

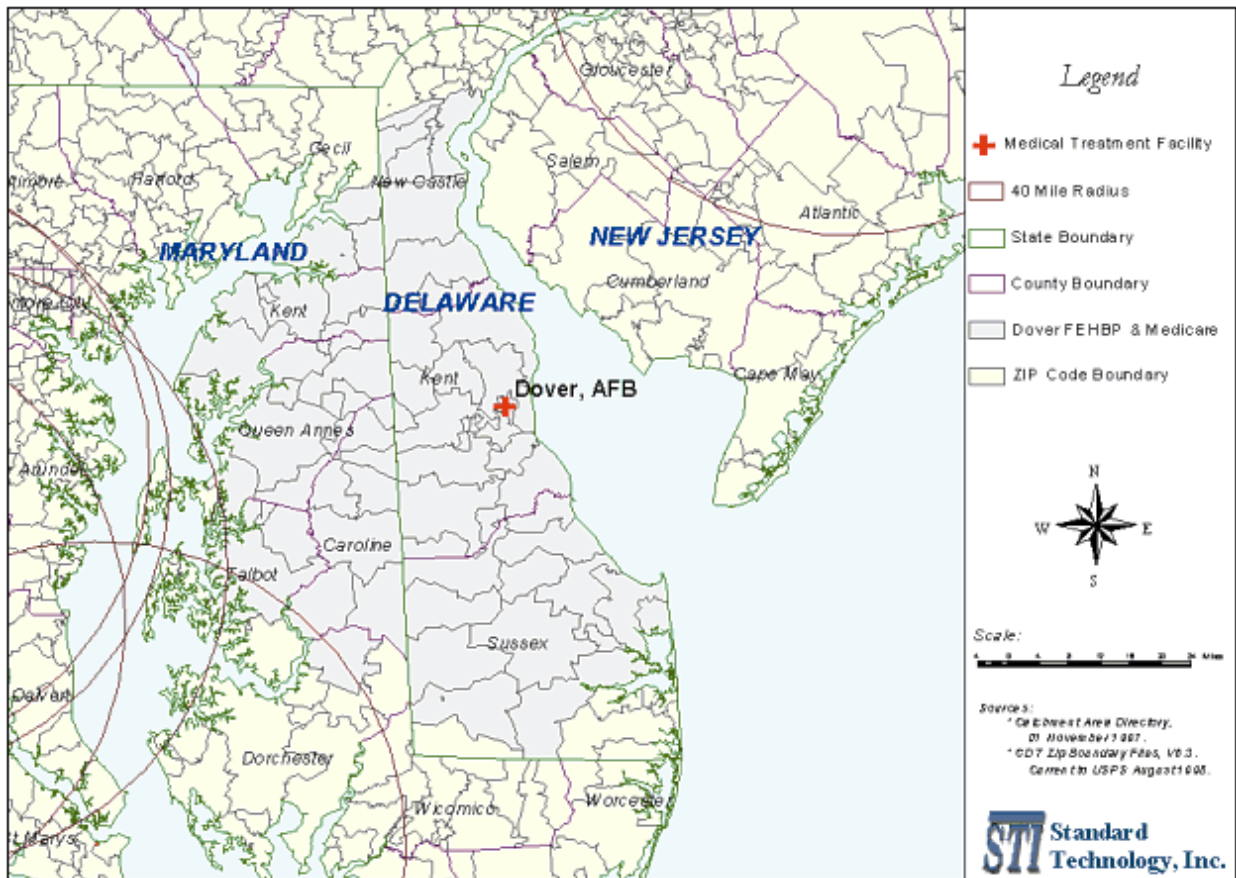
APPENDIX F

DOVER AIR FORCE BASE, DELAWARE

(includes parts of Delaware and Maryland)

- 1) Map of Demonstration Area**
- 2) Summary of Local FEHBP Options**
- 3) Summary of Medicare+Choice Options**

FEHBP Demonstration: Dover Air Force Base, Delaware



Delaware and Maryland FEHBP Options

Medical/Surgical Benefits Plans	Type of plan	Service Area	In Network You Pay				Your share of premium	
			Primary care doctor	Hospital room copay/ insurance	Prescription drugs, generic	Prescription drugs, brand	Self only	Self & family
							Monthly	
Aetna U.S. Health Care MD-IPA	HMO	All of Delaware	\$10	0	\$5	\$10	279.87	520.06
	HMO	All of Maryland	\$10	0	\$5	\$10	62.66	116.46
Prudential HelathCare HMO	HMO	Most of Maryland	\$10	0	\$5	\$15	250.92	462.11
			Primary care doctor	Hospital room copay/ insurance	Prescription drugs, generic	Prescription drugs, brand	Out of Network You Pay	
			\$10	0	\$10	\$20	20%	\$10
Free State Health Plan	POS	All of Maryland					Your share of premium	
							Monthly	
							Self only	Self & family
							261.21	482.78

