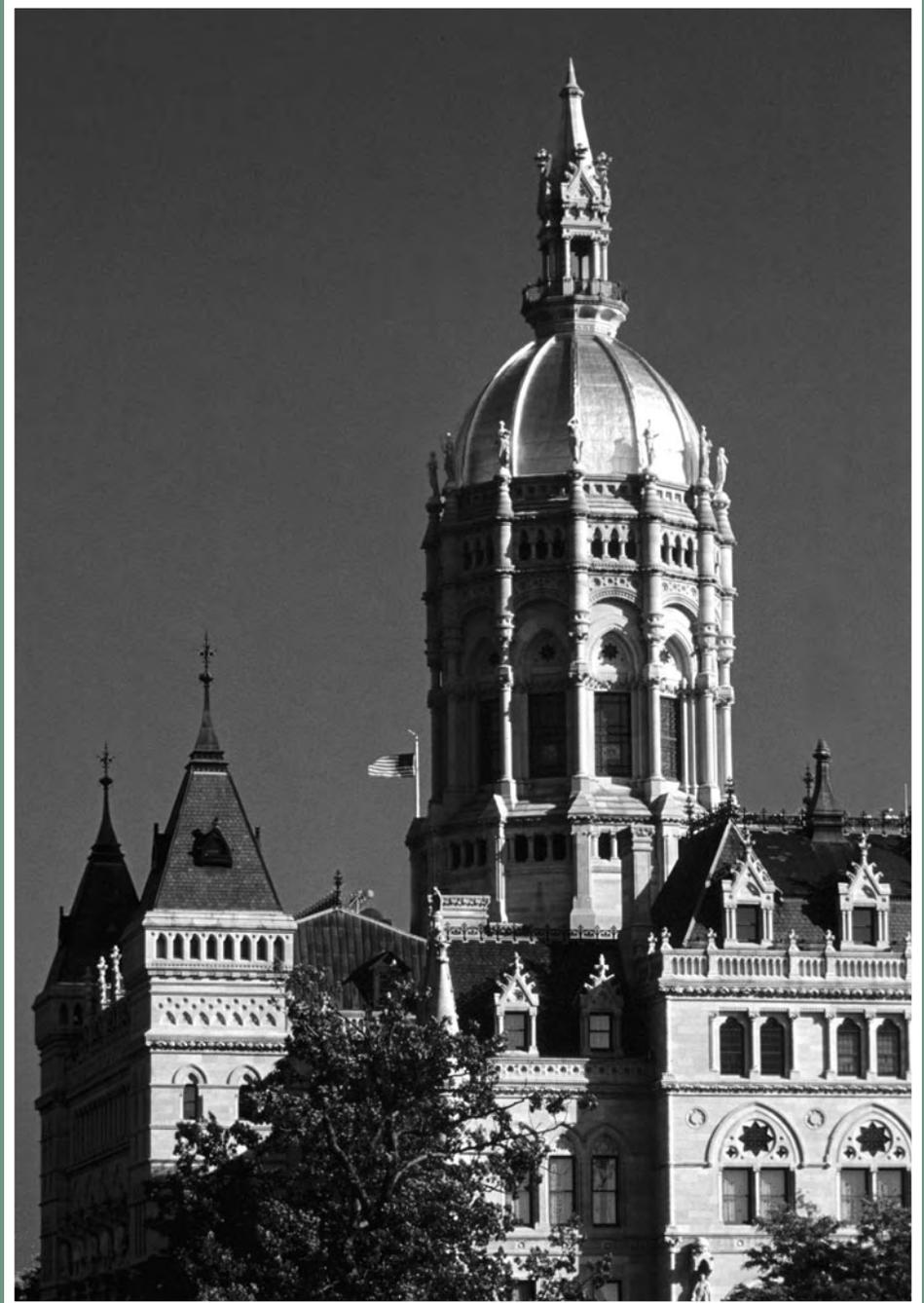


A COMPARISON OF

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*Managed Care  
Organizations  
In Connecticut*



October 2006



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 2005. 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

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

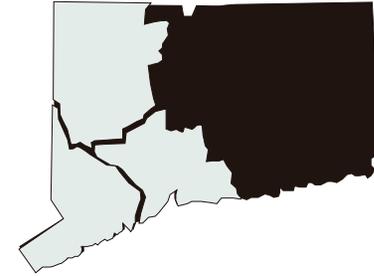
### Indemnity Managed Care Organizations

<b>Aetna Life</b>	Aetna Life Insurance Co.
<b>American Republic</b>	American Republic Insurance Co.
<b>Anthem BC-BS</b>	Anthem Blue Cross & Blue Shield of CT, Inc.
<b>Celtic</b>	Celtic Insurance Co.
<b>ConnectiCare</b>	ConnectiCare Insurance Co., Inc.
<b>CT General</b>	Connecticut General Life Insurance Co.
<b>Golden Rule</b>	Golden Rule Insurance Co.
<b>Guardian</b>	Guardian Life Insurance Co. of America
<b>Health Net</b>	Health Net Insurance of CT., Inc.
<b>John Alden</b>	John Alden Life Insurance Co.
<b>Oxford Health</b>	Oxford Health Insurance Co.
<b>Time</b>	Time Insurance Co.
<b>Trustmark Life</b>	Trustmark Life Insurance Co.
<b>UniCare</b>	UniCare Life & Health Insurance Co.
<b>United</b>	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	614	1,348	6	136	594	1,820	7	170	91	144	3	43
Anthem BC-BS	665	1,123	6	136	625	1,682	7	161	101	121	3	46
CIGNA	606	1,530	6	136	635	1,959	7	166	93	185	3	40
ConnectiCare	623	1,173	6	141	750	1,776	7	170	101	159	3	42
Health Net	670	1,502	6	137	682	2,147	7	162	99	177	3	40
Oxford	901	1,817	6	150	825	2,510	6	182	136	233	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	687	1,592	8	170	58	51	2	25	95	163	1	29
Anthem BC-BS	713	1,410	8	162	58	50	2	20	104	149	1	27
CIGNA	700	1,869	8	179	53	89	2	23	104	209	1	28
ConnectiCare	755	1,693	8	171	57	64	2	25	115	136	1	33
Health Net	688	1,795	8	169	66	64	2	24	97	185	1	29
Oxford	945	2,296	8	187	72	144	2	27	124	282	1	35

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	131	231	2	38	67	74	2	20	2,337	5,423	31	631
Anthem BC-BS	161	258	2	43	70	71	2	22	2,497	4,864	31	617
CIGNA	108	245	2	44	69	125	2	22	2,368	6,211	31	638
ConnectiCare	151	222	2	44	55	71	2	20	2,607	5,294	31	646
Health Net	167	304	2	42	71	103	2	21	2,540	6,277	31	624
Oxford	195	447	2	49	88	136	2	24	3,286	7,865	30	698

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

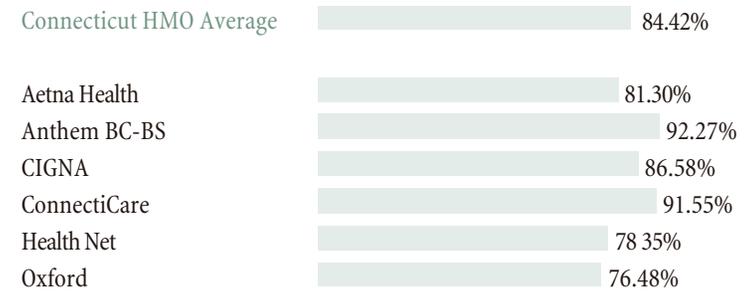
### Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the HMO's provider network who were board certified as of December 31, 2005.



