UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency Washington, DC 20250

For: FSA and RMA Employees

2015 Federal Employees Health Benefits (FEHB) Open Season

Approved by: Associate Administrator for Operations and Management

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1 Overview

A Purpose

This notice announces and provides guidance about the 2015 FEHB Open Season, and advises of FSAFEDS and FEHB Program Significant Plan Changes. The 2015 Open Season:

- begins Monday, November 10, 2014, and continues through Monday, December 8, 2014
- allows employees to enroll, cancel enrollment, or make changes to the following:
 - FEHB Program
 - health care and dependent care Flexible Spending Account Program (FSAP)
 - Federal Employees Dental/Vision Insurance Program (FEDVIP).

B FSAFEDS Changes

FSAFEDS is implementing 2 significant changes effective for the 2015 plan year, as follow.

- Health care and limited expense flexible spending accounts will no longer have a grace period; instead, qualifying participants will be able to carryover up to \$500 of unused funds to the next plan year. The first opportunity for carryover will be at the end of 2015. Current participants **cannot** carryover funds from 2014 to 2015, but will still have a grace period through March 2015, 2015. Dependent care flexible spending accounts will continue to have a grace period each year and **cannot** carryover funds from 1 year to the next.
- The minimum annual election for the 3 types of flexible spending accounts (health care, limited expense health care, and dependent care) will be reduced from \$250 to \$100.

Disposal Date	Distribution
February 1, 2015	All FSA and RMA employees; State Offices relay to County Offices

1 **Overview (Continued)**

C FEHB Program Changes

Employees currently enrolled in terminating plans and service area reductions, displayed at http://www.opm.gov/retirement-services/publications-forms/benefits-administration-letters/2014/14-405a1.pdf, must enroll in a new plan during Open Season if they want to continue health insurance coverage in 2015. Exhibit 1 contains FEHB Program changes.

D Employee Information for Specific Tasks

Employees shall use the following table for additional information.

IF employees need to	THEN
add to or change information on their	go to NFC web site at https://www.nfc.usda.gov and under
Employee Personal Page (EPP)	"Application Launchpad", CLICK "MyEPP" icon.
verify enrollment	use contact information under subparagraph C.
receive policy information	go to http://www.opm.gov/insure/openseason/.

E Human Resources Division (HRD) Contacts

This table provides HRD contacts.

IF supervisor is	THEN contact
in any location other than FSA	any of the following:
State or County Office	• Dana Candler, HRD, at by either of the following:
	• e-mail to dana.candler@kcc.usda.gov
	• telephone at 816-926-6117
	• Patty Gepford, HRD, at by either of the following:
	 e-mail to patricia.gepford@kcc.usda.gov telephone at 816-926-6259
	• Kedra Watts, HRD, at by either of the following:
	• e-mail to kedra.watts@usda.gov
	• telephone at 202-401-0678.
located in State or County	State Office administrative staff or Southwest Area Regional
Office	Service Office Human Resources Team.

F Office of Management and Budget (OMB) Notification

Information provided by enrolling in the FEHB Program may also be used for computer matching with Federal, State, or local agencies' files to determine whether employees qualify for benefits, payments, or eligibility in the FEHB Program, Medicare, or other Government benefits programs.

2 FEHB Eligibility and Effective Dates

A Actions During Open Season

Eligible employees may enroll in the FEHB Program during Open Season. Employees already enrolled in the FEHB Program may take the following actions during Open Season:

- change from 1 plan or option to another
- change from Self-Only to Self and Family or Self and Family to Self Only
- elect or waive FEHB-Premium Conversion (FEHB-PC) (35-PM, paragraph 62).

B Effective Dates of Enrollments and Changes

This table provides effective dates of enrollments and changes.

If there is a	THEN the effective date is	
premium rate change	January 11, 2015.	
change in enrollment	January 11, 2015.	
new enrollment	January 11, 2015, if the employee is in pay status for any part of the previous pay period. Otherwise, enrollment will become effective in the pay period after the first pay period in pay status.	

Note: Enrollment in current plans will continue until 11:59 p.m. on January 10, 2015.