Delaware and Maryland Quality Ratings

Plan Name	Satisfaction Indicators								Child survey Overall satisfaction
	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing		
Free State Health Plan	2	2	2	1	2	2	2	2	2
Aetna U.S. Health Care									
Aetna U.S. Healthcare-High	2	2	3	2	3	2	2	2	1
Aetna U.S. Healthcare- Std	2	2	3	2	3	2	2	2	1
CapitalCare	2	3	2	2	2	2	1	2	2
George Washington Univ HP	3	2	3	3	3	3	3	3	3
MD-IPA	2	2	2	2	2	1	1	2	2
Prudential HealthCare HMO	3	2	2	2	2	3	3	3	2

DELAWARE MEDICARE HEALTH PLAN COMPARISONS

	Blue Cross Blue Shield of DE, Inc. Medicare Blue (H0803 - 001)	CIGNA HealthCare of Delaware, Inc. CIGNA HealthCare for Seniors Premium Plan (H0852 - 001) New Castle County	Coventry Health Care Of Delaware, Inc. Advantra (H0802 - 001)	TRICARE Senior Prime (Military Retirees) TRICARE Senior Prime (H0853 - 001)	Freestate Health Plan, Inc. Medi-CareFirst (H2101 - 002)
Premium (Part B - \$45.50/month in 2000)	You pay \$60 a month if you have Medicare Parts A and B.	You pay \$30 a month if you have Medicare Parts A and B.	You pay \$81 a month if you have Medicare Parts A and B.	You pay nothing if you have Medicare Parts A and B.	You pay \$50 a month if you have Medicare Parts A and B.
Physician Visits	You pay \$5 for each visit with your personal physician.	You pay \$10 for each visit with your personal physician.	You pay \$10 for each visit with your personal physician.	You pay nothing to see your personal physician.	You pay \$5 for each visit with your personal physician.
Inpatient Hospital	You pay nothing for your hospital stay. You are covered for additional days in the hospital. Contact plan for details.	You pay nothing for your hospital stay. You are covered for additional days in the hospital. Contact plan for details.	You pay \$100 for each admission to a plan hospital. You are covered for additional days in the hospital. Contact plan for details.	You pay \$25 for each admission to a plan hospital. You are covered for additional days in the hospital. Contact plan for details.	You pay nothing for your hospital stay. You are covered for additional days in the hospital. Contact plan for details.
Doctor Choice	You need a referral to see a specialist some of the time. Contact plan for details.	You need a referral to see a specialist some of the time. Contact plan for details.	You need a referral to see a specialist, except for your annual GYN visit.	You need a referral to see a specialist some of the time. Contact plan for details.	You need a referral to see a specialist some of the time. Contact plan for details.

	Blue Cross Blue Shield of DE, Inc. Medicare Blue (H0803 - 001)	CIGNA HealthCare of Delaware, Inc. CIGNA HealthCare for Seniors Premium Plan (H0852 - 001) New Castle County	Coventry Health Care Of Delaware, Inc. Advantra (H0802 - 001)	TRICARE Senior Prime (Military Retirees) TRICARE Senior Prime (H0853 - 001)	Freestate Health Plan, Inc. Medi-CareFirst (H2101 - 002)
Prescription Drugs	You pay 100% for most prescription drugs.	Prescription drugs are covered with limits. You pay \$7 per generic prescription. You pay \$15 per brand name prescription. You have an unlimited generic drug benefit. Your brand name prescription drugs are covered up to \$100 per year. You must use plan-approved prescription drugs.	You pay 100% for most prescription drugs.	Prescription drugs are covered with limits. You pay nothing per generic prescription. You pay nothing per brand name prescription. You have an unlimited prescription drug benefit. If you do not use plan-approved drugs, your costs may be different.	Prescription drugs are covered with limits. You pay \$15 per generic prescription. You pay \$15 per brand name prescription. Your generic and brand name prescription drugs are covered up to \$1,000 per year. You must use plan-approved prescription drugs. There are other limits on prescription drugs. Contact plan for details.
Physical Exams	You pay \$5 for a physical exam. You are covered for 1 physical exam(s) per year.	You pay \$10 for a physical exam. You are covered for 1 physical exam(s) per year.	You pay \$10 for a physical exam. You are covered for 1 physical exam(s) per year.	You pay nothing for a physical exam.	You pay \$5 for a physical exam. You are covered for an unlimited number of physical exams per year.
Vision Services	You have some coverage for glasses, contacts and routine eye exams. Contact plan for details.	You have some coverage for routine eye exams. Contact plan for details.	Routine eye exams and glasses are not covered. You are covered for diagnostic and therapeutic services for the eye.	You have some coverage for routine eye exams. Contact plan for details.	You have some coverage for glasses, contacts and routine eye exams. Contact plan for details.