### Percentage of Physician Specialists Who Are Board Certified

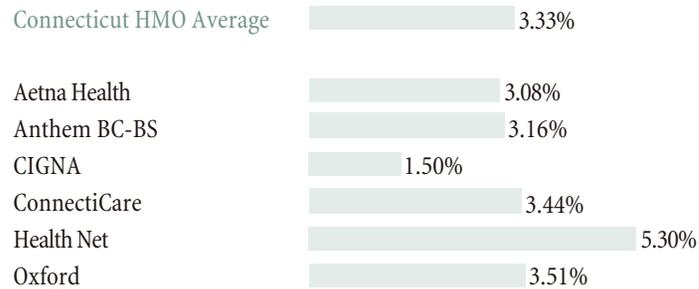
The percentage of physician specialists in the HMO's provider network who were board certified as of December 31, 2005.



## Quality Measures

### Provider Turnover Rate

The percentage of primary care physicians in the HMO's provider network as of December 31, 2004, who were not in the HMO's provider network as of December 31, 2005.



### Breast Cancer Screening

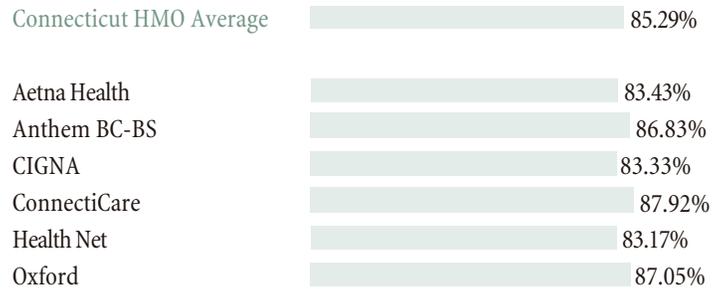
The percentage of enrolled women who: (a) were age 50 through 69 years as of December 31, 2005; and (b) were continuously enrolled during 2004 and 2005; and (c) had a mammogram during 2004 or 2005.



## Quality Measures

### Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 21 through 64 years as of December 31, 2005; and (b) were continuously enrolled during 2003, 2004, or 2005; and (c) received one or more Pap tests during 2003, 2004, or 2005.



### Childhood Immunizations

The percentage of enrolled children who: (a) turned two years old during 2005; 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, 2004 and November 5, 2005; 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

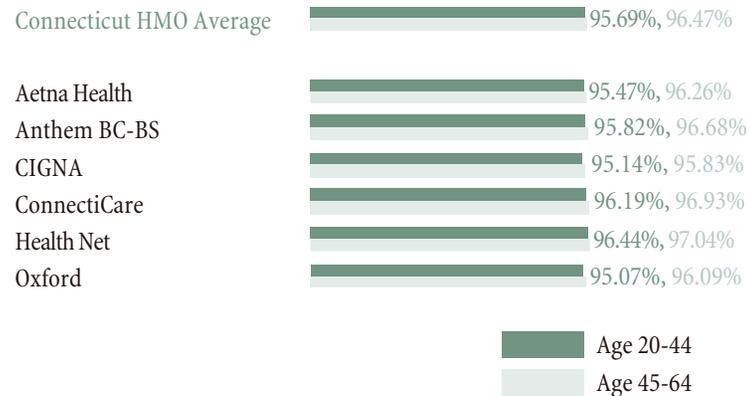
The percentage of enrolled women who: (a) delivered a live birth between November 6, 2004 and November 5, 2005; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had a postpartum visit on or between 21 days and 56 days after delivery.



## Quality Measures

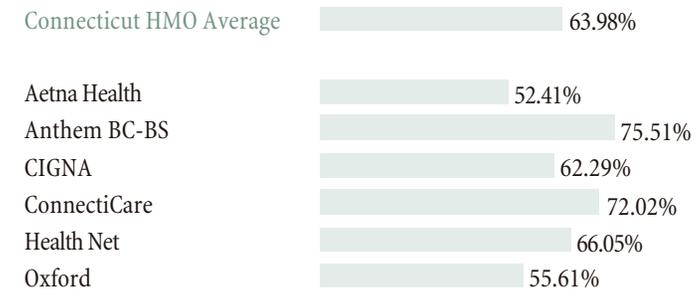
### Adult Access to Care

The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2005 who (a) were continuously enrolled in the plan during 2003, 2004 and 2005; and (b) have had at least one ambulatory or preventive care visit with a health plan provider during 2003, 2004 or 2005.



### Eye Exams for People with Diabetes

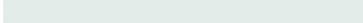
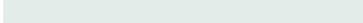
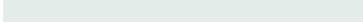
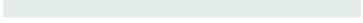
The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2005; and (b) turned 18 through 75 years of age during 2005; and (c) were continuously enrolled during 2005; and (d) had an eye examination in 2005.



## 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, 2005; and (b) were hospitalized and discharged alive between January 1, 2005 and December 24, 2005; and (c) had a diagnosis of Acute Myocardial Infarction (AMI); and (d) received an ambulatory prescription for beta blockers upon discharge.