3 2015 Benefits and FEHB Guides and Individual Plan Brochures

A Guides

A 2015 Guide to Federal Benefits providing features of each FEHB and overview of FEDVIP, flexible spending accounts, and long-term care insurance will be available for employees to review through their Servicing Personnel Office (SPO). The 2015 FEHB guide may be accessed at http://www.opm.gov/insure/health/planinfo/guides/index.asp.

2015 FEHB guides are RI 70-1 for nontemporary employees and RI 70-8 for temporary employees.

3 2015 Benefits and FEHB Guides and Individual Plan Brochures (Continued)

B Access to Plans and Guides

All FFAS employees and SPO's shall download electronic copies of FEHB Guides at http://www.opm.gov/insure/health/planinfo/guides/index.asp.

To make 2015 Open Season changes and enrollments go to NFC's web site at **https://www.nfc.usda.gov**, and under "Application Launchpad", CLICK "**MyEPP**" icon.

Note: Employees who do not have access to a computer at work may obtain a copy of an FEHB guide or brochure and SF 2809, "Employee Health Benefits Registration Form", through their SPO listed in subparagraph 1 E.

C Supervisory Action

Supervisors shall provide FEHB guides to employees who are away from the work site in a nonpay or nonduty status.

D Individual Plan Brochures

After examining the 2015 FEHB guide, employees interested in enrolling or changing plans should review the individual plan brochures for a complete description of benefits to make an informed decision. Employees may access all FEHB brochures at **http://www.opm.gov/insure/openseason/**.

Note: Employees:

- currently enrolled in a health plan will receive a 2015 benefit plan brochure directly from the insurance provider
- who elect a new health insurance plan will receive a benefit plan brochure directly from the new insurance provider.

E Going Green Initiative

To help protect natural resources and lower administrative costs, employees are encouraged to view FEHB brochures online. Paper copies of health plan brochures will **not** be automatically mailed, unless requested. If a paper copy is wanted, contact the insurance provider or go to the health plan brochure web site at **www.opm.gov/FEHBbrochures**.

Go to **www.opm.gov/FEHBbrochures** for more information about the Going Green initiative.

4 Employee Action

A Action Required by Employees

Employees must take the following actions.

Step	Action			
1	Immediately review Exhibit 1 for significant plan changes to determine whether to			
	take any further action.			
	Note: Exhibit 1 assists employees in identifying nonparticipating plans and other			
	significant plan changes that may affect them.			
2	Access NFC's EPP at https://www.nfc.usda.gov to make Open Season elections.			

B Enrollees Who Continue Their Current Enrollment

Employees who want to continue enrollment in their current FEHB plan should verify that their current plan is available for 2015, check the premium amount, and review any plan changes. Enrollees **must** enroll in a different plan to continue FEHB coverage in 2015, if their plan:

- will not be participating in the FEHB Program after December 31, 2014 (Exhibit 1)
- is reducing their service area and terminating enrollment codes (Exhibit 1).

Note: See Exhibit 1 for a list of plans and codes with significant changes or that are terminating.

C Continuing FEHB Coverage After Retirement

To continue FEHB coverage after retirement, employees **must** have been continuously enrolled, or covered as a family member, under the FEHB Program for either of the following:

- 5 years immediately before retirement
- if eligible for less than 5 years, for all service since the employee was eligible for FEHB Program benefits, unless the FEHB Program benefit requirements are waived.

D Dependent Coverage Under Affordable Care Act

For changes in dependent eligibility, go to http://www.opm.gov/healthcare-insurance/healthcare/eligibility/.

5 Health Savings Accounts (HSA's)

A Definition of HSA

<u>HSA</u> means tax-sheltered trust account that employees own to pay qualified medical expenses for themselves, their spouse, and their dependents. Employees may enroll in a high deductible health plan (HDHP) that determines whether employees are eligible for HSA or health reimbursement arrangements, based on the information provided.

Note: More information on HSA's is provided at http://www.opm.gov/insure/health/hsa/.

B HSA Features

HSA features include the following:

- administration by a trustee/custodian
- employee-owned HSA that is theirs to keep even if they change plans or retire
- tax-free interest
- tax-free withdrawals for qualified medical expenses
- unused funds and interest that are carried over, without limit, from year to year
- voluntary contributions that are tax-deductible.

C HSA Benefits

HSA's may save employees money through lower premiums, tax savings, and money deposited in their account that may be used to pay the deductible and other out-of-pocket medical expenses in current or future years.

