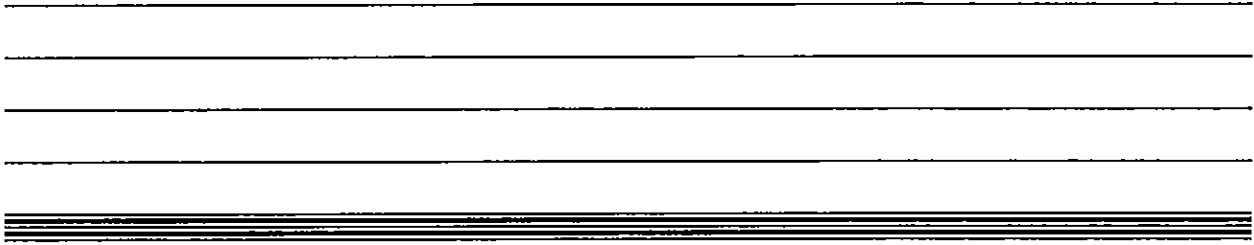


Oversight Division

Committee On Legislative Research

PROGRAM EVALUATION

Review of the
Missouri Consolidated Health Care Plan
State Employee Health Benefits



Program Evaluation

Missouri Consolidated Health Care Plan State Employee Health Benefits

*Prepared for the Committee on Legislative Research
by the Oversight Division*

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January 2010

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Members of the General Assembly:

The Joint Committee on Legislative Research adopted a resolution in June 2009, directing the Oversight Division to perform a program evaluation of the Missouri Consolidated Health Care Plan, State Employee Benefits to determine and evaluate program performance in accordance with program objectives, responsibilities, and duties as set forth by statute or regulation.

The report includes Oversight's comments on internal controls, compliance with legal requirements, management practices, program performance and related areas. We hope this information is helpful and can be used in a constructive manner for the betterment of the state program to which it relates. You may obtain a copy of the report on the Oversight Division's website at <http://www.moga.mo.gov/oversight/audits.htm>.

Respectfully,

A handwritten signature in black ink that reads "Tom Dempsey".

Senator Tom Dempsey
Chairman

EXECUTIVE SUMMARY

Oversight's program evaluation focused mainly on gathering and organizing information regarding the Missouri Consolidated Health Care Plan for Missouri State Employees for State Fiscal Years 2000 through 2009. Also, included was gathering and organizing information regarding the MO HealthNet Division's Medicaid program. The intent of the program evaluation was to produce an informative and instructional report on the history of Missouri state employee health benefits and how those benefits have changed over the past ten years.

The Missouri Consolidated Health Care Plan (MCHCP) provides coverage to employees and retirees of most state agencies as well as public entities that have joined MCHCP. Over 108,000 state and public entity members are covered by MCHCP. Missouri Consolidated Health Care Plan (MCHCP) is a separate, stand-alone state entity created by statute (Section 103.005) and organized under the direction of a 13-member board of trustees.

The Department of Social Services is responsible for coordinating programs to provide public assistance to children and their parents, access to health care, child support enforcement assistance and to provide specialized assistance to troubled youth. While many programs give needed financial assistance and services, other units work toward reducing financial dependency of the citizens on government.

Oversight has provided several appendices related to the Missouri Consolidated Health Care programs. Information contained in the appendices include:

- A listing of health benefits offered for state employees for the past ten years.
- A listing of employee co-payments for the past ten years.
- A time line of selected legislation and events relevant to health insurance coverage, calendar year 1919-2007.
- A summary of health benefits for state employees in other states surrounding Missouri.
- A summary of MO HealthNet Division Medicaid expenditures by large eligibility groups, fiscal year 2001-2009.
- Missouri Consolidated Health Care Plan's response.

Chapter 1

Purpose/Objectives

The General Assembly has provided by law that the Committee on Legislative Research may have access to and obtain information concerning the needs, organization, functioning, efficiency and financial status of any Department of state government or of any institution that is supported in whole or in part by revenues of the state of Missouri. The General Assembly has further provided by law for the organization of an Oversight Division of the Committee on Legislative Research and, upon adoption of a resolution by the General Assembly or by the Committee on Legislative Research, for the Oversight Division to make investigations into legislative and governmental institutions of this state to aid the General Assembly.

The Committee on Legislative Research directed the Oversight Division to perform an evaluation of the Missouri Consolidated Health Care Plan for the purpose of providing information to the General Assembly regarding Missouri State Employee Health Benefits.

Oversight's review addressed, but was not limited to, the following:

- The health benefits offered for state employees each year for the past ten years.
- The state contribution each year for these benefits.
- The difference in state contributions between an employee, employee & spouse, employee & children and employee & family.
- Dental and vision benefits included in the offered medical plans in the past ten years.
- The increase in the medical plan employee contribution for the past ten years.
- The increase in employee co-payments for the past ten years.
- The national trend in health care benefits and the Missouri medical plan employee contribution compared to the national trend.
- Are state employees encouraged to choose the best care at the best cost?
- Are state employees provided any incentives to improve or maintain good health?
- What technology and processes are in place to minimize fraud in the MCHCP system?

- How do reserve levels at MCHCP compare to other employer reserves?
- Health benefits for state employees in all the other states.
- What is the total per member cost coverage for MO HealthNet eligibles?
- What pharmacy and clinical services does MO HealthNet Division offer?
- Review Medicaid benefits in an effort to compare Medicaid benefits to MCHCP state employee benefits.

Scope

The scope of the evaluation concentrated on the period of July 1, 1999 through June 30, 2009, State Fiscal Years 2000 through 2009.

Methodology

The methodology used by the Oversight Division included reviewing the Constitution of the State of Missouri, statutes, rules and regulations, organizational charts, annual reports, enrollment guides, analyzing budget and actual expenditure information, as well as interviewing Missouri Consolidated Health Care Plan and the Department of Social Services personnel.

Background

The Missouri Consolidated Health Care Plan (MCHCP) was established January 1, 1994 and is governed by the statutes of the State of Missouri. The statutes provide that the administration of MCHCP be vested in a thirteen (13) member Board of Trustees. The MCHCP Board of Trustees is comprised of:

- The Director of the Department of Health and Senior Services, serving ex officio.
- The Director of the Department of Insurance, Financial Institutions and Professional Registration, serving ex officio.
- The Commissioner of the State Office of Administration, serving ex officio.
- One member of the Senate from the majority party, appointed by the President Pro Tem of the Senate.
- One member of the Senate from the minority party, appointed by the President Pro Tem of the Senate with the concurrence of the Minority Floor Leader of the Senate.
- One member of the House of Representatives from the majority party, appointed by the Speaker of the House of Representatives.

- One member of the House of Representatives from the minority party, appointed by the Speaker of the House of Representatives with concurrence of the Minority Floor Leader of the House of Representatives.
- Six members appointed by the Governor with the advice and consent of the Senate. Of the six members appointed by the Governor, three shall be citizens of the state of Missouri who are not members of the plan, but who are familiar with medical issues. The remaining three members of the Board shall be members of the Plan.

This report includes a glossary of medical terminology, starting on page 17.

The management of MCHCP is the responsibility of the Executive Director who is appointed by the Board and serves at its pleasure. The Executive Director acts as advisor to the Board on all matters pertaining to the Plan and, with the approval of the Board, contracts for professional services and employs the staff needed to operate the Plan.

The MCHCP purpose is: “...to provide health care benefits to active employees, retired, terminated-vested, long-term disability, surviving subscribers of the State and their dependents and to eligible Missouri public entity employers. ...”

The MO HealthNet Division (formerly Division of Medical Services) is one of six agencies reporting to the Department of Social Services. The MO HealthNet Division is responsible for the administration of services provided in accordance with Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act, 42 U.S.C. Section 301.