Connecticut HMO Average		99.50%
Aetna Health		100.00%
Anthem BC-BS		100.00%
CIGNA		100.00%
ConnectiCare		99.00%
Health Net		98.02%
Oxford		100.00%

### Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2005	Average cost per prescription	Annual number of prescriptions per member per year
Aetna Health	\$16,595,092	\$28.48	11.03
Anthem BC-BS	\$220,600,279	\$59.35	11.85
CIGNA	\$10,843,769	\$64.35	7.44
ConnectiCare	\$151,545,806	\$57.85	12.19
Health Net	\$133,779,314	\$65.90	11.28
Oxford	\$50,623,108	\$56.98	10.94

## 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	12,234	1,055	8.62%	206	122	59.22%
Anthem BC-BS	99,513	6,886	6.92%	1,330	554	41.65%
CIGNA	11,986	3,477	29.01%	81	28	34.57%
ConnectiCare	59,658	7,905	13.25%	231	52	22.51%
Health Net	78,726	8,675	11.02%	822	149	18.13%
Oxford	50,958	13,867	27.21%	423	142	33.57%

## Member Satisfaction Survey – Health Maintenance Organizations

HMO	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Percentage of Managed Care members surveyed.	2.90%	0.20%	2.00%	0.66%	0.70%	1.62%
The percentage of those surveyed who responded.	29.50%	30.61%	32.20%	41.80%	34.07%	34.90%
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	3.50%	4.80%	10.10%	6.60%	6.00%	14.10%
A small problem	20.90%	19.70%	20.90%	15.90%	20.10%	22.10%
Not a problem	75.70%	75.50%	69.00%	77.50%	73.80%	63.80%
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	6.90%	4.90%	6.50%	5.50%	7.60%	13.10%
A small problem	13.20%	11.30%	16.70%	15.40%	14.60%	15.70%
Not a problem	79.90%	83.70%	76.90%	79.10%	77.80%	71.20%
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%	3.00%	2.10%	3.70%	2.00%	1.40%
Sometimes	12.40%	10.00%	13.50%	11.60%	11.70%	10.10%
Usually	39.20%	40.60%	38.00%	41.20%	36.50%	27.10%
Always	47.00%	46.40%	46.40%	43.60%	49.80%	61.40%
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	1.60%	2.30%	4.10%	0.60%	0.00%	5.60%
Sometimes	3.20%	8.40%	7.20%	7.10%	7.70%	5.70%
Usually	26.20%	27.50%	30.90%	21.80%	21.10%	21.00%
Always	69.00%	61.80%	57.70%	70.50%	71.10%	67.70%
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	4.10%	2.70%	2.30%	2.40%	4.30%	7.30%
A small problem	5.70%	10.50%	14.00%	16.30%	10.30%	17.10%
Not a problem	90.20%	86.80%	83.80%	81.30%	85.40%	75.60%

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	9.50%	12.50%	13.30%	8.60%	10.70%	9.90%
A small problem	32.80%	40.40%	37.10%	33.10%	26.20%	39.40%
Not a problem	37.70%	47.10%	49.50%	58.30%	63.10%	50.70%
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	12.60%	14.70%	12.70%	8.60%	16.50%	21.90%
A small problem	23.20%	22.50%	29.90%	21.20%	25.20%	22.60%
Not a problem	64.20%	62.80%	57.50%	70.20%	58.30%	55.50%
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%	0.30%	0.60%	0.50%	0.00%	0.90%
1	0.90%	0.60%	0.00%	0.50%	0.00%	0.30%
2	0.30%	0.90%	0.30%	0.00%	0.50%	2.10%
3	2.10%	0.90%	2.90%	2.80%	0.50%	2.40%
4	2.60%	1.90%	2.90%	0.50%	1.00%	2.70%
5	7.90%	6.50%	10.00%	8.50%	6.60%	7.40%
6	6.50%	7.10%	8.00%	5.10%	6.30%	10.90%
7	17.90%	16.10%	16.10%	15.20%	12.30%	12.10%
8	31.50%	22.60%	25.70%	27.90%	25.20%	26.60%
9	15.90%	25.10%	18.30%	20.60%	22.00%	19.80%
10	14.10%	18.00%	15.10%	18.50%	25.50%	14.80%

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	Service Area
		Customer Service Phone Number	Days of the week the phone is staffed	Hours the phone is staffed		
Aetna Health, Inc. of CT	1000 Middle Street, MC5W Middletown, CT 06457	1-800-323-9930	Monday-Friday	8:00am-6:00pm	For Profit	Statewide
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	Statewide
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	For Profit	Statewide
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	Statewide
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	Statewide
Oxford Health Plans (CT), Inc.	48 Monroe Turnpike Trumbull, CT 06611	1-800-444-6222	Monday - Friday	8:00am-6:00pm	For Profit	Statewide

## Health Maintenance Organizations

Does the HMO market to individuals?	Fully Insured Enrollment	Other Enrollment	Total Enrollment	Level of NCQA Accreditation Achieved <sup>1</sup>
No	43,389	0	43,389	Excellent
Yes	326,587	217,152	543,739	Excellent
No	21,432	0	21,432	In Process
Yes	165,296	30,573	195,869	Excellent
No	205,240	183,971	389,211	In Process
No	67,889	0	67,889	Excellent

1) **National Committee for Quality Assurance (NCQA)** - A not-for-profit organization that reviews quality and performance measures, providing an independent standard of accountability.

### Levels of Accreditation

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

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

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

**One-Year Accreditation (PPOs)** - awarded to Plans 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	1000 Middle Street, MC5W Middletown, CT 06457	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	9:00am-6:00pm
ConnectiCare Insurance Co. 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
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	618-943-5064, Lawrenceville 317-297-4149, Indianapolis	Monday-Friday	8:00am - 7:00pm
Guardian Life Insurance Company of America	7 Hanover Sq., 19th Floor New York, NY 10004	1-800-873-4542	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
Time Insurance Company	501 West Michigan St. Milwaukee, WI 53203	1-800-800-1212	Monday-Friday	8:00am-7:00pm
Trustmark Life Insurance Company	400 Field Drive Lake Forest, IL 60045	1-800-544-7312	Monday-Friday	7:00am-6:00pm
UNICARE Life & Health Insurance Company	233 S. Wacker Drive, Suite 3900 Chicago, IL 60606	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	Other Enrollment	Total Enrollment <sup>1</sup>	Level of NCQA Accreditation Achieved
For Profit	Statewide	No	42,722	182,370	225,092	Full
For Profit	Statewide	Yes	651	0	651	NA
For Profit	Statewide	Yes	226,291	251,285	477,576	NA
For Profit	Statewide	Yes	827	0	827	NA
For Profit	Statewide	Yes	1,966	34,486	36,452	NA
For Profit	Statewide	No	32,653	38,816	71,469	NA
For Profit	Statewide	Yes	20,851	0	20,851	NA
For Profit	Statewide	No	729	79	808	NA
For Profit	Statewide	No	1,680	0	1,680	In Process
For Profit	Statewide	Yes	3,296	0	3,296	NA
For Profit	Statewide	No	30,645	0	30,645	NA
For Profit	Statewide	Yes	7,003	0	7,003	NA
For Profit	Statewide	No	83	0	83	NA
For Profit	Statewide	No	349	1,019	1,368	NA
For Profit	Statewide	No	123,145	132,780	255,925	NA

### 1) National Committee for Quality Assurance (NCQA)

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

### Levels of Accreditation

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

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

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

**One-Year Accreditation (PPOs)** - awarded to Plans 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.

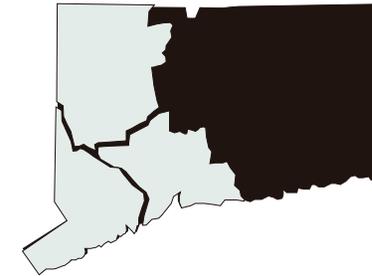
**NA** - the health plan has not applied for NCQA accreditation.