6 FSAP's

A Definition of FSAP

<u>Flexible Spending Account Plan (FSAP)</u> means tax-favored plan that allows employees to set aside pretax money from their paychecks to pay for a variety of eligible expenses. Eligible employees may choose to make a voluntary allotment from their salary to their FSAP during the Open Season.

Employees:

- do **not** pay employment taxes on FSAP allotments
- shall communicate, enroll, and file claims directly with the FSAP Administrator, SHPS, Inc., through their web site at **http://www.fsafeds.com** or by telephone at 877-372-3337.

Note: FSAP contributions must come from an employee's salary through allotments.

Because of the tax advantages of FSAP's, IRS has strict guidelines for their use. One of these guidelines is commonly known as the "use or lose" rule. According to this rule, if an employee has not incurred enough eligible expenses during the benefit year to equal the annual amount contributed to FSAP, the employee loses the balance remaining in the accounts when the benefit year ends.

Employees who are unfamiliar with FSAP benefits and risks are strongly urged to consult with their accountant, tax advisor, or tax preparer before electing FSAP or benefit amount. FSAP contributions do **not** count toward the IRS yearly maximum, nontaxable contribution limit. OPM's FSAP web site at **http://www.opm.gov/insure** provides overall FSAP information.

B FSAP Enrollment

Unlike FEHB or FEHB-PC, participation in FSAP is **not** automatic. Employees must make a voluntary election on an annual basis. If an employee does **not** make an election during the open enrollment, they will not have FSAP in the new benefit year. Employees need to make the following decisions:

- whether they want to have coverage in 1 or both of the FSAP accounts
- the annual amount to contribute to their FSAP.

C Eligibility

Any employee eligible for FEHB is eligible to enroll in FSAP. Employees do **not** need to be enrolled in FEHB to participate.

Note: Employee may **not** have HSA and FSAP at the same time.

6 FSAP's (Continued)

D Two FSAP Accounts

The following two FSAP accounts are available to eligible employees that allow employees to pay either medical or dependent care expenses using pretax dollars:

- health care flexible spending account
- dependent care flexible spending account.

Eligible employees may choose to participate in either or both accounts. There are no Government contributions to FSAP. Employees are encouraged to review OPM's "Frequently Asked Questions on FSAP" located at **https://www.fsafeds.com/fsafeds/SummaryOfBenefits.asp**.

7 FEDVIP

A Types of Enrollment

There are 3 types of enrollment available under FEDVIP. The following table provides information on the enrollment types.

Types of Enrollment	Description			
Self Only	Covers only the enrolled employee. An eligible employee may			
	enroll in Self Only even though he or she has a family, but the			
	family members are not covered.			
Self Plus One	Covers the enrolled employee or annuitant plus 1 eligible family			
	member. Eligible individuals may enroll in Self Plus One even			
	though they have more than 1 eligible family member, but the			
	additional family members are not covered. The enrollee must			
	specify during the enrollment process which 1 eligible family			
	member he or she wants to cover under Self Plus One. The enrollee			
	may change the covered family member to another eligible family			
	member during Open Season or because of a qualifying life event.			
	Note: Self Plus One is not available under the FEHB Program.			
	FEHB law prohibits such a category.			
Self and Family	Covers the enrolled employee and all eligible family members.			
	Enrollees should list all eligible family members when they enroll			
	through www.benefeds.com to ensure timely claim payments. All			
	the enrollee's eligible family members are automatically covered,			
	even if the enrollee fails to list all of them when enrolling on			
	www.benefeds.com, but claim payments may be delayed for family			
	members who were omitted.			

7 **FEDVIP** (Continued)

B Eligible Employees

Federal and County Office employees are eligible to enroll in FEDVIP, if they are eligible to enroll in the FEHB Program. Employees do not need to be enrolled in FEHB, just meet the FEHB eligibility criteria to enroll in FEDVIP.

C How to Enroll

Employees must create a "benefeds" account by providing demographic and employment information at **www.benefeds.com**.

Note: Go to **www.benefeds.com** for an online tutorial, extensive online help, and a "Frequently Asked Questions" section to assist enrollees through the enrollment process.

