparison Charts

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

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

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

Appendix E

FEHB Plan Comparison Charts

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

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

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

Appendix E

FEHB Plan Comparison Charts

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

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

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

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

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

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

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

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan -CDHP- Nationwide	800-718-1299	474	475	97.42	219.15	100.34	225.73
GEHA High Deductible Health Plan -HDHP- Nationwide	800-821-6136	341	342	110.21	251.72	110.21	251.72
MHBP - Consumer Option -HDHP- Nationwide	800-694-9901	481	482	136.42	309.12	139.15	315.30
NALC -CDHP- Nationwide	888-636-6252	324	325	104.54	227.00	108.46	235.51

Appendix E

FEHB Plan Comparison Charts

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

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

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

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

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

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

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

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

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

Member Survey Results								
High Deductible Health Plans								
Plan Name	Plan Code	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
HDHP National Average		65.43	90.4	88.06	94.58	86.94	87.86	59.88
Aetna HealthFund - Nationwide	22	72.35	91.91	87.48	96.36	NR	91.42	61.43
GEHA High Deductible Health Plan - Nationwide	34	60.53	88.18	87.37	93.97	82.48	80.34	58.51
Mail Handlers Benefit Plan Consumer Option - Nationwide	48	63.4	91.1	89.32	93.4	91.39	91.82	59.69
Consumer-Driven Health Plans								
Plan Name	Plan Code	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
CDHP National Average		64.21	89.86	84.5	94.72	84.19	87.08	66.83
APWU Health Plan - Nationwide	47	62.94	90.46	84.31	94.54	84.06	81.05	66.38
Humana Coverage First - IN	MW	59.13	88	83.61	95.27	NR	88.62	NR
Humana CoverageFirst - TX	TP, TU	70.55	91.12	85.58	94.34	84.31	91.56	NR

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

High Deductible and Consumer-Driven Health Plans

See pages 74-75 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
		Aetna Direct -CDHP- Serving all 50 states and DC	877-459-6604	N61	N62	New Plan	New Plan
Aetna HealthFund -HDHP- Serving all 50 states and DC	877-459-6604	224	225	118.56	259.65	122.88	269.12

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
		Alabama					
Aetna HealthFund -CDHP- Most of Alabama	877-459-6604	F51	F52	163.22	390.21	151.67	366.45
Alaska							
Aetna HealthFund -CDHP- Most of Alaska	877-459-6604	JS1	JS2	227.87	537.01	300.08	703.52
Arizona							
Aetna HealthFund -CDHP- All of Arizona	877-459-6604	G51	G52	219.77	518.61	189.50	452.38
Arkansas							
Aetna HealthFund -CDHP- Most of Arkansas	877-459-6604	F51	F52	163.22	390.21	151.67	366.45
California							
Aetna HealthFund -CDHP- Most of California	877-459-6604	JS1	JS2	227.87	537.01	300.08	703.52
Colorado							
Aetna HealthFund -CDHP- All of Colorado	877-459-6604	G51	G52	219.77	518.61	189.50	452.38

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

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

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

High Deductible and Consumer-Driven Health Plans

See pages 74-75 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Connecticut							
Aetna HealthFund -CDHP- All of Connecticut	877-459-6604	EP1	EP2	201.74	477.70	205.70	489.26
Delaware							
Aetna HealthFund -CDHP- All of Delaware	877-459-6604	EP1	EP2	201.74	477.70	205.70	489.26
District of Columbia							
Aetna HealthFund -CDHP- All of Washington DC	877-459-6604	F51	F52	163.22	390.21	151.67	366.45
CareFirst BlueChoice -HDHP- Washington, D.C. Metro Area	888-789-9065	B61	B62	140.18	312.68	145.08	323.62
Florida							
Aetna HealthFund -CDHP- Most of Florida	877-459-6604	F51	F52	163.22	390.21	151.67	366.45
Coventry Health Plan of Florida -HDHP- Southern Florida	800-441-5501	J41	J42	139.79	439.29	106.77	264.94
Humana CoverageFirst -CDHP- Tampa Area	888-393-6765	MJ1	MJ2	128.18	285.21	151.80	339.74
Humana CoverageFirst -CDHP- South Florida Area	888-393-6765	QP1	QP2	109.87	244.47	126.32	281.06
Georgia							
Aetna HealthFund -CDHP- All of Georgia	877-459-6604	F51	F52	163.22	390.21	151.67	366.45
Humana CoverageFirst -CDHP- Atlanta Area	888-393-6765	AD1	AD2	115.98	258.04	140.36	312.29
Humana CoverageFirst -CDHP- Macon Area	888-393-6765	LM1	LM2	122.08	271.63	140.36	312.29
Guam							
TakeCare -HDHP- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	KX1	KX2	68.22	179.00	48.23	126.50

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Connecticut									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Delaware									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
District of Columbia									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
CareFirst BlueChoice	In-Network	\$37.50/\$75.00	\$1,400/\$2,800	\$4,000/\$8,000	Nothing	\$300	Nothing	Nothing	Nothing/\$30/\$60
CareFirst BlueChoice	Out-Network	\$37.50/\$75.00	\$3,000/\$6,000	\$6,000/\$12,000	\$70	\$500	\$70	Nothing	Nothing/\$30/\$60
Florida									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Coventry Health Plan of Florida		\$83.34/\$166.67	\$2,500/\$5,000	\$5,000/\$10,000	\$10	Ded+20%	Ded+20%	Nothing	\$5/\$35/\$50/20%
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,350/\$12,700	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Georgia									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Guam									
TakeCare	In-Network	\$86.66/\$222.08	\$3000/\$6000	\$5,000/\$10,000	20% after Ded	20% after Ded	20% after Ded	Nothing	\$20/\$40/\$150
TakeCare	Out-Network	\$86.66/\$222.08	\$3000/\$6000	\$10,000/\$20,000	30% after Ded	30% after Ded	30% after Ded	1st \$300/ded	30% after Ded

High Deductible and Consumer-Driven Health Plans

See pages 74-75 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
		Hawaii					
Aetna HealthFund -CDHP- All of Hawaii	877-459-6604	JS1	JS2	227.87	537.01	300.08	703.52
Idaho							
Aetna HealthFund -CDHP- Most of Idaho	877-459-6604	H41	H42	162.37	388.26	162.37	390.80
Altius Health Plans -HDHP- Southern Region	800-377-4161	9K4	9K5	87.04	180.33	91.40	189.35
Illinois							
Aetna HealthFund -CDHP- Most of Illinois	877-459-6604	H41	H42	162.37	388.26	162.37	390.80
Humana CoverageFirst -CDHP- Central Illinois	888-393-6765	GB1	GB2	122.08	271.63	140.36	312.29
Humana CoverageFirst -CDHP- Chicago Area	888-393-6765	MW1	MW2	122.08	271.62	140.36	312.29
Indiana							
Aetna HealthFund -CDHP- All of Indiana	877-459-6604	JS1	JS2	227.87	537.01	300.08	703.52
Humana CoverageFirst -CDHP- Lake/Porter/LaPorte Counties	888-393-6765	MW1	MW2	122.08	271.62	140.36	312.29
Physicians Health Plan of Northern Indiana -HDHP- Northeast In	260-432-6690	DQ4	DQ5	New Plan	New Plan	125.36	276.62
Iowa							
Aetna HealthFund -CDHP- All of Iowa	877-459-6604	H41	H42	162.37	388.26	162.37	390.80
Coventry Health Care of Iowa -HDHP- Central/Eastern/Western Iowa	800-257-4692	SV4	SV5	89.70	214.08	89.24	212.97
Kansas							
Aetna HealthFund -CDHP- Most of Kansas	877-459-6604	G51	G52	219.77	518.61	189.50	452.38
Coventry Health Care of Kansas -HDHP Kansas City Metro Area (KS and MO)	800-969-3343	9H1	9H2	127.47	299.56	150.47	410.33
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	109.87	244.47	126.32	281.06