Chapter 2

Missouri Consolidated Health Care Plan Receipts

The MCHCP's principal source of revenue is the state appropriation. The MCHCP also receives monies from member contributions, public entity income, pharmacy rebates and subsidy and interest. During the fiscal year ended June 30, 2008, MCHCP implemented the provisions of GASB Statement #43. As a result of implementation, MCHCP created a separate fiduciary trust (State Retiree Welfare Benefit Trust) to handle the post-employment benefits (OPEB) for State employees. The following chart summarizes the MCHCP's receipts from FY 2000 through FY 2009:

Missouri Consolidated Health Care Plan Receipts							
Source:	State/Employer Contributions	OPEB Contributions	Member Contributions	Public Entity Income	Pharmacy Rebates & Subsidy	Interest	Total Receipts
FY 2000	\$108,821,820	---	\$48,561,768	\$94,336,655	---	\$2,125,779	\$253,846,022
FY 2001	\$169,804,969	---	\$62,083,511	\$76,430,017	---	\$2,157,472	\$310,475,969
FY 2002	\$222,987,803	---	\$75,701,524	\$37,630,463	---	\$968,329	\$337,288,119
FY 2003	\$263,544,820	---	\$84,372,737	\$26,378,699	\$4,610,566	\$668,168	\$379,574,990
FY 2004	\$281,657,137	---	\$84,756,549	\$18,201,930	\$5,169,299	\$765,034	\$390,549,949
FY 2005	\$322,984,426	---	\$79,112,936	\$12,455,591	\$5,306,796	\$2,492,453	\$422,352,202
FY 2006	\$319,465,109	---	\$84,069,097	\$8,989,197	\$8,104,447	\$5,928,270	\$426,556,120
FY 2007	\$362,001,092	---	\$93,152,562	\$9,121,094	\$10,150,614	\$9,104,038	\$483,529,400
FY 2008	\$330,268,997	\$15,443,615	\$98,165,671	\$10,008,570	\$13,113,632	\$7,283,731	\$474,284,216
FY 2009	\$330,167,512	\$31,568,817	\$112,464,723	\$9,966,190	\$12,699,082	\$3,181,850	\$500,048,174

Missouri Consolidated Health Care Plan Expenditures

The MCHCP's principal expenditure is the Medical Claims/Capitation & Health Administrative Services. The MCHCP also has expenditures of Administration & Payroll, Other and Loss on Disposal of Fixed Assets. The following chart summarizes the MCHCP's expenditures from FY 2000 through FY 2009:

Missouri Consolidated Health Care Plan Expenditures					
Expense:	Medical Claims/Capitation & Health Admin. Services	Administration & Payroll	Other	Loss on Disposal of Fixed Assets	Total Expenditures
FY 2000	\$258,313,998	\$5,493,142	\$2,608,799	\$745	\$266,416,684
FY 2001	\$306,651,524	\$5,553,262	\$1,995,988	\$5,101	\$314,205,875
FY 2002	\$334,208,591	\$5,314,606	\$1,795,708	\$1,722	\$341,320,627
FY 2003	\$348,145,907	\$5,619,962	\$1,610,952	---	\$355,376,821
FY 2004	\$366,923,269	\$5,364,366	\$1,549,405	\$24,050	\$373,861,090
FY 2005	\$383,918,636	\$5,290,374	\$1,697,269	---	\$390,906,279
FY 2006	\$396,446,979	\$5,309,717	\$2,108,558	---	\$403,865,254
FY 2007	\$437,756,208	\$5,597,367	\$1,975,742	---	\$445,329,317
FY 2008	\$476,563,016	\$5,856,633	\$2,398,937	---	\$484,818,586
FY 2009	\$543,359,424	\$6,226,716	\$2,887,777	---	\$552,473,917

Points of Interest

What were the health benefits offered for state employees each year for the past ten years?

Appendix A contains a summary of benefits made available for state employees and retirees of the state employment system.

What was the state contribution amount each year for the health benefits? What is the difference in state contributions between an employee, employee & spouse, employee & children and employee & family?

Upon final legislative approval of MCHCP funding, the MCHCP calculates a PEPM (per employee per month) state contribution to be transferred to the MCHCP from the Office of Administration each payroll cycle. The PEPM contribution is calculated based upon two methodologies - one for active employees and one for retired employees.

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Missouri Consolidated Health Care Plan State Employee Health Benefits

The active calculation is actuarially calculated costs for state active employees less member contributions divided by the number of enrolled active employees divided by the number of state pay cycles. The contribution is then certified to the Office of Administration (OA) and published to each participating state agency.

The following summarizes the state contribution amount each year for an employee, employee & spouse, employee & children and employee & family.

MCHCP/STATE CONTRIBUTION										
Employee Only										
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
REGION										
Central	n/a	\$200*	\$241	\$281	\$327*	\$347	\$383	\$398	\$402	\$445
East	n/a	\$198	\$241	\$263	\$293	\$312	\$344	\$395	\$402	\$445
Southeast	n/a	\$281	\$313	\$387	\$433	\$448	\$470	\$468	\$518	\$566
Northeast	n/a	\$281	\$313	\$387	\$433	\$448	\$470	\$468	\$518	\$566
West	n/a	\$211*	\$241	\$284	\$296	\$331	\$365	\$342	\$392	\$439
Southwest	n/a	\$229*	\$241	\$278	\$319	\$330	\$351	\$388	\$418	\$451
South Central	n/a	\$281	\$313	\$387	\$433	\$448	\$470	\$468	\$518	\$451
Northwest	n/a	\$224	\$313	\$354	\$394	\$423	\$470	\$468	\$518	\$566
All Other	n/a	\$281	\$313	\$387	\$433	\$448	\$470	\$468	\$518	\$566
Employee and Spouse										
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
REGION										
Central	n/a	\$349*	\$427	\$446	\$591*	\$682	\$753	\$784	\$790	\$948
East	n/a	\$345	\$427	\$474	\$530	\$614	\$675	\$776	\$790	\$948
Southeast	n/a	\$398	\$562	\$700	\$782	\$882	\$925	\$920	\$1,020	\$1,205
Northeast	n/a	\$398	\$562	\$700	\$782	\$882	\$925	\$920	\$1,020	\$1,205
West	n/a	\$368*	\$427	\$513	\$535	\$652	\$718	\$672	\$772	\$936
Southwest	n/a	\$398*	\$427	\$503	\$577	\$649	\$689	\$764	\$822	\$962
South Central	n/a	\$398	\$313	\$700	\$782	\$882	\$925	\$920	\$1,020	\$962
Northwest	n/a	\$391	\$313	\$640	\$713	\$832	\$925	\$920	\$1,020	\$1,205
All Other	n/a	\$398	\$313	\$700	\$782	\$882	\$925	\$920	\$1,020	\$1,205
Employee and Child(ren)										
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
REGION										
Central	n/a	\$380*	\$446	\$223	\$549*	\$582	\$644	\$671	\$676	\$756
East	n/a	\$375	\$446	\$439	\$490	\$522	\$576	\$764	\$676	\$756
Southeast	n/a	\$462	\$571	\$655	\$731	\$758	\$795	\$791	\$878	\$965
Northeast	n/a	\$462	\$571	\$655	\$731	\$758	\$795	\$791	\$878	\$965
West	n/a	\$401*	\$446	\$476	\$496	\$556	\$614	\$573	\$660	\$747
Southwest	n/a	\$434*	\$446	\$467	\$535	\$554	\$588	\$654	\$704	\$768
South Central	n/a	\$462	\$571	\$655	\$731	\$758	\$795	\$791	\$878	\$768
Northwest	n/a	\$426	\$571	\$597	\$665	\$714	\$725	\$791	\$878	\$965
All Other	n/a	\$462	\$571	\$655	\$731	\$758	\$795	\$791	\$878	\$965
Employee and Family										
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
REGION										
Central	n/a	\$536*	\$642	\$699	\$814*	\$881	\$974	\$1,015	\$1,022	\$1,219
East	n/a	\$529	\$642	\$653	\$729	\$791	\$872	\$672	\$1,022	\$1,219
Southeast	n/a	\$591	\$849	\$970	\$1,083	\$1,144	\$1,200	\$1,193	\$1,324	\$1,553
Northeast	n/a	\$591	\$849	\$970	\$1,083	\$1,144	\$1,200	\$1,193	\$1,324	\$1,553
West	n/a	\$565*	\$642	\$707	\$737	\$841	\$928	\$868	\$998	\$1,204
Southwest	n/a	\$612*	\$642	\$693	\$795	\$838	\$890	\$988	\$1,064	\$1,235
South Central	n/a	\$591	\$849	\$970	\$1,083	\$1,144	\$1,200	\$1,193	\$1,324	\$1,235
Northwest	n/a	\$600	\$849	\$885	\$985	\$1,079	\$1,200	\$1,193	\$1,324	\$1,553
All Other	n/a	\$591	\$849	\$970	\$1,083	\$1,144	\$1,200	\$1,193	\$1,324	\$1,553
* Average rate										

Were dental and vision benefits included in the offered medical plans in the past ten years?

