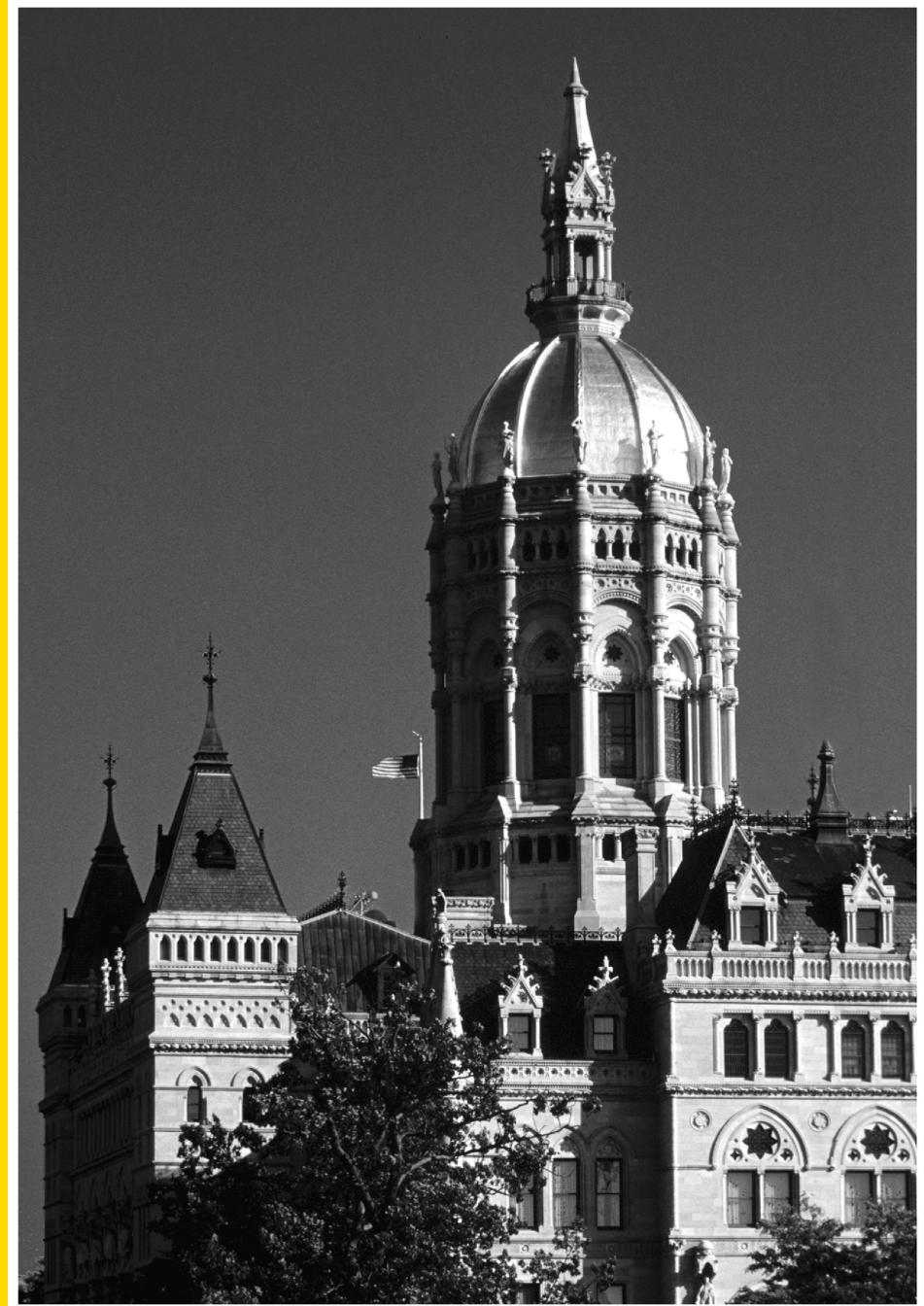
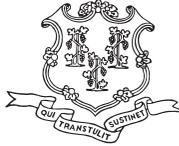


A COMPARISON OF

*Managed Care
Organizations
In Connecticut*



October 2008



Dear Health Care Consumer,

The Insurance Department is pleased to provide you with the latest edition of “Managed Care Organization in Connecticut,” a comparison guide of all Health Maintenance Organizations (HMOs) and the fifteen largest insurers that offer managed care plans in the State.

Choosing the right health coverage for yourself and your family can be difficult and confusing. This guide contains information concerning the organizations offering managed health care plans. Information concerning a specific plan offered by the organization can be obtained directly from the companies by calling the customer service numbers listed in the guide. In addition, a comparison worksheet is included to help you narrow your choices in making a decision.

Sincerely,

Thomas R. Sullivan
Insurance Commissioner

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About This Guide

This guide is designed to help you compare *managed care organizations (MCOs)*. It contains data from all *Health Maintenance Organizations (HMOs)* and the fifteen indemnity insurers with the highest premium volume for *managed care plans* in Connecticut. Medicare and Medicaid programs are not included. You will find information on *HMOs* presented in the first half of this guide and information on *indemnity MCOs* in the second half. Customer service phone numbers and other general information are provided. The number of physicians, hospitals and pharmacies is shown for each *MCO* by county. This is followed by a comparison of certain quality measures and member satisfaction survey results. Similar information on indemnity insurers that offer *managed care plans* but are not included in this guide is available at the Insurance Department. A list of these companies with addresses and phone numbers is included in this guide. A glossary of common terms used in *managed care* is also included in this guide. Any terms that are in *italics* can be found in the glossary.

The information in this guide is based on data provided by the *MCOs* as of year end 2007. This guide does not contain information on specific plans offered by the *MCOs*. Each *MCO* offers several different plans, and often tailors them to a specific policyholder's needs. You will need to get additional information from the *MCO* or your employer to make your choice. In addition to this guide, you will need provider directories, premium or contribution rates and schedules of benefits for each plan you are considering.

You should consider the following factors when choosing a health plan:

- **Service Area:** Do you live or work in the service area?
- **Convenience:** How far would you have to travel from your home or office to use the health care services?
- **Choice of Providers:** Does the network include your physicians, hospital, pharmacy or any other *provider*? Does the plan include an option for going out of the network?
- **Coverage:** Does the plan provide the health services that you are most likely to need?
- **Cost:** What is the premium or employee contribution? What *copayments, deductibles* or *coinsurance* amounts will you be required to pay?
- **Performance:** How did the health plans you are considering perform on the measures that are important to you and your family?

To help you make your choice, this guide includes a "Managed Care Plan Comparison Worksheet." You may use this worksheet to compare the various *managed care plans* available to you. Certain coverages are mandated by law. The worksheet does not include these benefits, since they must be included in all *managed care plans* issued in Connecticut. This guide will be updated annually.

Overview of Managed Care

What is managed care?

Managed Care is a general term to describe a system of health care delivery that attempts to manage the access, cost and quality of health care. Preventive care and early detection screenings are promoted. You generally are required to choose a *primary care physician* to oversee your care.

How do traditional indemnity plans differ from managed care plans?

Traditional *indemnity plans* reimburse you for expenses incurred for covered services. After a specified *deductible* is met, there can be cost sharing by you and the plan through *coinsurance* or a *copayment*. You are free to use any licensed health care *provider*.

Managed care plans as defined in Connecticut law perform *utilization review* and use a network of *participating providers*. Most services are covered in full, although a *copayment* may be required at the time the covered service is rendered. You must use *participating providers* in the network to receive the highest level of coverage, except in the case of an emergency. The plan may offer out of network benefits.

If you are in a *managed care plan* and are denied coverage due to medical necessity, you may have the right to an external appeal.

What are some common features of managed care plans?

- **Utilization Reviews (UR):** You may be required to get approval from the *MCO* for certain services before receiving treatment.
- **Provider Networks:** You must use *providers* that have contracts with the *MCO* unless the plan provides out of network benefits.
- **Preventive Care:** Physicals and early detection screenings are generally covered to keep you healthy.
- **Reduction of Paperwork:** There are generally no claim forms.
- **Copayments:** You may be required to pay a flat fee at the time the health care is rendered.
- **Gatekeeper:** You may need to get a referral from your *primary care physician* before seeing a specialist.

Managed Care Organizations Included in this Guide

Health Maintenance Organizations

Aetna Health	Aetna Health, Inc. of CT
Anthem BC-BS	Anthem Blue Cross & Blue Shield of CT, Inc.
CIGNA	CIGNA HealthCare of CT, Inc.
ConnectiCare	ConnectiCare, Inc.
Health Net	Health Net of CT Inc.
Oxford	Oxford Health Plans (CT), Inc.

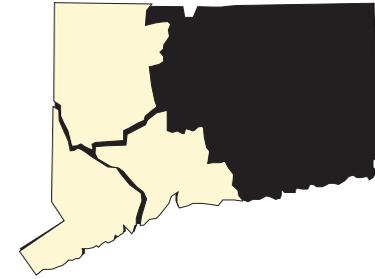
Indemnity Managed Care Organizations

Aetna Life	Aetna Life Insurance Co.
American Republic	American Republic Insurance Co.
Anthem BC-BS	Anthem Blue Cross & Blue Shield of CT, Inc.
Celtic	Celtic Insurance Co.
ConnectiCare	ConnectiCare Insurance Co., Inc.
CT General	Connecticut General Life Insurance Co.
Golden Rule	Golden Rule Insurance Co.
Guardian	Guardian Life Insurance Co. of America
Health Net	Health Net Insurance of CT, Inc.
John Alden	John Alden Life Insurance Co.
Oxford Health	Oxford Health Insurance Co.
Time	Time Insurance Co.
Trustmark	Trustmark Insurance Co.
Union Security	Union Security Insurance Co.
United	United HealthCare Insurance Co.

The companies will be referenced by the abbreviations shown in **bold face type**.
Some companies may be servicing existing business and not currently issuing new business.

Health Maintenance Organizations

Number of Providers Located in Each Connecticut County



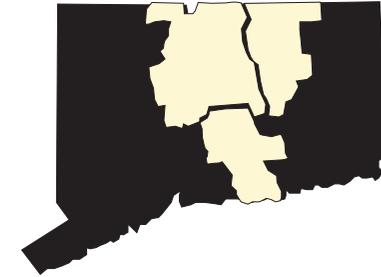
HMO

	Fairfield County				New Haven County				Litchfield County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	654	1,472	6	137	637	2,018	6	169	88	174	3	39
Anthem BC-BS	681	1,241	6	144	675	1,848	7	178	87	133	3	42
CIGNA	690	1,539	6	137	749	2,069	7	166	92	165	3	37
ConnectiCare	620	1,290	6	143	787	1,870	7	171	85	173	3	43
Health Net	701	1,666	6	145	702	2,695	7	176	91	182	3	43
Oxford	800	1,734	6	139	904	2,179	6	173	116	276	3	44

Listed above are the total number of primary care physicians, physician specialists, hospitals and pharmacies for each HMO provider network in Fairfield, New Haven and Litchfield counties. If an individual physician practices in more than one office, the physician is only counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the HMO's enrollees.