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Hawaii									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Idaho									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Altius Health Plans		\$54.16/\$108.33	\$1,300/\$2,600	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$7/\$25/\$50
Illinois									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Indiana									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Physicians Health Plan of Northern Indiana		\$41.67/\$83.33	\$2,000/\$4,000	\$5,000/\$10,000	\$20	20%	20%	Nothing	\$10/\$30/\$60
Iowa									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Coventry Health Care of Iowa		\$83.33/\$166.66	\$2,100/\$4,200	\$5,000/\$10,000	25%	15%	15%	Nothing	\$3/ 0/\$45/\$70/\$100
Kansas									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Coventry Health Care of Kansas (Kansas City)-HDHP		\$66.66/\$133.33	\$2,500/\$5,000	\$4,000/\$8,000	20%	20%	20%	Nothing	20%/20%/20%
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+

High Deductible and Consumer-Driven Health Plans

See pages 74-75 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Kentucky							
Aetna HealthFund -CDHP- Most of Kentucky	877-459-6604	H41	H42	162.37	388.26	162.37	390.80
Humana CoverageFirst -CDHP- Lexington Area	888-393-6765	6N1	6N2	109.87	244.47	126.32	281.06
Louisiana							
Aetna HealthFund -CDHP- Most of Louisiana	877-459-6604	F51	F52	163.22	390.21	151.67	366.45
Maine							
Aetna HealthFund -CDHP- All of Maine	877-459-6604	EP1	EP2	201.74	477.70	205.70	489.26
Maryland							
Aetna HealthFund -CDHP- All of Maryland	877-459-6604	F51	F52	163.22	390.21	151.67	366.45
CareFirst BlueChoice -HDHP- All of Maryland	888-789-9065	B61	B62	140.18	312.68	145.08	323.62
Massachusetts							
Aetna HealthFund -CDHP- Most of Massachusetts	877-459-6604	EP1	EP2	201.74	477.70	205.70	489.26
Michigan							
Aetna HealthFund -CDHP- All of Michigan	877-459-6604	G51	G52	219.77	518.61	189.50	452.38
Minnesota							
Aetna HealthFund -CDHP- Most of Minnesota	877-459-6604	H41	H42	162.37	388.26	162.37	390.80
Mississippi							
Aetna HealthFund CDHP-Most of Mississippi	877-459-6604	H41	H42	162.37	388.26	162.37	390.80

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Kentucky									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Louisiana									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Maine									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Maryland									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
CareFirst BlueChoice	In-Network	\$37.50/\$75.00	\$1,400/\$2,800	\$4,000/\$8,000	Nothing	\$300	Nothing	Nothing	Nothing/\$30/\$60
CareFirst BlueChoice	Out-Network	\$37.50/\$75.00	\$3,000/\$6,000	\$6,000/\$12,000	\$70	\$500	\$70	Nothing	Nothing/\$30/\$60
Massachusetts									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Michigan									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Minnesota									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Mississippi									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+

High Deductible and Consumer-Driven Health Plans

See pages 74-75 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Missouri							
Aetna HealthFund -CDHP- Most of Missouri	877-459-6604	G51	G52	219.77	518.61	189.50	452.38
Coventry Health Care of Kansas-HDHPKansas City Metro Area(KS and MO)	800-969-3343	9H1	9H2	127.47	299.56	150.47	410.33
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	109.87	244.47	126.32	281.06
Montana							
Aetna HealthFund CDHP - South/Southeast/Western MT Areas	877-459-6604	H41	H42	162.37	388.26	162.37	390.80
Nebraska							
Aetna HealthFund -CDHP- All of Nebraska	877-459-6604	H41	H42	162.37	388.26	162.37	390.80
Nevada							
Aetna HealthFund -CDHP- Las Vegas Area	877-459-6604	G51	G52	219.77	518.61	189.50	452.38
New Hampshire							
Aetna HealthFund -CDHP- All of New Hampshire	877-459-6604	EP1	EP2	201.74	477.70	205.70	489.26
New Jersey							
Aetna HealthFund -CDHP- All of New Jersey	877-459-6604	EP1	EP2	201.74	477.70	205.70	489.26
New Mexico							
Aetna HealthFund -CDHP- Albuquerque/Dona Ana/Hobbs Area	877-459-6604	G51	G52	219.77	518.61	189.50	452.38
New York							
Aetna HealthFund -CDHP- Most of New York	877-459-6604	EP1	EP2	201.74	477.70	205.70	489.26
Independent Health Assoc -HDHP- Western New York	800-501-3439	QA4	QA5	95.75	249.19	115.34	277.38

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Missouri									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Coventry Health Care of Kansas (Kansas City)-HDHP		\$66.66/\$133.33	\$2,500/\$5,000	\$4,000/\$8,000	20%	20%	20%	Nothing	20%/20%/20%
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Montana									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Nebraska									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Nevada									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
New Hampshire									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
New Jersey									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
New Mexico									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
New York									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Independent Health Assoc	In-Network	\$66.42/\$166.67	\$2,000/\$4,000	\$6,350/\$12,700	\$20	\$250	20%	Nothing	\$10/\$50/50%
Independent Health Assoc	Out-Network	\$66.42/\$166.67	\$2,000/\$4,000	\$6,350/\$12,700	40%	40%	40%	Deductible/40%	N/A

High Deductible and Consumer-Driven Health Plans

See pages 74-75 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
North Carolina							
Aetna HealthFund -CDHP- All of North Carolina	877-459-6604	F51	F52	163.22	390.21	151.67	366.45
North Dakota							
Aetna HealthFund -CDHP- Most of North Dakota	877-459-6604	H41	H42	162.37	388.26	162.37	390.80
Ohio							
Aetna HealthFund -CDHP- All of Ohio	877-459-6604	JS1	JS2	227.87	537.01	300.08	703.52
AultCare HMO -HDHP- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A4	3A5	86.69	175.01	89.03	179.74
Oklahoma							
Aetna HealthFund -CDHP- All of Oklahoma	877-459-6604	JS1	JS2	227.87	537.01	300.08	703.52
Oregon							
Aetna HealthFund -CDHP- Most of Oregon	877-459-6604	H41	H42	162.37	388.26	162.37	390.80
Pennsylvania							
Aetna HealthFund -CDHP- All of Pennsylvania	877-459-6604	H41	H42	162.37	388.26	162.37	390.80
HealthAmerica Pennsylvania - HDHP- Greater Pittsburgh Area	866-351-5946	Y61	Y62	122.98	283.45	140.61	319.37
UPMC Health Plan -HDHP- Western Pennsylvania	888-876-2756	8W4	8W5	124.48	280.53	124.34	280.66
Rhode Island							
Aetna HealthFund -CDHP- All of Rhode Island	877-459-6604	EP1	EP2	201.74	477.70	205.70	489.26
South Carolina							
Aetna HealthFund -CDHP- All of South Carolina	877-459-6604	JS1	JS2	227.87	537.01	300.08	703.52

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
North Carolina									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
North Dakota									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Ohio									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
AultCare HMO	In-Network	\$83.33/\$166.66	\$2,000/\$4,000	\$4,000/\$8,000	20%	20%	20%	Nothing	20%/20%/20%
AultCare HMO	Out-Network	\$83.33/\$166.66	\$4,000/\$8,000	\$8,000/\$16,000	40% UCR	40% UCR	40% UCR	50% UCR	20% Plan Allow
Oklahoma									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Oregon									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Pennsylvania									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
HealthAmerica Pennsylvania - HDHP		\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	\$15	Nothing	Nothing	Nothing	\$5/\$35/\$50
UPMC Health Plan	In-Network	\$83.33/\$166.67	\$2,000/\$4,000	\$4,000/\$8,000	10%After Deduct	10% after deduct	10%after deduct	Nothing	\$5 after deduct/
UPMC Health Plan	Out-Network	\$83.33/\$166.67	\$2000/\$4,000	\$8,000/\$16,000	30% of Deduct	30% after deduct	30% of deduct	30%	\$35 after deduct/\$75 N/A
Rhode Island									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
South Carolina									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+