The health plans themselves do include dental and vision as following: Dental Care/Accidental Injury-Treatment to reduce trauma and restorative services only when the result of accidental injury to sound natural teeth and tissue that are viable, functional and free of disease. Treatment must be initiated within 60 days of accident; Oral Surgery-Covered when medically necessary as a direct result from injury, tumors or cysts. If in the case of an accident, treatment must be initiated within 60 days; Vision/Routine Exam-(Including refractions) one per covered person per calendar year.

Oversight obtained and reviewed the MCHCP's enrollment guides and member handbooks for plan year 2000 through 2009. The following summarizes this information.

Year	Medical Plans Benefit		Optional Plans	
	Vision-Routine Exam One Per Person Per Calendar Year	Dental Care/Accidental Injury/Oral Surgery	Dental Plan	Vision Plan
2009	X	X	X	X
2008	X	X	X	X
2007	X	X	X	X
2006	X	X	X	X
2005	X	X	X**	X
2004	X	X*	X**	X
2003	X	X*	X**	X
2002	X	X*	X**	X
2001	X	X*	X**	X
2000	X	X*	X**	X

* Oral Surgery not mentioned specifically

** Only offered in specific regions, not statewide

What is the increase in the medical plan employee contribution for the past ten years?

Appendix A contains the medical plan employee contribution amounts.

What is the increase in employee co-payments for the past ten years?

2000 and 2001 data does not contain breakdowns for lab and x-ray or maternity services. The 2000 through 2009 member handbook also shows breakdowns for individual services such as mammograms, allergy injections, etc. these individual services were not included in appendix B.

In 2001 there was no deductible in any of the HMOs as well as Permanente. Office visits were \$10 in the premium plan as well as Kaiser Permanente (premium plan) and \$20 on the standard plan. Hospital emergency room services were \$50 on all three plans. Outpatient surgery was 100% on both the HMO Premium as well as the HMO Standard. There was a \$50 copayment in the Kaiser Permanente plan. Hospital Benefits were 100% coverage in the HMO Premium as well as the Kaiser Permanente plan (\$200 copayment/admission in the HMO Standard plan).

In 2002 the deductibles were \$300 and \$900 respectively for the Individual and Family plans. The deductible for the employee and spouse and employee and children was the same as the Family plan, \$900. These deductibles applied to the PPO network and non-network as well as the Copay non-network and Out-of-area plans. However the copay network plan did not have a deductible. The PPO (network) contained 10% coinsurance amounts for the Lab & X-Ray, hospital, maternity and surgery. The preventative care portion was 100% coverage. The PPO (Non-network) and the COPAY (non-network) were 30% coinsurance for office visit, lab & x-ray, hospital, maternity, preventative care and surgery. The out-of-area plan was 20% for these services. The COPAY (network) was \$15 copayment for office visit, 100% coverage for lab & x-ray, \$100 copay per admission for hospital, \$15 copayment for outpatient care and \$15 copayment for initial for maternity care. It was 100% coverage for preventative care and \$50 copayment for surgery. Also the coinsurance amounts only applied after the deductible had been met.

The premium and standard HMO plans for 2004 and 2003 were identical; however, portions of the COPAY network and non-network plans were similar in some aspects. Also, the preventative services were different as well as the outpatient services and maternity services.

2005, 2006, 2007 and 2008 plans were identical other than the copayment amounts per admission for hospital (inpatient) and non-network deductibles.

2009 was similar to 2005, 2006, 2007 and 2008, however 2009 also contained a High deductible Health Plan with a Health Savings Account Plan. Other than this, the year was similar to the previous years as mentioned.

In the past four years the plans were similar other than the Health Savings Account included in the 2009 plan. The plan for 2002 contained deductibles for the services provided whereas in

most of the other years there was no deductible. In 2001 and 2000 there was a deductible; however, it depended on what service was being provided i.e., it was service dependent.

Appendix B is a listing of employee co-payments for the past ten years.

What is the national trend in health care benefits and how does the Missouri medical plan employee contribution compare to the national trend?

The objective of these reports is to present long-term trends in the number and percentage of persons under age 65 years with different types of health insurance coverage and with no coverage. The changes are documented in how the National Health Interview Survey (NHIS) collected information for almost 50 years.

The estimates were derived from 32 years of NHIS, from 1959 to 2007. These estimates differ over the years because of changes in the availability of different types of coverage and changes in the questions asked.

The percentage of persons under age 65 with private coverage rose between 1959 and 1968 to 79%, remained stable until 1980, and then declined to 67% by 2007. During the 1980s the percentage of persons with no coverage increased, while the percentage with private coverage declined and percentage with Medicaid remained stable. Since 1990, the percentage of nonelderly persons without coverage has remained stable, but the number has increased by more than 6 million persons, to 43.3 million in 2007. During this period the percentage with private coverage has continued to decline, while the percentage with Medicaid has increased.

The U.S. Department of Health and Human Services, Centers for Disease Control and Prevention released the "Health Insurance Coverage Trends, 1959 - 2007: Estimates from the National Health Interview Survey". This survey shows that a lack of health insurance coverage negatively affects both access to health care and health status. According to the reports almost 44 million persons in the United States lacked health insurance coverage at a point in time during 2008.

Numerous changes have occurred in the health insurance sector since 1957 due to selected legislation and events that changed the type and scope of private and public health insurance coverage in the United States.

Appendix C indicates the various changes in the types and changes in health insurance from 1919 - 2007.

Are state employees encouraged to choose the best care at the best cost?

In order for members to choose the best care at the best cost MCHCP offers customer support to help with this decision.

MCHCP states “Customer support is divided into two sections - Customer Relations and Communications. Customer Relations is comprised of nine Benefit Counselors, a receptionist, an Assistant Supervisor and the Call Center Coordinator. This section is responsible for resolving problems and answering questions regarding benefits and eligibility for members of MCHCP. The communications section consists of four Communication Specialists, a Publication & Communication Specialist, two Communication Assistants and a Graphic Designer. Communications is responsible for educational and information materials provided to members. This section conducts educational meetings throughout the state for open enrollment, new employee orientation, active employee and pre-retirement seminars and payroll/personnel workshops. Communication Specialists also function as account representatives to the individual state agencies and participating public entities. This department serves as a liaison between members, payroll/personnel representatives and the contracted insurance providers for MCHCP. Ultimately, Customer Support is responsible for customer service and customer satisfaction.”

During open enrollment MCHCP conducts statewide seminars to inform state employees about the health benefits available during open enrollment and the changes from one year to the next. The MCHCP website includes the same information and more that is discussed during the seminars and customer service is available Monday through Friday 8:30 am to 4:30 pm either in person or via phone.

Are state employees provided any incentives to improve or maintain good health?

In FY 2006, MCHCP started to offer a wellness program as an incentive to improve or maintain good health. The wellness program, Lifestyle Ladder is provided through Gordian Health Solutions until 2009 when the wellness program was provided by Stay Well. The program is designed to improve health and educate members of the forces that can impact their health and quality of life. A state employee receives a monthly reduction in cost for the health benefit package they choose if they participate in the wellness program.

What technology and processes are in place to minimize fraud in the MCHCP system?

MCHCP Information Technology Services performs weekly and monthly electronic comparison of state employees' dependents in the MCHCP system with all state employees and provides the Member Records section with this report. Member Records notifies the member (and terminates coverage, if member fails to) after the appropriate period of time.

In 2006, MCHCP required subscribers (except retirees whose dependents were grand-fathered in) to submit proof of eligibility documentation of every dependent enrolled and new dependents added. After 2006, MCHCP has required appropriate documentation for every new dependent added, including retiree dependents.

MCHCP cancels coverage for the dependent if the subscriber fails to comply with providing proof of eligibility. MCHCP maintains documentation of submitted information as proof of eligibility.