Health Maintenance Organizations

Number of Providers Located in Each Connecticut County



HMO	Hartford County				Tolland County				Middlesex County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	677	1,679	7	175	63	47	2	25	96	162	1	28
Anthem BC-BS	734	1,531	7	181	69	56	2	25	93	163	1	31
CIGNA	744	1,818	8	172	70	78	2	21	117	188	1	28
ConnectiCare	801	2,136	7	171	62	63	2	25	115	144	1	28
Health Net	706	1,966	7	169	74	84	2	22	109	195	1	30
Oxford	865	1,720	8	177	70	170	2	23	113	287	1	30

Listed above are the total number of primary care physicians, physician specialists, hospitals and pharmacies for each HMO provider network in Hartford, Tolland and Middlesex counties. If an individual physician practices in more than one office, the physician is only counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the HMO's enrollees.

Health Maintenance Organizations

Number of Providers Located in Each Connecticut County



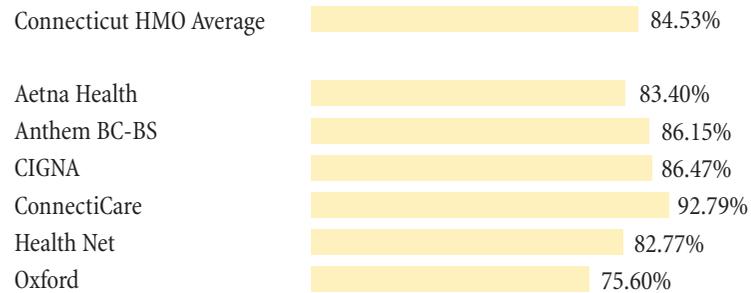
HMO	New London County				Windham County				TOTALS FOR ALL COUNTIES			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	148	268	2	41	72	86	2	19	2,435	5,906	29	633
Anthem BC-BS	169	274	2	42	72	81	2	22	2,580	5,327	30	665
CIGNA	136	250	2	42	76	140	2	20	2,674	6,247	31	623
ConnectiCare	150	298	2	43	72	101	2	21	2,692	6,075	30	645
Health Net	173	378	2	44	77	115	2	22	2,633	7,281	30	651
Oxford	179	370	2	46	81	173	2	22	3,128	6,909	30	654

Listed above are the total number of primary care physicians, physician specialists, hospitals and pharmacies for each HMO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is only counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the HMO's enrollees.

Quality Measures

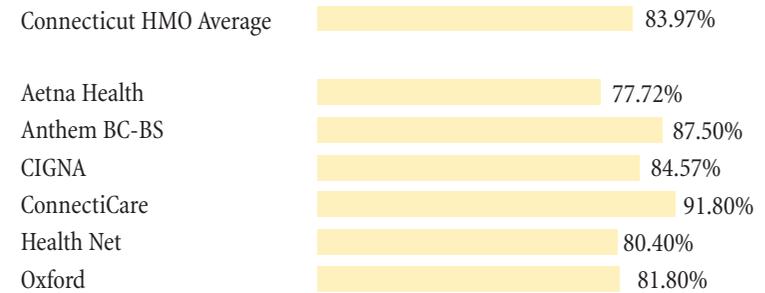
Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the HMO's provider network who were board certified as of December 31, 2007.



Percentage of Physician Specialists Who Are Board Certified

The percentage of physician specialists in the HMO's provider network who were board certified as of December 31, 2007.



Quality Measures

Breast Cancer Screening

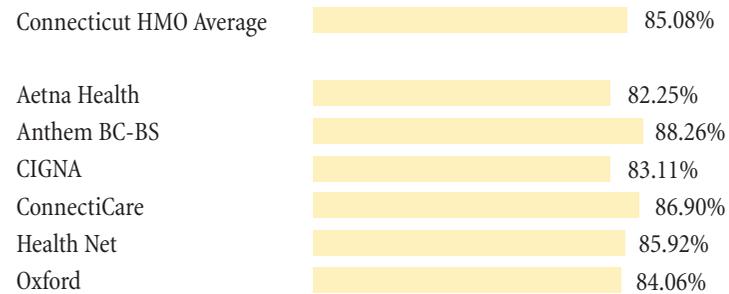
The percentage of enrolled women who: (a) were age 40 through 69 years as of December 31, 2007; and (b) were continuously enrolled during 2006 and 2007; and (c) had a mammogram during 2006 or 2007.

Connecticut HMO Average	73.34%
Aetna Health	73.41%
Anthem BC-BS	74.71%
CIGNA	69.84%
ConnectiCare	74.40%
Health Net	75.13%
Oxford	72.52%

Quality Measures

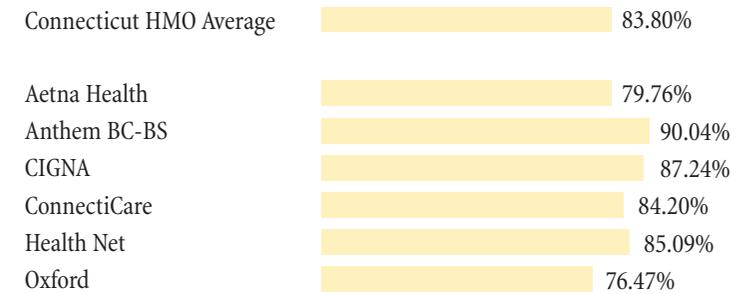
Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 21 through 64 years as of December 31, 2007; and (b) were continuously enrolled during 2005, 2006, or 2007; and (c) received one or more Pap tests during 2005, 2006, or 2007.



Childhood Immunizations

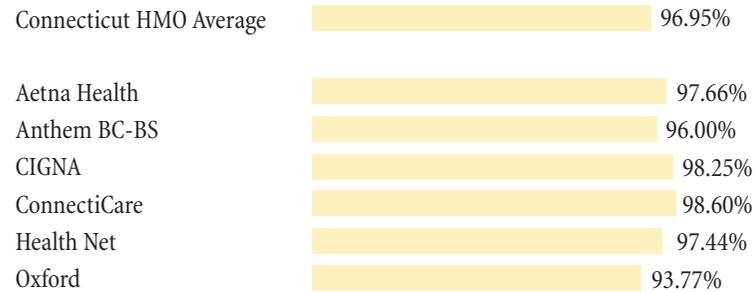
The percentage of enrolled children who: (a) turned two years old during 2007; and (b) were continuously enrolled for the 12 months preceding their second birthday; and (c) have received recommended immunizations. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox and pneumococcal are included in this measure.



Quality Measures

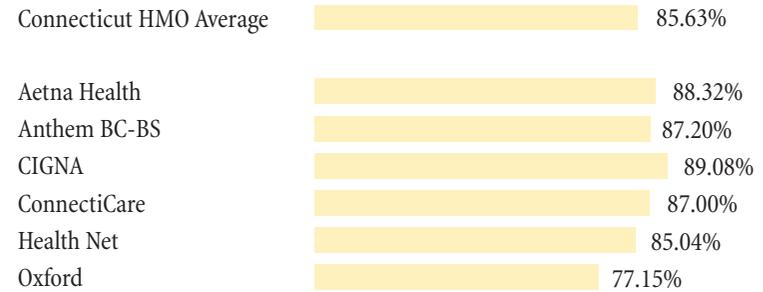
Prenatal Care in the First Trimester

The percentage of enrolled women who: (a) delivered a live birth between November 6, 2006 and November 5, 2007; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had at least one prenatal care visit in the first trimester or within 42 days of enrollment in the Managed Care Organization.



Postpartum Care Following Delivery

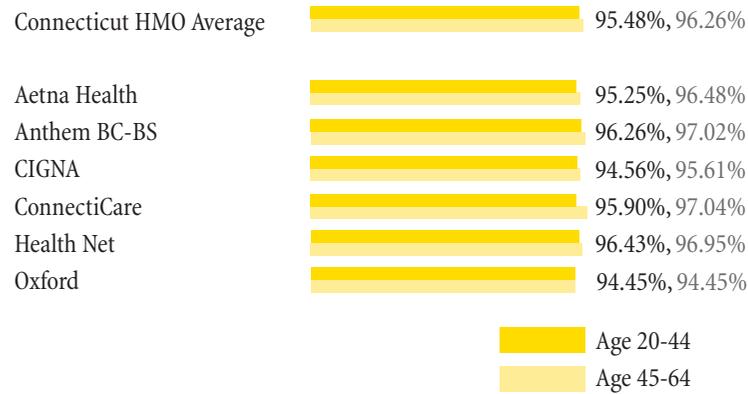
The percentage of enrolled women who: (a) delivered a live birth between November 6, 2006 and November 5, 2007; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had a postpartum visit on or between 21 days and 56 days after delivery.



Quality Measures

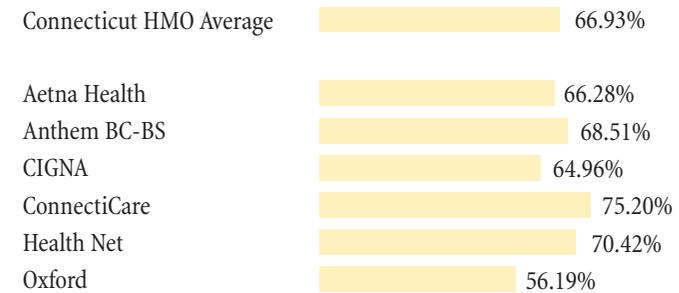
Adult Access to Care

The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2007 who (a) were continuously enrolled in the plan during 2005, 2006 and 2007; and (b) have had at least one ambulatory or preventive care visit with a health plan provider during 2005, 2006 or 2007.



Eye Exams for People with Diabetes

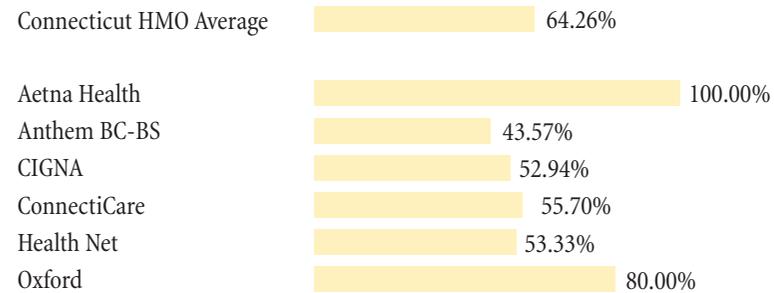
The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2007; and (b) turned 18 through 75 years of age during 2007; and (c) were continuously enrolled during 2007; and (d) had an eye examination in 2007.



Quality Measures

Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 35 years and older as of December 31, 2007; and (b) were hospitalized and discharged alive between January 1, 2007 and December 24, 2007; and (c) had a diagnosis of Acute Myocardial Infarction (AMI); and (d) received an ambulatory prescription for beta blockers upon discharge.



Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2007	Average cost per prescription	Average annual number of prescriptions per member per year
Aetna Health	\$34,180,540	\$64.32	11.34
Anthem BC-BS	\$183,171,315	\$66.10	12.29
CIGNA	\$33,908,397	\$65.89	10.33
ConnectiCare	\$163,176,024	\$60.89	12.50
Health Net	\$109,162,152	\$71.19	11.93
Oxford	\$19,276,609	\$69.38	11.00

Health Maintenance Organizations Utilization Review Measures

HMO	Total Number of UR Request	Total Number of UR Denials	Percentage of UR Requests Denied	Total Number of UR Denials that were Appealed	Total Number of Denials that were Reversed on Appeal	Percentage of Denials that were Reversed on Appeal
Aetna Health	15,506	2,008	12.95%	76	39	51.32%
Anthem BC-BS	84,906	4,620	5.44%	905	444	49.06%
CIGNA	15,576	3,486	22.38%	38	16	42.11%
ConnectiCare	51,679	7,009	13.56%	507	118	23.27%
Health Net	98,288	28,110	28.60%	350	79	22.57%
Oxford	28,375	8,341	29.40%	352	157	44.60%

Health Maintenance Organizations

Fully Insured Behavioral Health - Utilization Review Statistics	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Provide the following on all fully-insured mental & nervous conditions for calendar year 2007.						
1) Number of UR requests received						
a) Inpatient Admissions	243	3,256	210	2,630	1,158	230
b) Outpatient Services	340	8,996	133	9,936	2,018	63
c) Procedures	0	0	8	0	49	6
d) Extensions of Stay	0	3,264	440	839	1,718	230
2) Number of Total Denials						
a) Inpatient Admissions	0	102	8	64	3	23
b) Outpatient Services	11	41	6	36	9	3
c) Procedures	0	0	0	0	0	2
d) Extensions of Stay	0	170	11	82	6	23
3) Number of Partial Denials						
a) Inpatient Admissions	27	0	0	20	0	18
b) Outpatient Services	0	229	1	16	0	3
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	0	2	35	0	18
4) Number of Appeals of Denials						
a) Inpatient Admissions	18	36	1	22	0	7
b) Outpatient Services	1	38	0	14	2	1
c) Procedures	0	0	0	0	0	1
d) Extensions of Stay	0	47	4	31	0	7
5) Number of Denials Reversed on Appeal						
a) Inpatient Admissions	11	0	0	8	0	2
b) Outpatient Services	1	4	0	3	0	0
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	10	0	0

Health Maintenance Organizations

Mental Health Utilization - Inpatient Discharges & Average Length of Stays	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	197	1,193	147	1,129	611	400
Report the total discharges / 1,000 member months* *for Medicaid. Commercial & Medicare use: discharges / 1,000 members per year	3.01	3.57	2.99	5.13	0.27	4.50
Report the average length of stay.	8.27	8.70	7.78	8.57	9.04	10.64

Mental Health Utilization - Percentage by Level of Care	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Report the total number of members who received care						
A) Any Mental Health Service	4,035	34,244	3,152	20,717	16,366	2,356
B) Inpatient Mental Health Services	109	944	120	652	476	66
C) Intermediate Mental Health Services	99	655	71	345	360	33
D) Ambulatory Mental Health Services	3,993	34,079	3,120	20,422	16,269	2,344
Report the percentage of the above numbers who received the respective service.						
A) Inpatient Mental Health Services	0.19%	0.28%	0.24%	0.30%	0.26%	0.24%
B) Intermediate Mental Health Services	0.18%	0.20%	0.14%	0.16%	0.19%	0.12%
C) Ambulatory Mental Health Services	7.14%	10.19%	6.34%	9.29%	8.72%	8.40%

Health Maintenance Organizations

Chemical Dependency Utilization - Inpatient Discharges & Average Length of Stays	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Report the total number of inpatient discharges with chemical dependency as the principal diagnosis, including detoxification, at either a hospital or a treatment facility.	82	859	118	619	549	86
Report the total discharges / 1,000 member months* *for Medicaid. Commercial & Medicare use: discharges / 1,000 members per year	1.25	2.57	2.40	2.82	0.25	0.97
Report the average length of stay.	4.63	5.10	5.53	5.51	4.87	4.90

Alcohol & Other Drug Services - Percentage by Level of Care	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Report the total number of members who received care						
a) Any Chemical Dependency Service	674	4,049	634	2,602	2,413	328
b) Inpatient Chemical Dependency Services	179	1,067	191	779	814	113
c) Intermediate Chemical Dependency Services	93	620	107	299	348	21
d) Ambulatory Chemical Dependency Services	563	3,544	477	2,133	2,076	281
Report the percentage of the above numbers who received the respective service.						
a) Inpatient Chemical Dependency Services	0.32%	0.32%	0.39%	0.35%	0.44%	0.40%
b) Intermediate Chemical Dependency Services	0.17%	0.19%	0.22%	0.14%	0.19%	0.08%
c) Ambulatory Chemical Dependency Services	1.01%	1.06%	0.97%	0.97%	1.11%	1.01%

Health Maintenance Organizations

Mental Health Utilization - Follow-up After Hospitalization for Mental Illness	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
The percentage of discharges from an inpatient setting of an acute care facility, including acute psychiatric facilities, with a discharge date on or before Dec 1, 2007 for members 6 yrs of age or older who were hospitalized for treatment of select mental health disorders.						
a) Who had an ambulatory or intermediate mental health visit on the date of discharge up to 30 days after the hospital discharge.	74.00%	86.41%	69.39%	90.91%	83.76%	72.88%
b) Who had an ambulatory or intermediate mental health visit on the date of discharge up to 7 days after the hospital discharge.	55.00%	71.73%	51.02%	83.04%	69.37%	59.32%

Mental Health Utilization - Antidepressant Medication Management	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
The percentage of members 18 and older as of Apr. 30, 2007, who were continuously enrolled 120 days prior to the episode start date through 245 days after the start date, who were diagnosed with a new episode of depression between May 1, 2006 and Apr. 30, 2007, and treated with antidepressant medication.						
a) Who had at least 3 follow-up office visits or intermediate treatment with a practitioner within 84 days (12 weeks) after the episode start date.	25.44%	31.09%	24.16%	51.47%	32.77%	36.05%
b) Who remained on antidepressant medication the entire 84 day period acute treatment phase.	69.82%	65.77%	65.10%	65.55%	62.92%	58.14%
c) Who remained on antidepressant medication for at least 180 days (6 months)	59.76%	46.69%	49.66%	49.16%	45.13%	45.35%

Health Maintenance Organizations

Claim Expenses -	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2007 through Dec. 31, 2007, for each of the following.						
Inpatient Mental Health	\$2.26	\$2.46	\$3.97	\$1.65	\$2.61	\$2.68
Inpatient Substance Abuse	\$0.67	\$0.75	\$1.76	\$0.55	\$0.86	\$0.35
Outpatient Mental Health	\$3.98	\$4.74	\$8.44	\$3.30	\$4.04	\$7.10
Outpatient Substance Abuse	\$0.35	\$0.19	\$1.97	\$0.69	\$0.09	\$0.40
Total of the above overall	\$7.27	\$8.13	\$16.14	\$6.20	\$7.60	\$10.53

Member Satisfaction Survey – Health Maintenance Organizations

HMO	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Percentage of Managed Care members surveyed.	3.33%	0.39%	4.35%	0.78%	1.50%	3.17%
The percentage of those surveyed who responded.	27.77%	28.88%	23.61%	34.50%	28.62%	27.30%
Q. In the last 12 months, how often was it easy to get appointments with specialists?						
Never	1.30%	3.10%	2.10%	2.70%	2.70%	4.91%
Sometimes	18.50%	13.50%	9.90%	13.60%	11.10%	12.95%
Usually	39.50%	38.90%	37.70%	39.90%	28.50%	35.71%
Always	40.80%	44.60%	50.30%	43.90%	57.70%	46.43%
Q. In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought was needed?						
Never	1.00%	1.90%	0.40%	0.80%	1.50%	2.36%
Sometimes	10.60%	9.60%	9.00%	13.70%	11.20%	14.19%
Usually	41.20%	31.80%	39.70%	31.50%	26.60%	32.43%
Always	47.20%	56.70%	50.90%	54.10%	60.80%	51.01%
Q. In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?						
Never	0.00%	1.70%	1.60%	0.00%	1.20%	5.88%
Sometimes	8.00%	8.30%	4.80%	12.40%	7.60%	9.15%
Usually	27.00%	26.40%	22.40%	20.90%	25.70%	23.53%
Always	65.00%	63.60%	71.20%	66.70%	65.50%	61.44%
Q. In the last 12 months, how often was it easy to get the care, tests or treatment, you thought you needed through your health plan?						
Never	3.00%	0.90%	3.00%	2.20%	1.50%	6.38%
Sometimes	10.30%	4.10%	7.60%	11.50%	6.90%	13.19%
Usually	34.50%	31.50%	36.40%	26.20%	25.10%	29.79%
Always	52.10%	63.50%	53.00%	60.10%	66.40%	50.64%

HMO	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Q. In the last 12 months, how often did the written materials or Internet provide the information you needed about how your health plan works?						
Never	2.60%	3.80%	5.20%	5.00%	7.00%	7.84%
Sometimes	33.80%	40.00%	28.60%	31.90%	33.00%	42.16%
Usually	45.50%	42.50%	48.10%	39.50%	31.00%	30.39%
Always	18.20%	13.80%	18.20%	23.50%	29.00%	19.61%
Q. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?						
Never	4.30%	2.30%	5.90%	3.70%	6.10%	10.40%
Sometimes	22.60%	24.10%	11.90%	14.90%	12.90%	23.20%
Usually	31.20%	35.60%	35.60%	23.90%	24.50%	33.60%
Always	41.90%	37.90%	46.50%	57.50%	56.40%	32.80%
Q. Use any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible. How would you rate your health plan now?						
0	2.10%	0.30%	1.20%	0.40%	0.40%	0.90%
1	0.00%	0.60%	0.00%	0.20%	0.00%	1.19%
2	1.70%	0.60%	1.50%	1.30%	0.70%	1.49%
3	0.80%	0.60%	1.80%	2.00%	1.40%	1.49%
4	3.00%	1.30%	1.50%	0.90%	0.90%	4.18%
5	6.80%	6.50%	11.90%	7.90%	3.40%	11.94%
6	6.80%	4.20%	9.70%	8.40%	4.60%	12.54%
7	16.00%	14.50%	15.20%	16.00%	12.30%	17.61%
8	30.00%	25.80%	29.50%	24.60%	22.20%	24.18%
9	19.00%	19.00%	13.70%	23.10%	25.60%	14.03%
10	13.90%	26.50%	14.00%	15.20%	28.50%	10.45%

Health Maintenance Organizations

HMO	Address	CUSTOMER SERVICE INFORMATION			Does the HMO market to individuals?
		Customer Service Phone Number	Days of the week the phone is staffed	Hours the phone is staffed	
Aetna Health, Inc.	151 Farmington Ave., Hartford, CT 06156	Varies by group	Monday-Friday	8:00am-6:00pm	No
Anthem Blue Cross & Blue Shield of CT, Inc.	370 Bassett Road North Haven, CT 06473	multiple numbers	Monday-Friday	8:00am-5:00pm	Yes
CIGNA HealthCare of CT, Inc.	900 Cottage Grove Road Hartford, CT 06152	1-800-832-3211 and 1-800-244-6224	Monday-Friday	8:00am-6:00pm	No
ConnectiCare, Inc.	175 Scott Swamp Road Farmington, CT 06032	1-800-251-7722 and 860-674-5757	Monday-Friday	Mon-Thu 8:00am-6:00pm Fri 8:00am-5:00pm	Yes
Health Net of Connecticut, Inc.	One Far Mill Crossing, P.O. Box 904 Shelton, CT 06484	1-800-441-5741	Monday-Friday	8:00am-6:00pm	No
Oxford Health Plans (CT), Inc.	48 Monroe Turnpike Trumbull, CT 06611	1-800-444-6222 or 1-800-666-1353	Monday-Friday	8:00am-6:00pm	No

Health Maintenance Organizations

Fully Insured Enrollment	Other Enrollment	Total Enrollment	Level of NCQA Accreditation Achieved ¹
37,952	16,031	53,983	Excellent
283,877	223,223	507,100	Excellent
35,877	0	35,877	Excellent
183,103	20,331	203,434	Excellent
144,395	165,547	309,942	Excellent
41,120	1,246	42,366	Excellent

1) National Committee for Quality Assurance (NCQA)

A not-for-profit organization that reviews quality and performance measures of HMOs, providing an independent standard of accountability.