High Deductible and Consumer-Driven Health Plans

See pages 74-75 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
South Dakota							
Aetna HealthFund -CDHP- Rapid City/Sioux Falls Area	877-459-6604	G51	G52	219.77	518.61	189.50	452.38
Tennessee							
Aetna HealthFund CDHP- Most of Tennessee	877-459-6604	F51	F52	163.22	390.21	151.67	366.45
Texas							
Aetna HealthFund -CDHP- All of Texas	877-459-6604	JS1	JS2	227.87	537.01	300.08	703.52
Humana CoverageFirst -CDHP- Corpus Christi Area	888-393-6765	TP1	TP2	122.08	271.63	141.83	315.58
Humana CoverageFirst -CDHP- San Antonio Area	888-393-6765	TU1	TU2	122.08	271.62	140.29	312.15
Humana CoverageFirst -CDHP- Austin Area	888-393-6765	TV1	TV2	134.29	298.79	152.01	340.21
Utah							
Aetna HealthFund -CDHP- Most of Utah	877-459-6604	G51	G52	219.77	518.61	189.50	452.38
Altius Health Plans -HDHP- Wasatch Front	800-377-4161	9K4	9K5	87.04	180.33	91.40	189.35
Vermont							
Aetna HealthFund -CDHP- All of Vermont	877-459-6604	EP1	EP2	201.74	477.70	205.70	489.26
Virginia							
Aetna HealthFund -CDHP- Most of Virginia	877-459-6604	F51	F52	163.22	390.21	151.67	366.45
CareFirst BlueChoice -HDHP- Northern Virginia	888-789-9065	B61	B62	140.18	312.68	145.08	323.62

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

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
South Dakota									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Tennessee									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Texas									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Utah									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Altius Health Plans		\$54.16/\$108.33	\$1,300/\$2,600	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$7/\$25/\$50
Vermont									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Virginia									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
CareFirst BlueChoice	In-Network	\$37.50/\$75.00	\$1,400/\$2,800	\$4,000/\$8,000	Nothing	\$300	Nothing	Nothing	Nothing/\$30/\$60
CareFirst BlueChoice	Out-Network	\$37.50/\$75.00	\$3,000/\$6,000	\$6,000/\$12,000	\$70	\$500	\$70	Nothing	Nothing/\$30/\$60

High Deductible and Consumer-Driven Health Plans

See pages 74-75 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2014		Premium You Will Pay in 2015	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Washington							
Aetna HealthFund -CDHP- Most of Washington	877-459-6604	G51	G52	219.77	518.61	189.50	452.38
KPS Health Plans -HDHP- All of Washington	800-552-7114	L14	L15	102.62	224.25	117.01	255.70
West Virginia							
Aetna HealthFund -CDHP- Most of West Virginia	877-459-6604	F51	F52	163.22	390.21	151.67	366.45
Wisconsin							
Aetna HealthFund -CDHP- All of Wisconsin	877-459-6604	JS1	JS2	227.87	537.01	300.08	703.52
Wyoming							
Aetna HealthFund -CDHP- All of Wyoming	877-459-6604	H41	H42	162.37	388.26	162.37	390.80
Altius Health Plans -HDHP- Uinta County	800-377-4161	9K4	9K5	87.04	180.33	91.40	189.35

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

Appendix F

Frequently Asked Questions for Federal Retirees

What do I need in order to suspend my FEHB enrollment because I am enrolled in a Medicare Advantage Health plan?

You must request and complete a Health Benefits Cancellation/Suspension form, RI 79-9. You must provide documentation of your enrollment in a Medicare Advantage health plan. An example of a Medicare Advantage health plan is “Secure Horizons” or “Kaiser Permanente Senior Advantage.” A copy of your Medicare card alone will not allow you to suspend your FEHB enrollment.

As a retiree, am I entitled to the FEHB pre-tax premiums (premium conversion)?

No, the IRS regulation allowing pre-tax premiums only applies to employees. However, if you are re-employed in a position that conveys FEHB coverage, you can participate in premium conversion by having your agency deduct your FEHB premiums on a pre-tax basis. This is normally automatic unless you waive participation in the premium conversion program. If you are employed by a Federal agency and in receipt of a survivor annuity, you should contact your employing personnel office, if you would like to transfer your FEHB enrollment from your annuity to your employing agency and participate in premium conversion.

I am eligible for Medicare. Can I change from one plan or option to another at any time?

Yes, you may change plans at any time beginning on the 30th day before becoming eligible for Medicare to anytime thereafter. However, this is a one-time event. Medicare A & B eligibility is not an event that permits you to suspend your enrollment in the FEHBP.

I am receiving a survivor annuity based on my deceased spouse’s Federal service. I remarried after age 55. Can I add my new spouse to my current FEHB plan?

No. While your annuity can continue if you remarry after age 55, or if you were married to the deceased Federal retiree/employee for at least 30 years, you cannot cover your new spouse on the enrollment. Only eligible family members of the deceased are entitled to benefits under the FEHB program.

What do I need to do in order to suspend my FEHB enrollment because I have Tricare, Tricare for Life, Peace Corps or CHAMPVA?

You must request and complete a Health Benefits Cancellation/Suspension Confirmation form, RI 79-9. If you are a Tricare/Tricare for Life enrollee, you must provide a copy of your Uniformed Services Identification (ID) card and, if over age 65, a copy of your Medicare card showing Parts A and B along with the completed Health Benefits Cancellation/Suspension Confirmation form. If you are a CHAMPVA enrollee, you must provide a copy of your CHAMPVA Authorization card (A-card) along with the completed Health Benefits Cancellation/Suspension form. If you are a Peace Corps volunteer, you must provide evidence of your enrollment along with the completed Health Benefits Cancellation/Suspension form.

Do I continue to use my old plan until I get my new ID card(s)?

No, after January 1st, your old plan will no longer pay benefits. You must use the new plan even if you have not yet received your ID card(s). Contact your plan directly if you have any problems receiving benefits.

As a former spouse, am I entitled to coverage under the FEHB Program?

A former spouse is not eligible to retain coverage as a dependent under the employee’s or retiree’s family enrollment. You can, however, enroll under the Temporary Continuation of Coverage Act for 36 months. If you have a qualifying court order that awards you a portion of a Civil Service Retirement System or Federal Employees Retirement System annuity or survivor annuity, you may be eligible to enroll in the FEHBP under a Spouse Equity enrollment. You must, however, pay the full premium for this coverage. That means both the enrollee and government share of the premium.

Appendix G

FEDVIP Program Features

Waiting Periods

Dental - limited only to orthodontic services on most plans; for all other services, you may use your benefits as soon as your coverage becomes effective. There are very few pre-existing condition limitations.

Vision - no waiting period, you may use your benefits as soon as your coverage becomes effective. There are no pre-existing condition limitations.

A Choice of Coverage

Choose between Self Only, Self Plus One or Self and Family.

Contributions

There are no Government contributions. The enrollee pays 100% of the premium.

Salary Deduction

You automatically pay your premium through a payroll deduction using pre-tax dollars; employees cannot elect to waive this pre-tax option and annuitants are not eligible for this option. When premium contributions are withheld on a pre-tax basis, Internal Revenue Service (IRS) guidelines affect your ability to change coverage, i.e., you may cancel or change coverage levels only during a FEDVIP Open Season. You may also make changes throughout the plan year if a qualified life event occurs.

Annual Enrollment Opportunity

Each year, you may enroll or change your dental and/or vision plan enrollment. Open Season runs from the Monday of the second full work week in November through the Monday of the second full work week in December. Other events allow for certain types of changes throughout the year.

Continued Coverage

Eligibility for you or your family member may continue following your retirement or changes in employment status.

Claim Dispute Resolution

The claim review process will differ among plans. Upon written request from the enrollee and as a final option, the carrier will submit a dispute for resolution through a binding arbitration process. OPM will not review nor resolve disputes regarding FEDVIP. Please see your plan brochure for details.

Appendix H

FEDVIP Definitions

Eligible Dependents – Your spouse and unmarried dependent children under age 22. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support. **Please Note:** *The health care law does not change the age or unmarried requirement for dependents under FEDVIP.*

First Payor – Under this rule, the FEHB plan is considered the primary payor and pays first, while the FEDVIP plan is considered the secondary payor. No more than 100% of any claim is paid by both plans.

In-Network Services – Services provided by members of the plan's provider network.