The MCHCP does not track the number of married state employees that chose the employee only category instead of the employee & spouse category. The MCHCP has rules that apply to coverage if a member is a Missouri State employee married to another Missouri State employee, a Missouri State retiree, or to a public entity employee. These rules are as follow:

- 1) If a member is an active State employee and is married to another active State employee, the members must enroll individually. The members are not able to enroll under one another's coverage.
- 2) If a member is a State employee eligible for coverage through MCHCP and they are married to a public entity employee eligible for coverage through MCHCP, the member may be covered individually OR under one of the employers. However, the members cannot have coverage both places.
- 3) If a member is an active State employee married to a State retiree or if a member is a State retiree married to a State retiree (provided both are eligible for coverage through MCHCP), the members may be covered separately or together.
- 4) If a member is a State employee covered by MCHCP and is married to a State employee covered under the Missouri Department of Conservation, Missouri State Highway Patrol or Missouri Department of Transportation, the members must be covered separately.

The MCHCP's information system does a routine weekly and monthly test to detect fraud regarding the above rules. The MCHCP believes these rules are in place to benefit the member(s).

How do reserve levels at MCHCP compare to other employer reserves?

MCHCP stated that over the last four years, MCHCP has transitioned from a fully insured to a self-insured plan. As a government benefit plan, MCHCP has no mandated reserve requirements. Historically, the plan has maintained some reserves, but in response to the changing economic climate and needs of the State, MCHCP has recently aligned the plan with other self-insured agency programs in Missouri by reducing its reserves in reliance on the legislative process and the full credit and backing of the State of Missouri for claims needs.

The following chart depicts this transition:

June 30	MCHCP Reserves	Percentage of self insured membership
2005	\$70 Million	85
2006	\$91 Million	90
2007	\$131 Million	91
2008	\$108 Million	90
2009	\$19 Million	90
2010	TBD	93

MCHCP has projected a \$21,000,000 reserve amount for June 30, 2010, which MCHCP states is roughly an eleven day reserve.

What health benefits for state employees are available in other states surrounding Missouri and other states similar to Missouri in state employee population size?

According to information from the National Conference of State Legislators (NCSL), all 50 states provide health insurance coverage for their state employees. Most have done so for decades. However, the amount of coverage, who is eligible to enroll, and the portions paid by the state employer and by the individual worker always have varied from state to state.

NCSL provided the following general facts about state employee health plans:

- Nearly all full-time state workers were eligible for coverage (97%), and take-up was high across most plans, averaging 91%.
- For 2009 the average cost of an individual policy is \$502.43; with the state paying an average of \$447.79 (89%) and the employee is responsible for the remainder, which is an average of \$56.52 (based on 48 states).
- In 2009, 12 states paid for 100 percent of the monthly premium costs for a basic or “standard” health plan for some or all individual state employees (AL, AK, DE, IA, KY, ME, MN, ND, OK, OR, SD & TX). Six states paid for 100 percent of the “defined standard” monthly premium costs for families of state employees (AL, DE, IA, ND, OK & OR).
- In state employee plans, 37% of workers were in HMOs, 42% in PPOs, 16% in POS plans, and 5% were in conventional indemnity coverage.

For the health benefits for state employees in all the other states please see Appendix D.

What is the total per member cost coverage for MO HealthNet eligibles?

Appendix E contains the yearly total per member cost coverage for MO HealthNet eligibles.

What pharmacy and clinical services does MO HealthNet Division offer?

The Department of Social Services is authorized to provide medical benefits, including pharmacy benefits, through the Medicaid system for Missouri citizens. Eligibility for Medicaid coverage is based on income and the number of family members.

On September 1, 2007, the Department of Social Services, Division of Medical Services became the MO HealthNet Division (MHD). Its purpose is to administer services provided for Missouri citizens in accordance with Title XIX of the Federal Social Security Act (the federal Medicaid program). The Division is responsible for health care services to low income and vulnerable citizens of the state of Missouri.

As of the end of fiscal year 2008, there were 829,577 people eligible for MO HealthNet services.

Section 208.201, RSMo provides MHD with the authority to "make and enter into contracts and carry out the duties assigned to it by this or any other law..." Section 208.786, RSMo provides MHD with the authority to contract with one or more prescription drug plans to coordinate the prescription benefits of the Missouri Rx Plan.

The MHD Pharmacy and Clinical Services Program manages the pharmacy benefits provided to persons enrolled in MHD health care programs. Program staff oversee all aspects of the pharmacy program including drug pricing, preferred drug lists, rebate collection from pharmaceutical manufacturers, and authorizing drug treatments to individual patients. Program staff also manage the Missouri Rx Plan which coordinates a supplemental state benefits plan for Missouri residents who participate in the Medicare part D prescription drug program. Section 208.780 RSMo, describes the Missouri Rx Plan as "the state pharmacy assistance program".

MHD has created a Drug Utilization Review Board composed of doctors and pharmacists to monitor drug usage and prescribing practices in the Medicaid program. In addition, MHD has engaged a technical consultant who assists in evaluating medications.

The MO HealthNet Pharmacy and Clinical Services Program oversees outpatient prescription drug reimbursement for fee-for-service eligibles. Effective January 1, 1991, the Omnibus Budget Reconciliation Act of 1990 (OBRA-90) pharmacy provisions significantly expanded the coverage to include reimbursements for all drug products of manufacturers who have entered into a rebate agreement with the Federal Department of Health and Human Services (HHS) and that are dispensed by qualified providers. States have the authority for certain exceptions and to exclude from coverage certain specified categories of drugs. In addition, OBRA-90 included provisions requiring both a prospective and retrospective drug use review program.

MO HealthNet's improved POS computer system allows each claim to be referenced against the participant's pharmacy claims history, medical claims history (including ICD-9 codes), and procedural data (CPT codes) transparently. For those patients that meet any of the approval criteria, the claim will be paid automatically. In the rare instances when a phone call is necessary, the hotline call center is available seven days a week, which allows providers prompt access to a paid claim for the requested product. In addition to receiving messages regarding the outcome of the claims processing and the reimbursement amount, pharmacy providers receive prospective drug use review alert messages for their information at the time the prescriptions are dispensed.

All MO HealthNet eligible participants are responsible for a shared-dispensing fee upon receipt of each original or refilled prescription, unless the service is an exempted service. Services exempted from the shared-dispensing fee requirement for drugs are:

- Services to participants under 19 years of age.
- Services to participants residing within a skilled nursing home, an intermediate care nursing home, a residential care home, and adult boarding home, or a psychiatric hospital.
- Those drugs specifically identified as relating to family planning services (contraceptives).

- Those drugs which are prescribed and identified as relating to an EPSDT program (Early Periodic Screening, Diagnosis, & Treatment) screening or referral service.
- Those drugs prescribed for foster care children.

Ingredient Cost of the Drug	Member Dispensing (Sharing) Fee
\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 or more	\$2.00

Review Medicaid benefits in an effort to compare Medicaid benefits to MCHCP state employee benefits.

Currently an extensive comprehensive review of the Medicaid program is being conducted by The Lewin Group. The review is an in depth assessment of the program including recommendations for improved operations. Recommendations from the review will be available early 2010 (during the 2010 legislative session). Oversight suggests waiting for this report to be released before pursuing further inquiry into the Medicaid program from the Oversight Division.

GLOSSARY

CO-PAY The copayment or copay is a payment defined in the insurance policy and paid by the insured person each time a medical service is accessed. It is technically a form of coinsurance, but is defined differently in health insurance where a coinsurance is a percentage payment after the deductible up to a certain limit. It must be paid before any policy benefit is payable by an insurance company. Copayments do not usually contribute towards any policy out-of-pocket maximums whereas coinsurance payments do.

HMO A health maintenance organization (HMO) is a type of managed care organization (MCO) that provides a form of health care coverage in the United States that is fulfilled through hospitals, doctors, and other providers with which the HMO has a contract. The Health Maintenance Organization Act of 1973 required employers with 25 or more employees to offer federally certified HMO options. Unlike traditional indemnity insurance, an HMO covers only care rendered by those doctors and other professionals who have agreed to treat patients in accordance with the HMO's guidelines and restrictions in exchange for a steady stream of customers.

HSA A health savings account (HSA), is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a High Deductible Health Plan (HDHP). The funds contributed to the account are not subject to federal income tax at the time of deposit. Unlike a flexible spending account (FSA), funds roll over and accumulate year over year if not spent. HSAs are owned by the individual, which differentiates them from the company-owned Health Reimbursement Arrangement (HRA) that is an alternate tax-deductible source of funds paired with HDHPs. Funds may be used to pay for qualified medical expenses at any time without federal tax liability. Withdrawals for non-medical expenses are treated very similarly to those in an IRA in that they may provide tax advantages if taken after retirement age, and they incur penalties if taken earlier. These accounts are a component of consumer driven health care.