Levels of Accreditation

Excellent (HMO/POS) - awarded to HMOs that meet or exceed NCQA's standards. Must also achieve HEDIS results in the highest range of performance.

Full Accreditation (PPOs) - awarded to HMOs that meet the NCQA's standards and is effective for three years.

Commendable (HMO/POS) - awarded to HMOs that meet or exceed NCQA standards.

One-Year Accreditation (PPOs) - awarded to HMOs that meet most of the NCQA's standards but not enough to obtain full accreditation.

Accredited - plans that meet most of NCQA's basic requirements.

In Process - NCQA has reviewed the health plan for the first time and is in the process of making a decision on the accreditation outcome.

Denied - That a health plan did not meet NCQA's requirements during its review.

Under Review - Indicates NCQA has chosen to re-review the health plan in order to assess the appropriateness of an existing accreditation.

Revoked - Indicates serious circumstances have caused NCQA to withdraw accreditation.

NA - the health plan has not applied for NCQA accreditation.

Indemnity Managed Care Organizations

Managed Care Organization	Address	CUSTOMER SERVICE INFORMATION		
		Phone Number	Days of the week the phone is staffed	Hours Staffed (eastern time)
Aetna Life Insurance Company	151 Farmington Ave Hartford, CT 06156	varies by employer group	Monday-Friday	8:00am-6:00pm
American Republic Insurance Company	601 Sixth Avenue Des Moines, IA 50334	1-800-247-2190	Monday-Friday	8:30am-6:30pm
Anthem Blue Cross & Blue Shield of CT, Inc.	370 Bassett Road North Haven, CT 06473	multiple numbers	Monday-Friday	8:00am-5:00pm
Celtic Insurance Company	233 So. Wacker Dr., Ste. 700 Chicago, IL 60606-6393	1-800-284-7800	Monday-Friday	9:00am-6:00pm
ConnectiCare Insurance Co. Inc.	175 Scott Swamp Road Farmington, CT 06032	1-800-251-7722 and 860-674-5757	Monday-Friday	Mon-Thu 8:00am-6:00pm Fri 8:00am-5:00pm
Connecticut General Life Insurance Company	900 Cottage Grove Road Hartford, CT 06152	1-800-832-3211	Monday-Friday	8:00am-6:00pm
Golden Rule Insurance Company	7440 Woodland Drive Indianapolis, IN 46278	1-800-657-8205	Monday-Friday	Mon-Thu 8:00am-7:00pm Fri 8:00am-6:00pm
Guardian Life Insurance Company of America	7 Hanover Sq., 19-H New York, NY 10004	1-800-873-4542	Monday-Friday	8:00am-8:00pm
Health Net Life Insurance Co.	One Far Mill Crossing, P.O. Box 904 Shelton, CT 06484	1-800-441-5741	Monday-Friday	8:00am - 6:00pm
John Alden Life Insurance Company	501 West Michigan St. Milwaukee, WI 53201	1-800-800-1212	Monday-Friday	8:00am-7:00pm
Oxford Health Insurance, Inc.	48 Monroe Turnpike Trumbull, CT 06611	1-800-444-6222 or 1-800-666-1353	Monday-Friday	8:00am-6:00pm
Time Insurance Company	501 West Michigan St. Milwaukee, WI 53201	1-800-800-1212	Monday-Friday	8:00am-7:00pm
Trustmark Insurance Company	400 Field Drive Lake Forest, IL 60045	1-800-366-6663	Monday-Friday	8:00am-6:00pm
Union Security Insurance Company	501 West Michigan St. Milwaukee, WI 53201	1-800-800-1212	Monday-Friday	8:00am-7:00pm
United HealthCare Insurance Company	450 Columbus Blvd. Hartford, CT 06115	1-800-357-0978	Monday-Friday	8:00am-8:00pm

****Some Companies may be servicing existing business and not currently issuing new business.**

Indemnity Managed Care Organizations

Does the plan market to individuals?	Fully Insured Enrollment	Other Enrollment	Total Enrollment ¹	Level of NCQA Accreditation Achieved
Yes	67,525	182,026	249,551	Full Accreditation
Yes	210	0	210	NA
Yes	279,335	702,970	982,305	NA
Yes	404	0	404	NA
Yes	5,935	27,392	33,327	NA
No	46,133	88,382	134,515	Full Accreditation
Yes	22,092	0	22,092	NA
No	416	0	416	NA
No	16,855	1,534	18,389	NA
Yes	1,524	0	1,524	NA
No	46,454	0	46,454	NA
Yes	5,849	0	5,849	NA
No	8	0	8	NA
Yes	13	0	13	NA
No	112,332	134,527	246,859	NA

1) National Committee for Quality Assurance (NCQA)

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Levels of Accreditation

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Full Accreditation (PPOs) - awarded to HMOs that meet the NCQA's standards and is effective for three years.

Commendable (HMO/POS) - awarded to HMOs that meet or exceed NCQA standards.

One-Year Accreditation (PPOs) - awarded to HMOs that meet most of the NCQA's standards but not enough to obtain full accreditation.

Accredited - plans that meet most of NCQA's basic requirements.

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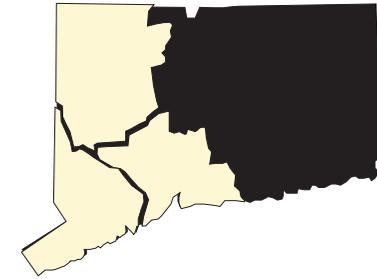
NA - the health plan has not applied for NCQA accreditation.

¹Only applies to managed care plans issued in Connecticut.

**Some Companies may be servicing existing business and not currently issuing new business.

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County*



Indemnity Managed Care Organization	Fairfield County				New Haven County				Litchfield County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Life	654	1,472	6	137	637	2,018	6	169	88	174	3	39
American Republic	646	577	6	143	961	1,001	7	171	73	57	3	42
Anthem BC-BS	795	1,283	6	144	910	1,750	7	178	97	139	3	42
Celtic	697	1,507	6	139	849	1,995	5	174	72	148	3	43
ConnectiCare	620	1,290	6	143	787	1,870	7	171	85	173	3	43
CT General	690	1,539	6	137	749	2,069	7	166	92	165	3	37
Golden Rule	800	1,734	6	139	904	2,179	7	173	116	276	3	44
Guardian	697	1,507	6	142	849	1,995	5	164	72	148	3	41
Health Net	695	1,670	6	145	693	2,631	7	176	90	181	3	43
John Alden	450	1,427	5	145	496	1,425	7	170	98	297	3	44
Oxford Health	800	1,734	6	139	904	2,179	6	173	116	276	3	44
Time	450	1,427	5	145	496	1,425	7	170	98	297	3	44
Trustmark	697	1,507	6	146	849	1,995	5	175	72	148	3	43
Union Security	450	1,427	5	145	496	1,425	7	170	98	294	3	44
United	1,168	1,662	6	139	1,199	2,038	7	173	142	179	3	44

Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in Fairfield, New Haven and Litchfield counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the MCO's enrollees.

*If a MCO utilizes more than one provider network, the network containing the least number of primary care physicians is represented.

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County*



Indemnity Managed Care Organization	Hartford County				Tolland County				Middlesex County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Life	677	1,679	7	175	63	47	2	25	96	162	1	28
American Republic	877	637	8	170	65	21	2	24	91	58	1	29
Anthem BC-BS	868	1,538	7	181	72	62	2	25	118	158	1	31
Celtic	764	1,383	8	175	69	73	2	23	53	136	1	29
ConnectiCare	801	2,136	7	171	62	63	2	25	115	144	1	28
CT General	744	1,818	8	172	70	78	2	21	117	188	1	28
Golden Rule	865	1,720	8	177	70	170	2	23	113	287	1	30
Guardian	764	1,383	8	161	69	73	2	22	53	136	1	27
Health Net	704	1,954	7	169	74	84	2	22	109	195	1	30
John Alden	770	2,096	9	168	67	116	2	22	107	241	1	29
Oxford Health	865	1,720	8	177	70	170	2	23	113	287	1	30
Time	770	2,096	9	168	67	116	2	22	107	241	1	29
Trustmark	764	1,383	8	180	69	73	2	24	53	136	1	30
Union Security	770	2,096	9	168	67	116	2	22	107	241	1	29
United	1,187	1,825	8	177	88	77	2	23	163	1,662	1	30

Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in Hartford, Tolland and Middlesex counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the MCO's enrollees.

*If a MCO utilizes more than one provider network, the network containing the least number of primary care physicians is represented.