<sup>1</sup>Only 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	616	1,363	6	136	596	1,819	7	170	91	145	3	43
American Republic	453	1,332	5	141	546	1,527	7	170	125	393	3	42
Anthem BC-BS	773	1,200	6	136	821	1,662	7	161	114	128	3	46
Celtic	562	1,101	7	149	699	1,440	5	179	65	83	3	43
ConnectiCare	623	1,173	6	141	750	1,776	7	170	101	159	3	42
CT General	610	1,536	6	136	635	1,959	7	160	93	187	3	40
Golden Rule	631	1,132	6	142	699	1,541	6	173	106	155	3	42
Guardian	562	1,101	7	146	699	1,440	5	174	65	83	3	42
Health Net	670	1,502	6	137	682	2,147	7	162	99	177	3	40
John Alden	431	1,362	5	137	510	1,390	7	179	101	302	3	43
Oxford Health	901	1,817	6	150	825	2,510	6	182	136	233	3	44
Time	431	1,362	5	137	510	1,390	7	179	101	302	3	43
Trustmark Life	562	1,101	7	0	699	1,440	5	0	65	83	3	0
UniCare	562	1,101	7	146	699	1,440	5	175	65	83	3	46
United	631	1,132	6	143	699	1,541	6	180	106	155	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	688	1,609	8	170	58	50	2	25	96	163	1	29
American Republic	900	2,291	7	169	67	182	2	24	101	331	1	33
Anthem BC-BS	833	1,453	8	162	62	57	2	20	125	154	1	27
Celtic	609	1,080	6	181	53	43	2	24	42	70	1	31
ConnectiCare	755	1,693	8	171	57	64	2	25	115	136	1	33
CT General	700	1,878	8	179	53	89	2	23	104	210	1	28
Golden Rule	777	1,471	8	171	52	71	2	24	93	157	2	30
Guardian	609	1,080	6	189	53	43	2	23	42	70	1	30
Health Net	688	1,795	8	169	66	64	2	24	97	185	1	29
John Alden	751	2,429	8	181	62	117	2	26	98	250	1	33
Oxford Health	945	2,296	8	187	72	144	2	27	124	282	1	35
Time	751	2,429	8	181	62	117	2	26	98	250	1	33
Trustmark Life	609	1,080	6	0	53	43	2	0	42	70	1	0
UniCare	609	1,080	6	177	53	43	2	25	42	70	1	31
United	777	1,471	8	192	52	71	2	29	93	157	2	33

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	231	2	38	67	75	2	20	2,343	5,455	31	631
American Republic	140	455	2	44	79	213	2	20	2,411	6,724	29	643
Anthem BC-BS	194	269	2	43	84	85	2	22	3,006	5,008	31	617
Celtic	103	147	2	46	51	45	2	21	2,184	4,009	28	674
ConnectiCare	151	222	2	44	55	71	2	20	2,607	5,294	31	646
CT General	109	245	2	44	69	125	2	22	2,373	6,229	31	632
Golden Rule	145	269	2	44	72	73	2	21	2,575	4,869	31	647
Guardian	103	147	2	46	51	45	2	27	2,184	4,009	28	677
Health Net	167	304	2	42	71	103	2	21	2,540	6,277	31	624
John Alden	135	438	2	47	83	188	2	25	2,171	6,476	30	671
Oxford Health	195	447	2	49	88	136	2	24	3,286	7,865	30	670
Time	135	438	2	47	83	188	2	25	2,171	6,476	30	671
Trustmark Life	103	147	2	0	51	45	2	0	2,184	4,009	28	0
UniCare	103	147	2	43	51	45	2	22	2,184	4,009	28	665
United	145	269	2	49	72	73	2	25	2,575	4,869	31	694

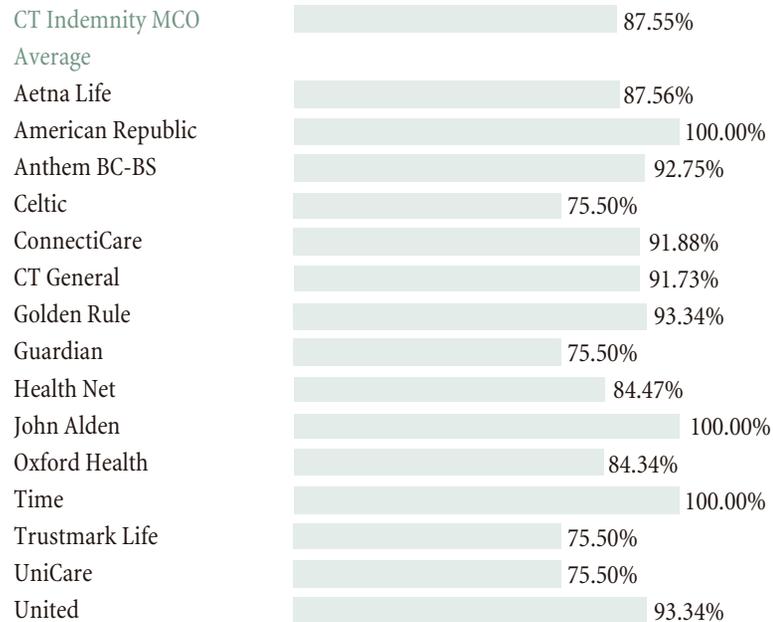
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more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

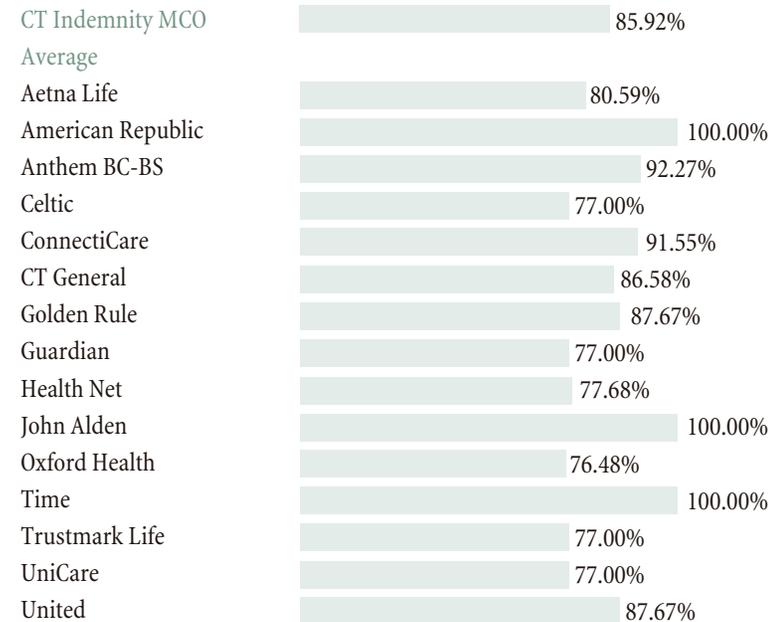
### Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the MCO's provider network who were board certified as of December 31, 2005.



