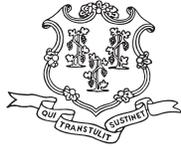


A COMPARISON OF

*Managed Care
Organizations
In Connecticut*



October 2005



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,

Susan F. Cogswell
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 2004. 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.
Anthem BC-BS	Anthem Health Plans, Inc.
CIGNA	CIGNA HealthCare of CT, Inc.
ConnectiCare	ConnectiCare, Inc.
Health Net	Health Net of CT Inc.
Oxford	Oxford Health Plans (CT), Inc.

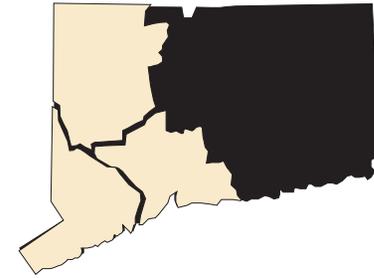
Indemnity Managed Care Organizations

Aetna Life	Aetna Life Insurance Co.
American Republic	American Republic Insurance Co.
Anthem BC-BS	Anthem Health Plans, Inc.
Celtic	Celtic Insurance Co.
CT General	Connecticut General Life Insurance Co.
Fortis Insurance	Fortis Insurance Co.
GE Group Life	GE Group Life Assurance Co.
Golden Rule	Golden Rule Insurance Co.
Guardian	Guardian Life Insurance Co.
Health Net	Health Net Insurance of CT., Inc.
John Alden	John Alden Life Insurance Co.
Oxford Health	Oxford Health Insurance Co.
Trustmark	Trustmark Insurance Co.
UniCare	UniCare Life & Health 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

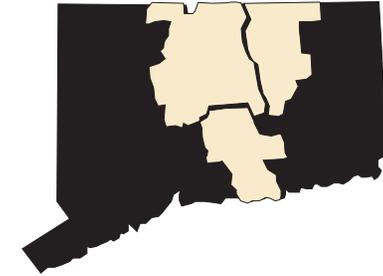


HMO	Fairfield County				New Haven County				Litchfield County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	597	1,202	5	127	552	1,649	7	154	97	154	3	42
Anthem BC-BS	644	1,034	6	133	613	1,470	7	165	96	114	3	41
CIGNA	637	1,578	6	129	565	1,998	6	151	94	175	3	39
ConnectiCare	593	1,036	6	140	686	1,670	7	165	96	152	3	44
Health Net	705	1,355	6	137	682	2,016	7	150	97	161	3	41
Oxford	842	1,679	6	145	757	2,334	6	177	110	206	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	680	1,497	8	167	54	60	2	22	94	154	1	30
Anthem BC-BS	703	1,369	8	167	54	48	2	21	107	146	1	27
CIGNA	693	1,951	8	171	53	87	2	20	103	234	1	27
ConnectiCare	745	1,625	8	170	49	59	2	21	105	125	1	34
Health Net	709	1,634	8	159	68	75	2	20	121	169	1	28
Oxford	892	2,104	8	201	65	129	2	26	107	264	1	33

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



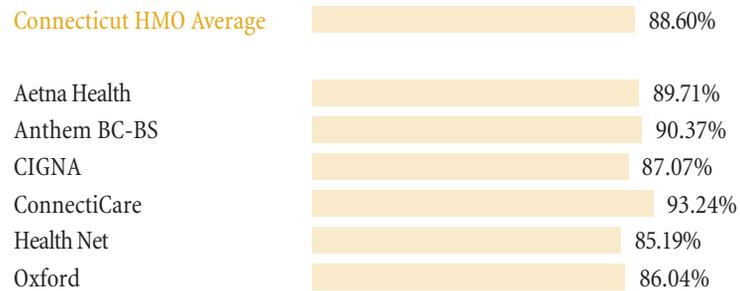
HMO	New London County				Windham County				TOTALS FOR ALL COUNTIES			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	120	215	2	37	61	93	2	22	2,255	5,024	30	601
Anthem BC-BS	154	245	2	46	68	60	2	22	2,439	4,486	31	622
CIGNA	104	238	2	40	64	109	2	22	2,313	6,370	30	599
ConnectiCare	130	196	2	46	52	58	2	22	2,456	4,921	31	642
Health Net	170	288	2	40	76	88	2	21	2,628	5,786	31	596
Oxford	190	393	2	48	89	125	2	25	3,052	7,234	30	699

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

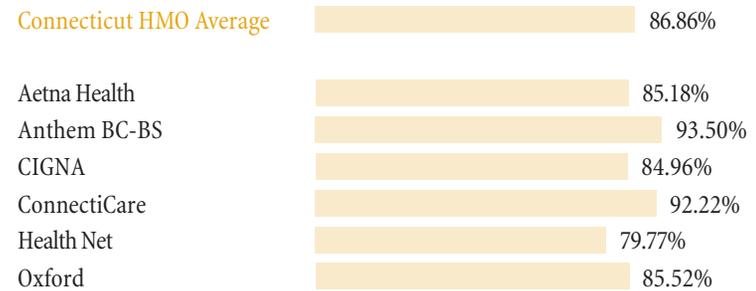
Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the HMO's provider network who were board certified as of December 31, 2004.



Percentage of Physician Specialists Who Are Board Certified

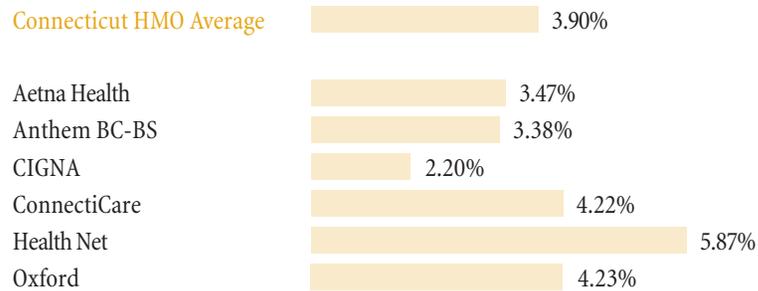
The percentage of physician specialists in the HMO's provider network who were board certified as of December 31, 2004.



Quality Measures

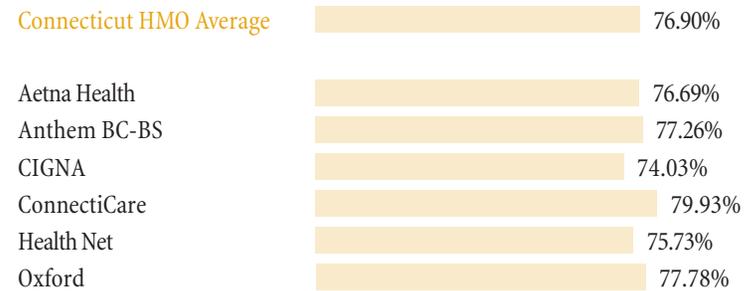
Provider Turnover Rate

The percentage of primary care physicians in the HMO's provider network as of December 31, 2003, who were not in the HMO's provider network as of December 31, 2004.