POS A point of service plan, or POS plan, is a type of managed care health insurance system. It combines characteristics of both the HMO and the PPO. Members of a POS plan do not make a choice about which system to use until the point at which the service is being used.

The POS is based on the basic managed care foundation: lower medical costs in exchange for more limited choice. But POS health insurance does differ from other managed care plans.

When you enroll in a POS plan, you are required to choose a primary care physician to monitor your health care. This primary care physician must be chosen from within the health care network, and becomes your "point of service".

The primary POS physician may then make referrals outside the network, but then only some compensation will be offered by your health insurance company.

For medical visits within the health care network, paperwork is completed for you. If you choose to go outside the network, it is your responsibility to fill out the forms, send bills in for payment, and keep an accurate account of health care receipts.

PPO

In health insurance in the United States, a preferred provider organization (or "PPO", sometimes referred to as a participating provider organization or preferred provider option) is a managed care organization of medical doctors, hospitals, and other health care providers who have covenanted with an insurer or a third-party administrator to provide health care at reduced rates to the insurer's or administrator's clients.

APPENDIX A

CENTRAL REGION: Audrain, Monroe																			
Employee Only	Employee and Spouse	Employee and Child(ren)	Employee and Family	First Health PPO	Mercy Health Plans HMO	HealthLink HMO	BlueChoice HMO	United HealthCare Select HMO	Humana HMO	HealthLink POS	United HealthCare Choice Plus POS98								
\$85	\$276	\$138	\$333	\$0	\$121	\$123	\$127	\$3	\$8	\$12	\$6	\$54							
				\$276	\$121	\$123	\$127	\$136	\$144	\$133	\$224								
				\$138	\$34	\$34	\$38	\$43	\$49	\$41	\$101								
				\$333	\$157	\$159	\$164	\$164	\$183	\$171	\$274								
CENTRAL REGION: Benton																			
Employee Only	Employee and Spouse	Employee and Child(ren)	Employee and Family	First Health PPO	Mercy Health Plans HMO	Humana HMO	BlueChoice HMO	United HealthCare Select HMO	Humana HMO	HealthLink POS	United HealthCare Choice Plus POS98								
\$73	\$264	\$126	\$321	\$0	\$0	\$0	\$3	\$8	\$12	\$6	\$54								
				\$264	\$121	\$132	\$127	\$136	\$144	\$133	\$224								
				\$126	\$34	\$37	\$38	\$43	\$49	\$41	\$101								
				\$321	\$157	\$171	\$164	\$174	\$183	\$171	\$274								
CENTRAL REGION: Boone, Callaway, Chariton, Cole, Cooper, Gasconade, Howard, Maries, Millier, Moniteau, Montgomery, Morgan, Osage, Randolph																			
Employee Only	Employee and Spouse	Employee and Child(ren)	Employee and Family	First Health PPO	Mercy Health Plans HMO	HealthLink HMO	BlueChoice HMO	United HealthCare Select HMO	Humana HMO	HealthLink POS	United HealthCare Choice Plus POS98								
\$85	\$276	\$138	\$333	\$0	\$121	\$123	\$127	\$3	\$8	\$12	\$6	\$54							
				\$276	\$121	\$123	\$127	\$136	\$144	\$133	\$224								
				\$138	\$34	\$34	\$38	\$43	\$49	\$41	\$101								
				\$333	\$157	\$159	\$164	\$174	\$183	\$171	\$274								
CENTRAL REGION: Camden, Pettis, Pulaski, Saline																			
Employee Only	Employee and Spouse	Employee and Child(ren)	Employee and Family	First Health PPO	Mercy Health Plans HMO	BlueChoice HMO	HealthLink HMO	United HealthCare Select HMO	Humana HMO	HealthLink POS	United HealthCare Choice Plus POS98								
\$77	\$269	\$130	\$325	\$0	\$121	\$124	\$34	\$36	\$41	\$94	\$266								
				\$269	\$121	\$124	\$34	\$36	\$41	\$94	\$266								
				\$130	\$34	\$34	\$36	\$41	\$94	\$266									
				\$325	\$157	\$161	\$166	\$175	\$175	\$266									
EASTERN REGION: Crawford, Franklin, Jefferson, Lincoln, St. Charles, St. Louis City, St. Louis County, Warren, Illinois: Clinton, Greene, Madison, St. Clair																			
Employee Only	Employee and Spouse	Employee and Child(ren)	Employee and Family	First Health PPO	Mercy Health Plans HMO	HealthLink HMO	BlueChoice HMO	United HealthCare Select HMO	Humana HMO	HealthLink POS	United HealthCare Choice Plus POS98								
\$96	\$314	\$156	\$371	\$12	\$145	\$140	\$122	\$0	\$33	\$15	\$87	\$19	\$0	\$18	\$19	\$18	\$19	\$19	\$19
				\$314	\$145	\$140	\$122	\$183	\$183	\$151	\$285	\$157	\$122	\$156	\$158	\$158	\$158	\$158	\$158
				\$156	\$49	\$46	\$34	\$74	\$74	\$53	\$142	\$57	\$34	\$56	\$58	\$58	\$58	\$58	\$58
				\$371	\$184	\$178	\$158	\$227	\$227	\$191	\$343	\$198	\$158	\$197	\$199	\$199	\$199	\$199	\$199

EASTERN REGION: Dent, Reynolds											
	First Health PPO	Mercy Health Plans HMO	United HealthCare Select HMO	United HealthCare Choice Plus POS98							
Employee Only	\$37	\$0	\$0	\$0							
Employee and Spouse	\$218	\$133	\$151	\$198							
Employee and Child(ren)	\$61	\$37	\$42	\$55							
Employee and Family	\$283	\$172	\$195	\$257							
EASTERN REGION: Iron											
	First Health PPO	Mercy Health Plans HMO	HealthLink HMO	United HealthCare Select HMO	HealthLink POS	United HealthCare Choice Plus POS98					
Employee Only	\$81	\$0	\$0	\$0	\$3	\$74					
Employee and Spouse	\$299	\$133	\$130	\$171	\$139	\$272					
Employee and Child(ren)	\$142	\$37	\$36	\$62	\$41	\$129					
Employee and Family	\$359	\$172	\$169	\$215	\$179	\$331					
EASTERN REGION: Madison											
	First Health PPO	Mercy Health Plans HMO	HealthLink HMO	United HealthCare Select HMO	HealthLink POS	United HealthCare Choice Plus POS98	Health Partners of the Midwest HMO	Group Health Plan HMO	Group Health Plan POS		
Employee Only	\$85	\$3	\$0	\$0	\$6	\$77	\$9	\$10	\$36		
Employee and Spouse	\$303	\$135	\$130	\$174	\$141	\$275	\$148	\$149	\$198		
Employee and Child(ren)	\$145	\$39	\$36	\$65	\$43	\$132	\$48	\$48	\$81		
Employee and Family	\$362	\$174	\$169	\$218	\$181	\$334	\$188	\$189	\$245		
EASTERN REGION: Phelps											
	First Health PPO	Mercy Health Plans HMO	BlueCHOICE HMO	United HealthCare Select HMO	United HealthCare Choice Plus POS98	Health Partners of the Midwest HMO					
Employee Only	\$81	\$0	\$0	\$0	\$74	\$7					
Employee and Spouse	\$299	\$133	\$122	\$171	\$272	\$145					
Employee and Child(ren)	\$142	\$37	\$34	\$62	\$129	\$45					
Employee and Family	\$359	\$172	\$158	\$215	\$331	\$186					