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County*



Indemnity Managed Care Organization	New London County				Windham County				TOTALS FOR ALL COUNTIES			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Life	148	268	2	41	72	86	2	19	2,435	5,906	29	633
American Republic	319	167	2	42	66	34	2	21	3,098	2,552	31	642
Anthem BC-BS	204	278	2	42	92	86	2	22	3,156	5,294	30	665
Celtic	121	278	2	44	59	97	2	22	2,684	5,617	29	649
ConnectiCare	150	298	2	43	72	101	2	21	2,692	6,075	30	645
CT General	136	250	2	42	76	140	2	20	2,674	6,247	31	623
Golden Rule	179	370	2	46	81	173	2	32	3,128	6,909	31	664
Guardian	121	278	2	43	59	97	2	21	2,684	5,617	29	621
Health Net	174	376	2	44	77	115	2	22	2,616	7,206	30	651
John Alden	132	518	2	44	84	181	2	21	2,204	6,301	31	643
Oxford Health	179	370	2	46	81	173	2	22	3,128	6,909	30	670
Time	132	518	2	44	84	181	2	21	2,204	6,301	31	643
Trustmark	121	278	2	45	59	97	2	20	2,684	5,617	29	663
Union Security	132	518	2	44	84	181	2	21	2,204	6,298	31	643
United	237	334	2	46	112	99	2	22	4,296	7,876	31	654

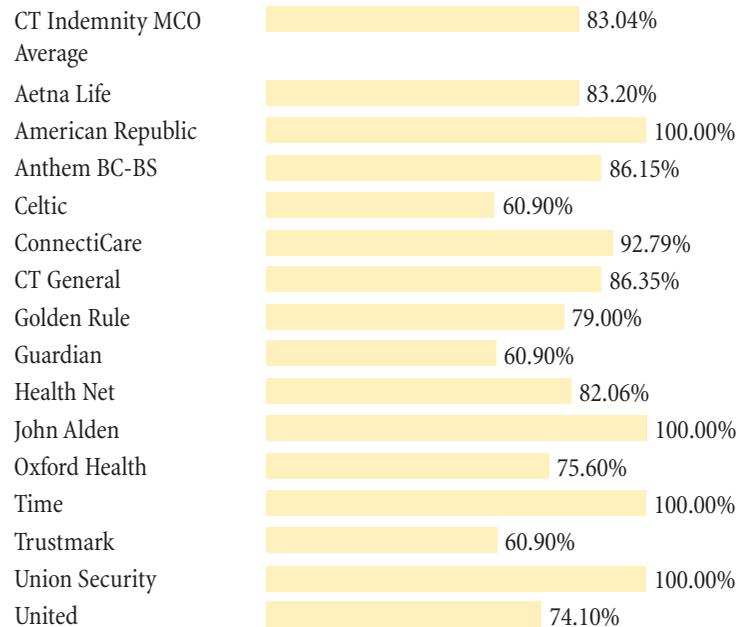
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the MCO's enrollees.

*If a MCO utilizes more than one provider network, the network containing the least number of primary care physicians is represented.

Quality Measures

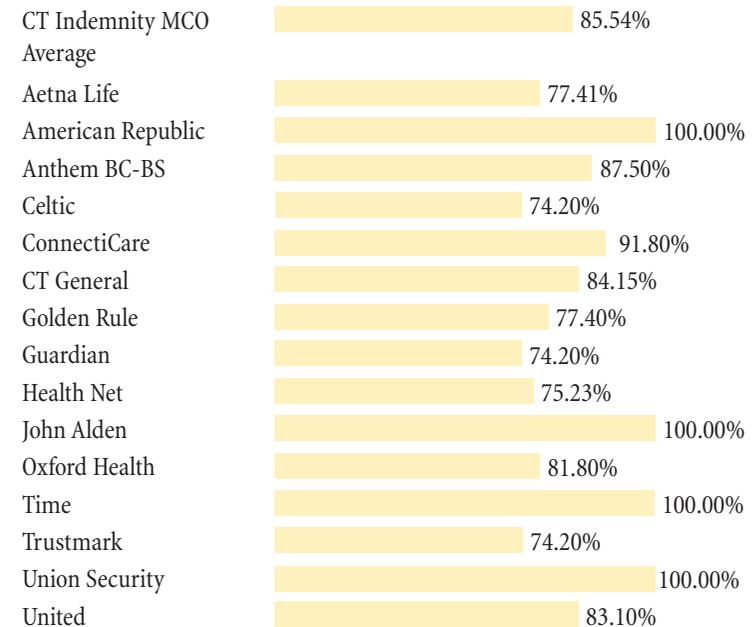
Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the MCO's provider network who were board certified as of December 31, 2007.



Percentage of Physician Specialists Who Are Board Certified

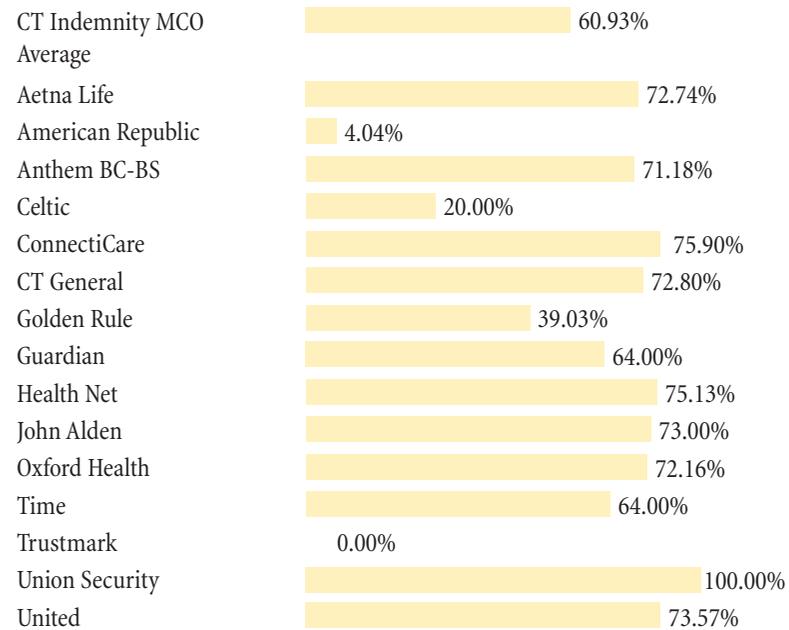
The percentage of physician Specialists in the MCO's provider network who were board certified as of December 31, 2007.



Quality Measures

Breast Cancer Screening

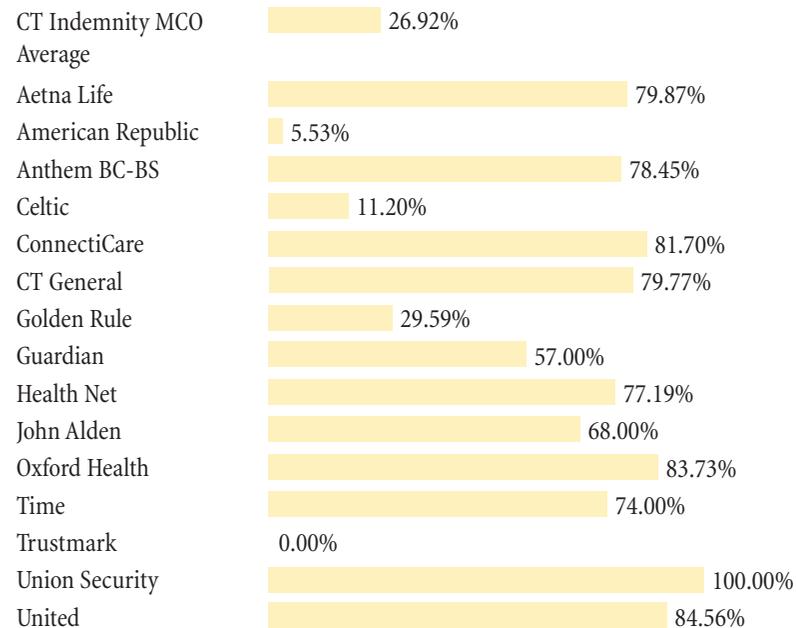
The percentage of enrolled women who: (a) were age 40 through 69 years as of December 31, 2007; and (b) were continuously enrolled during 2006 and 2007; and (c) had a mammogram during 2006 or 2007.



Quality Measures

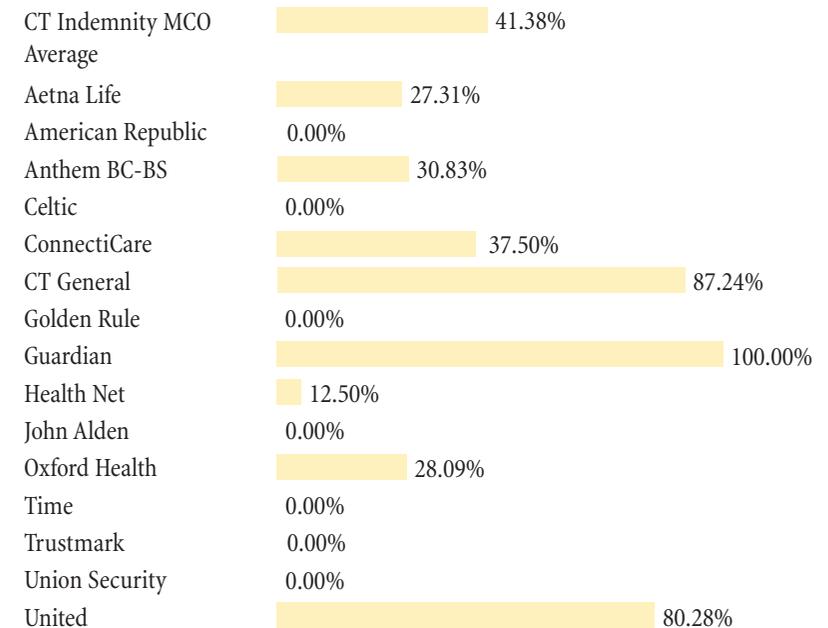
Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 21 through 64 years as of December 31, 2007; and (b) were continuously enrolled during 2005, 2006 or 2007; and (c) received one or more Pap tests during 2005, 2006 or 2007.



Childhood Immunizations

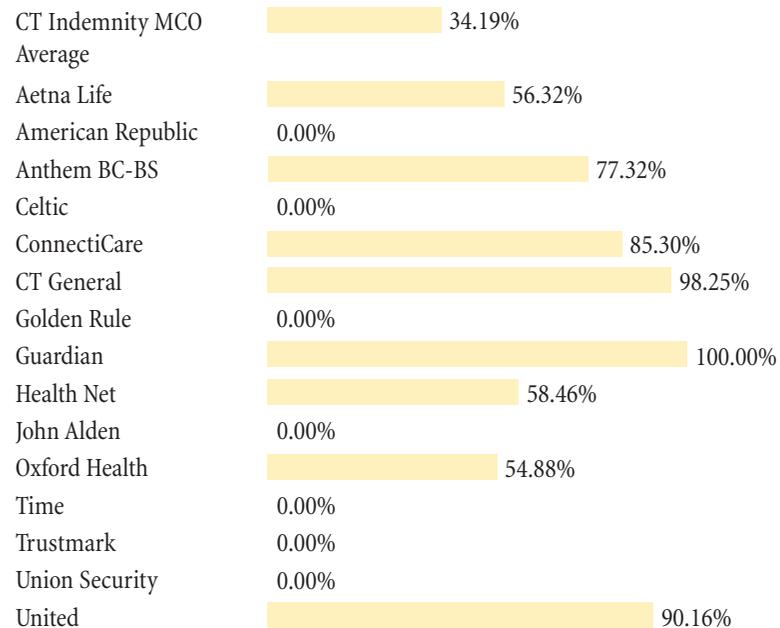
The percentage of enrolled children who: (a) turned two years old during 2007; and (b) were continuously enrolled for the 12 months preceding their second birthday; and (c) have received recommended immunizations. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox and pneumococcal are included in this measure.