### Percentage of Physician Specialists Who Are Board Certified

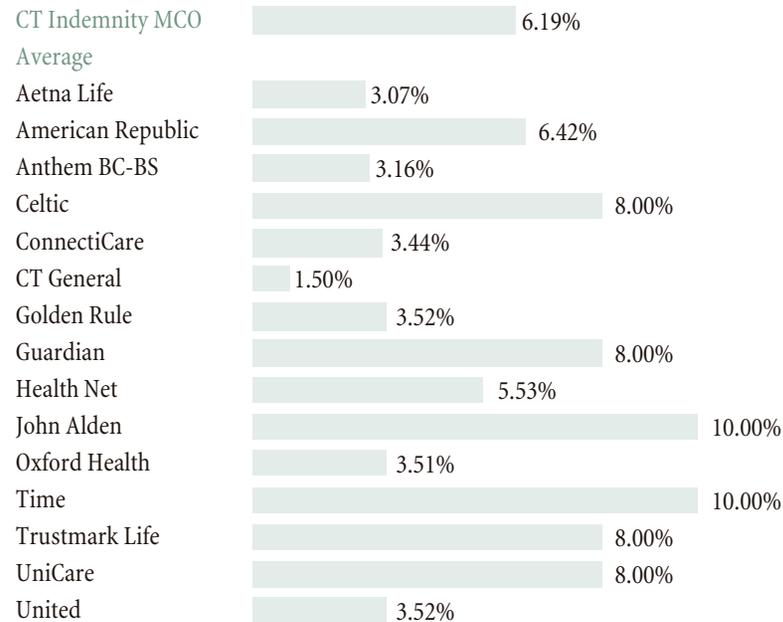
The percentage of physician Specialists in the MCO's provider network who were board certified as of December 31, 2005.



## Quality Measures

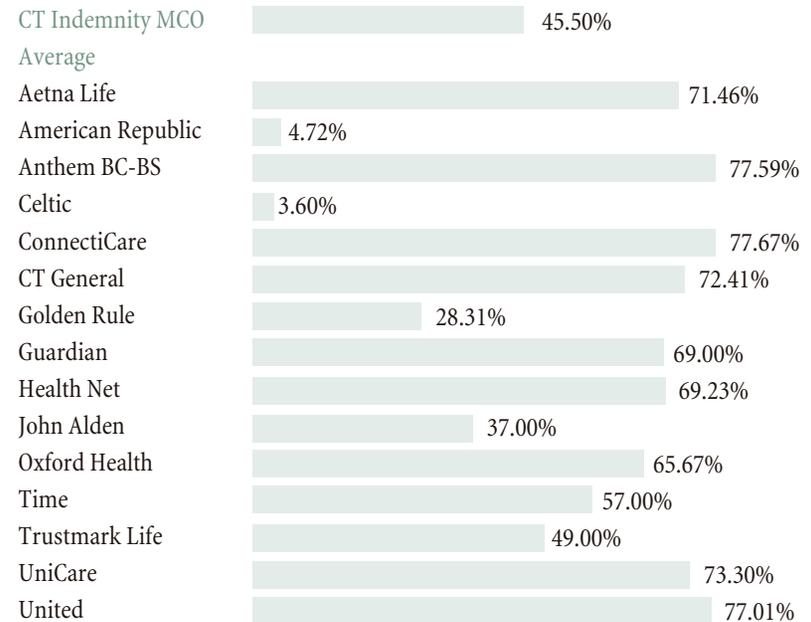
### Provider Turnover Rate

The percentage of primary care physicians in the MCO's provider network as of December 31, 2004, who were not in the provider network as of December 31, 2005.



### Breast Cancer Screening

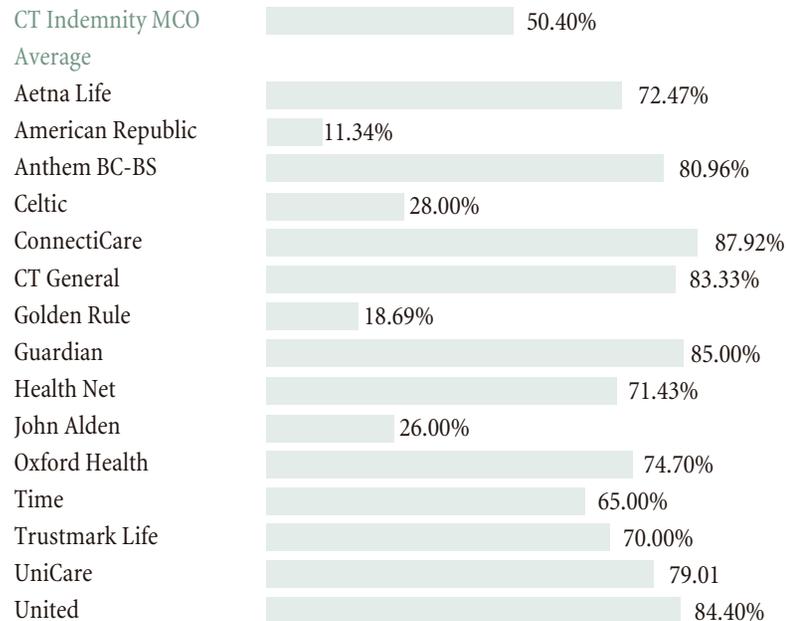
The percentage of enrolled women who: (a) were age 50 through 69 years as of December 31, 2005; and (b) were continuously enrolled during 2004 and 2005; and (c) had a mammogram during 2004 or 2005.