Nationwide Plan – A plan which provides services throughout the United States and around the world.

Out-of-Network Services – Services provided by health care professionals who are not a member of the plan's provider network.

Plan – The insurance company which participates in the FEDVIP program. Also called carrier.

Precertification – Also called predetermination. This is the procedure used by dental offices to determine what services a plan will cover and how much may be paid before the service is rendered.

Provider – A licensed health care professional; for example: dentists, oral surgeons, optometrists and ophthalmologists.

Provider Network – A group of health care providers who have a contract with a specific plan to provide services at an agreed upon cost.

Qualifying Life Event (QLE) – An event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an Open Season. There is no QLE under FEDVIP which allows for cancellation, except upon deployment to active military duty or transfers to certain agencies.

Regional Plan – A plan which provides services only in specified geographic regions.

Usual, Customary and Reasonable – A widely used method, which may vary from company to company, for determining benefit reimbursement levels. The initials simply mean:

Usual. The fee that an individual dentist most frequently charges for a given dental service.

Customary. A fee determined by the insurance company based on the range of usual fees charged by dentists in the same geographic area.

Reasonable. A fee which is justifiable considering special circumstances of the particular care rendered.

Waiting Period – The length of time a person must be covered under the plan before they are eligible for certain benefits. For example, most plans have a 12 month waiting period for orthodontic benefits. This means that you must be covered continuously by the same plan and option for 12 months before your child is eligible for orthodontic coverage.

Appendix I

FEDVIP Qualifying Life Events for Enrollment Changes

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an Open Season.

The following chart lists the QLEs and the enrollment actions you may take.

Qualifying Life Event	From Not Enrolled to Enrolled	Increase Enrollment Type	Decrease Enrollment Type	Cancel	Change from One Plan to Another
Marriage	Yes	Yes	No	No	Yes
Acquiring an eligible family member	No	Yes	No	No	No
Losing a covered family member	No	No	Yes	No	No
Losing other dental/vision coverage (eligible or covered person)	Yes	Yes	No	No	No
Moving out of regional plan's service area	No	No	No	No	Yes
Going on active military duty, non-pay status (enrollee or spouse)	No	No	No	Yes	No
Returning to pay status from active military duty (enrollee or spouse)	Yes (if first time enrollment or cancelled during LWOP)	No	No	No	Yes (if enrollment cancelled during LWOP)
Annuity/compensation restored	Yes	Yes	Yes	No	No
Transferring to an eligible position	No	No	No	Yes	No

The time frame for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plans service area; and
- You cannot request a new enrollment based on a QLE before the QLE occurs except for enrollment due to a loss of dental or vision insurance. You must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives and confirms the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date. BENEFEDS is a secure enrollment website sponsored by OPM.

Cancelling an enrollment

You can cancel your enrollment only during the annual Open Season, upon deployment to active military duty, or transfers to certain agencies. An eligible family members coverage also ends upon the effective date of the cancellation.

Appendix J

FEDVIP Plan Comparison Charts

This is a brief summary of the features of the dental and vision plans. Before making a final decision, please read the plan brochures and provider directories thoroughly. All plans are not the same. All benefits are subject to the definitions, limitations, copayments, annual maximums and exclusions set forth in the individual plan brochures. Go to our website at www.opm.gov/healthcare-insurance/dental-vision/plan-information/premiums/dentalpremium.pdf to find the rating region assigned to the area where you live and the related premium cost you will pay for dental coverage. Go to www.opm.gov/healthcare-insurance/dental-vision/plan-information/premiums/visionpremium.pdf to see the premium cost for vision coverage.

Reading the Chart:

The table on the following pages highlights the selected features/classes of dental and/or vision services. Always consult plan brochures before making a decision. The chart does not show all of your possible out-of-pocket costs.

Dental Insurance

The deductibles shown for the dental plans are the amount of covered expenses that you pay before the plan begins to pay. Service Class refers to the level of benefits for each plan. The Service Classes are listed below. Calendar year maximum refers to the annual amount of benefits that you can receive per person.

Please Note: Most plans require that you are continuously enrolled in the same dental plan and/or option for the full waiting period before accessing orthodontia services. There are no other waiting periods for services.

Dental plans provide a comprehensive range of services, including but not limited to the following:

- Class A (Basic) services, which include oral examinations, prophylaxis, diagnostic evaluations, sealants and x-rays.
- Class B (Intermediate) services, which include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions, and denture adjustments.
- Class C (Major) services, which include endodontic services such as root canals, periodontal services such as gingivectomy, major restorative services such as crowns, oral surgery, bridges and prosthodontic services such as complete dentures.
- Class D (Orthodontic) services with up to a 12-month waiting period.

Please review the dental plans' benefits material for detailed information on the benefits covered, cost-sharing requirements and provider directories.

Vision Insurance

Vision plans provide comprehensive eye examinations and coverage for lenses, frames and contact lenses (in lieu of eye glasses). Other benefits, such as discounts on lasik surgery, may also be available.

Please review the vision plans' benefits material for detailed information on the benefits covered, cost-sharing requirements and provider directories.

Appendix J

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Nationwide and International Dental Plans Open to All

Plan Name	Telephone & Website	You pay:				Deductible	Calendar Year Maximum
		Class A	Class B	Class C	Class D		
Aetna High (In-Network Benefits)	1-877-459-6604 aetnafeds.com/dental	0%	40%	60%	50%	\$0	\$4,000 per year per person - in-network \$2,000 per year per person - out-of-network \$2,000 lifetime max per person (orthodontic services only) 12-month waiting period for orthodontia services
Aetna High (Out-of-Network Benefits)		0%	40%	60%	50%	\$0	
Delta Dental Standard (In-Network Benefits)	1-855-410-3255 deltadentalfed.org	0%	45%	65%	50%	\$0	\$1,500 standard option in-network annual non-orthodontic maximum per person \$600 standard option out-of-network annual non-orthodontic maximum per person \$4,000 high option in-network annual non-orthodontic maximum per person \$3,000 high option out-of-network annual non-orthodontic maximum per person \$2,000 standard option in-network lifetime max per person (orthodontic services only) \$1,000 standard option out-of-network lifetime max per person (orthodontic services only) \$2,000 high option lifetime max per person (orthodontic services only) in-network and out-of-network 12 month waiting period for orthodontia services
Delta Dental Standard (Out-of-Network Benefits)		0%	45%	65%	50%	\$75	
Delta Dental High (In-Network Benefits)		0%	30%	50%	50%	\$0	
Delta Dental High (Out-of-Network Benefits)		0%	30%	50%	50%	\$50	
FEP BlueDental Standard (In-Network Benefits)		0%	45%	65%	50%	\$0	
FEP BlueDental Standard (Out-of-Network Benefits)	40%	60%	80%	50%	\$75	\$2,000 standard option in-network lifetime max per person (orthodontic services only) \$1,000 standard option out-of-network lifetime max per person (orthodontic services only)	
FEP BlueDental High (In-Network Benefits)	0%	30%	50%	50%	\$0	\$15,000 high option in-network annual non-orthodontic maximum per person \$3,000 high option out-of-network annual non-orthodontic maximum per person	
FEP BlueDental High (Out-of-Network Benefits)	10%	40%	60%	50%	\$50	\$3,500 high option lifetime max per person (orthodontic services only) in-network and out-of-network 12 month waiting period for orthodontia services	

Please Note: Out-of-Network Benefits – members are responsible for paying the difference between the plan’s payment and the non-network provider’s billed charges.