Quality Measures

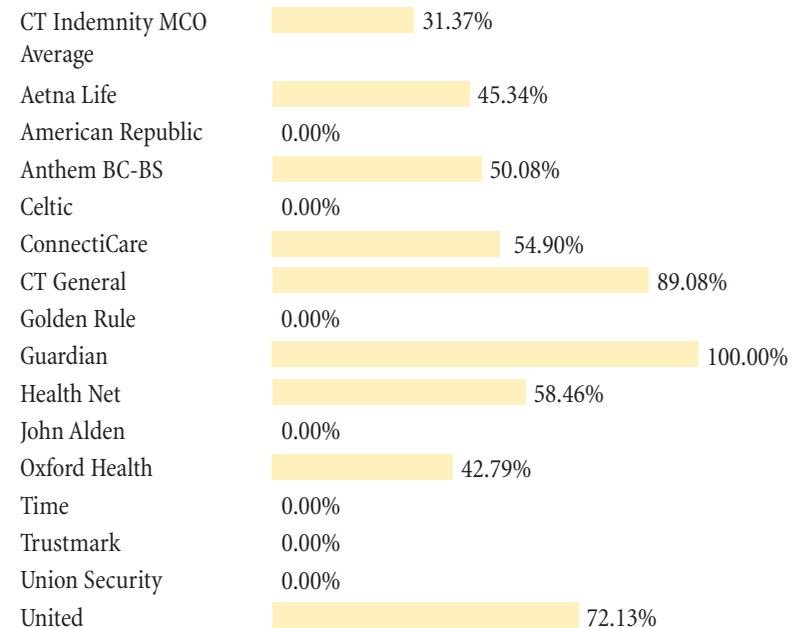
Prenatal Care in the First Trimester

The percentage of enrolled women who: (a) delivered a live birth between November 6, 2006 and November 5, 2007; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had at least one prenatal care visit in the first trimester or within 42 days of enrollment in the Managed Care Organization.



Postpartum Care Following Delivery

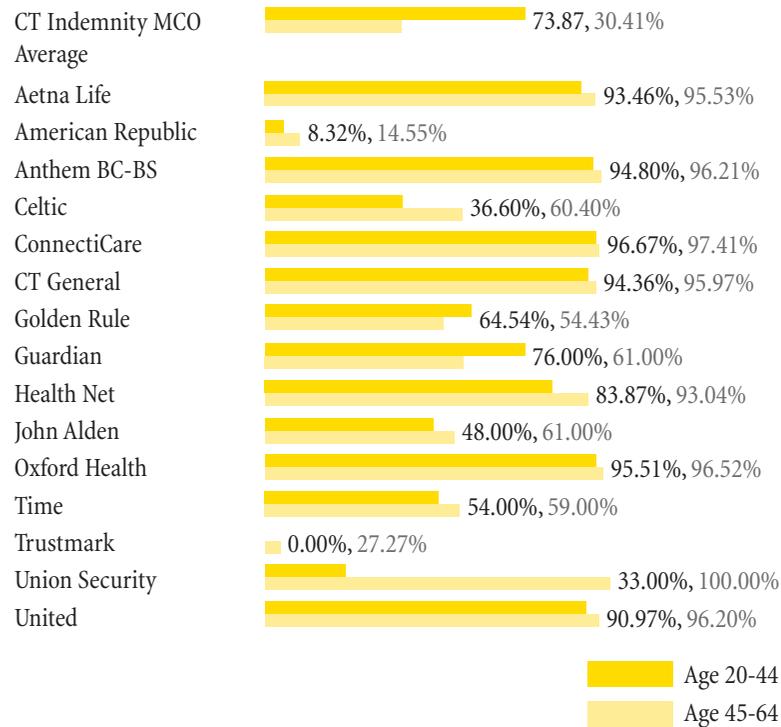
The percentage of enrolled women who: (a) delivered a live birth between November 6, 2006 and November 5, 2007; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had a postpartum visit on or between 21 days and 56 days after delivery.



Quality Measures

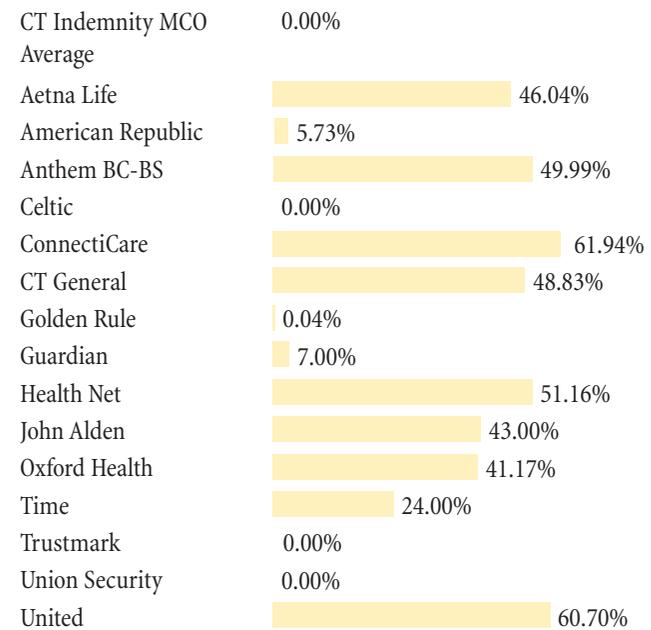
Adult Access to Care

The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2007 who: (a) were continuously enrolled in the plan during 2005, 2006 and 2007; and (b) have had at least one ambulatory or preventive care visit with a health plan provider during 2005, 2006 or 2007.



Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2007; and (b) turned 18 through 75 years of age during 2007; and (c) were continuously enrolled during 2007; and (d) had an eye examination in 2007.



Quality Measures

Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 35 years and older as of December 31, 2007; and (b) were hospitalized and discharged alive between January 1, 2007 and December 24, 2007; and (c) had a diagnosis of Acute Myocardial Infarction (AMI); and (d) received an ambulatory prescription for beta blockers upon discharge.

CT Indemnity MCO Average	64.64%
Aetna Life	52.78%
American Republic	0.00%
Anthem BC-BS	38.33%
Celtic	0.00%
ConnectiCare	47.60%
CT General	72.31%
Golden Rule	0.00%
Guardian	0.00%
Health Net	81.82%
John Alden	0.00%
Oxford Health	71.43%
Time	0.00%
Trustmark	0.00%
Union Security	0.00%
United	78.65%

Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2007	Average cost per prescription	Average annual number of prescriptions per member per year
Aetna Life	\$105,738,360	\$69.70	11.96
American Republic	\$188,309	\$56.74	7.30
Anthem BC-BS	\$254,723,632	\$64.88	14.11
Celtic	\$434,492	\$46.69	17.45
ConnectiCare	\$13,634,828	\$57.50	11.28
CT General	\$85,521,947	\$66.50	11.23
Golden Rule	\$5,646,735	\$55.81	26.32
Guardian	\$1,401,156	\$77.97	4.50
Health Net	\$7,580,520	\$62.63	14.31
John Alden	\$993,137	\$133.88	4.57
Oxford Health	\$44,340,865	\$70.69	11.47
Time	\$1,405,218	\$89.56	3.04
Trustmark	\$25,851	\$335.73	5.50
Union Security	\$13,260	\$98.96	13.40
United	\$82,417,046	\$59.38	11.29

Indemnity Managed Care Organizations Utilization Review Measures

Indemnity Managed Care Organization	Total Number of UR Requests	Total Number of UR Denials	Percentage of UR Requests Denied	Total Number of UR Denials that were Appealed	Total Number of Denials that were Reversed on Appeal	Percentage of Denials that were Reversed on Appeal
Aetna Life	5,951	606	10.18%	38	12	31.58%
American Republic	17	4	23.53%	0	0	0.00%
Anthem BC-BS	94,092	7,432	7.90%	1,064	483	45.39%
Celtic	112	25	22.32%	0	0	0.00%
ConnectiCare	8,372	984	11.75%	64	19	29.69%
CT General	16,422	3,904	23.77%	69	18	26.09%
Golden Rule	294	39	13.27%	4	1	25.00%
Guardian	367	23	6.27%	9	6	66.67%
Health Net	6,747	2,138	31.69%	22	8	36.36%
John Alden	42	2	4.76%	0	0	0.00%
Oxford Health	23,961	6,515	27.19%	252	122	48.41%
Time	122	12	9.84%	0	0	0.00%
Trustmark	2	0	0.00%	0	0	0.00%
Union Security	0	0	0.00%	0	0	0.00%
United	7,862	220	2.80%	49	13	26.53%

Indemnity Managed Care Companies

Mental Health Utilization - Inpatient Discharges & Average Length of Stays

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Union Security	United
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	342	3	1,478	2	142	424	88	1	23	0	400	0	0	0	64
Report the total discharges / 1,000 member mths* * for Medicaid. Commercial & Medicare use: discharges / 1,000 members per year	2.43	0.00	4.42	0.02	5.20	3.09	0.09	0.10	0.22	0.00	4.50	0.00	0.00	0.00	2.70
Report the average length of stay.	7.87	9.33	9.10	9.00	8.75	7.25	10.00	9.00	15.91	0.00	10.64	0.00	0.00	0.00	6.90

Mental Health Utilization - Percentage by Level of Care

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Union Security	United
1)Report the total number of members who received															
a) Any Mental Health Service	12,387	28	43,805	2	2,421	10,164	1,476	100	584	79	5,242	199	0	0	9,328
b) Inpatient Mental Health Service	369	3	1,165	2	83	340	34	1	17	3	137	9	0	0	277
c) Intermediate Mental Health Services	269	0	810	0	43	212	0	0	11	5	50	20	0	0	199
d) Ambulatory Mental Health Services	12,274	26	43,565	0	2,378	10,098	1,467	99	578	63	5,229	188	0	0	9,282
2)Report the percentage of the above numbers who received the respective service															
a) Inpatient Mental Health Service	0.19%	0.19%	0.27%	100.00%	0.24%	0.25%	2.30%	0.32%	0.19%	0.26%	0.24%	0.26%	0.00%	0.00%	0.28%
b) Intermediate Mental Health Services	0.14%	0.00%	0.19%	0.00%	0.13%	0.15%	0.00%	0.00%	0.12%	0.44%	0.09%	0.59%	0.00%	0.00%	0.20%
c) Ambulatory Mental Health Services	6.40%	1.68%	10.18%	0.00%	7.12%	7.35%	99.39%	31.73%	6.53%	5.56%	9.10%	5.51%	0.00%	0.00%	9.40%

Indemnity Managed Care Companies

Chemical Dependency Utilization - Inpatient Discharges & Average Length of Stays

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Union Security	United
Report the total number of inpatient discharges with chemical dependency as the principal diagnosis, including detoxification, at either a hospital or a treatment facility.	194	6	828	0	40	255	28	0	15	0	86	0	0	0	34
Report the total discharges / 1,000 member mths* * for Medicaid. Commercial & Medicare use: discharges / 1,000 members per year	1.38	0.01	2.48	0.00	1.75	1.86	0.03	0.00	0.14	0.00	0.97	0.00	0.00	0.00	0.14
Report the average length of stay.	5.01	7.00	5.90	0.00	7.53	5.07	8.00	0.00	6.07	0.00	4.90	0.00	0.00	0.00	4.00