SOUTHEAST REGION: Bollinger, Butler, Cape Girardeau, Carter, Mississippi, New Madrid, Perry, Ripley, Scott, Stoddard, Wayne									
	United HealthCare Choice Plus POS98	United HealthCare Select HMO	HealthNet Blue POS						
Employee Only	\$37	\$0	\$0	\$0					
Employee and Spouse	\$229	\$163	\$144	\$148					
Employee and Child(ren)	\$90	\$45	\$40	\$41					
Employee and Family	\$285	\$212	\$186	\$192					
SOUTHEAST REGION: Dunklin, Pemiscot									
	United HealthCare Choice Plus POS98	United HealthCare Select HMO							
Employee Only	\$37	\$0							
Employee and Spouse	\$229	\$163	\$144						
Employee and Child(ren)	\$90	\$45	\$40						
Employee and Family	\$285	\$212	\$186						
SOUTHWEST REGION: Barry, Christian, Jasper, Lawrence, McDonald, Newton, Stone, Webster									
	BlueCHOICE HMO	United HealthCare Select HMO	HealthLink HMO	Premier Health Plans HMO	Humana HMO/POS	HealthLink HMO/POS			
Employee Only	\$66	\$0	\$18	\$0	\$23	\$4			
Employee and Spouse	\$257	\$134	\$172	\$136	\$181	\$146			
Employee and Child(ren)	\$119	\$37	\$61	\$38	\$67	\$44			
Employee and Family	\$314	\$174	\$218	\$176	\$228	\$188			
SOUTHWEST REGION: Barton									
	BlueCHOICE HMO	Premier Health Plans HMO	Humana HMO						
Employee Only	\$70	\$0	\$4	\$27					
Employee and Spouse	\$262	\$134	\$142	\$186					
Employee and Child(ren)	\$124	\$37	\$43	\$71					
Employee and Family	\$318	\$174	\$183	\$233					
SOUTHWEST REGION: Cedar, Hickory, Polk									
	BlueCHOICE HMO	Missouri Advantage HMO	Premier Health Plans HMO						
Employee Only	\$66	\$0	\$6	\$0					
Employee and Spouse	\$257	\$134	\$149	\$138					
Employee and Child(ren)	\$119	\$37	\$46	\$38					
Employee and Family	\$314	\$174	\$192	\$179					
SOUTHWEST REGION: Dade, Dallas, Greene, Laclede									
	HealthLink HMO	BlueCHOICE HMO	United HealthCare Select HMO	Missouri Advantage HMO	Premier Health Plans HMO	Humana HMO/POS	HealthLink HMO/POS		
Employee Only	\$66	\$0	\$0	\$18	\$6	\$23	\$4		
Employee and Spouse	\$257	\$136	\$134	\$172	\$149	\$181	\$146		
Employee and Child(ren)	\$119	\$38	\$37	\$61	\$46	\$67	\$44		
Employee and Family	\$314	\$176	\$174	\$218	\$192	\$228	\$188		

SOUTHWEST REGION: St Clair									
	First Health PPO	Missouri Advantage HMO	Premier Health Plans HMO	Humana HMO					
Employee Only	\$66	\$6	\$0	\$23					
Employee and Spouse	\$257	\$149	\$138	\$181					
Employee and Child(ren)	\$119	\$46	\$38	\$67					
Employee and Family	\$314	\$192	\$179	\$228					
SOUTHWEST REGION: Taney									
	First Health PPO	BlueCHOICE HMO	United HealthCare Select HMO	Premier Health Plans HMO	Humana HMO				
Employee Only	\$66	\$0	\$18	\$0	\$23				
Employee and Spouse	\$257	\$134	\$172	\$138	\$181				
Employee and Child(ren)	\$119	\$37	\$61	\$38	\$67				
Employee and Family	\$314	\$174	\$218	\$179	\$228				
SOUTHWEST REGION: Vernon									
	First Health PPO	Premier Health Plans HMO	Humana HMO						
Employee Only	\$66	\$0	\$23						
Employee and Spouse	\$257	\$138	\$181						
Employee and Child(ren)	\$119	\$38	\$67						
Employee and Family	\$314	\$179	\$228						
WESTERN REGION: Bates, Buchanan, Caldwell, Carroll, Henry, Johnson									
	First Health PPO	Blue Advantage HMO	Community Health Plan HMO	Humana HMO POS98	Community Health Plan POS98				
Employee Only	\$50	\$0	\$0	\$1	\$28				
Employee and Spouse	\$241	\$147	\$152	\$155	\$206				
Employee and Child(ren)	\$103	\$41	\$42	\$44	\$78				
Employee and Family	\$298	\$191	\$197	\$201	\$258				
WESTERN REGION: (Missouri) Cass, Clay, Jackson, Platte, Ray, (Illinois) Johnson, Wyandotte									
	First Health PPO	Kaiser Permanente HMO	Community Health Plan POS98	Blue Advantage HMO	Community Health Plan HMO	Humana HMO POS98	Community Health Plan POS98	Prudential (Kansas City) HMO	
Employee Only	\$56	\$0	\$18	\$0	\$6	\$34	\$9		
Employee and Spouse	\$247	\$147	\$181	\$147	\$158	\$212	\$164		
Employee and Child(ren)	\$109	\$41	\$63	\$41	\$48	\$50	\$52		
Employee and Family	\$303	\$190	\$230	\$191	\$203	\$264	\$210		
WESTERN REGION: Clinton, Livingston									
	First Health PPO	Community Health Plan POS98	Blue Advantage HMO	Community Health Plan HMO					
Employee Only	\$37	\$0	\$0	\$0					
Employee and Spouse	\$229	\$163	\$147	\$152					
Employee and Child(ren)	\$91	\$45	\$41	\$42					
Employee and Family	\$285	\$211	\$191	\$197					

CY 2001										
Central Region - Audrain, Chariton, Gasconade, Monroe, Montgomery, Morgan										
	EMPLOYEE PAYS	PPO PLAN	STANDARD PLANS - HIGHER COPAYS				PREMIUM PLAN - CURRENT COPAYS			
			Mercy Health Plans Standard HMO	United HealthCare Select Standard HMO	United HealthCare Choice Plus Standard POS	Mercy Health Plans Premium HMO	United HealthCare Select Premium HMO	United HealthCare Choice Plus Premium POS		
Employee Only		\$87	\$10	\$12	\$35	\$32	\$36	\$62		
Employee and Spouse		\$233	\$124	\$128	\$181	\$174	\$181	\$240		
Employee and Child(ren)		\$129	\$28	\$31	\$77	\$72	\$78	\$129		
Employee and Family		\$292	\$156	\$162	\$239	\$230	\$240	\$326		
		TOTAL								
	STATE CONTRIBUTION	PREMIUM PPO PLAN	TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS				TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS			
		First Health PPO Plan	Mercy Health Plans Standard HMO	United HealthCare Select Standard HMO	United HealthCare Choice Plus Standard POS	Mercy Health Plans Premium HMO	United HealthCare Select Premium HMO	United HealthCare Choice Plus Premium POS		
Employee Only	\$203	\$290	\$213	\$215	\$238	\$235	\$239	\$265		
Employee and Spouse	\$354	\$587	\$478	\$482	\$535	\$528	\$535	\$594		
Employee and Child(ren)	\$386	\$515	\$414	\$417	\$463	\$458	\$464	\$515		
Employee and Family	\$544	\$836	\$700	\$706	\$783	\$774	\$784	\$870		
Central Region - Benton										
	EMPLOYEE PAYS	PPO PLAN	STANDARD PLANS - HIGHER COPAYS				PREMIUM PLAN - CURRENT COPAYS			
			Mercy Health Plans Standard HMO	Mercy Health Plans Standard HMO	Mercy Health Plans Standard HMO	Mercy Health Plans Premium HMO	Mercy Health Plans Premium HMO	Mercy Health Plans Premium HMO		
Employee Only		\$71	\$10			\$34				
Employee and Spouse		\$206	\$132			\$186				
Employee and Child(ren)		\$100	\$29			\$76				
Employee and Family		\$251	\$167			\$246				