Appendix J

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Nationwide and International Dental Plans Open to All

Plan Name	Telephone & Website	You pay:				Deductible	Calendar Year Maximum
		Class A	Class B	Class C	Class D		
GEHA Standard (In-Network Benefits)	1-877-434-2336 gehadental.com	0%	45%	65%	30%	\$0	\$15,000 per year per person (high option) or \$2,500 per year per person (standard option) \$2,500 lifetime max per person (high option orthodontic services only) \$2,500 lifetime max per person (standard option orthodontic services only) 12 month waiting period for orthodontia services
GEHA Standard (Out-of-Network Benefits)		0%	45%	65%	30%	\$0	
GEHA High (In-Network Benefits)		0%	20%	50%	30%	\$0	
GEHA High (Out-of-Network Benefits)		0%	20%	50%	30%	\$0	
MetLife Standard (In-Network Benefits)	1-888-865-6854 federaldental.metlife.com	0%	45%	65%	50%	\$0	\$1,500 standard option in-network annual non-orthodontic maximum per person \$2,000 standard option in-network lifetime max per person for orthodontics \$600 standard option out-of-network annual non-orthodontic maximum per person \$1,000 standard option out-of-network lifetime max per person for orthodontics \$20,000 high option in-network annual non-orthodontic maximum per person \$3,500 high option in-network lifetime max per person for orthodontics \$20,000 high option out-of-network annual non-orthodontic maximum per person \$3,500 high option out-of-network lifetime max per person for orthodontics There is no calendar year deductible for Class D services No waiting period for orthodontia services
MetLife Standard (Out-of-Network Benefits)		40%	60%	80%	50%	\$100/person	
MetLife High (In-Network Benefits)		0%	30%	50%	50%	\$0	
MetLife High (Out-of-Network Benefits)		10%	40%	60%	50%	\$50/person	
United Concordia High (In-Network Benefits)	1-877-438-8224 (Open Season) 1-877-394-8224 (General) uccifedvip.com	0%	20%	50%	50%	\$0	\$10,000 per year per person \$3,000 lifetime max per person (orthodontic services only) 12-month waiting period for orthodontic services
United Concordia High (Out-of-Network Benefits)		20%	40%	60%	50%	\$0	

Please Note: Out-of-Network Benefits – members are responsible for paying the difference between the plan's payment and the non-network provider's billed charges.

Appendix J

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Regional Dental Plans *Only Open to Persons Living in Specific Geographic Areas*

Plan Name	Telephone & Website	You pay:				Deductible	Calendar Year Maximum
		Class A	Class B	Class C	Class D		
Humana High (Open to residents of the Southeastern, Midwestern, and Mid-Atlantic states)	a1-877-692-2468 feds.humana.com	0%	Flat Rate	Flat Rate	Flat Rate	\$0	\$15,000 per year per person Unlimited lifetime orthodontic coverage Out-of-network benefits NOT provided No waiting period for orthodontia services
EmblemHealth High (in-network benefits) (Open to NY and Northern NJ residents and parts of CT and PA)	212-501-4444 ghi.com	0%	0%	0%	0%	\$0	No annual maximum \$3,000 lifetime max per person (orthodontic services only) Out-of-network benefits available – paid at the same in-network rate 12-month waiting period for orthodontia services
EmblemHealth High (out-of-network benefits)		0%	0%	0%	0%	\$50 self/\$150 self & family/self plus one Class B and Class C	
Triple-S Salud High (Open to Puerto Rico residents)	787-774-6060 787-749-4777 1-800-981-3241 TTY 787-792-1370 TTY 1-866-215-1999 ssspr.com	0%	30%	60% / 30%	50%	\$0	No annual maximum \$2,000 lifetime max per person (orthodontic services only) Out-of-network benefits NOT provided 24 month waiting period for orthodontia services
Dominion Dental High	1-855-836-6337 FederalDentalPlans.com	0%	20%	40%	65%	\$0	No annual maximum benefit No lifetime maximum Out-of-network benefits NOT provided except emergency services No waiting period for orthodontia services
Dominion Dental Standard (Open to residents of DC, DE, MD, PA, and parts of VA and NJ)		0%	40%	60%	65%	\$0	

Please Note: Out-of-Network Benefits – members are responsible for paying the difference between the plan's payment and the non-network provider's billed charges.

Appendix J

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Nationwide and International Vision Plans Open to All

The table below highlights the selected features of available vision plans. Always consult plan brochures before making a decision. The chart does not show all of your possible out-of-pocket costs.

Vision plans provide comprehensive eye examinations and coverage for lenses, frames and contact lenses (in lieu of eye glasses). There are no deductibles or waiting periods. Other benefits such as discounts on lasik surgery may also be available.

Plan Name	Frames	Lenses	Exams	Co-payments	Covered Lens Options	Additional Features
Aetna Vision Standard	Every 24 months	Every 12 months	Every 12 months	\$0 exam/ \$10 lenses/ \$0 materials	Single Lined Bifocal Lined Trifocal Lenticular Standard Progressive Polycarbonate Scratch- resistant coating Standard anti-reflective coating Photochromic lenses	\$120 frame allowance plus 20% off remaining cost, \$120 contact lens allowance plus 15% off remaining cost , varying reimbursement amounts for out of network care, FSAFEDS paperless reimbursement available, discounts on Laser vision correction, additional lens options, retinal imaging and 2nd pairs of eyeglasses. Replacement contact lens program.
Aetna Vision High	Every 12 months	Every 12 months	Every 12 months	\$0 exam/ \$10 lenses/ \$0 materials	Single Lined Bifocal Lined Trifocal Lenticular Standard Progressive UV Coating Tinted Lenses Polycarbonate Scratch-resistant coating Standard anti-reflective coating Photochromic lenses	\$150 frame allowance plus 20% off remaining cost, \$150 contact lens allowance plus 15% off remaining cost , varying reimbursement amounts for out of network care, FSAFEDS paperless reimbursement available, discounts on Laser vision correction, additional lens options, retinal imaging and 2nd pairs of eyeglasses.
FEP BlueVision Standard	Every 24 months	Every 12 months	Every 12 months	\$0	Single Lined Bifocal Lined Trifocal Lenticular UV Coating Scratch-resistant coating Polycarbonate	Breakage warranty; Laser vision correction discount; low vision coverage. \$130 plus 20% of remaining cost frame allowance Additional lens options covered with a co-pay. Out-of-network benefits NOT provided Flat rate reimbursement in limited access areas and internationally FSAFEDS paperless reimbursement available
FEP BlueVision High	Every 12 months	Every 12 months	Every 12 months	\$0	Single Lined Bifocal Lined Trifocal Lenticular Standard Progressives UV Coating Scratch-resistant coating Transitions® Polycarbonate	Breakage warranty; Laser vision correction discount; low vision coverage. \$150 plus 20% of remaining cost frame allowance \$150 allowance to purchase contact lenses (materials) Additional lens options covered with a co-pay. Out-of-network benefits available at a lower rate Flat rate reimbursement in limited access areas and internationally FSAFEDS paperless reimbursement available
UnitedHealthcare Vision Plan Standard	Every 12 months	Every 12 months	Every 12 months	\$10 exam/ \$25 material	Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating Lenses that transition to light	Low vision; prosthetic eye; vision therapy; Laser vision correction discount. \$130 frame allowance Additional lens option discounts Out-of-network benefits available— paid at a lower rate Flat rate reimbursement for international, out-of-network and limited access services

Appendix J

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Nationwide and International Vision Plans Open to All

The table below highlights the selected features of available vision plans. Always consult plan brochures before making a decision. The chart does not show all of your possible out-of-pocket costs.

Vision plans provide comprehensive eye examinations and coverage for lenses, frames and contact lenses (in lieu of eye glasses). There are no deductibles or waiting periods. Other benefits such as discounts on lasik surgery may also be available.

Plan Name	Frames	Lenses	Exams	Co-payments	Covered Lens Options	Additional Features
UnitedHealthcare Vision Plan High	Every 24 months	Every 12 months	Every 12 months	\$10 exam/ \$10 material	Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating Tinted lenses UV coating Lenses that transition to light Standard anti-reflective coating	Low vision; prosthetic eye; vision therapy; Laser vision correction discount. \$130 frame allowance Additional lens option discounts Out-of-network benefits available— paid at a lower rate Flat rate reimbursement for international, out-of-network and limited access services
VSP (Vision Service Plan) Standard	Every 12 months	Every 12 months	Every 12 months	\$10 exam/ 20 material	Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating	Laser vision correction discount. \$120 frame allowance \$120 allowance for contacts and contact lens exam Additional lenses options covered at a discount. Out-of-network benefits available – paid at a lower rate Additional lens option and contact lens exam discounts Additional prescription glasses and sunglasses discounts FSAFEDS paperless reimbursement available
VSP (Vision Service Plan) High	Every 12 months	Every 12 months	Every 12 months	\$10 (including exam and glasses)	Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating Anti-reflective coating Lenses that transition to light UV coating Select tints	Laser vision correction discount. \$150 frame allowance \$150 allowance for contacts and contact lens exam Out-of-network benefits available – paid at a lower rate Additional lens option and contact lens exam discounts Additional prescription glasses and sunglasses discounts FSAFEDS paperless reimbursement available

Appendix K

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Dental Rating Regional Chart

Rating Areas

*Please note that regional plans may not cover the entirety of the State/Zip shown in Appendix J.
For further detail regarding service area, see plan specific brochures at www.opm.gov/healthcare-insurance/dental-vision/.