D FEDVIP vs. FEHB

FEDVIP and FEHB are entirely separate programs. Some FEHB plans will:

- continue to offer coverage of some dental and vision services
- offer non-FEHB dental and vision services.

FEDVIP provides supplemental dental and vision insurance coverage. Some carriers participate in both FEHB and FEDVIP. Individuals eligible to enroll in both programs may choose to enroll in 1 of the following:

- FEHB only
- FEDVIP only
- both
- neither.

Note: Individuals eligible may choose different enrollment types for each program. An individual might be enrolled in FEHB Self and Family, but be enrolled in Self Only in FEDVIP.

E Re-Enrollment

Re-enrollment is automatic each year, unless an enrollee chooses to make a change during Open Season or a plan terminates its participation in FEDVIP. Employees are encouraged to view plan changes and premium changes during Open Season.

F Effective Date of Coverage

The effective date of FEDVIP coverage for 2015 is January 1, 2015.

Table 1: Plans Leaving the FEHB Program

Enrollees in these terminating plans who do not change their health plan by enrolling in another FEHB plan during Open Season will not have health benefits for 2015.

		3-Digit	
State	Plan Name	Plan Code	General Location
Illinois	United Healthcare of	B91, B92	Southwest Illinois
	the Midwest, Inc.		
Maryland	Coventry Health	IG1, IG2,	State of Maryland
	Care	IG4, IG5,	
		GZ1, GZ2	
Michigan	Total Health Care	A51, A52	Southeastern Michigan Area (Genesee, Macomb,
	USA		Oakland, and Wayne counties)
Missouri	United Healthcare of	B91, B92	St. Louis area
	the Midwest, Inc.		
Virginia	Optima Health Plan	9R1, 9R2,	Charlottesville, Fredericksburg, Hampton Roads,
		9R4, 9R5	Lynchburg, Richmond, and the Roanoke Areas
Virginia	Anthem	A91, A92	Counties of Accomack, Albemarle, Amelia,
	HealthKeepers, Inc.		Brunswick, Buckingham, Caroline, Charles City,
			Chesapeake, Chesterfield, Clarke, Culpeper,
			Cumberland, Dinwiddie, Essex, Fairfax, Fauquier,
			Fluvanna, Frederick, Gloucester, Goochland,
			Greene, Greensville, Hanover, Henrico, Isle of
			Wight, James City, King and Queen, King George,
			King William, Lancaster, Loudoun, Louisa,
			Lunenburg, Madison, Mathews, Mecklenburg,
			Middlesex, New Kent, Northampton,
			Northumberland, Nottoway, Orange, Page,
			Powhatan, Prince Edward, Prince George, Prince
			William, Rappahannock, Richmond, Southampton,
			Spotsylvania, Stafford, Suffolk, Surry, Sussex,
			Virginia Beach, Warren, Westmoreland, and York.

Table 2: Plan Reducing Service Areas and Terminating Enrollment Codes

Enrollees in these terminating enrollment codes **must** make a positive election into another FEHB plan during Open Season or they will not have health benefits coverage for 2015.

State	Plan Name	3-Digit Plan Code	Area Dropped
Kansas	Aetna Open Access	HY1, HY2	State of Kansas
Missouri	Aetna Open Access	HY1, HY2	State of Missouri

Table 3: Plans Reducing Service Areas Without Terminating Enrollment Codes

Enrollees in the areas being dropped who do not change health plans during Open Season will only have emergency services where they live and they will have to travel to their plan's remaining service area to obtain medical care in order to receive full benefits from the plan in 2015.

State	Plan Name	3-Digit Plan Code	Area Dropped
California	UnitedHealthcare of	CY1, CY2	Fresno County
	California <u>1</u> /	High Option <u>1</u> / Only	
Michigan	HealthPlus of Michigan	X51, X52	Counties of Clare, Gladwin, Gratiot,
			Isabella, Midland, and Montcalm

1/ UnitedHealthCare of California is reducing its service area by dropping Fresno County for only its High Option, CY1 and CY2. Therefore, enrollees in UnitedHealthCare of California's High Option in Fresno County who do not change to another FEHB plan or to UnitedHealthCare of California's Standard Option during Open Season will only have emergency services where they live and they will have to travel to UnitedHealthCare of California's remaining Southern California High Option service area to obtain medical care to receive full benefits from the plan in 2015.