	STATE CONTRIBUTION	TOTAL PREMIUM PPO PLAN	TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS	TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS
Employee Only	\$219	\$290	Mercy Health Plans Standard HMO \$229	Mercy Health Plans Premium HMO \$253
Employee and Spouse	\$381	\$587	\$513	\$567
Employee and Child(ren)	\$415	\$515	\$444	\$491
Employee and Family	\$585	\$836	\$752	\$831
Central Region - Boone, Cooper, Howard, Randolph				
	EMPLOYEE PAYS	PPO PLAN	STANDARD PLANS - HIGHER COPAYS	PREMIUM PLAN - CURRENT COPAYS
Employee Only		\$87	Mercy Health Plans Standard HMO \$10	Mercy Health Plans Premium HMO \$32
Employee and Spouse		\$233	United HealthCare Select Standard HMO \$75	United HealthCare Select Premium HMO \$106
Employee and Child(ren)		\$129	United HealthCare Choice Plus Standard POS \$270	United HealthCare Choice Plus Premium POS \$339
Employee and Family		\$292	\$156	\$230
			\$370	\$472
			\$35	\$62
			\$181	\$240
			\$77	\$129
			\$239	\$326
	STATE CONTRIBUTION	TOTAL PREMIUM PPO PLAN	TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS	TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS
Employee Only	\$203	\$290	Mercy Health Plans Standard HMO \$213	Mercy Health Plans Premium HMO \$235
Employee and Spouse	\$354	\$587	United HealthCare Select Standard HMO \$478	United HealthCare Select Premium HMO \$309
Employee and Child(ren)	\$386	\$515	United HealthCare Choice Plus Standard POS \$624	United HealthCare Choice Plus Premium POS \$693
Employee and Family	\$544	\$836	\$414	\$458
			\$700	\$774
			\$914	\$1,016
			\$238	\$265
			\$535	\$594
			\$463	\$515
			\$783	\$870

Central Region - Callaway, Maries, Miller, Moniteau, Osage												
		PPO PLAN	STANDARD PLANS - HIGHER COPAYS				PREMIUM PLAN - CURRENT COPAYS					
		First Health PPO Plan	Mercy Health Plans Standard HMO	United HealthCare Select Standard HMO	United HealthCare Choice Plus Standard POS	Mercy Health Plans Premium HMO	United HealthCare Select Premium HMO	United HealthCare Choice Plus Premium POS				
Employee Only		\$105	\$28	\$10	\$53	\$50	\$32	\$80				
Employee and Spouse		\$263	\$154	\$114	\$211	\$205	\$163	\$271				
Employee and Child(ren)		\$163	\$61	\$27	\$111	\$105	\$69	\$162				
Employee and Family		\$338	\$203	\$144	\$286	\$276	\$215	\$373				
		TOTAL										
		STATE CONTRIBUTION	TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS				TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS					
			Mercy Health Plans Standard HMO	United HealthCare Select Standard HMO	United HealthCare Choice Plus Standard POS	Mercy Health Plans Premium HMO	United HealthCare Select Premium HMO	United HealthCare Choice Plus Premium POS				
Employee Only	\$185	\$290	\$213	\$195	\$238	\$235	\$217	\$265				
Employee and Spouse	\$324	\$587	\$478	\$438	\$535	\$529	\$487	\$595				
Employee and Child(ren)	\$353	\$516	\$414	\$380	\$464	\$458	\$422	\$515				
Employee and Family	\$497	\$835	\$700	\$641	\$783	\$773	\$712	\$870				
Central Region - Camden												
		PPO PLAN	STANDARD PLANS - HIGHER COPAYS				PREMIUM PLAN - CURRENT COPAYS					
		First Health PPO Plan	Mercy Health Plans Standard HMO	United HealthCare Select Standard HMO	United HealthCare Choice Plus Standard POS	Mercy Health Plans Premium HMO	United HealthCare Select Premium HMO	United HealthCare Choice Plus Premium POS				
Employee Only		\$105	\$44	\$10	\$53	\$68	\$32	\$80				
Employee and Spouse		\$263	\$190	\$114	\$211	\$244	\$163	\$271				
Employee and Child(ren)		\$163	\$92	\$27	\$111	\$139	\$69	\$162				
Employee and Family		\$338	\$254	\$144	\$286	\$334	\$215	\$373				

Central Region - Pettis, Pulaski, Saline											
	PPO PLAN	STANDARD PLANS - HIGHER COPAYS			PREMIUM PLAN - CURRENT COPAYS						
		Mercy Health Standard HMO	United HealthCare Select Standard HMO	United HealthCare Choice Plus Standard POS	Mercy Health Premium HMO	United HealthCare Select Premium HMO	United HealthCare Choice Plus Premium POS				
Employee Only	\$85	\$24	\$10	\$34	\$48	\$34	\$60				
Employee and Spouse	\$230	\$156	\$125	\$178	\$210	\$178	\$237				
Employee and Child(ren)	\$126	\$55	\$28	\$74	\$102	\$75	\$126				
Employee and Family	\$287	\$203	\$157	\$235	\$282	\$236	\$322				
	TOTAL PREMIUM PPO PLAN										
STATE CONTRIBUTION		TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS			TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS						
		Mercy Health Standard HMO	United HealthCare Select Standard HMO	United HealthCare Choice Plus Standard POS	Mercy Health Premium HMO	United HealthCare Select Premium HMO	United HealthCare Choice Plus Premium POS				
Employee Only	\$205	\$229	\$215	\$239	\$253	\$239	\$265				
Employee and Spouse	\$357	\$513	\$482	\$535	\$567	\$535	\$594				
Employee and Child(ren)	\$389	\$444	\$417	\$463	\$491	\$464	\$515				
Employee and Family	\$548	\$751	\$705	\$783	\$830	\$784	\$870				
East Region: Crawford, Franklin, Iron, Jefferson, Madison, Reynolds, St Charles, St Francois, St Louis City, St Louis, Warren, Washington											
	PPO PLAN	STANDARD PLANS - HIGHER COPAYS			PREMIUM PLAN - CURRENT COPAYS						
		Mercy Health Standard HMO	United HealthCare Select Standard HMO	United HealthCare Choice Plus Standard POS	Mercy Health Premium HMO	United HealthCare Select Premium HMO	United HealthCare Choice Plus Premium POS				
Employee Only	\$93	\$23	\$10	\$82	\$47	\$33	\$113				
Employee and Spouse	\$242	\$151	\$121	\$281	\$203	\$172	\$351				
Employee and Child(ren)	\$140	\$53	\$28	\$167	\$99	\$72	\$227				
Employee and Family	\$306	\$196	\$152	\$387	\$272	\$228	\$489				

East Region: Lincoln, Pike										
STANDARD PLANS - HIGHER COPAYS					PREMIUM PLAN - CURRENT COPAYS					
	PPO PLAN		Mercy Health Standard HMO	United HealthCare Select Standard HMO	United HealthCare Choice Plus Standard POS	Mercy Health Plans Premium HMO	United HealthCare Select Premium HMO	United HealthCare Choice Plus Premium POS		
Employee Only		\$93	\$16	\$10	\$82	\$38	\$33	\$113		
Employee and Spouse		\$242	\$133	\$121	\$281	\$184	\$172	\$351		
Employee and Child(ren)		\$140	\$39	\$28	\$167	\$82	\$72	\$227		
Employee and Family		\$306	\$171	\$152	\$387	\$244	\$228	\$489		
STATE CONTRIBUTION		TOTAL PREMIUM PPO PLAN	TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS		TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS					
Employee Only	\$198	\$291	\$214	\$208	\$280	\$236	\$231	\$311		
Employee and Spouse	\$345	\$587	\$478	\$466	\$626	\$529	\$517	\$696		
Employee and Child(ren)	\$375	\$515	\$414	\$403	\$542	\$457	\$447	\$602		
Employee and Family	\$529	\$835	\$700	\$681	\$916	\$773	\$757	\$1,018		
STATE CONTRIBUTION		TOTAL PREMIUM PPO PLAN	TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS		TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS					
Employee Only	\$198	\$291	\$214	\$208	\$280	\$236	\$231	\$311		
Employee and Spouse	\$345	\$587	\$478	\$466	\$626	\$529	\$517	\$696		
Employee and Child(ren)	\$375	\$515	\$414	\$403	\$542	\$457	\$447	\$602		
Employee and Family	\$529	\$835	\$700	\$681	\$916	\$773	\$757	\$1,018		
STATE CONTRIBUTION		TOTAL PREMIUM PPO PLAN	TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS		TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS					
Employee Only	\$198	\$291	\$214	\$208	\$280	\$236	\$231	\$311		
Employee and Spouse	\$345	\$587	\$478	\$466	\$626	\$529	\$517	\$696		
Employee and Child(ren)	\$375	\$515	\$414	\$403	\$542	\$457	\$447	\$602		
Employee and Family	\$529	\$835	\$700	\$681	\$916	\$773	\$757	\$1,018		
STATE CONTRIBUTION		TOTAL PREMIUM PPO PLAN	TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS		TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS					
Employee Only	\$198	\$291	\$214	\$208	\$280	\$236	\$231	\$311		
Employee and Spouse	\$345	\$587	\$478	\$466	\$626	\$529	\$517	\$696		
Employee and Child(ren)	\$375	\$515	\$414	\$403	\$542	\$457	\$447	\$602		
Employee and Family	\$529	\$835	\$700	\$681	\$916	\$773	\$757	\$1,018		
STATE CONTRIBUTION		TOTAL PREMIUM PPO PLAN	TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS		TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS					
Employee Only	\$198	\$291	\$214	\$208	\$280	\$236	\$231	\$311		
Employee and Spouse	\$345	\$587	\$478	\$466	\$626	\$529	\$517	\$696		
Employee and Child(ren)	\$375	\$515	\$414	\$403	\$542	\$457	\$447	\$602		
Employee and Family	\$529	\$835	\$700	\$681	\$916	\$773	\$757	\$1,018		
STATE CONTRIBUTION		TOTAL PREMIUM PPO PLAN	TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS		TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS					
Employee Only	\$198	\$291	\$214	\$208	\$280	\$236	\$231	\$311		
Employee and Spouse	\$345	\$587	\$478	\$466	\$626	\$529	\$517	\$696		
Employee and Child(ren)	\$375	\$515	\$414	\$403	\$542	\$457	\$447	\$602		
Employee and Family	\$529	\$835	\$700	\$681	\$916	\$773	\$757	\$1,018		
STATE CONTRIBUTION		TOTAL PREMIUM PPO PLAN	TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS		TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS					
Employee Only	\$198	\$291	\$214	\$208	\$280	\$236	\$231	\$311		
Employee and Spouse	\$345	\$587	\$478	\$466	\$626	\$529	\$517	\$696		
Employee and Child(ren)	\$375	\$515	\$414	\$403	\$542	\$457	\$447	\$602		
Employee and Family	\$529	\$835	\$700	\$681	\$916	\$773	\$757	\$1,018		