Breast Cancer Screening

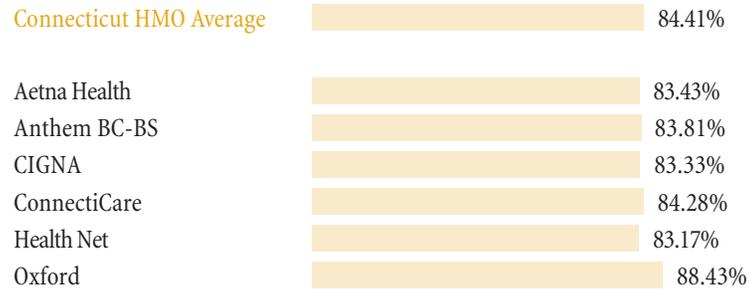
The percentage of enrolled women who: (a) were age 50 through 69 years as of December 31, 2004; and (b) were continuously enrolled during 2003 and 2004; and (c) had a mammogram during 2003 or 2004.



Quality Measures

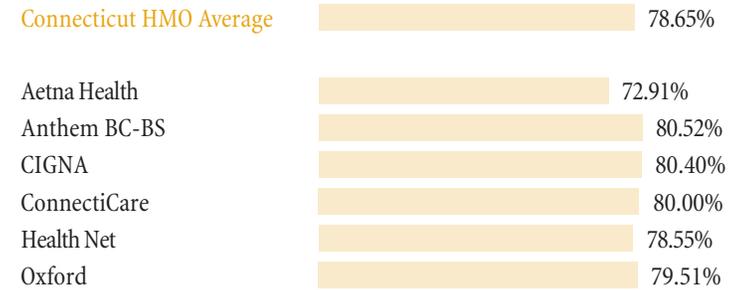
Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 21 through 64 years as of December 31, 2004; and (b) were continuously enrolled during 2002, 2003, or 2004; and (c) received one or more Pap tests during 2002, 2003, or 2004.



Childhood Immunizations

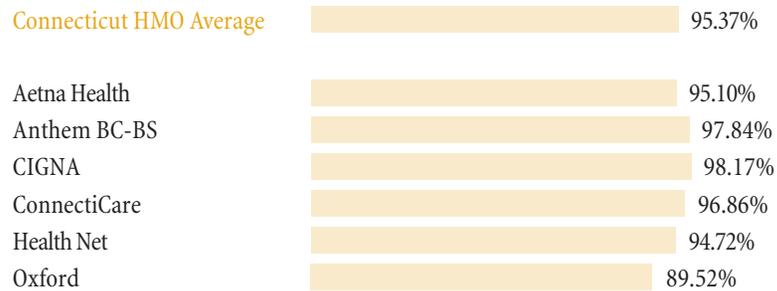
The percentage of enrolled children who: (a) turned two years old during 2004; and (b) were continuously enrolled for the 12 months preceding their second birthday; and (c) have received recommended immunizations. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, and chicken pox are included in this measure.



Quality Measures

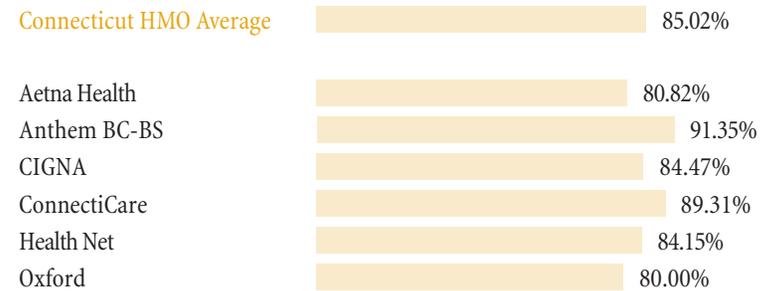
Prenatal Care in the First Trimester

The percentage of enrolled women who: (a) delivered a live birth between November 6, 2003 and November 5, 2004; 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

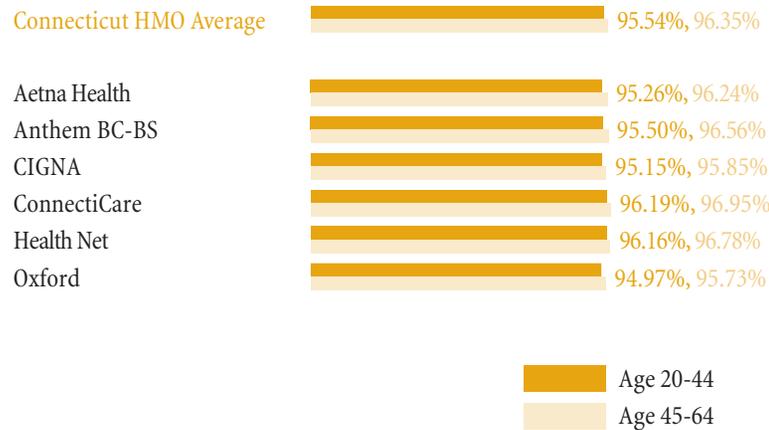
The percentage of enrolled women who: (a) delivered a live birth between November 6, 2003 and November 5, 2004; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had a postpartum visit on or between 21 days and 56 days after delivery.



Quality Measures

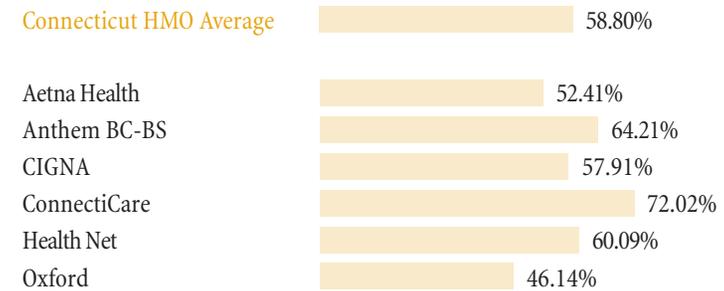
Adult Access to Care

The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2004 who (a) were continuously enrolled in the plan during 2002, 2003 and 2004; and (b) have had at least one ambulatory or preventive care visit with a health plan provider during 2002, 2003 or 2004.



Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2004; and (b) turned 18 through 75 years of age during 2004; and (c) were continuously enrolled during 2004; and (d) had an eye examination in 2004.



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, 2004; and (b) were hospitalized and discharged alive between January 1, 2004 and December 24, 2004; and (c) had a diagnosis of Acute Myocardial Infarction (AMI); and (d) received an ambulatory prescription for beta blockers upon discharge.