## Quality Measures

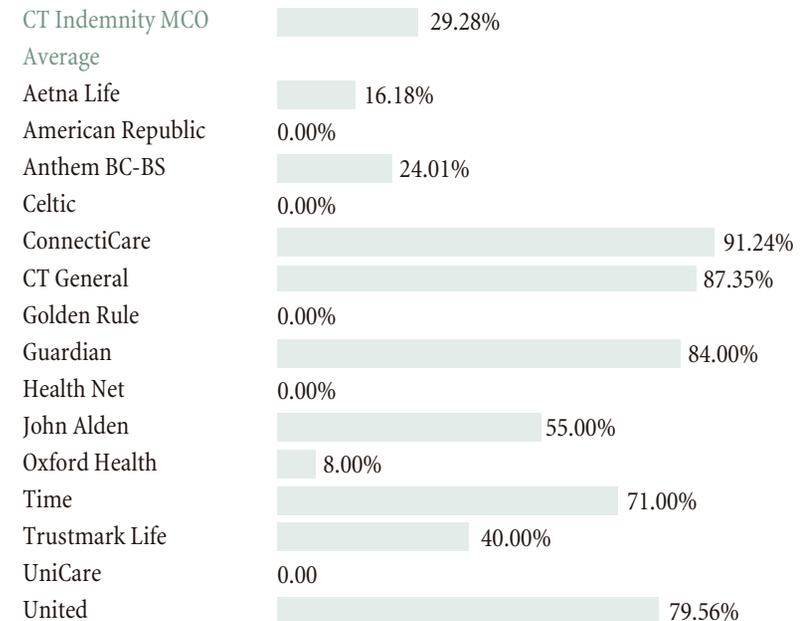
### Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 21 through 64 years as of December 31, 2005; and (b) were continuously enrolled during 2003, 2004 or 2005; and (c) received one or more Pap tests during 2003, 2004 or 2005.



### Childhood Immunizations

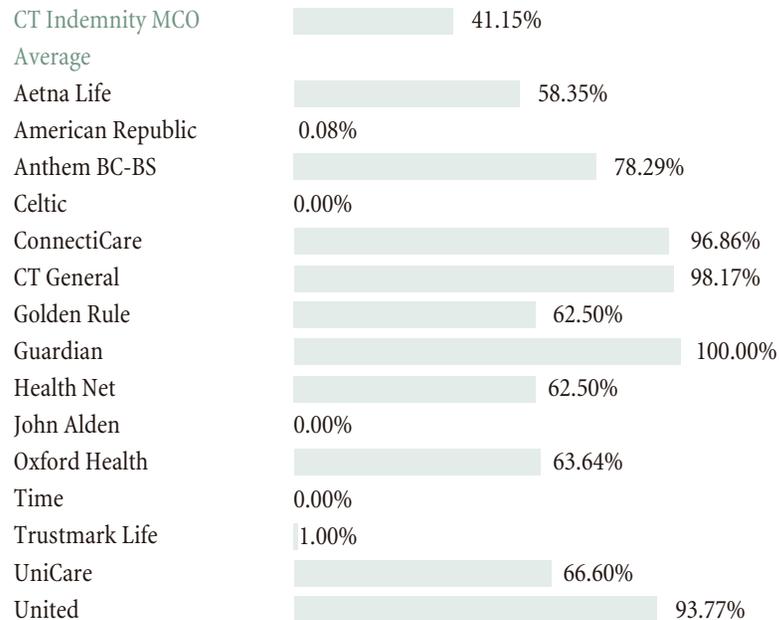
The percentage of enrolled children who: (a) turned two years old during 2005; and (b) were continuously enrolled for the 12 months preceding their second birthday; and (c) have received recommended immunizations. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, and chicken pox are included in this measure.



## Quality Measures

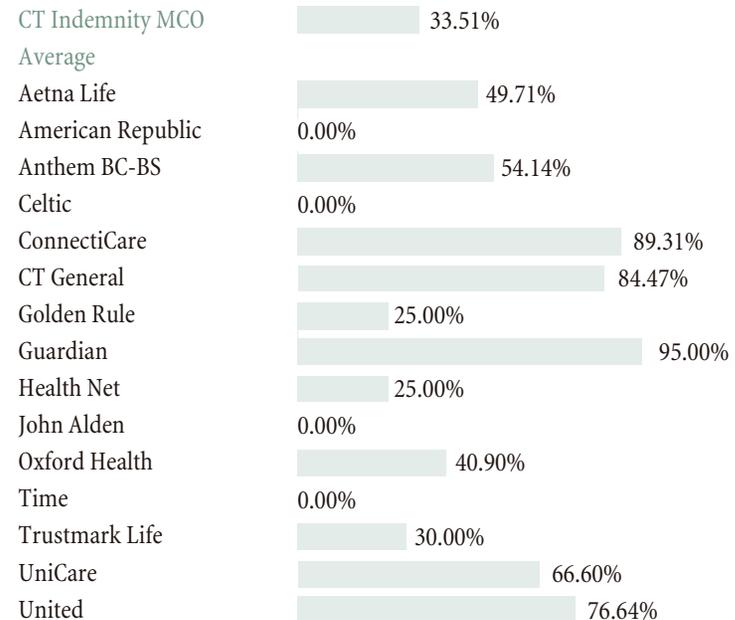
### Prenatal Care in the First Trimester

The percentage of enrolled women who: (a) delivered a live birth between November 6, 2004 and November 5 2005; 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

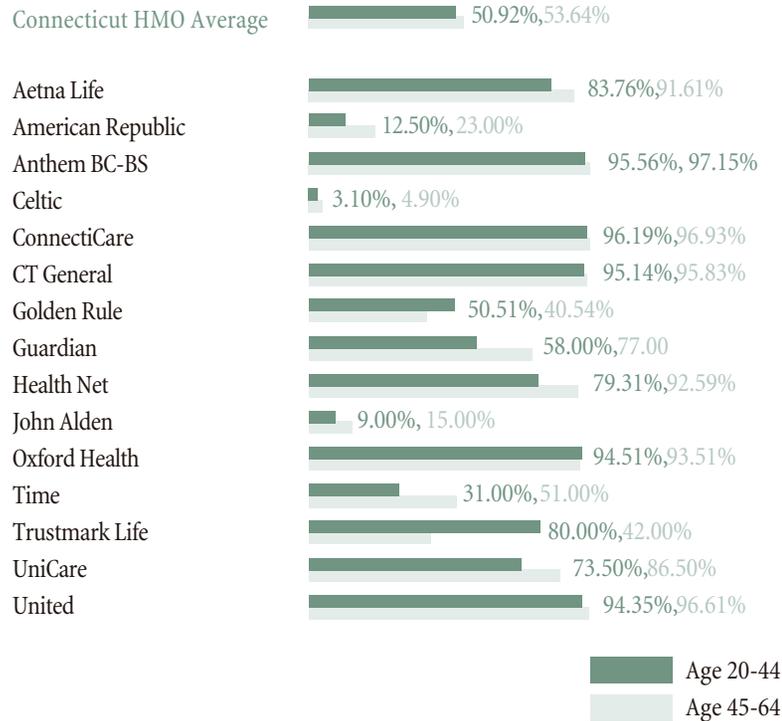
The percentage of enrolled women who: (a) delivered a live birth between November 6, 2004 and November 5, 2005; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had a postpartum visit on or between 21 days and 56 days after delivery.