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Dental	In general, you pay 100% for dental services.	In general, you pay 100% for dental services.	In general, you pay 100% for dental services.	In general, you pay 100% for dental services.	You are covered for unlimited preventive dental exams per year. You pay \$3 per preventive dental exam. You are covered for some other dental care beyond the basic Medicare benefit. Contact plan for details.

MARYLAND MEDICARE HEALTH PLAN COMPARISONS

	Kaiser Fndn Hp of The Mid-Atlantic Sts (H2150 - 999)	TRICARE Senior Prime (Military Retirees) TRICARE Senior Prime (H0853 - 001)	United HealthCare Insurance Company EverCare (H2155 - 001)
Premium (Part B - \$45.50/month in 2000)		You pay nothing if you have Medicare Parts A and B.	You pay nothing if you have Medicare Parts A and B.

	Kaiser Fndn Hp of The Mid-Atlantic Sts (H2150 - 999)	TRICARE Senior Prime (Military Retirees) TRICARE Senior Prime (H0853 - 001)	United HealthCare Insurance Company EverCare (H2155 - 001)
Physician Visits		You pay nothing to see your personal physician.	You pay nothing to see your personal physician.
Inpatient Hospital		You pay \$25 for each admission to a plan hospital. You are covered for additional days in the hospital. Contact plan for details.	You pay nothing for your hospital stay. You are covered for additional days in the hospital. Contact plan for details.
Doctor Choice		You need a referral to see a specialist some of the time. Contact plan for details.	You need a referral to see a specialist some of the time. Contact plan for details.
Prescription Drugs		Prescription drugs are covered with limits. You pay nothing per generic prescription. You pay nothing per brand name prescription. You have an unlimited prescription drug benefit. If you do not use plan-approved drugs, your costs may be different.	You pay 100% for most prescription drugs.
Physical Exams		You pay nothing for a physical exam.	You pay nothing for a physical exam. You are covered for an unlimited number of physical exams per year.
Vision Services		You have some coverage for routine eye exams. Contact plan for details.	Routine eye exams and glasses are not covered. You are covered for diagnostic and therapeutic services for the eye.

	Kaiser Fndn Hp of The Mid-Atlantic Sts (H2150 - 999)	TRICARE Senior Prime (Military Retirees) TRICARE Senior Prime (H0853 - 001)	United HealthCare Insurance Company EverCare (H2155 - 001)
Dental		In general, you pay 100% for dental services.	In general, you pay 100% for dental services.

DELAWARE MEDICARE QUALITY RATINGS

Satisfaction Indicators				
Plan Name	Overall Rating of Managed Care Plan	Overall Rating of Health Care Patients Received	Doctors Who Communicate Well	Ease of Getting Referrals to a Specialist
Blue Cross Blue Shield of DE, Inc.	Data not available	Data not available	Data not available	Data not available
CIGNA HealthCare of Delaware, Inc.	Data not available	Data not available	Data not available	Data not available
Coventry Health Care Of Delaware, Inc.	Data not available	Data not available	Data not available	Data not available
TRICARE Senior Prime (Military Retirees)	Data not available	Data not available	Data not available	Data not available

MARYLAND MEDICARE QUALITY RATINGS

Plan Name	Satisfaction Indicators			
	Overall Rating of Managed Care Plan	Overall Rating of Health Care Patients Received	Doctors Who Communicate Well	Ease of Getting Referrals to a Specialist
Kaiser Fndn Hp of The Mid-Atlantic Sts	Data not available	Data not available	Data not available	Data not available
TRICARE Senior Prime (Military Retirees)	Data not available	Data not available	Data not available	Data not available
United HealthCare Insurance Company	Data not available	Data not available	Data not available	Data not available