Connecticut HMO Average	96.12%
Aetna Health	86.67%
Anthem BC-BS	98.10%
CIGNA	97.30%
ConnectiCare	98.03%
Health Net	96.64%
Oxford	100.00%

Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2004	Average cost per prescription	Annual number of prescriptions per member per year
Aetna Health	\$26,499,832	\$55.97	10.33
Anthem BC-BS	\$166,230,943	\$38.93	11.72
CIGNA	\$11,354,810	\$63.05	9.41
ConnectiCare	\$147,769,967	\$67.40	8.73
Health Net	\$126,867,194	\$54.26	11.22
Oxford	\$50,220,517	\$54.37	10.69

Health Maintenance Organizations Utilization Review Measures

HMO	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 Health	1,914	161	8.41%	28	23	82.14%
Anthem BC-BS	60,368	4,117	6.82%	947	417	44.03%
CIGNA	48,019	5,071	10.56%	88	33	37.50%
ConnectiCare	141,514	8,183	5.78%	294	91	30.95%
Health Net	86,210	7,552	8.76%	684	260	38.01%
Oxford	66,192	15,709	23.73%	609	221	36.29%

Member Satisfaction Survey – Health Maintenance Organizations

HMO	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Percentage of Managed Care members surveyed.	1.80%	0.19%	0.63%	0.50%	0.27%	1.50%
The percentage of those surveyed who responded.	33.99%	37.48%	29.10%	43.42%	38.05%	37.00%
Q. With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?						
A big problem	8.90%	6.00%	5.10%	2.80%	7.20%	8.10%
A small problem	22.00%	22.90%	26.30%	20.10%	15.80%	14.60%
Not a problem	71.10%	71.10%	68.60%	77.10%	77.00%	77.30%
Q. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?						
A big problem	8.70%	6.00%	6.50%	6.10%	6.00%	6.10%
A small problem	15.60%	11.20%	14.30%	11.20%	10.80%	24.20%
Not a problem	77.77%	82.80%	79.30%	82.70%	83.20%	69.70%
Q. In the last 12 months, when you called during regular business hours, how often did you get an appointment for regular or routine health care as soon as you wanted?						
Never	0.60%	0.00%	2.10%	0.30%	2.30%	2.50%
Sometimes	9.90%	7.50%	12.40%	4.50%	12.10%	10.20%
Usually	39.70%	25.20%	43.60%	25.50%	40.70%	41.00%
Always	49.80%	67.30%	41.90%	69.70%	44.90%	46.30%
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	1.50%	1.50%	3.20%	1.10%	2.60%	2.50%
Sometimes	5.30%	10.10%	8.70%	5.30%	6.40%	7.50%
Usually	22.00%	39.60%	22.20%	19.10%	27.60%	26.70%
Always	71.20%	48.80%	65.90%	74.50%	63.50%	63.30%
Q. In the last 12 months, how much of a problem, if any, was it to get the care, tests or treatment, you or a doctor believed necessary?						
A big problem	2.60%	3.00%	1.20%	1.90%	3.90%	6.60%
A small problem	10.90%	11.80%	14.20%	7.20%	10.00%	12.10%
Not a problem	88.50%	85.10%	84.60%	90.90%	86.00%	81.30%

HMO	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Q. Regarding your health plan, in the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials given or on the internet?						
A big problem	13.90%	9.80%	13.30%	3.50%	11.90%	11.10%
A small problem	34.40%	35.80%	42.20%	30.80%	32.60%	28.60%
Not a problem	51.70%	54.50%	44.40%	65.70%	55.60%	62.80%
Q. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?						
A big problem	13.50%	11.20%	22.40%	4.00%	14.10%	14.90%
A small problem	29.80%	31.10%	25.90%	15.50%	24.40%	22.30%
Not a problem	58.70%	57.80%	51.80%	80.50%	61.50%	62.80%
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	0.20%	0.00%	0.90%	0.40%	0.30%	1.60%
1	0.20%	0.50%	0.00%	0.00%	1.00%	0.30%
2	0.50%	0.50%	1.20%	0.20%	0.80%	1.10%
3	2.40%	0.70%	1.70%	0.70%	1.00%	1.90%
4	2.40%	1.50%	3.20%	0.70%	1.30%	2.50%
5	8.30%	5.70%	9.90%	7.00%	7.20%	5.70%
6	9.50%	6.60%	6.40%	6.10%	5.90%	6.00%
7	17.80%	11.50%	14.80%	12.70%	17.50%	13.10%
8	28.40%	28.70%	26.20%	27.90%	27.10%	26.70%
9	17.80%	23.10%	17.40%	24.80%	18.00%	24.80%
10	14.50%	21.10%	18.30%	19.50%	19.80%	16.30%

Totals may not add to 100% due to rounding, or failure of some respondents to answer all questions.

Health Maintenance Organizations

HMO	Address	CUSTOMER SERVICE INFORMATION			Profit/Not for Profit
		Customer Service Phone Number	Days of the week the phone is staffed	Hours the phone is staffed	
Aetna Health, Inc.	151 Farmington Avenue Hartford, CT 06456	1-800-323-9930	Monday-Friday	8:00am-6:00pm	For Profit
Anthem Blue Cross & Blue Shield of CT, Inc.	370 Bassett Road North Haven, CT 06473	203-239-4911	Monday-Friday	8:00am-5:00pm	For Profit
CIGNA HealthCare of CT., Inc.	900 Cottage Grove Road Hartford, CT 06152	1-800-832-3211	Monday-Friday	8:00am-6:00pm	For Profit
ConnectiCare, Inc.	175 Scott Swamp Road Farmington, CT 06032	1-800-251-7722 and 860-674-5757	Monday-Saturday	Mon-Fri 7:00am-9:00pm Sat 9:00am-1:00pm	For Profit
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	For Profit
Oxford Health Plans (CT), Inc.	48 Monroe Turnpike Trumbull, CT 06611	1-800-444-6222	Monday-Friday	8:00am-6:00pm	For Profit

Health Maintenance Organizations

Service Area	Does the HMO market to individuals?	Fully Insured Enrollment	Self-Insured Enrollment	Total Enrollment	Level of NCQA Accreditation Achieved ¹
Statewide	No	35,397	35,276	70,673	Full Accreditation
Statewide	Yes	336,036	220,064	556,100	Full Accreditation
Statewide	No	22,313	0	22,313	Full Accreditation
Statewide	Yes	179,107	37,490	216,597	Full Accreditation
Statewide	No	232,119	171,786	403,905	Pending
Statewide	No	69,885	1,338	71,223	Full Accreditation

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

Full Accreditation – awarded to HMOs that meet the NCQA's standards and is effective for three years.

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

Provisional Accreditation – Granted for one-year to HMOs that meet some of NCQA's requirements and have adequate quality improvement programs. Plans must demonstrate progress before they can be accredited at a higher level.

NA – The HMO has not applied for NCQA accreditation.

Denied – Given to HMOs that fail to meet enough standards.

Under Review – Given to HMOs that have received an initial accreditation determination but have requested to move to a higher accreditation level.

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 Avenue Hartford, CT 06456	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	7:30am-7:00pm
Anthem Blue Cross & Blue Shield of CT., Inc.	370 Bassett Road North Haven, CT 06473	203-239-4911	Monday-Friday	8:00am-5:00pm
Celtic Insurance Company	233 So. Wacker Dr., Ste. 700 Chicago, IL 60606-6396	1-800-477-7870	Monday-Friday	8:00am-6:00pm Mon-Th 8:00am-3:00pm Fri
Connecticut General Life Insurance Company	900 Cottage Grove Road Hartford, CT 06152	1-800-832-3211	Monday-Friday	8:00am-6:00pm
Fortis Insurance Company	501 West Michigan St. Milwaukee, WI 53203	1-800-800-1212	Monday-Friday	8:00am-7:00pm
GE Group Life Assurance Company	175 Addison Road Windsor, CT 06095	1-800-451-2513	Monday-Friday	8:00am-6:00pm
Golden Rule Insurance Company	7440 Woodland Drive Indianapolis, IN 46278	618-943-5465	Monday-Friday	8:00am - 8:00pm
Guardian Life Insurance Company of America	7 Hanover Sq., 21st Floor New York, NY 10004	1-800-685-4542	Monday-Friday	8:00am-6:00pm
Health Net Insurance of CT., Inc.	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 53203	1-800-800-1212	Monday-Friday	8:00am-7:00pm
Oxford Health Insurance, Inc.	48 Monroe Turnpike Trumbull, CT 06611	1-800-444-6222	Monday-Friday	8:00am-6:00pm
Trustmark Insurance Company	400 Field Drive Lake Forest, IL 60045	1-800-544-7312	Monday-Friday	7:00am-6:00pm
UNICARE Life & Health Insurance Company	4553 La Tienda Drive Thousand Oaks, CA 91362	1-800-234-0111	Monday-Friday	8:00am-5:00pm
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.**