# Quality Measures

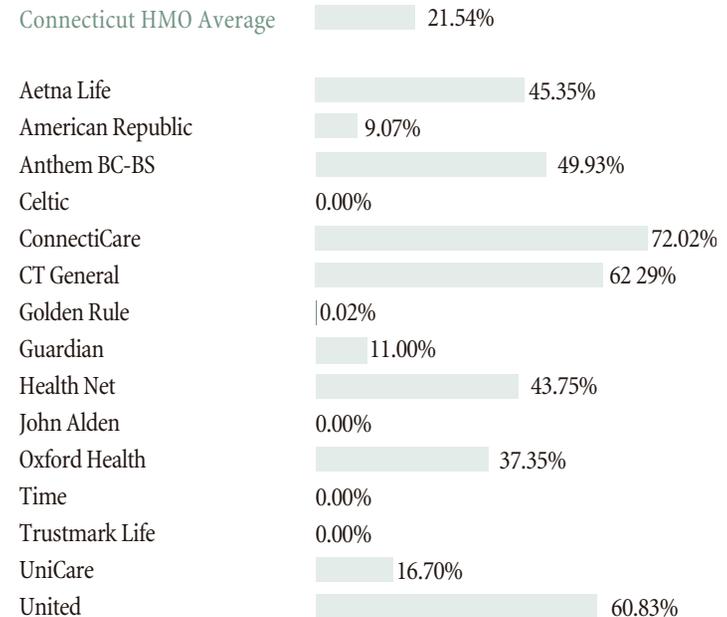
## Adult Access to Care

The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2005 who: (a) were continuously enrolled in the plan during 2003, 2004 and 2005; and (b) have had at least one ambulatory or preventive care visit with a health plan provider during 2003, 2004 or 2005.



## Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2005; and (b) turned 18 through 75 years of age during 2005; and (c) were continuously enrolled during 2005; and (d) had an eye examination in 2005.



## 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, 2005; and (b) were hospitalized and discharged alive between January 1, 2005 and December 24, 2005; and (c) had a diagnosis of Acute Myocardial Infarction (AMI); and (d) received an ambulatory prescription for beta blockers upon discharge.

CT Indemnity MCO	31.47%
Average	
Aetna Life	45.12%
American Republic	0.00%
Anthem BC-BS	61.49%
Celtic	0.00%
ConnectiCare	99.00%
CT General	100.00%
Golden Rule	27.27%
Guardian	100.00%
Health Net	0.00%
John Alden	0.00%
Oxford Health	66.67%
Time	0.00%
Trustmark Life	0.02%
UniCare	0.00%
United	98.35%

### Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2005	Average cost per prescription	Annual number of prescriptions per member per year
Aetna Life	\$36,171,582	\$62.99	5.95
American Republic	\$384,741	\$81.89	6.25
Anthem BC-BS	\$255,119,822	\$58.88	13.94
Celtic	\$489,670	\$48.32	10.60
ConnectiCare	\$151,545,806	\$57.85	12.19
CT General	\$22,888,472	\$73.43	6.81
Golden Rule	\$5,239,775	\$60.90	6.18
Guardian	\$2,485,601	\$95.25	9.12
Health Net	\$835,184	\$61.74	9.24
John Alden	\$1,631,115	\$107.59	8.65
Oxford Health	\$3,392,797	\$62.13	10.23
Time	\$1,040,900	\$77.98	2.07
Trustmark Life	\$146,532	\$69.48	0.60
UniCare	\$169,050	\$55.96	8.46
United	\$88,571,914	\$56.02	11.07

## 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	2,956	89	3.01%	23	13	56.52%
American Republic	22	6	27.27%	0	0	0.00%
Anthem BC-BS	85,725	7,447	8.69%	1,119	450	40.21%
Celtic	212	16	7.55%	2	1	50.00%
ConnectiCare	6,210	590	9.50%	39	2	5.13%
CT General	17,626	5,137	29.14%	73	24	32.88%
Golden Rule	205	25	12.20%	4	1	25.00%
Guardian	566	9	1.59%	4	2	50.00%
Health Net	46	4	8.70%	3	0	0.00%
John Alden	209	6	2.87%	1	0	0.00%
Oxford Health	14,869	3,449	23.20%	161	64	39.75%
Time	194	3	1.55%	2	0	0.00%
Trustmark Life	7	0	0.00%	0	0	0.00%
UniCare	289	12	4.15%	2	2	100.00%
United	18,289	124	0.68%	23	4	17.39%

## Member Satisfaction Survey – Indemnity Managed Care Organizations

Carrier	Aetna Life	Amer. Republic	Anthem BC-BS	Celtic	ConnectiCare
Percentage of Managed Care members surveyed.	2.90%	100.00%	0.23%	6.00%	0.66%
The percentage of those surveyed who responded.	30.90%	16.00%	35.01%	13.00%	41.80%
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	5.60%	4.00%	7.90%	6.00%	6.60%
A small problem	20.20%	20.00%	17.60%	6.00%	15.90%
Not a problem	74.20%	76.00%	74.50%	88.00%	77.50%
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	1.90%	9.00%	2.90%	2.00%	5.50%
A small problem	7.70%	17.00%	9.60%	14.00%	15.40%
Not a problem	90.40%	74.00%	87.50%	83.00%	79.10%
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%	1.30%	5.00%	3.70%
Sometimes	12.10%	10.00%	15.80%	7.00%	11.60%
Usually	42.10%	52.00%	34.70%	26.00%	41.20%
Always	44.30%	33.00%	48.20%	62.00%	43.60%
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	0.90%	4.00%	1.30%	2.00%	0.60%
Sometimes	5.10%	13.00%	6.30%	2.00%	7.10%
Usually	13.70%	28.00%	19.60%	22.00%	21.80%
Always	80.30%	54.00%	72.80%	73.00%	70.50%
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	1.30%	14.00%	1.10%	4.00%	2.40%
A small problem	7.10%	17.00%	6.50%	13.00%	16.30%
Not a problem	91.60%	69.00%	92.40%	82.00%	81.30%

CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark Life	UniCare	United
1.40%	0.70%	51.30%	13.40%	33.00%	0.82%	49.00%	100.00%	13.00%	1.00%
32.20%	0.24%	14.00%	26.09%	22.00%	21.40%	16.00%	20.00%	43.00%	40.80%
10.10%	12.50%	4.00%	11.80%	4.40%	12.30%	7.60%	12.00%	9.00%	6.40%
20.90%	9.40%	16.00%	5.90%	14.60%	22.20%	12.50%	0.00%	18.00%	8.00%
69.00%	78.10%	80.00%	82.40%	81.00%	65.50%	79.90%	88.00%	73.00%	85.60%
6.50%	12.50%	2.00%	16.70%	6.30%	12.50%	6.00%	0.00%	0.00%	1.80%
16.70%	9.40%	12.00%	0.00%	13.90%	15.30%	9.30%	6.00%	50.00%	4.60%
76.90%	78.10%	86.00%	83.30%	79.80%	72.20%	84.70%	94.00%	50.00%	93.60%
2.10%	6.50%	2.00%	0.00%	5.00%	3.50%	7.20%	0.00%	0.00%	1.90%
13.50%	9.70%	28.00%	14.30%	12.80%	16.60%	11.70%	12.00%	5.00%	12.40%
38.00%	45.10%	37.00%	34.30%	42.50%	36.60%	41.40%	47.00%	53.00%	33.40%
46.40%	38.70%	33.00%	51.40%	39.70%	43.30%	39.70%	41.00%	42.00%	52.30%
4.10%	0.00%	0.00%	0.00%	4.50%	5.60%	6.60%	0.00%	0.00%	2.10%
7.20%	10.00%	14.00%	0.00%	7.50%	4.90%	9.90%	0.00%	26.00%	10.20%
30.90%	23.30%	36.00%	6.30%	34.30%	20.80%	31.90%	33.00%	27.00%	24.10%
57.70%	66.70%	50.00%	93.80%	53.70%	68.70%	51.60%	67.00%	47.00%	63.60%
2.30%	9.40%	6.00%	17.90%	6.00%	6.70%	6.50%	0.00%	0.00%	3.00%
14.00%	12.50%	12.00%	7.10%	12.80%	16.30%	11.80%	35.00%	14.00%	6.20%
83.80%	78.10%	82.00%	75.00%	81.20%	77.00%	81.60%	65.00%	86.00%	90.80%

## Member Satisfaction Survey – Indemnity Managed Care Organizations

Carrier	Aetna Life	Amer. Republic	Anthem BC-BS	Celtic	ConnectiCare
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	13.10%	5.00%	13.20%	13.00%	8.60%
A small problem	39.20%	43.00%	33.00%	28.00%	33.10%
Not a problem	47.70%	51.00%	53.80%	59.00%	58.30%
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	7.00%	13.00%	10.40%	22.00%	8.60%
A small problem	30.80%	20.00%	31.30%	22.00%	21.20%
Not a problem	62.20%	68.00%	58.30%	56.00%	70.20%
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	0.60%	4.00%	0.00%	4.00%	0.50%
1	0.30%	4.00%	0.00%	0.00%	0.50%
2	0.90%	4.00%	1.00%	4.00%	0.00%
3	1.50%	2.00%	0.00%	6.00%	2.80%
4	2.70%	4.00%	1.90%	6.00%	0.50%
5	9.90%	16.00%	4.00%	26.00%	8.50%
6	5.40%	16.00%	6.10%	10.00%	5.10%
7	20.40%	14.00%	10.90%	12.00%	15.20%
8	25.10%	22.00%	22.90%	14.00%	27.90%
9	17.10%	6.00%	25.30%	6.00%	20.60%
10	16.20%	6.00%	27.90%	12.00%	18.50%

CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark Life	UniCare	United
13.30%	10.00%	4.00%	28.60%	10.60%	12.70%	11.70%	0.00%	9.00%	9.80%
37.10%	13.30%	26.00%	33.30%	25.50%	38.20%	22.50%	35.00%	55.00%	21.10%
49.50%	76.70%	70.00%	38.10%	63.90%	49.10%	65.80%	65.00%	36.00%	69.10%
12.70%	9.70%	4.00%	28.00%	12.50%	20.30%	11.60%	6.00%	7.00%	13.50%
29.90%	22.60%	23.00%	20.00%	21.60%	26.60%	18.20%	13.00%	36.00%	18.40%
57.50%	67.70%	73.00%	52.00%	65.90%	53.10%	70.20%	81.00%	57.00%	68.10%
0.60%	0.00%	2.00%	0.00%	4.00%	0.90%	4.40%	6.00%	0.00%	3.00%
0.00%	6.10%	0.00%	2.60%	4.00%	0.90%	2.60%	0.00%	0.00%	0.80%
0.30%	3.00%	2.00%	5.10%	1.80%	1.80%	4.20%	0.00%	0.00%	2.40%
2.90%	3.00%	2.00%	10.30%	5.80%	2.30%	6.20%	12.00%	0.00%	2.40%
2.90%	6.10%	2.00%	2.60%	8.00%	2.30%	4.80%	0.00%	4.00%	3.40%
10.00%	12.10%	0.00%	15.40%	12.90%	7.00%	16.00%	12.00%	9.00%	11.40%
8.00%	6.10%	2.00%	5.10%	8.50%	11.90%	9.20%	0.00%	17.00%	5.80%
16.10%	18.20%	11.00%	12.80%	21.40%	11.90%	17.80%	6.00%	39.00%	13.10%
25.70%	12.10%	40.00%	12.80%	17.40%	26.90%	14.80%	47.00%	9.00%	22.50%
18.30%	12.10%	32.00%	20.50%	8.90%	19.90%	11.20%	0.00%	22.00%	17.40%
15.10%	21.20%	6.00%	12.80%	7.10%	14.20%	8.60%	17.00%	0.00%	17.80%

## 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.

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**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.

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**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

**Genworth Life & Health Insurance Company**

175 Addison Road, P.O. Box 725  
Windsor, CT 06095-0725  
1-800-451-2513

**Trustmark Insurance Company**

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

**Union Security Insurance Company**

501 West Michigan Street  
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> )					
<b>If Out of Network Coverage Included</b>					
Deductible – Individual/Family					
Coinsurance					
Lifetime Maximum Benefit					

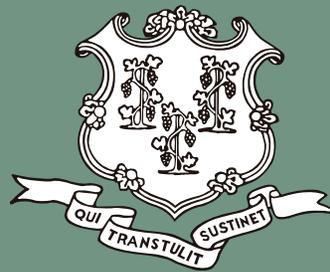
The worksheet does not include mandated benefits, since they must be included in all *managed care plans* issued in Connecticut.

## 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	<a href="http://www.ct.gov/cid">http://www.ct.gov/cid</a>
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)	<a href="http://www.ct.gov/oha">http://www.ct.gov/oha</a>
Department of Public Health	Providers	410 Capitol Avenue Hartford, CT 06134	(800) 842-0038 (toll free)	<a href="http://www.dph.state.ct.us">http://www.dph.state.ct.us</a>
Office of Health Care Access	Medical Facilities Provider Networks	410 Capital Avenue Hartford, CT 06134	(800) 797-9688 (toll free)	<a href="http://www.ct.gov/ohca">http://www.ct.gov/ohca</a>
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	<a href="http://www.dol.gov">http://www.dol.gov</a>
National Committee for Quality Assurance (NCQA)	Quality Measures		(800) 839-6487 (toll free) (888) 275-7585 (toll free)	<a href="http://www.ncqa.org">http://www.ncqa.org</a>







STATE OF CONNECTICUT  
INSURANCE DEPARTMENT

[www.ct.gov/cid](http://www.ct.gov/cid)  
1-800-203-3447