Table 4: Plan Terminating Option and Enrollment Codes

Enrollees in the plan's terminating option will be automatically deemed and enrolled into their plan's remaining option that is identified in the table below unless they enroll in another plan during Open Season.

State	Plan Name	Terminating Options (End of 2014)	Terminating Codes (End of 2014)	Deemed Option and Codes for 2015
New York	HIP of NY	Standard Option	514, 515	511, 512 High Option

Notes: Unless the enrollees switch to another plan during Open Season, current HIP of NY Standard Option enrollees will be automatically enrolled in HIP of NY High Option, codes 511 and 512.

See Table 5 for details on the HIP of NY's remaining High Option for 2015.

Table 5: Plan Contract and Enrollment Code Merger With Terminating Enrollment Codes

The payroll office must automatically move enrollees into their plan's surviving 2015 codes unless the enrollees select another health plan during Open Season.

	2014	Terminating		
State	Plan Name	Plan Codes (2014)	2015 Surviving Plan	2015 Surviving Codes
New York	GHI HMO	6V1, 6V2, X41, X42	HIP of NY	511, 512

Notes: GHI HMO is merging with HIP of NY for contract year 2015. HIP of NY will be the surviving plan and it will have 1 option. HIP of NY will terminate its Standard Option leaving the High Option as the only option under HIP of NY for 2015.

Contract CS 2655 (GHI HMO NY) will terminate for contract year 2015; therefore, these plan codes are being merged into contract CS 1040 (HIP of NY). Unless the enrollees switch to another plan during Open Season, current GHI HMO enrollees will be automatically enrolled in HIP of NY High Option, codes 511 and 512.

See Table 4 for details on HIP of NY's termination of the Standard Option (514, 515).

See Table 11 for the service area expansion for HIP of NY High Option (codes 511 and 512).

Table 6: Enrollment Code Mergers

The payroll office must automatically move enrollees into their plan's surviving code **unless** the enrollees select another health plan during Open Season.

State	Plan Name	2014 Plan Codes	2015 Surviving Codes
Texas	FirstCare Health Plan	B71, B72, CK1, CK2, CN1,	CK1, CK2
		CN2, CZ1, CZ2, ET1, ET2	

Table 7: Plan Splitting a Service Area and Creating a New Enrollment Code (In Addition to the Existing Enrollment Code)

Enrollees in the Fresno County service area of the Northern California service area who do not change their enrollment code from 59 or KC to NZ during Open Season will remain enrolled in the Northern California 59 or KC enrollment code.

		2014 General	2014	2015 3-Digit Plan Code and
State	Plan Name	Location	3-Digit Plan Code	Service Areas
California	Kaiser	Northern	591, 592, 594, 595,	591, 592, 594, 595, KC1, KC2,
	Foundation	California	KC1, KC2	Northern California Region
	Health	including		NZ1, NZ2, NZ4, NZ5,
	Plan-Northern	Fresno County		Fresno County Region
	California			

Note: Kaiser Foundation Health Plan-Northern California will split its Northern California service area, codes 591, 592, 594, and 595 (High Option and Standard Option) and KC1 and KC2 (Basic Option), into 2 service areas under separate FEHB brochures (1 brochure for Northern California and 1 brochure for Fresno County). The Plan's Northern California region will retain the current codes 591, 592, 594, and 595 (High Option and Standard Option) and KC1 and KC2 (Basic Option), under the existing FEHB brochure, RI 73-003, contract number CS 1044-A. The Plan's Fresno County region will receive the new enrollment codes of NZ1, NZ2, NZ4, and NZ5 (High Option and Standard Option) under a separate FEHB brochure, RI 73-889, contract number CS 1044-D. Current plan enrollees that work or live in Fresno County should make a positive enrollment election into enrollment codes NZ1, NZ2, NZ4, or NZ5 during Open Season.

If enrollees in the Plan's Fresno County region (enrollment codes 59 or KC) do not make a positive enrollment election, they will remain enrolled in their original Northern California High Option, Standard Option 59 enrollment code, or Basic Option KC enrollment code. Also, the 2015 premiums for the NZ codes for the new Fresno County region will be lower than the premiums for the 59 and KC codes for the Northern California region.