Alcohol & Other Drug Services - Percentage by Level of Care

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Union Security	United
1) Report the total number of members who received care															
a) Any Chemical Dependency Service	1,634	3	4,398	0	232	1,418	57	1	79	7	604	7	0	0	1,477
b) Inpatient Chemical Dependency Service	479	3	1,174	0	64	436	24	0	30	1	204	4	0	0	426
c) Intermediate Chemical Dependency Services	222	0	635	0	46	327	0	0	11	2	53	3	0	0	184
d) Ambulatory Chemical Dependency Services	1,367	1	3,772	0	196	1,046	25	1	66	5	531	6	0	0	1,377
2) Report the percentage of the above numbers who received the respective service															
a) Inpatient Chemical Dependency Service	0.25%	0.19%	0.27%	0.00%	0.19%	0.32%	42.11%	0.00%	0.34%	0.09%	0.36%	0.12%	0.00%	0.00%	0.43%
b) Intermediate Chemical Dependency Services	0.12%	0.00%	0.15%	0.00%	0.14%	0.24%	0.00%	0.00%	0.12%	0.18%	0.09%	0.09%	0.00%	0.00%	0.19%
c) Ambulatory Chemical Dependency Services	0.71%	0.06%	0.88%	0.00%	0.59%	0.76%	43.86%	0.32%	0.75%	0.44%	0.92%	0.18%	0.00%	0.00%	1.39%

Indemnity Managed Care Companies

Mental Health Utilization - Follow-up After Hospitalization for Mental Illness

The percentage of discharges from an inpatient setting of an acute care facility, including acute psychiatric facilities, with a discharge date on or before Dec 1, 2007 for members 6 yrs of age or older who were hospitalized for treatment of select mental health disorders. a) who had an ambulatory or intermediate mental health visit on the date of discharge up to 30 days after the hospital discharge.	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Union Security	United
	67.91%	16.67%	73.58%	0.00%	94.87%	76.39%	87.76%	100.00%	77.78%	0.00%	82.20%	0.00%	0.00%	0.00%	82.10%
b) who had an ambulatory or intermediate mental health visit on the date of discharge up to 7 days after the hospital discharge.	47.66%	0.00%	55.69%	0.00%	100.00%	59.03%	65.31%	100.00%	66.67%	0.00%	61.86%	0.00%	0.00%	0.00%	70.31%

Mental Health Utilization - Antidepressant Medication Management

The percentage of members 18 and older as of Apr. 30, 2007, who were continuously enrolled 120 days prior to the episode start date through 245 days after the start date, who were diagnosed with a new episode of depression between May 1, 2006 and Apr. 30, 2007, and treated with antidepressant medication. a) who had at least 3 follow-up office visits or intermediate treatment with a practitioner within 84 days (12 weeks) after the episode start date.	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Union Security	United
	19.04%	21.00%	27.44%	0.00%	51.22%	26.06%	0.00%	0.00%	16.67%	0.00%	24.37%	0.00%	0.00%	0.00%	25.11%
b) who remained on antidepressant medication the entire 84-day period acute treatment phase.	65.74%	68.50%	62.91%	0.00%	68.29%	67.25%	0.00%	0.00%	75.00%	0.00%	57.98%	0.00%	0.00%	0.00%	56.55%
c) who remained on antidepressant medication for at least 180 days (6 months).	51.02%	55.50%	47.44%	0.00%	51.22%	54.93%	0.00%	0.00%	66.67%	0.00%	43.70%	0.00%	0.00%	0.00%	41.27%

Claim Expenses -

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Union Security	United
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2007 through Dec. 31, 2007, for each of the following.															
Inpatient Mental Health	\$0.58	\$0.00	\$1.93	\$1.11	\$1.68	\$1.72	\$2.44	\$1.06	\$3.26	\$0.89	\$2.22	\$0.59	\$0.00	\$0.00	\$0.83
Inpatient Substance Abuse	\$0.15	\$0.00	\$0.56	\$0.00	\$0.32	\$0.74	\$1.03	\$0.00	\$0.71	\$0.00	\$0.56	\$0.73	\$0.00	\$0.00	\$0.23
Outpatient Mental Health	\$2.21	\$1.64	\$4.79	\$0.00	\$5.07	\$2.97	\$3.20	\$25.87	\$3.38	\$1.59	\$4.85	\$1.84	\$0.00	\$0.00	\$3.73
Outpatient Substance Abuse	\$0.19	\$0.00	\$0.10	\$0.00	\$0.66	\$0.49	\$0.39	\$0.01	\$0.05	\$0.16	\$0.34	\$0.70	\$0.00	\$0.00	\$0.40
Total of the above overall	\$3.13	\$1.64	\$7.38	\$1.11	\$7.73	\$5.92	\$7.06	\$26.95	\$7.40	\$2.64	\$7.98	\$3.86	\$0.00	\$0.00	\$5.19

Member Satisfaction Survey – Indemnity Managed Care Organizations

Carrier	Aetna Life	Amer. Republic	Anthem BC-BS	Celtic	ConnectiCare
Percentage of Managed Care members surveyed.	1.87%	100.00%	0.39%	15.50%	24.00%
The percentage of those surveyed who responded.	29.36%	18.00%	35.16%	15.60%	34.50%
Q. In the last 12 months, how often was it easy to get appointment with specialists?					
Never	2.40%	26.00%	3.60%	5.70%	2.70%
Sometimes	17.20%	13.00%	16.00%	11.40%	13.60%
Usually	37.30%	17.00%	37.60%	22.90%	39.90%
Always	43.10%	30.00%	42.80%	60.00%	43.90%
Q. In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought was needed?					
Never	0.80%	22.00%	1.80%	4.40%	0.80%
Sometimes	13.00%	4.00%	8.10%	6.50%	13.70%
Usually	35.50%	26.00%	35.70%	19.60%	31.50%
Always	50.80%	43.00%	54.40%	69.60%	54.10%
Q. In the last 12 months, when you needed care right away for an <u>illness or injury</u>, how often did you get care as soon as you wanted?					
Never	2.30%	17.00%	1.90%	0.00%	0.00%
Sometimes	9.30%	4.00%	4.40%	4.40%	12.40%
Usually	20.90%	22.00%	20.00%	28.90%	20.90%
Always	67.40%	48.00%	73.80%	66.70%	66.70%
Q. In the last 12 months, how often was it easy to get the care, tests or treatment, you thought you needed through your health plan?					
Never	1.80%	22.00%	1.40%	6.50%	2.20%
Sometimes	5.30%	13.00%	4.60%	15.20%	11.50%
Usually	36.00%	26.00%	28.50%	28.30%	26.20%
Always	56.90%	35.00%	65.50%	50.00%	60.10%

CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Union Security	United
1.69%	0.72%	100.00%	6.50%	100.00%	2.80%	100.00%	100.00%	100.00%	1.34%
26.34%	24.38%	8.40%	34.48%	19.30%	27.10%	18.20%	13.00%	0.00%	35.90%
2.90%	6.06%	6.00%	0.90%	19.48%	4.72%	11.84%	0.00%	0.00%	3.00%
11.70%	3.03%	14.00%	12.00%	15.58%	15.09%	9.21%	0.00%	0.00%	10.20%
40.20%	39.39%	43.00%	34.20%	24.68%	40.09%	36.84%	100.00%	0.00%	34.80%
45.20%	51.52%	23.00%	53.00%	40.26%	40.09%	42.11%	0.00%	0.00%	52.00%
0.50%	0.00%	11.00%	1.60%	12.50%	1.06%	6.82%	0.00%	0.00%	2.50%
12.00%	5.56%	12.00%	11.50%	19.79%	16.61%	10.23%	100.00%	0.00%	10.60%
35.50%	36.11%	37.00%	30.10%	23.96%	29.68%	36.36%	0.00%	0.00%	35.10%
52.00%	58.33%	34.00%	56.70%	43.75%	52.65%	46.59%	0.00%	0.00%	51.80%
2.00%	0.00%	6.00%	3.50%	14.63%	1.61%	9.64%	0.00%	0.00%	3.50%
8.00%	5.88%	11.00%	12.00%	14.63%	9.68%	8.43%	100.00%	0.00%	10.20%
24.40%	32.35%	31.00%	21.10%	14.63%	23.39%	31.33%	0.00%	0.00%	23.30%
65.60%	61.77%	46.00%	63.40%	56.11%	65.32%	50.60%	0.00%	0.00%	63.00%
2.80%	6.25%	3.00%	2.70%	17.05%	2.76%	12.05%	0.00%	0.00%	2.20%
8.30%	15.63%	14.00%	9.20%	26.13%	14.75%	18.07%	100.00%	0.00%	9.90%
39.90%	25.00%	34.00%	31.80%	21.59%	31.80%	32.53%	0.00%	0.00%	30.80%
49.00%	53.12%	40.00%	56.30%	35.23%	50.69%	37.35%	0.00%	0.00%	57.10%

Member Satisfaction Survey – Indemnity Managed Care Organizations

Carrier	Aetna Life	Amer. Republic	Anthem BC-BS	Celtic	ConnectiCare
Q. In the last 12 months, how often did the written materials or Internet provide the information you needed about how your health plan?					
Never	4.10%	30.00%	10.30%	28.30%	5.00%
Sometimes	23.00%	13.00%	33.30%	34.80%	31.90%
Usually	59.80%	17.00%	36.80%	13.00%	39.50%
Always	13.10%	17.00%	19.50%	23.90%	23.50%
Q. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?					
Never	1.80%	22.00%	8.80%	23.90%	3.70%
Sometimes	26.40%	17.00%	18.40%	21.70%	14.90%
Usually	20.90%	17.00%	24.60%	15.20%	23.90%
Always	50.90%	30.00%	48.20%	39.10%	57.50%
Q. Use any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible. How would you rate your health plan now?					
0	0.30%	0.00%	0.00%	4.00%	0.40%
1	1.60%	9.00%	0.30%	4.00%	0.20%
2	0.30%	0.00%	0.30%	2.00%	1.30%
3	1.00%	9.00%	1.10%	10.00%	2.00%
4	1.90%	0.00%	1.30%	4.00%	0.90%
5	7.00%	22.00%	4.00%	22.00%	7.90%
6	9.60%	13.00%	4.50%	10.00%	8.40%
7	16.60%	9.00%	15.50%	6.00%	16.00%
8	27.40%	22.00%	23.50%	18.00%	24.60%
9	17.50%	0.00%	24.80%	10.00%	23.10%
10	16.90%	13.00%	24.80%	10.00%	15.20%

CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Union Security	United
5.10%	28.13%	14.00%	4.00%	38.27%	9.91%	25.30%	0.00%	0.00%	10.30%
30.50%	21.87%	34.00%	36.60%	9.88%	42.34%	20.48%	0.00%	0.00%	26.00%
48.70%	31.25%	22.00%	42.60%	33.33%	29.73%	26.51%	100.00%	0.00%	32.90%
15.70%	18.75%	14.00%	16.80%	18.52%	18.02%	27.71%	0.00%	0.00%	30.80%
6.20%	15.63%	11.00%	10.10%	19.74%	5.98%	19.28%	0.00%	0.00%	14.20%
16.90%	15.63%	26.00%	26.40%	30.26%	26.50%	15.66%	0.00%	0.00%	18.70%
34.20%	28.12%	34.00%	32.60%	19.74%	30.77%	28.92%	100.00%	0.00%	27.10%
42.70%	40.62%	23.00%	31.00%	30.26%	36.75%	36.14%	0.00%	0.00%	40.00%
0.70%	5.56%	0.00%	1.70%	3.85%	1.51%	2.20%	0.00%	0.00%	3.10%
0.10%	2.77%	3.00%	1.40%	3.85%	0.90%	2.20%	0.00%	0.00%	2.30%
1.60%	0.00%	0.00%	1.70%	7.69%	2.71%	5.49%	0.00%	0.00%	2.30%
2.50%	2.77%	3.00%	3.70%	11.54%	3.31%	6.59%	0.00%	0.00%	2.30%
2.80%	8.33%	0.00%	2.30%	0.00%	4.82%	8.79%	0.00%	0.00%	4.30%
10.30%	5.56%	9.00%	6.60%	7.69%	14.46%	21.98%	100.00%	0.00%	11.90%
9.80%	8.33%	11.00%	5.70%	26.92%	12.65%	12.09%	0.00%	0.00%	8.90%
17.10%	13.89%	14.00%	16.20%	11.54%	19.28%	13.19%	0.00%	0.00%	14.40%
27.30%	22.22%	26.00%	25.90%	19.23%	19.58%	12.09%	0.00%	0.00%	21.60%
16.50%	13.89%	23.00%	18.20%	3.85%	12.65%	8.79%	0.00%	0.00%	15.30%
11.30%	16.67%	11.00%	16.50%	3.85%	8.13%	6.59%	0.00%	0.00%	13.60%

Glossary

Adverse determination: A *UR* decision made by your insurer or one of its subcontractors to deny payment for a healthcare service based on the information provided because it does not meet the company's requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness.

Board certified physician: A physician who has passed an examination given by a medical board for a particular specialty.

Capitation: A *provider* payment method in which a *MCO* pays a fixed amount per month for each enrollee regardless of the number of services performed.

Case management: A process whereby enrollees with specific health needs are identified by the *MCO* and a plan of treatment is set up and monitored to achieve optimum patient outcome in a cost effective manner.

Center for Medicare & Medicaid Services (CMS): The federal agency responsible for administering the Medicare program, including Medicare risk contracts with *HMOs*, and overseeing each state's administration of the Medicaid program.

Coinsurance: A fixed percentage of the eligible medical expenses the enrollee is required to pay, in excess of any *deductible*.

Copayment: A flat fee that an enrollee is required to pay each time a specified service is rendered, in excess of any *deductible*.

Credentialing: A process of review to include and maintain a *provider* as a *participating provider* in the *MCO's* network.

Deductible: The portion of eligible medical expenses in a calendar or contract year that an enrollee must pay before any benefits are paid.

Drug formulary: A listing of prescription drugs that are preferred for use by the *MCO*. The physician is encouraged to prescribe formulary drugs unless there is a valid medical reason to use a nonformulary drug. There may be higher cost sharing for nonformulary drugs.

Emergency medical treatment: Treatment for a condition a prudent layperson reasonably believes requires immediate medical attention. Coverage is determined based on either the presenting symptoms or the final diagnosis, whichever reasonably indicates an emergency medical condition.

Employee Retirement Income Security Act of 1974 (ERISA): Federal law that sets regulatory standards for employer plans.

Fee for service: A *provider* payment method in which a *MCO* pays a fee for each service provided.

Fully insured plan: A plan that is backed by an insurance policy that provides benefits for a premium.

Gatekeeper plan: A plan that requires an enrollee to first seek treatment from a chosen *primary care physician* before seeing a specialist. The *primary care physician* must make referrals to specialists for the services to be covered under the plan.

Health maintenance organization (HMO): A company that provides, offers or arranges for coverage of health services needed by plan members for a fixed, prepaid premium. In Connecticut, such organizations are licensed as health care centers.

Indemnity MCO: A licensed non-HMO insurer that offers a managed care plan in Connecticut.

Indemnity plan: An insurance plan in which the enrollee is reimbursed at a specified level for covered expenses.

Individual practice association (IPA): An association of physicians that contracts with a *MCO* to provide health services.

Managed care: A system of health care delivery that attempts to manage the access, cost and quality of health care by monitoring how and in what manner services are provided.

Managed care organization (MCO): An insurer, health care center, hospital or other organization delivering a *managed care plan*.

Managed care plan: An insured health plan that uses *UR* and a network of *participating providers*.

Mandated benefit: Policy benefits that are required to be provided by statute.

Medical loss ratio: The ratio of incurred claims to earned premium, which represents the percent of the premium that is applied to medical expenses.

NCQA accreditation: National Committee on Quality Assurance is a not for profit organization that reviews quality and performance measures of *HMOs* and health plans thereby providing an external standard of accountability.

Network plan: A plan that requires an enrollee to seek care from a *provider* who is under contract with the *MCO* to receive the highest level of benefits. This would also include a plan that provides additional coverage for services by *providers* outside the network. The out of network option generally provides coverage at a lower level of benefits.

Participating provider: A provider who has a contract with the *MCO* to deliver medical services to enrollees for an agreed upon fee.

Point of service plan (POS): A network plan that allows an enrollee to seek treatment from a non-participating provider at a lower level of benefits.

Preferred provider organization (PPO): An independent network of *providers* that contracts with a *MCO* to provide health services. A PPO cannot market insured health insurance policies on its own unless it obtains a license as an insurer or health care center.

Preferred provider organization plan: A network plan that allows an enrollee to seek treatment from a non-participating provider at a lower level of benefits.

Primary care physician (PCP): A physician chosen by an enrollee to provide primary care. The plan may require the PCP to make referrals to specialists for the services to be covered under the plan.

Preauthorization: The process whereby the *MCO* requires services or plans of treatment to be approved before given.

Precertification: The process whereby the *MCO* requires services or plans of treatment to be approved before given.

Prior authorization: The process whereby the *MCO* requires services or plans of treatment to be approved before given.

Provider: A physician, hospital, nursing home, pharmacy, lab or any individual or group that provides a health care service.

Reasonable and customary fee: The commonly charged or prevailing fees for health services in a specific geographic area. *Indemnity plans* generally provide coverage for services based on the reasonable and customary fees. In addition to any *deductible* or *coinsurance* amount, an enrollee would be responsible for paying the *provider* the difference between the billed charge and the reasonable and customary charge if the billed charge was higher.

Referral: The request to the *MCO* by a *primary care physician* for an enrollee to receive care from a specialist, a non-participating provider or facility.

Self insured plan: A group plan in which the employer takes on the risk of claims. The employer will generally contract with a third party, often an insurance company, to handle the administration of the plan. Such plans are not regulated by the Insurance Department, but are subject to federal *ERISA* guidelines.

Utilization review (UR): The prospective or concurrent assessment of the necessity and appropriateness of health care services and treatment plans. Requests for clarification of covered services under an insurance policy are not considered *UR*.

Utilization review company (URC): A company, organization or other entity licensed in Connecticut to perform *UR*. Agencies of the federal and state government are not considered *URC* under Connecticut General Statutes.

**Additional licensed companies that offer a managed care plan in Connecticut but were not included in this guide.
The same information found in this guide, is available directly from the companies or at the offices of the Insurance Department.**

Alta Health & Life Insurance Company

8525 E. Orchard Road
Greenwood Village, CO 80111
1-800-663-8081

Trustmark Life Insurance Company

400 Field Drive
Lake Forest, IL 60045
1-800-544-7312

Note: Some companies may be servicing existing business and not currently issuing new business.

Managed Care Plan Comparison Worksheet

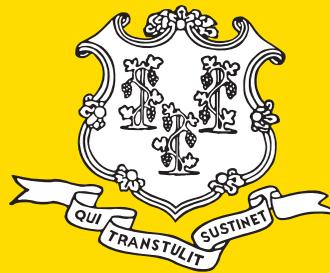
In addition to this guide, you will need provider directories, premium or contribution rates and schedules of benefits for each plan you are considering.

	Option 1	Option 2	Option 3	Option 4	Option 5
MCO Name					
Plan's network includes my current physician					
Plan's network includes the hospital that I prefer					
Plan is a "gatekeeper" plan					
Physician Office Visit Copayment					
Specialist Physician Office Visit Copayment					
Emergency Care Copayment					
Urgent Care Copayment					
Inpatient Per Confinement Copayment					
Outpatient Surgical Facility Copayment					
Family Planning Coverage Included					
Prescription Drug Coverage Included					
Brand Name/Generic Copayment					
Hospice Care Coverage Included					
Physical Therapy Coverage Included					
Level of Durable Medical Equipment Included					
Routine Eye Exam Coverage Included					
Routine Hearing Exam Coverage Included					
Organ and Tissue Transplant Coverage Included					
Benefit features meet my needs (<i>Review Plan Benefits</i>)					
If Out of Network Coverage Included					
Deductible – Individual/Family					
Coinsurance					
Lifetime Maximum Benefit					

The worksheet does not include mandated benefits, since they must be included in all *managed care plans* issued in Connecticut.

Where to Find Help Or Additional Information

AGENCY	TYPE OF COMPLAINT OR INQUIRY	ADDRESS	TELEPHONE NUMBER(S)	WEBSITE
Insurance Department Consumer Affairs Division	Insurance policies, companies, producers and external appeals	Mail Address: P.O. Box 816 Hartford, CT 06142-0816 Street Address: 153 Market Street Hartford, CT 06103	(800) 203-3447 (toll free) (860) 297-3900	http://www.ct.gov/cid
Office of the Healthcare Advocate	Managed care problems or questions	Mail Address: P.O. Box 1543 Hartford, CT 06144 Street Address: 153 Market Street Hartford, CT 06103	(866) HMO-4446 (toll free)	http://www.ct.gov/oha
Department of Public Health	Providers	410 Capitol Avenue Hartford, CT 06134	(800) 842-0038 (toll free)	http://www.ct.gov/dph
Office of Health Care Access	Medical Facilities	410 Capital Avenue Hartford, CT 06134	(800) 797-9688 (toll free)	http://www.ct.gov/ohca
U.S. Department of Labor	Employer self funded or self insured health plans	Pension & Welfare Benefits Bowdoin Square, 7th floor Boston, MA 02114	(617) 565-9600	http://www.dol.gov
National Committee for Quality Assurance (NCQA)	Quality Measures		(800) 839-6487 (toll free) (888) 275-7585 (toll free)	http://www.ncqa.org



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