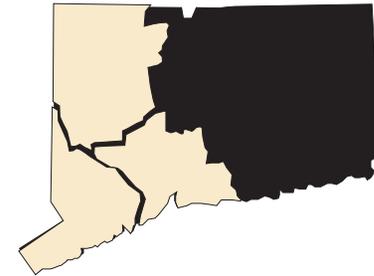
Indemnity Managed Care Organizations

Profit/Not for Profit Status	Service Area	Does the plan market to individuals?	Fully Insured Enrollment	Self Insured Enrollment	Total Enrollment ¹
For Profit	Statewide	No	11,664	132,245	143,909
For Profit	Statewide	Yes	1,212	0	1,212
For Profit	Statewide	Yes	226,872	250,819	477,691
For Profit	Statewide	Yes	1,220	0	1,220
For Profit	Statewide	No	25,374	178,783	204,157
For Profit	Statewide	Yes	6,557	0	6,557
For Profit	Statewide	No	38	175	213
For Profit	Statewide	Yes	22,717	0	22,717
For Profit	Statewide	No	729	79	808
For Profit	Statewide	No	929	0	929
For Profit	Statewide	Yes	4,499	0	4,499
For Profit	Statewide	No	21,143	0	21,143
For Profit	Statewide	No	59	0	59
For Profit	Statewide	No	446	0	446
For Profit	Statewide	No	126,486	115,805	242,291

¹Only applies to managed care plans issued in Connecticut.

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	619	1,192	5	127	637	1,482	7	154	98	141	3	42
American Republic	531	1,393	5	143	613	1,735	7	175	146	385	3	43
Anthem BC-BS	735	1,139	6	133	750	1,531	7	165	108	129	3	41
Celtic	529	933	7	94	654	1,366	5	118	68	79	3	36
CT General	637	1,578	6	129	565	1,998	6	151	94	175	3	39
Fortis Insurance	426	1,234	5	138	418	1,122	7	173	101	255	3	43
GE Group Life	529	880	7	144	654	1,302	5	174	68	80	3	43
Golden Rule	582	1,772	6	141	819	2,351	7	174	89	218	3	43
Guardian	529	933	7	144	654	1,366	5	174	68	79	3	43
Health Net	692	1,305	5	137	660	1,857	7	150	96	155	3	41
John Alden	426	1,234	5	138	418	1,122	7	173	101	255	3	43
Oxford Health	842	1,679	6	145	757	2,334	6	177	110	206	3	44
Trustmark	529	933	7	134	654	1,366	5	166	68	79	3	48
UniCare	529	933	7	143	654	1,366	5	166	68	79	3	46
United	624	1,065	6	138	630	1,401	7	163	90	115	3	43

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	715	1,441	8	167	51	43	2	22	104	139	1	30
American Republic	1,100	2,287	9	175	60	138	2	24	113	316	1	30
Anthem BC-BS	830	1,440	8	167	57	56	2	21	124	159	1	27
Celtic	600	988	6	107	47	40	2	16	37	66	1	23
CT General	693	1,951	8	171	53	87	2	20	103	234	1	27
Fortis Insurance	709	1,976	8	183	53	84	2	26	99	182	1	32
GE Group Life	600	1,034	5	188	47	31	2	26	37	66	1	33
Golden Rule	708	2,682	8	175	38	102	2	23	70	289	1	30
Guardian	600	988	6	188	47	40	2	26	37	66	1	33
Health Net	700	1,541	8	159	68	64	2	20	120	158	1	28
John Alden	709	1,976	8	183	53	84	2	26	99	182	1	32
Oxford Health	892	2,104	8	201	65	129	2	26	107	264	1	33
Trustmark	600	988	6	170	47	40	2	21	37	66	1	32
UniCare	600	988	6	169	47	40	2	21	37	66	1	31
United	747	1,367	9	178	52	159	1	24	104	139	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	131	204	2	37	69	87	2	22	2,424	4,729	30	601
American Republic	151	455	2	46	84	189	2	23	2,798	6,898	31	659
Anthem BC-BS	192	255	2	46	78	82	2	22	2,874	4,791	31	622
Celtic	94	138	2	38	46	37	2	20	2,075	3,647	28	452
CT General	104	238	2	40	64	109	2	22	2,313	6,370	30	599
Fortis Insurance	113	333	2	46	76	113	2	25	1,995	5,299	30	666
GE Group Life	94	141	2	48	46	40	2	25	2,075	3,574	27	681
Golden Rule	102	333	2	45	49	149	2	23	2,457	7,896	31	654
Guardian	94	138	2	48	46	37	2	25	2,075	3,647	28	681
Health Net	168	280	2	40	76	88	2	21	2,580	5,448	30	596
John Alden	113	333	2	46	76	113	2	25	1,995	5,299	30	666
Oxford Health	190	393	2	48	89	125	2	25	3,052	7,234	30	670
Trustmark	94	138	2	50	46	37	2	21	2,075	3,647	28	642
UniCare	94	138	2	42	46	37	2	22	2,075	3,647	28	640
United	133	212	2	45	72	56	2	24	2,440	4,499	31	646

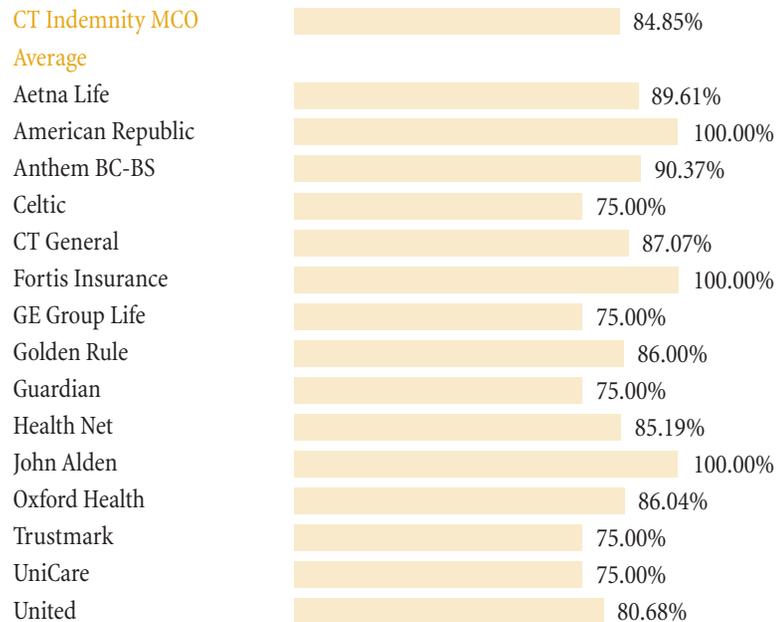
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more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