		Plan	3-Digit	
State	Plan Name	Туре	Plan Code	Location of Areas
District of	United Healthcare Insurance	HMO	L91, L92	Entire District of Columbia
Columbia	Company			
Florida	United Healthcare Insurance	HMO	LV1, LV2	Miami, Orlando, and Tampa
	Company			areas
Georgia	United Healthcare Insurance	HMO	LV1, LV2	Atlanta area
_	Company			
Illinois	United Healthcare Insurance	HMO	L91, L92	Chicago area
	Company			
Maryland	United Healthcare Insurance	HMO	L91, L92	Entire State of Maryland
-	Company			
Michigan	Priority Health	HMO	LE1, LE2,	Lower Peninsula in Michigan
			LE4, LE5	
Pennsylvania	Keystone Health Plan West	HMO	NP1, NP2	Western Pennsylvania
Texas	UnitedHealthcare Insurance	HMO	L91, L92	San Antonio area
	Company			
Virginia	UnitedHealthcare Insurance	HMO	L91, L92	Northern Virginia
_	Company			_
Virginia	Innovation Health Plan	HMO	LQ1, LQ2	Northern Virginia

Table 8: New Plans Entering the FEHB Program

Table 9: Plans Adding New Options and Enrollment Codes

			New 3-Digit	
State	Plan Name	New Option	Plan Code	General Location
Nationwide	Aetna HealthFund HDHP	CDHP Option	N61, N62	Portions of all
		Option (Aetna		50 States and DC
		Direct)		
Colorado	Kaiser Foundation Health	Basic Option	N41, N42	Denver, Boulder,
	Plan of Colorado			Northern and Southern
				Colorado areas
Guam	Calvos Selectcare	Standard Option	B44, B45	Guam
Indiana	Physicians Health Plan of	HDHP Option	DQ4, DQ5	Northeast Indiana
	Northern Indiana			
Wisconsin	Dean Health Plan	Standard Option	WD4, WD5	South Central
				Wisconsin

			New 3-Digit	
State	Plan Name	Plan Type	Plan Codes	Location of Areas
Colorado	Humana Health Plan, Inc.	НМО	NT1, NT2, NT4, NT5	Counties of Adams, Arapahoe, Broomfield, Denver, Douglas, and Jefferson
Colorado	Humana Health Plan, Inc.	НМО	NR1, NR2, NR4, NR5	Counties of El Paso and Teller

Table 10:	Service Area	Expansions	With New	Enrollment Codes
Table IV.	bei vice mica	Expansions		Emonitent Cours

Table 11: Service Area Expansions Without New Enrollment Codes

			3-Digit	
State	Plan Name	Plan Type	Plan Code	Location of Areas
Alabama	Aetna HealthFund HDHP	HDHP	224, 225	Counties of Greene, Hale,
				Marengo, and Randolph
Alabama	Aetna HealthFund	CDHP/HMO	F51, F52,	Counties of Green, Hale,
	CDHP/Value Plan		F54, F55	Marengo, and Randolph
Alaska	Aetna HealthFund HDHP	HDHP	224, 225	Counties of Haines, Wade
				Hampton, and Yakutat
Alaska	Aetna HealthFund	CDHP/HMO	JS1, JS2,	Counties of Haines, Hampton,
	CDHP/Value Plan		JS4, JS5	Wade, and Yakutat
Arizona	Aetna Open Access	HMO	WQ1,WQ2	County of Gile
Arkansas	Aetna HealthFund HDHP	HDHP	224, 225	Counties of Bradley, Dallas,
				and Drew
Arkansas	Aetna HealthFund	CDHP/HMO	F51, F52,	Counties of Bradley, Dallas,
	CDHP/Value Plan		F54, F55	and Drew
California	Aetna HealthFund HDHP	HDHP	224, 225	County of Calaveras
California	Aetna HealthFund	CDHP/HMO	JS1, JS2,	County of Calaveras
	CDHP/Value Plan		JS4, JS5	
Florida	Aetna HealthFund HDHP	HDHP	224, 225	Counties of Dixie, Franklin,
				Glades, Gulf, Hamilton,
				Jackson, and Taylor
Florida	Aetna HealthFund	CDHP/HMO	F51, F52,	Counties of Dixie, Franklin,
	CDHP/Value Plan		F54, F55	Glades, Gulf, Hamilton,
				Jackson, and Taylor
Georgia	Aetna Open Access	HMO	2U1, 2U2	Counties of Carroll and Heard