State	State/Zip (First 3)	Aetna	Delta Std	Delta High	FEP BlueDental Std	FEP BlueDental High	GEHA Std	GEHA High	MetLife Std	MetLife High	United Concordia	Dominion* Std	Dominion* High	Humana*	Emblem*	Triple-S* Salud
AK	entire state	5	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A	N/A	N/A
AL	356-358	1	1	1	1	1	1	1	1	1	1	N/A	N/A	3	N/A	N/A
AL	rest of state	2	1	1	1	1	1	1	1	1	1	N/A	N/A	2	N/A	N/A
AR	entire state	2	2	2	1	1	1	1	1	1	1	N/A	N/A	3	N/A	N/A
AZ	850-853	3	5	5	2	2	2	2	1	1	1	N/A	N/A	4	N/A	N/A
AZ	rest of state	3	5	5	3	3	2	2	1	1	1	N/A	N/A	3	N/A	N/A
CA	900-908, 910-918, 922-931	3	5	5	4	4	4	4	5	5	3	N/A	N/A	5	N/A	N/A
CA	919-921	3	5	5	5	5	4	4	4	4	4	N/A	N/A	5	N/A	N/A
CA	939-941, 943-952, 954	4	5	5	5	5	5	5	5	5	5	N/A	N/A	5	N/A	N/A
CA	942, 956-958	4	5	5	5	5	4	4	4	4	4	N/A	N/A	5	N/A	N/A
CA	rest of state	4	5	5	3	3	4	4	5	5	4	N/A	N/A	4	N/A	N/A
CO	800-806	3	4	4	3	3	4	4	4	4	3	N/A	N/A	5	N/A	N/A
CO	rest of state	3	4	4	3	3	4	4	4	4	3	N/A	N/A	5	N/A	N/A
CT	060-063	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
CT	064-069	3	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A	1	N/A
DC	entire area	2	5	5	3	3	4	4	4	4	4	4	4	3	N/A	N/A
DE	entire state	2	4	4	3	3	3	3	3	3	2	5	5	N/A	N/A	N/A
FL	330-334	2	4	4	3	3	3	3	3	3	3	N/A	N/A	2	N/A	N/A
FL	rest of state	3	4	4	1	1	2	2	1	1	1	N/A	N/A	2	N/A	N/A
GA	300-303, 305, 311, 399	3	2	2	2	2	3	3	2	2	1	N/A	N/A	2	N/A	N/A
GA	rest of state	4	2	2	1	1	2	2	1	1	1	N/A	N/A	2	N/A	N/A
GU	entire area	5	5	5	5	5	1	1	1	1	5	N/A	N/A	N/A	N/A	N/A
HI	entire state	4	5	5	5	5	3	3	4	4	4	N/A	N/A	N/A	N/A	N/A
IA	entire state	3	4	4	2	2	1	1	1	1	1	N/A	N/A	N/A	N/A	N/A
ID	entire state	4	5	5	3	3	2	2	1	1	2	N/A	N/A	N/A	N/A	N/A
IL	600-608	2	2	2	3	3	3	3	4	4	3	N/A	N/A	2	N/A	N/A
IL	rest of state	3	2	2	1	1	1	1	1	1	1	N/A	N/A	1	N/A	N/A
IN	460-462, 472	2	1	1	1	1	2	2	1	1	1	N/A	N/A	3	N/A	N/A
IN	463-464	2	2	2	3	3	3	3	4	4	3	N/A	N/A	2	N/A	N/A
IN	470	2	1	1	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
IN	rest of state	3	1	1	1	1	1	1	1	1	1	N/A	N/A	2	N/A	N/A
KS	entire state	3	4	4	1	1	2	2	1	1	2	N/A	N/A	1	N/A	N/A
KY	410, 452, 459	2	1	1	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
KY	rest of state	1	1	1	1	1	1	1	1	1	1	N/A	N/A	1	N/A	N/A
LA	entire state	2	1	1	1	1	2	2	1	1	1	N/A	N/A	3	N/A	N/A

Appendix K

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Dental Rating Regional Chart

Rating Areas

*Please note that regional plans may not cover the entirety of the State/Zip shown in Appendix J.
For further detail regarding service area, see plan specific brochures at www.opm.gov/healthcare-insurance/dental-vision/.

State	State/Zip (First 3)	Aetna	Delta Std	Delta High	FEP BlueDental Std	FEP BlueDental High	GEHA Std	GEHA High	MetLife Std	MetLife High	United Concordia	Dominion* Std	Dominion* High	Humana*	Emblem*	Triple-S* Salud
MA	010-011, 013	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
MA	014-027, 055	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
MA	rest of state	5	5	5	3	3	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
MD	200,202-212, 214, 217	2	5	5	3	3	4	4	4	4	4	4	4	3	N/A	N/A
MD	219	2	4	4	3	3	3	3	3	3	2	5	5	N/A	N/A	N/A
MD	rest of state	2	5	5	2	2	2	2	4	4	4	2	2	3	N/A	N/A
ME	038	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
ME	rest of state	5	5	5	3	3	3	3	2	2	3	N/A	N/A	N/A	N/A	N/A
MI	480-485	3	4	4	3	3	3	3	3	3	2	N/A	N/A	N/A	N/A	N/A
MI	rest of state	3	4	4	2	2	2	2	2	2	2	N/A	N/A	N/A	N/A	N/A
MN	550-555, 563	2	4	4	4	4	3	3	4	4	3	N/A	N/A	N/A	N/A	N/A
MN	rest of state	3	4	4	2	2	2	2	2	2	2	N/A	N/A	N/A	N/A	N/A
MO	entire state	3	4	4	1	1	2	2	1	1	1	N/A	N/A	2	N/A	N/A
MS	entire state	2	1	1	1	1	1	1	1	1	1	N/A	N/A	3	N/A	N/A
MT	entire state	4	1	1	1	1	2	2	1	1	1	N/A	N/A	N/A	N/A	N/A
NC	275-277, 283	4	2	2	2	2	2	2	1	1	2	N/A	N/A	5	N/A	N/A
NC	rest of state	4	2	2	1	1	2	2	1	1	2	N/A	N/A	4	N/A	N/A
ND	entire state	3	1	1	4	4	1	1	1	1	1	N/A	N/A	N/A	N/A	N/A
NE	entire state	1	1	1	1	1	1	1	1	1	1	N/A	N/A	N/A	N/A	N/A
NH	030-033, 038	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
NH	rest of state	5	5	5	4	4	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
NJ	070,072-075,077-079,085-089	3	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A	1	N/A
NJ	080-084	2	4	4	3	3	3	3	3	3	2	5	5	N/A	N/A	N/A
NJ	rest of state	3	5	5	4	4	5	5	5	5	5	N/A	N/A	N/A	1	N/A
NM	entire state	3	4	4	1	1	3	3	1	1	2	N/A	N/A	N/A	N/A	N/A
NV	entire state	2	5	5	1	1	3	3	2	2	4	N/A	N/A	N/A	N/A	N/A
NY	005, 100-119, 124-126	3	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A	1	N/A
NY	063	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	1	N/A
NY	140-143	4	5	5	3	3	2	2	2	2	3	N/A	N/A	N/A	1	N/A
NY	rest of state	4	5	5	3	3	2	2	2	2	3	N/A	N/A	N/A	1	N/A
OH	430-432	2	1	1	1	1	2	2	1	1	2	N/A	N/A	2	N/A	N/A
OH	440-443	2	1	1	1	1	2	2	1	1	3	N/A	N/A	2	N/A	N/A
OH	450-452	2	1	1	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
OH	453-455	2	1	1	1	1	2	2	1	1	2	N/A	N/A	1	N/A	N/A
OH	rest of state	3	1	1	1	1	1	1	1	1	1	N/A	N/A	1	N/A	N/A

Appendix K

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Dental Rating Regional Chart

Rating Areas

*Please note that regional plans may not cover the entirety of the State/Zip shown in Appendix J.
For further detail regarding service area, see plan specific brochures at www.opm.gov/healthcare-insurance/dental-vision/.