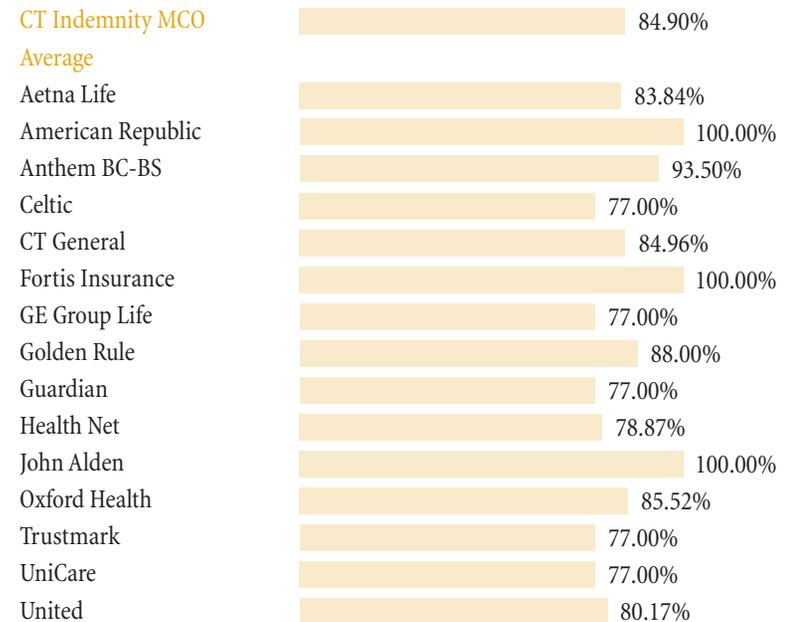
Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the MCO's provider network who were board certified as of December 31, 2004.



Percentage of Physician Specialists Who Are Board Certified

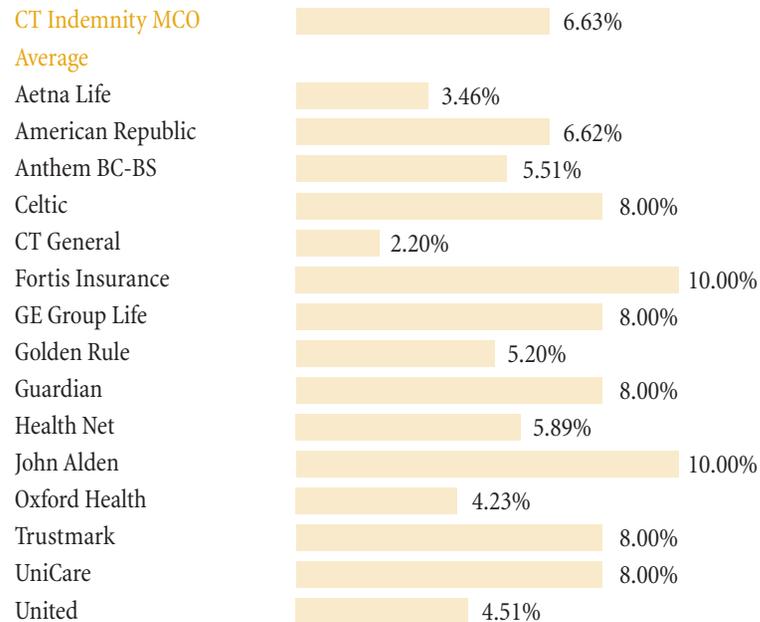
The percentage of physician Specialists in the MCO's provider network who were board certified as of December 31, 2004.



Quality Measures

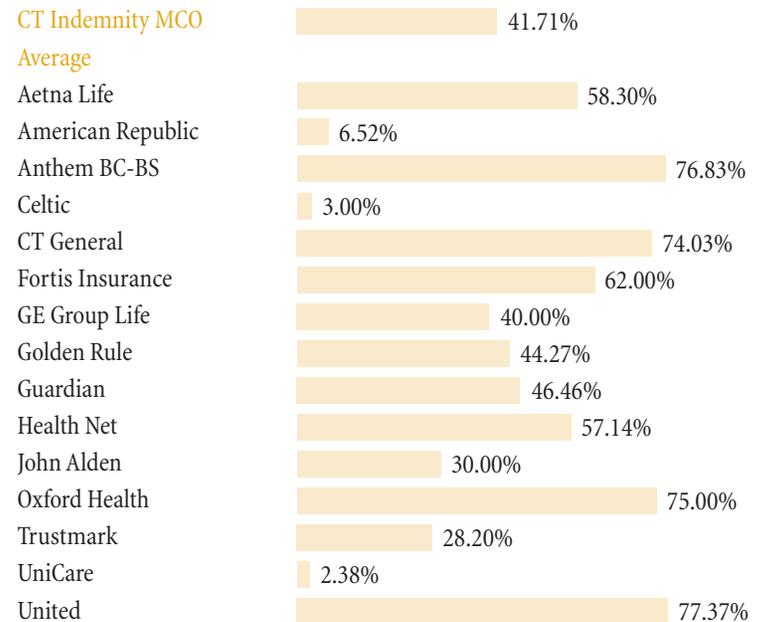
Provider Turnover Rate

The percentage of primary care physicians in the MCO's provider network as of December 31, 2003, who were not in the provider network as of December 31, 2004.



Breast Cancer Screening

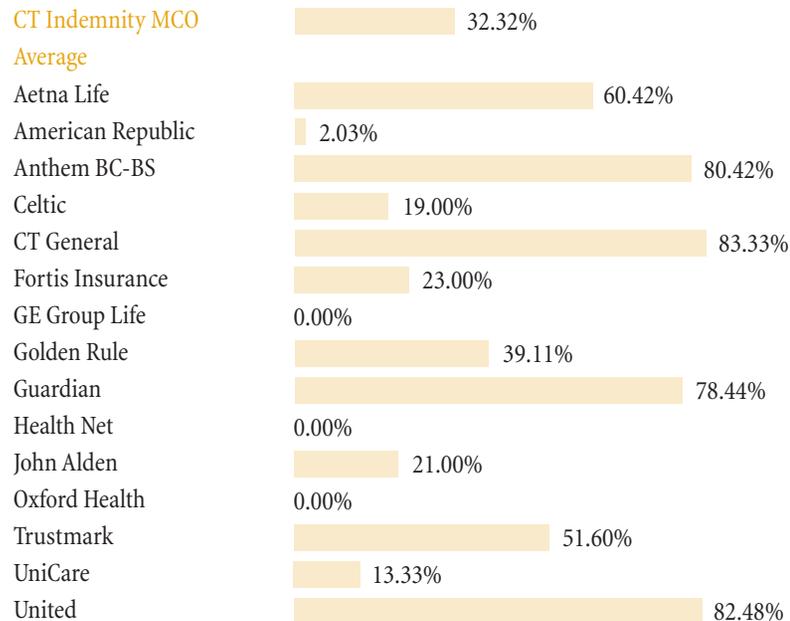
The percentage of enrolled women who: (a) were age 50 through 69 years as of December 31, 2004; and (b) were continuously enrolled during 2003 and 2004; and (c) had a mammogram during 2003 or 2004.