			3-Digit	
State	Plan Name	Plan Type	Plan Code	Location of Areas
Idaho	Aetna HealthFund HDHP	HDHP	224, 225	Counties of Caribou, Lincoln,
				and Teton
Idaho	Aetna HealthFund	CDHP/HMO	H41, H42,	Counties of Caribou, Lincoln,
	CDHP/Value Plan		H44, H45	and Teton
Illinois	Aetna HealthFund HDHP	HDHP	224, 225	Counties of Putnam and
				Warren
Illinois	Aetna HealthFund	CDHP/HMO	H41, H42,	Counties of Putnam and
	CDHP/Value Plan		H44, H45	Warren
Indiana	Physicians Health Plan of	HMO	DQ1, DQ2	Counties of Fulton, LaPorte,
	Northern Indiana			Marshall, Miami, Pulaski, and
				Starke
Iowa	Coventry Health Care of	HMO	SV1, SV2,	Counties of Adams,
	Iowa		SY4, SY5	Allamakee, Audubon, Clay,
		HDHP	SV4, SV5	Clayton, Clinton, Des Moines,
				Dubuque, Henry, Jackson,
				Jefferson, Lee, Louisa, Taylor,
				Van Buren, and Wapello
Mississippi	Aetna HealthFund HDHP		224, 225	County of Franklin
Mississippi	Aetna HealthFund	CDHP/HMO	H41, H42,	County of Franklin
	CDHP/Value Plan		H44, H45	
Montana	Aetna HealthFund HDHP		224, 225	County of Dawson
Montana	Aetna HealthFund	CDHP/HMO	H41, H42,	County of Dawson
	CDHP/Value Plan		H44, H45	
New York	HIP of NY	HMO	511, 512	Counties of Albany, Broome,
				Columbia, Delaware,
				Dutchess, Fulton, Greene,
				Montgomery, Orange, Otsego,
				Putnam, Rensselaer,
				Rockland, Saratoga,
				Schenectady, Schoharie,
				Sullivan, Ulster, Warren, and
				Washington

			3-Digit	
State	Plan Name	Plan Type	Plan Code	Location of Areas
Ohio	HealthSpan	HMO	641, 642,	Counties of Adams, Allen,
	Integrated Care		644, 645	Auglaize, Brown, Butler,
				Champaign, Clark, Clermont,
				Clinton, Fulton, Hamilton,
				Highland, Henry, Lucas,
				Mahoning, Mercer, Ottawa,
				Preble, Putnam, Shelby, Trumbell,
				Van Wert, and Wood
Pennsylvania	Aetna Open Access	HMO	YE1, YE2	Counties of Bedford, Indiana, and
				Venango
Tennessee	Aetna HealthFund	HDHP	224, 225	Counties of Clay, Cumberland,
	HDHP			Fentress, Hickman, Overton,
				Perry, Pickett, Putnam, Wayne,
				and White
Tennessee	Aetna HealthFund	CDHP/HMO	F51, F52,	Counties of Clay, Cumberland,
	CDHP/Value Plan		F54, F55	Fentress, Hickman, Overton,
				Perry, Pickett, Putnam, Wayne,
				and White
Texas	FirstCare Health	НМО	CK1, CK2	Counties of Comanche, Jones,
	Plan			Kent, and Stonewall
Virginia	Aetna HealthFund	CDHP/HMO	F51, F52,	Cities of Harrisonburg and
	CDHP/Value Plan		F54, F55	Lexington, and County of Halifax
Virginia	Aetna HealthFund	HDHP	224, 225	Cities of Harrisonburg and
	HDHP			Lexington, and County of Halifax
Wisconsin	Physicians Plus	HMO	LW1, LW2	Counties of Dodge, Green,
	Insurance			Juneau, Portage, Vernon,
	Corporation			Walworth, Waukesha, and Wood

Table 11: Service Area E	xnansions Without Ne	w Enrollment Codes (Continued)
	Apailono minutati	W Lintonniene Coues (commucu)