State	State/Zip (First 3)	Aetna	Delta Std	Delta High	FEP BlueDental Std	FEP BlueDental High	GEHA Std	GEHA High	MetLife Std	MetLife High	United Concordia	Dominion* Std	Dominion* High	Humana*	Emblem*	Triple-S* Salud
OK	entire state	2	3	3	1	1	2	2	1	1	1	N/A	N/A	3	N/A	N/A
OR	970-973	4	5	5	3	3	3	3	4	4	5	N/A	N/A	N/A	N/A	N/A
OR	rest of state	5	5	5	2	2	3	3	3	3	4	N/A	N/A	N/A	N/A	N/A
PA	153-154, 156, 160-162	1	2	2	1	1	1	1	1	1	1	1	1	N/A	N/A	N/A
PA	173-174	2	5	5	3	3	4	4	4	4	4	4	4	N/A	N/A	N/A
PA	183	3	5	5	5	5	5	5	5	5	5	1	1	N/A	1	N/A
PA	189-196	2	4	4	3	3	3	3	3	3	2	5	5	N/A	N/A	N/A
PA	rest of state	3	2	2	1	1	1	1	1	1	1	1	1	N/A	N/A	N/A
PR	entire area	3	1	1	1	1	1	1	1	1	1	N/A	N/A	N/A	N/A	1
RI	entire state	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
SC	entire state	4	5	5	1	1	2	2	1	1	1	N/A	N/A	4	N/A	N/A
SD	entire state	3	5	5	1	1	1	1	1	1	1	N/A	N/A	N/A	N/A	N/A
TN	422	1	1	1	1	1	1	1	1	1	1	N/A	N/A	1	N/A	N/A
TN	rest of state	1	1	1	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
TX	739	2	3	3	1	1	2	2	1	1	1	N/A	N/A	3	N/A	N/A
TX	750-754, 760-762	2	2	2	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
TX	770, 772-775	2	2	2	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
TX	rest of state	2	2	2	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
UT	entire state	2	5	5	1	1	1	1	1	1	3	N/A	N/A	3	N/A	N/A
VA	200-205, 220-227	2	5	5	3	3	4	4	4	4	4	4	4	3	N/A	N/A
VA	231-232, 238	3	3	3	2	2	2	2	1	1	2	3	3	3	N/A	N/A
VA	rest of state	3	3	3	1	1	2	2	1	1	1	4	4	4	N/A	N/A
VI	entire area	2	5	5	5	5	1	1	1	1	5	N/A	N/A	N/A	N/A	N/A
VT	entire state	5	5	5	4	4	2	2	2	2	3	N/A	N/A	N/A	N/A	N/A
WA	980-985	5	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A	N/A	N/A
WA	986	4	5	5	3	3	3	3	4	4	5	N/A	N/A	N/A	N/A	N/A
WA	rest of state	5	5	5	4	4	4	4	4	4	4	N/A	N/A	N/A	N/A	N/A
WI	530-532, 534	3	5	5	3	3	2	2	2	2	3	N/A	N/A	N/A	N/A	N/A
WI	540	2	4	4	4	4	3	3	4	4	3	N/A	N/A	N/A	N/A	N/A
WI	rest of state	3	5	5	3	3	2	2	2	2	2	N/A	N/A	N/A	N/A	N/A
WV	254	2	5	5	3	3	4	4	4	4	4	N/A	N/A	3	N/A	N/A
WV	rest of state	4	2	2	1	1	2	2	1	1	1	N/A	N/A	2	N/A	N/A
WY	834	4	5	5	3	3	2	2	1	1	2	N/A	N/A	N/A	N/A	N/A
WY	rest of state	4	5	5	1	1	1	1	1	1	2	N/A	N/A	N/A	N/A	N/A
Inter-national	INTER	2	5	5	5	5	1	1	5	5	5	N/A	N/A	N/A	N/A	N/A

Appendix L

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Premium Rate Charts

Nationwide Dental Rates

Please Note: Rating areas for each carrier are not the same for all plans. Please refer to Appendix J to determine your specific region.

Plan Name	Option	Rating Region	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Aetna PPO	High (In and Out-of-Network Benefits)	1	\$13.56	\$27.13	\$40.69	\$29.38	\$58.78	\$88.16
		2	\$14.94	\$29.87	\$44.81	\$32.37	\$64.72	\$97.09
		3	\$15.89	\$31.80	\$47.68	\$34.43	\$68.90	\$103.31
		4	\$17.53	\$35.08	\$52.61	\$37.98	\$76.01	\$113.99
		5	\$19.04	\$38.08	\$57.12	\$41.25	\$82.51	\$123.76
Delta Dental PPO	Standard (In and Out-of-Network Benefits)	1	\$8.74	\$17.48	\$26.22	\$18.94	\$37.87	\$56.81
		2	\$9.52	\$19.05	\$28.57	\$20.63	\$41.28	\$61.90
		3	\$10.27	\$20.53	\$30.81	\$22.25	\$44.48	\$66.76
		4	\$10.83	\$21.64	\$32.47	\$23.47	\$46.89	\$70.35
		5	\$12.37	\$24.74	\$37.11	\$26.80	\$53.60	\$80.41
Delta Dental PPO	High (In and Out-of-Network Benefits)	1	\$16.72	\$33.44	\$50.16	\$36.23	\$72.45	\$108.68
		2	\$18.34	\$36.67	\$55.01	\$39.74	\$79.45	\$119.19
		3	\$20.11	\$40.22	\$60.33	\$43.57	\$87.14	\$130.72
		4	\$21.39	\$42.79	\$64.19	\$46.35	\$92.71	\$139.08
		5	\$24.88	\$49.77	\$74.65	\$53.91	\$107.84	\$161.74
FEP BlueDental PPO	Standard (In and Out-of-Network Benefits)	1	\$9.42	\$18.85	\$28.27	\$20.41	\$40.84	\$61.25
		2	\$10.72	\$21.43	\$32.15	\$23.23	\$46.43	\$69.66
		3	\$11.87	\$23.74	\$35.61	\$25.72	\$51.44	\$77.16
		4	\$12.52	\$25.04	\$37.56	\$27.13	\$54.25	\$81.38
		5	\$13.84	\$27.69	\$41.53	\$29.99	\$60.00	\$89.98
FEP BlueDental PPO	High (In and Out-of-Network Benefits)	1	\$16.37	\$32.74	\$49.11	\$35.47	\$70.94	\$106.41
		2	\$18.63	\$37.25	\$55.88	\$40.37	\$80.71	\$121.07
		3	\$20.64	\$41.28	\$61.92	\$44.72	\$89.44	\$134.16
		4	\$21.80	\$43.61	\$65.41	\$47.23	\$94.49	\$141.72
		5	\$24.11	\$48.22	\$72.33	\$52.24	\$104.48	\$156.72
GEHA PPO	Standard (In and Out-of-Network Benefits)	1	\$9.03	\$18.07	\$27.12	\$19.57	\$39.15	\$58.76
		2	\$9.92	\$19.85	\$29.77	\$21.49	\$43.01	\$64.50
		3	\$11.27	\$22.53	\$33.79	\$24.42	\$48.82	\$73.21
		4	\$12.16	\$24.32	\$36.48	\$26.35	\$52.69	\$79.04
		5	\$13.50	\$27.01	\$40.50	\$29.25	\$58.52	\$87.75
GEHA PPO	High (In and Out-of-Network Benefits)	1	\$15.28	\$30.57	\$45.86	\$33.11	\$66.24	\$99.36
		2	\$16.80	\$33.61	\$50.45	\$36.40	\$72.82	\$109.31
		3	\$19.07	\$38.16	\$57.23	\$41.32	\$82.68	\$124.00
		4	\$20.59	\$41.19	\$61.81	\$44.61	\$89.25	\$133.92
		5	\$22.87	\$45.76	\$68.66	\$49.55	\$99.15	\$148.76
MetLife PPO	Standard (In and Out-of-Network Benefits)	1	\$8.96	\$17.92	\$26.89	\$19.41	\$38.83	\$58.26
		2	\$9.71	\$19.43	\$29.14	\$21.04	\$42.10	\$63.14
		3	\$10.78	\$21.55	\$32.33	\$23.36	\$46.69	\$70.05
		4	\$11.96	\$23.92	\$35.88	\$25.91	\$51.83	\$77.74
		5	\$13.14	\$26.28	\$39.43	\$28.47	\$56.94	\$85.43
MetLife PPO	High (In and Out-of-Network Benefits)	1	\$16.58	\$33.16	\$49.74	\$35.92	\$71.85	\$107.77
		2	\$18.56	\$37.11	\$55.67	\$40.21	\$80.41	\$120.62
		3	\$20.22	\$40.44	\$60.66	\$43.81	\$87.62	\$131.43
		4	\$21.89	\$43.79	\$65.68	\$47.43	\$94.88	\$142.31
		5	\$24.50	\$49.00	\$73.50	\$53.08	\$106.17	\$159.25
United Concordia PPO	High (In and Out-of-Network Benefits)	1	\$13.75	\$27.51	\$41.25	\$29.79	\$59.61	\$89.38
		2	\$15.44	\$30.89	\$46.32	\$33.45	\$66.93	\$100.36
		3	\$17.13	\$34.26	\$51.41	\$37.12	\$74.23	\$111.39
		4	\$18.83	\$37.65	\$56.48	\$40.80	\$81.58	\$122.37
		5	\$20.52	\$41.03	\$61.55	\$44.46	\$88.90	\$133.36