Quality Measures

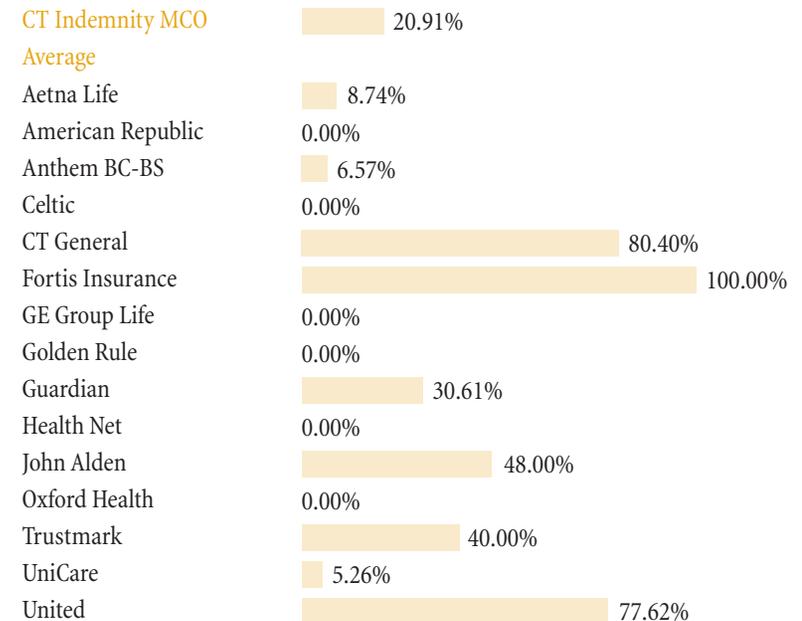
Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 21 through 64 years as of December 31, 2004; and (b) were continuously enrolled during 2002, 2003 or 2004; and (c) received one or more Pap tests during 2002, 2003 or 2004.



Childhood Immunizations

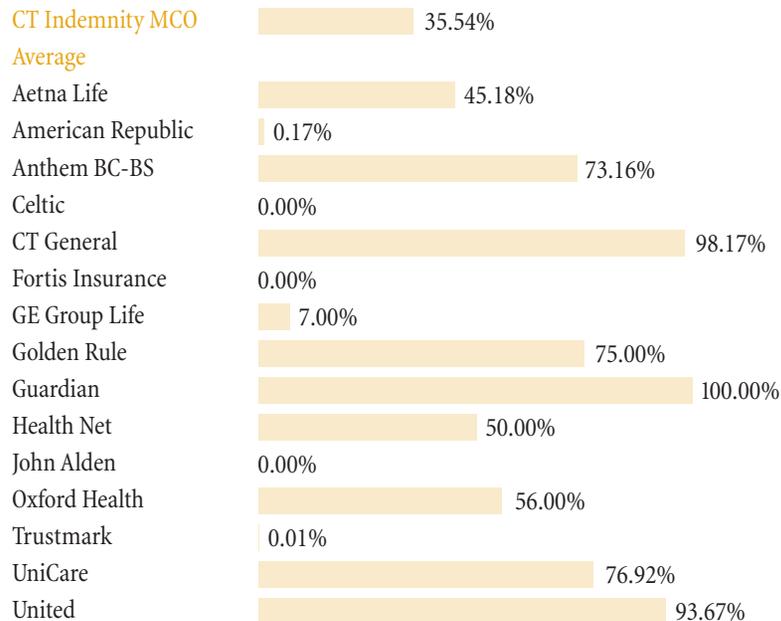
The percentage of enrolled children who: (a) turned two years old during 2004; and (b) were continuously enrolled for the 12 months preceding their second birthday; and (c) have received recommended immunizations. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, and chicken pox are included in this measure.



Quality Measures

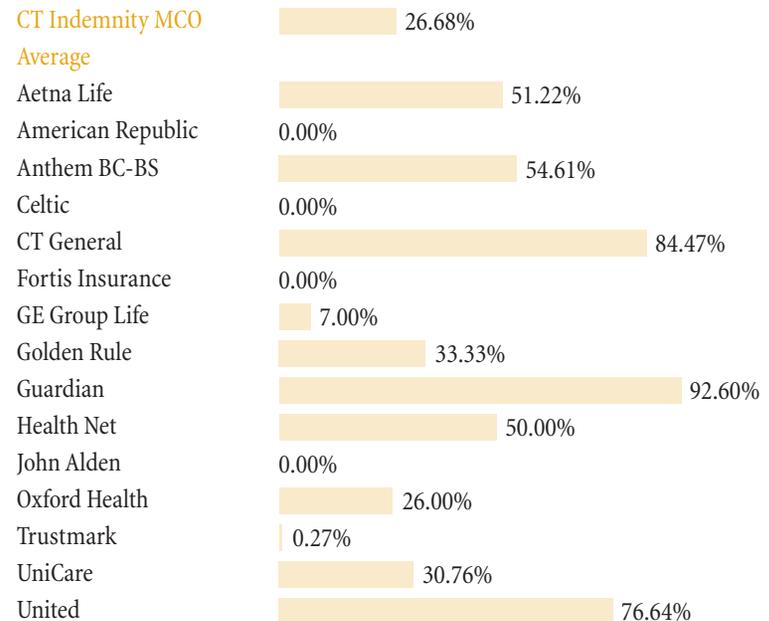
Prenatal Care in the First Trimester

The percentage of enrolled women who: (a) delivered a live birth between November 6, 2003 and November 5, 2004; 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

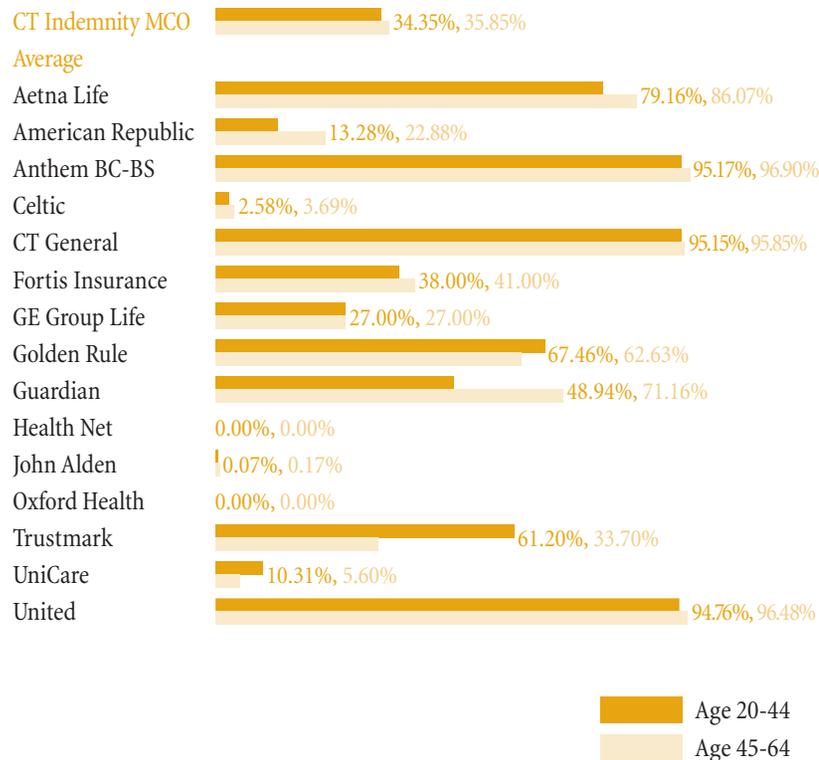
The percentage of enrolled women who: (a) delivered a live birth between November 6, 2003 and November 5, 2004; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had a postpartum visit on or between 21 days and 56 days after delivery.