Appendix L

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Premium Rate Charts

Regional Dental Rates

Please note: Rating areas for each carrier are not the same for all plans. Please refer to Appendix J to determine your specific region.

Plan Name	Option	Rating Region	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Dominion Dental HMO	Standard (In-Network Benefits Only except for emergency services)	1	\$5.99	\$11.98	\$17.97	\$12.98	\$25.96	\$38.94
		2	\$6.25	\$12.50	\$18.75	\$13.54	\$27.08	\$40.63
		3	\$6.97	\$13.95	\$20.92	\$15.10	\$30.23	\$45.33
		4	\$8.32	\$16.64	\$24.96	\$18.03	\$36.05	\$54.08
		5	\$8.87	\$17.75	\$26.62	\$19.22	\$38.46	\$57.68
Dominion Dental HMO	High (In-Network Benefits Only except for emergency services)	1	\$10.21	\$20.42	\$30.63	\$22.12	\$44.24	\$66.37
		2	\$10.58	\$21.17	\$31.75	\$22.92	\$45.87	\$68.79
		3	\$11.12	\$22.25	\$33.37	\$24.09	\$48.21	\$72.30
		4	\$12.94	\$25.89	\$38.83	\$28.04	\$56.10	\$84.13
		5	\$15.20	\$30.41	\$45.61	\$32.93	\$65.89	\$98.82
Humana	High (In-Network Benefits Only except for emergency services)	1	\$9.74	\$19.46	\$29.20	\$21.10	\$42.16	\$63.27
		2	\$10.31	\$20.61	\$30.92	\$22.34	\$44.66	\$66.99
		3	\$11.16	\$22.33	\$33.48	\$24.18	\$48.38	\$72.54
		4	\$13.54	\$27.08	\$40.62	\$29.34	\$58.67	\$88.01
		5	\$14.49	\$28.98	\$43.47	\$31.40	\$62.79	\$94.19
EmblemHealth PPO	High (In and Out-of-Network Benefits)	1	\$17.28	\$34.54	\$51.82	\$37.44	\$74.84	\$112.28
Triple S Salud PPO	High (In-Network Benefits Only except for services rendered by orthodontists)	1	\$4.57	\$9.14	\$11.98	\$9.90	\$19.80	\$25.96

International Dental Rates

Please note: International premium rates are not regionally based.

Plan Name	Biweekly Premium			Monthly Premium		
	Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Aetna	\$14.94	\$29.87	\$44.81	\$32.37	\$64.72	\$97.09
Delta Dental Standard	\$12.37	\$24.74	\$37.11	\$26.80	\$53.60	\$80.41
Delta Dental High	\$24.88	\$49.77	\$74.65	\$53.91	\$107.84	\$161.74
FEP BlueDental Standard	\$13.84	\$27.69	\$41.53	\$29.99	\$60.00	\$89.98
FEP BlueDental High	\$24.11	\$48.22	\$72.33	\$52.24	\$104.48	\$156.72
GEHA Standard	\$9.03	\$18.07	\$27.12	\$19.57	\$39.15	\$58.76
GEHA High	\$15.28	\$30.57	\$45.86	\$33.11	\$66.24	\$99.36
MetLife Standard	\$13.14	\$26.28	\$39.43	\$28.47	\$56.94	\$85.43
MetLife High	\$24.50	\$49.00	\$73.50	\$53.08	\$106.17	\$159.25
United Concordia	\$20.52	\$41.03	\$61.55	\$44.46	\$88.90	\$133.36

Appendix L

Federal Employees Dental and Vision Insurance Program (FEDVIP) Premium Rate Charts

Nationwide Vision Rates

Plan Name	Telephone & Website	Plan Option	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Aetna Vision	1-877-459-6604 aetnafeds.com/vision	Standard	\$3.18	\$6.08	\$8.93	\$6.89	\$13.17	\$19.35
		High	\$6.17	\$11.75	\$17.25	\$13.37	\$25.46	\$37.38
FEP BlueVision	1-888-550-2583 fepblue.org	Standard	\$3.73	\$7.45	\$11.18	\$8.08	\$16.14	\$24.22
		High	\$4.71	\$9.42	\$14.14	\$10.21	\$20.41	\$30.64
UnitedHealthcare Vision Plan	1-866-249-1999 TTY: 1-800-524-3157 fedvip.myuhcvision.com	Standard	\$2.91	\$5.69	\$8.47	\$6.31	\$12.33	\$18.35
		High	\$4.12	\$8.04	\$11.97	\$8.93	\$17.42	\$25.94
VSP (Vision Service Plan)	1-800-807-0764 choosevsp.com	Standard	\$3.67	\$7.33	\$11.01	\$7.95	\$15.88	\$23.86
		High	\$6.34	\$12.69	\$19.04	\$13.74	\$27.50	\$41.25

International Vision Rates

Plan Name	Telephone & Website	Plan Option	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Aetna Vision	1-877-459-6604 aetnafeds.com/vision	Standard	\$3.18	\$6.08	\$8.93	\$6.89	\$13.17	\$19.35
		High	\$6.17	\$11.75	\$17.25	\$13.37	\$25.46	\$37.38
FEP BlueVision	1-888-550-2583 fepblue.org	Standard	\$3.73	\$7.45	\$11.18	\$8.08	\$16.14	\$24.22
		High	\$4.71	\$9.42	\$14.14	\$10.21	\$20.41	\$30.64
UnitedHealthcare Vision Plan	1-866-249-1999 TTY: 1-800-524-3157 fedvip.myuhcvision.com	Standard	\$2.91	\$5.69	\$8.47	\$6.31	\$12.33	\$18.35
		High	\$4.12	\$8.04	\$11.97	\$8.93	\$17.42	\$25.94
VSP (Vision Service Plan)	1-800-807-0764 choosevsp.com	Standard	\$3.67	\$7.33	\$11.01	\$7.95	\$15.88	\$23.86
		High	\$6.34	\$12.69	\$19.04	\$13.74	\$27.50	\$41.25

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

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

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

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

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

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

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

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

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

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

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

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

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

OMB Control Number 1210-0137 (expires 10/31/2016)

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