Quality Measures

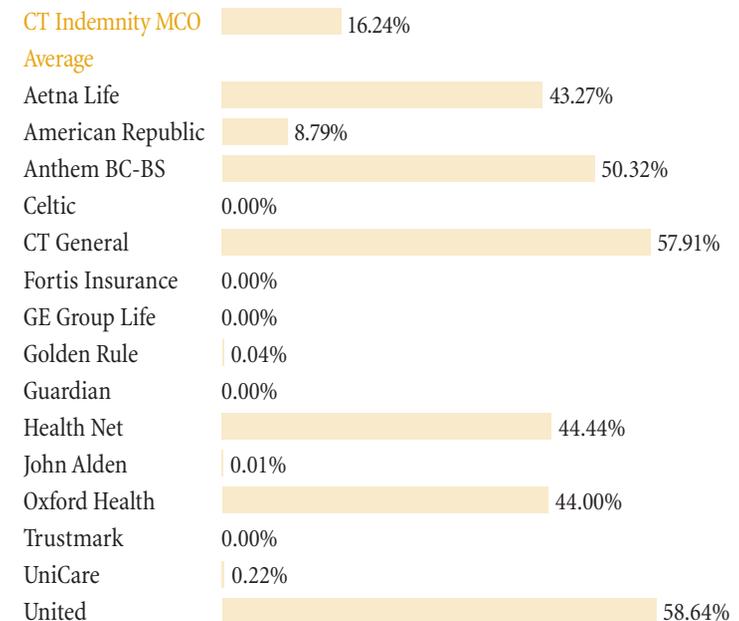
Adult Access to Care

The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2004 who: (a) were continuously enrolled in the plan during 2002, 2003 and 2004; and (b) have had at least one ambulatory or preventive care visit with a health plan provider during 2002, 2003 or 2004.



Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2004; and (b) turned 18 through 75 years of age during 2004; and (c) were continuously enrolled during 2004; and (d) had an eye examination in 2004.



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, 2004; and (b) were hospitalized and discharged alive between January 1, 2004 and December 24, 2004; and (c) had a diagnosis of Acute Myocardial Infarction (AMI); and (d) received an ambulatory prescription for beta blockers upon discharge.

CT Indemnity MCO	23.83%
Average	
Aetna Life	59.26%
American Republic	0.00%
Anthem BC-BS	70.70%
Celtic	0.00%
CT General	97.30%
Fortis Insurance	0.00%
GE Group Life	0.00%
Golden Rule	27.27%
Guardian	100.00%
Health Net	0.00%
John Alden	0.00%
Oxford Health	0.00%
Trustmark	0.01%
UniCare	0.00%
United	98.17%

Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2004	Average cost per prescription	Annual number of prescriptions per member per year
Aetna Life	\$42,059,923	\$60.11	8.80
American Republic	\$476,433	\$62.54	6.18
Anthem BC-BS	\$267,502,359	\$56.89	13.96
Celtic	\$692,494	\$56.73	8.28
CT General	\$34,340,710	\$92.39	6.26
Fortis Insurance	\$665,052	\$73.16	1.61
GE Group Life	\$42,554	\$92.71	10.43
Golden Rule	\$5,902,497	\$69.85	3.72
Guardian	\$1,989,658	\$68.67	8.04
Health Net	\$437,368	\$51.29	10.18
John Alden	\$4,201,699	\$170.07	14.21
Oxford Health	\$1,340,521	\$61.34	10.92
Trustmark	\$144,121	\$68.69	0.73
UniCare	\$149,937	\$32.93	9.70
United	\$78,643,070	\$53.61	11.15

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	7,647	341	4.46%	22	9	40.91%
American Republic	70	4	5.71%	0	0	0.00%
Anthem BC-BS	90,498	7,169	7.92%	1,147	471	41.06%
Celtic	306	29	9.48%	1	0	0.00%
CT General	29,176	4,490	15.39%	108	37	34.26%
Fortis Insurance	142	1	0.70%	1	1	100.00%
GE Group Life	0	0	0.00%	0	0	0.00%
Golden Rule	194	24	12.37%	3	1	33.33%
Guardian	771	21	2.72%	9	7	77.78%
Health Net	79	0	0.00%	0	0	0.00%
John Alden	284	11	3.87%	0	0	0.00%
Oxford Health	9,201	1,792	19.48%	117	39	33.33%
Trustmark	33	2	6.06%	1	1	100.00%
UniCare	298	23	7.72%	2	1	0.00%
United	19,131	194	1.01%	43	18	41.86%

Member Satisfaction Survey – Indemnity Managed Care Organizations

HMO	Aetna Life	Amer. Republic	Anthem BC-BS	Celtic	CT General
Percentage of Managed Care members surveyed.	1.00%	100.00%	0.23%	4.00%	0.63%
The percentage of those surveyed who responded.	27.60%	18.00%	40.54%	12.00%	29.10%
Q. With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?					
A big problem	9.30%	6.00%	3.50%	4.00%	5.10%
A small problem	16.30%	14.00%	21.70%	4.00%	26.30%
Not a problem	74.40%	80.00%	74.70%	92.00%	68.60%
Q. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?"					
A big problem	6.00%	9.00%	2.70%	8.00%	6.50%
A small problem	11.50%	3.00%	12.30%	6.00%	14.30%
Not a problem	82.50%	88.00%	85.10%	86.00%	79.30%
Q. In the last 12 months, when you called during regular business hours, how often did you get an appointment for regular or routine health care as soon as you wanted?					
Never	1.40%	4.00%	1.40%	8.00%	2.10%
Sometimes	10.60%	10.00%	12.10%	13.00%	12.40%
Usually	42.30%	35.00%	43.40%	21.00%	43.60%
Always	45.70%	51.00%	43.10%	58.00%	41.90%
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	1.70%	6.00%	0.00%	6.00%	3.20%
Sometimes	6.00%	1.00%	7.00%	14.00%	8.70%
Usually	24.80%	27.00%	29.00%	31.00%	22.20%
Always	67.50%	66.00%	64.00%	49.00%	65.90%
Q. In the last 12 months, how much of a problem, if any, was it to get the care, tests or treatment, you or a doctor believed necessary?					
A big problem	3.50%	8.00%	1.30%	7.00%	1.20%
A small problem	11.40%	10.00%	9.70%	16.00%	14.20%
Not a problem	85.10%	82.00%	89.00%	77.00%	84.60%

Fortis Insurance	GE Group Life	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Trustmark	UniCare	United
51.00%	11.30%	1.00%	38.61%	24.20%	58.00%	5.20%	24.00%	36.00%	0.50%
17.00%	0.00%	25.00%	14.42%	34.67%	12.00%	42.00%	41.00%	32.00%	33.80%
4.80%	0.00%	8.80%	4.44%	12.50%	4.70%	8.70%	8.00%	16.00%	4.70%
12.80%	0.00%	8.80%	24.44%	37.50%	8.80%	20.00%	17.00%	11.00%	10.50%
82.40%	0.00%	82.40%	71.11%	50.00%	86.50%	71.30%	75.00%	73.00%	84.80%
5.20%	0.00%	0.00%	6.67%	12.10%	5.60%	6.90%	14.00%	13.00%	3.20%
9.40%	0.00%	12.50%	17.78%	12.10%	8.80%	21.90%	14.00%	16.00%	8.40%
85.40%	0.00%	87.50%	75.55%	75.80%	85.60%	71.20%	72.00%	71.00%	88.40%
5.70%	0.00%	1.50%	6.67%	1.80%	6.00%	3.40%	9.00%	7.00%	5.20%
17.10%	0.00%	15.50%	20.00%	20.00%	15.70%	11.40%	13.00%	11.00%	12.40%
33.70%	0.00%	39.00%	48.89%	43.60%	37.30%	39.10%	52.00%	41.00%	37.20%
43.50%	0.00%	44.00%	24.44%	34.50%	41.00%	46.10%	26.00%	41.00%	45.20%
4.60%	0.00%	5.00%	2.22%	6.30%	3.80%	2.10%	0.00%	3.00%	2.30%
13.00%	0.00%	2.00%	4.45%	12.50%	7.20%	7.40%	14.00%	9.00%	9.40%
32.30%	0.00%	36.00%	42.22%	31.30%	24.80%	27.00%	43.00%	29.00%	28.20%
50.10%	0.00%	57.00%	51.11%	50.00%	64.20%	63.50%	43.00%	59.00%	60.10%
5.30%	0.00%	3.00%	2.22%	8.00%	6.00%	6.20%	14.00%	5.00%	2.80%
9.20%	0.00%	5.00%	28.89%	6.00%	12.50%	13.50%	9.00%	2.00%	8.50%
90.80%	0.00%	92.00%	68.89%	86.00%	81.50%	80.30%	77.00%	93.00%	88.70%

Member Satisfaction Survey – Indemnity Managed Care Organizations

HMO	Aetna Life	Amer. Republic	Anthem BC-BS	Celtic	CT General
Q. Regarding your health plan, in the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials given or on the internet?					
A big problem	14.60%	8.00%	12.10%	7.00%	13.30%
A small problem	35.10%	25.00%	47.60%	22.00%	42.20%
Not a problem	50.30%	67.00%	40.30%	71.00%	44.40%
Q. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?					
A big problem	16.80%	8.00%	9.60%	10.00%	22.40%
A small problem	26.50%	18.00%	35.90%	10.00%	25.90%
Not a problem	56.70%	75.00%	54.50%	80.00%	51.80%
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	0.70%	0.00%	0.20%	0.00%	0.90%
1	1.20%	2.00%	0.40%	2.00%	0.00%
2	0.70%	3.00%	0.00%	0.00%	1.20%
3	2.10%	1.00%	0.40%	4.00%	1.70%
4	3.00%	0.00%	0.90%	10.00%	3.20%
5	8.40%	13.00%	4.70%	10.00%	9.90%
6	9.30%	10.00%	5.80%	8.00%	6.40%
7	21.70%	15.00%	14.30%	26.00%	14.80%
8	27.20%	32.00%	24.20%	28.00%	26.20%
9	15.00%	14.00%	23.50%	12.00%	17.40%
10	10.70%	10.00%	25.30%	0.00%	18.30%

Fortis Insurance	GE Group Life	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Trustmark	UniCare	United
10.30%	0.00%	8.00%	6.67%	28.20%	10.00%	14.80%	14.00%	8.00%	5.80%
23.40%	0.00%	24.00%	35.55%	43.60%	19.70%	29.00%	32.00%	11.00%	24.60%
66.30%	0.00%	68.00%	57.78%	28.20%	70.30%	56.20%	54.00%	81.00%	69.60%
10.70%	0.00%	7.00%	13.33%	40.90%	11.60%	15.70%	21.00%	11.00%	9.10%
19.00%	0.00%	29.00%	26.67%	15.90%	15.00%	27.30%	25.00%	25.00%	22.80%
59.60%	0.00%	64.00%	60.00%	43.20%	73.40%	57.00%	54.00%	64.00%	68.10%
5.20%	0.00%	4.50%	0.00%	4.20%	4.70%	1.70%	4.00%	2.00%	0.00%
3.60%	0.00%	3.00%	0.00%	7.00%	1.90%	0.20%	0.00%	0.00%	0.50%
3.40%	0.00%	4.50%	2.22%	2.80%	5.00%	1.10%	4.00%	4.00%	1.80%
4.40%	0.00%	1.00%	5.00%	5.60%	5.30%	2.20%	4.00%	2.00%	3.10%
5.90%	0.00%	7.50%	2.22%	11.30%	3.80%	2.40%	4.00%	0.00%	4.70%
17.80%	0.00%	12.00%	11.11%	18.30%	16.60%	7.60%	13.00%	14.00%	9.30%
9.40%	0.00%	7.50%	5.00%	9.90%	6.60%	6.20%	17.00%	2.00%	11.40%
14.70%	0.00%	10.00%	22.22%	5.60%	13.80%	12.70%	8.00%	12.00%	14.80%
17.60%	0.00%	19.00%	18.00%	15.50%	21.00%	26.50%	25.00%	24.00%	24.90%
6.60%	0.00%	16.00%	24.44%	8.50%	7.80%	23.40%	8.00%	24.00%	16.30%
11.40%	0.00%	15.00%	9.00%	11.30%	13.50%	16.00%	13.00%	16.00%	13.20%

Glossary

Adverse determination: A *UR* decision to deny a healthcare service based on the information provided because it does not meet 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.

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 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 requested or required 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 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*, 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

New England Life Insurance Company

501 Boylston Street
Boston, MA 02116-3700
1-800-654-1731

Fortis Benefits Insurance Company

501 West Michigan
Milwaukee, WI 53203
1-800-800-1212

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

Managed Care Plan Comparison Worksheet

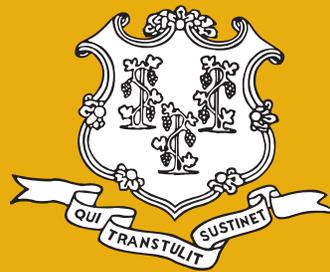
In addition to this guide, you will need provider directories, premium or contribution rates and schedules of benefits for each plan you are considering.

	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.omc.state.ct.us
Department of Public Health	Providers	410 Capitol Avenue Hartford, CT 06134	(800) 842-0038 (toll free)	http://www.dph.state.ct.us
Office of Health Care Access	Medical Facilities Provider Networks	410 Capital Avenue Hartford, CT 06134	(800) 797-9688 (toll free)	http://www.ohca.state.ct.us
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



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

www.ct.gov/cid
1-800-203-3447