STATE CONTRIBUTION PPO PLAN	TOTAL PREMIUM PPO PLAN	STATE CONTRIBUTION COPAY PLAN	TOTAL PREMIUM COPAY PLAN				
	First Health PPO Plan		First Health Copay Plan				
Employee Only	\$281		\$281				
Employee and Spouse	\$398		\$457				
Employee and Child(ren)	\$462		\$483				
Employee and Family	\$591		\$673				
Northwest Region: Andrew, Atchison, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Mercer, Nodaway, Worth							
STATE CONTRIBUTION PPO PLAN	TOTAL PREMIUM PPO PLAN	STATE CONTRIBUTION COPAY PLAN	TOTAL PREMIUM COPAY PLAN	STANDARD PLANS - HIGHER COPAYS	STANDARD PLANS - HIGHER COPAYS	PREMIUM PLAN - CURRENT COPAYS	PREMIUM PLAN - CURRENT COPAYS
	First Health PPO Plan		First Health PPO Plan	Community Health Standard HMO	Community Health Standard POS	Community Health Premium HMO	Community Health Premium POS
Employee Only	\$66		\$66	\$10	\$69	\$25	\$88
Employee and Spouse	\$196		\$196	\$135	\$267	\$169	\$310
Employee and Child(ren)	\$89		\$89	\$30	\$144	\$59	\$181
Employee and Family	\$236		\$236	\$171	\$364	\$220	\$427
STATE CONTRIBUTION	TOTAL PREMIUM PPO PLAN		TOTAL PREMIUM PPO PLAN	TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS	TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS	TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS	TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS
	First Health PPO Plan		First Health PPO Plan	Community Health Standard HMO	Community Health Standard POS	Community Health Premium HMO	Community Health Premium POS
Employee Only	\$225		\$291	\$235	\$294	\$250	\$313
Employee and Spouse	\$391		\$587	\$526	\$658	\$560	\$701
Employee and Child(ren)	\$426		\$515	\$456	\$570	\$485	\$607
Employee and Family	\$600		\$836	\$771	\$964	\$820	\$1,027

South Central Region: Douglas, Howell, Oregon, Ozark, Shannon, Texas, Wright; Southwest Region: Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Mississippi, New Madrid, Pemiscot, Perry, Ripley, Scott, Stoddard, Wayne									
		PPO PLAN					COPY PLAN		
Employee Only		\$10					First Health Copy Plan	\$24	
Employee and Spouse		\$189						\$163	
Employee and Child(ren)		\$53						\$60	
Employee and Family		\$244						\$210	
	STATE CONTRIBUTION PPO PLAN	TOTAL PREMIUM PPO PLAN	STATE CONTRIBUTION COPY PLAN			TOTAL PREMIUM COPY PLAN			
Employee Only	\$281	\$291				First Health Copy Plan	\$305		
Employee and Spouse	\$398	\$587			\$281		\$620		
Employee and Child(ren)	\$462	\$515			\$457		\$543		
Employee and Family	\$591	\$835			\$483		\$883		
					\$673				
Southwest Region: Barry, Dade, Lawrence									
	PPO PLAN		STANDARD PLANS - HIGHER COPAYS			PREMIUM PLAN - CURRENT COPAYS			
			United HealthCare Select Standard HMO	Premium Health Plans Standard HMO		United HealthCare Select Premium HMO	Premier Health Plans Premium HMO		
Employee Only	\$64	\$19	\$10	\$19		\$36	\$45		
Employee and Spouse	\$194	\$136	\$157	\$157		\$195	\$215		
Employee and Child(ren)	\$87	\$30	\$48	\$48		\$81	\$98		
Employee and Family	\$232	\$172	\$203	\$203		\$258	\$287		

Southwest Region: Cedar, Hickory, Polk, St Clair										
	PPO PLAN	STANDARD PLANS - HIGHER COPAYS		PREMIUM PLAN - CURRENT COPAYS			STANDARD PLANS - HIGHER COPAYS		PREMIUM PLAN - CURRENT COPAYS	
		First Health PPO Plan	Premier Health Plans Standard HMO	Premier Health Plans Standard HMO	Premier Health Plans Premium HMO		Premier Health Plans Standard HMO	Premier Health Plans Premium HMO	Premier Health Plans Standard HMO	Premier Health Plans Premium HMO
Employee Only	\$55	\$10	\$36							
Employee and Spouse	\$178	\$141	\$199							
Employee and Child(ren)	\$69	\$31	\$81							
Employee and Family	\$208	\$178	\$263							
	TOTAL									
	STATE CONTRIBUTION									
	TOTAL PREMIUM PPO PLAN									
		TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS		TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS			TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS		TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS	
			Premier Health Plans Standard HMO	Premier Health Plans Premium HMO			Premier Health Plans Standard HMO	Premier Health Plans Premium HMO		
Employee Only	\$236	\$246	\$272				\$246	\$272		
Employee and Spouse	\$409	\$550	\$608				\$550	\$608		
Employee and Child(ren)	\$446	\$477	\$527				\$477	\$527		
Employee and Family	\$628	\$806	\$891				\$806	\$891		
Southwest Region: Christian, Dallas, Greene, Laclede, Stone, Taney, Webster										
	PPO PLAN	STANDARD PLANS - HIGHER COPAYS		PREMIUM PLAN - CURRENT COPAYS			STANDARD PLANS - HIGHER COPAYS		PREMIUM PLAN - CURRENT COPAYS	
		First Health PPO Plan	United HealthCare Select Standard HMO	United HealthCare Select Standard HMO	Premier Health Plans Premium HMO		United HealthCare Select Standard HMO	Premier Health Plans Premium HMO	United HealthCare Select Standard HMO	Premier Health Plans Premium HMO
Employee Only	\$71	\$17	\$34				\$17	\$34		
Employee and Spouse	\$206	\$148	\$186				\$148	\$186		
Employee and Child(ren)	\$100	\$43	\$76				\$43	\$76		
Employee and Family	\$251	\$190	\$246				\$190	\$246		

	STATE CONTRIBUTION	TOTAL PREMIUM PPO PLAN	TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS		TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS	
			Community Health Plan Standard HMO	Community Health Plan Standard POS	Community Health Plan Premium HMO	Community Health Plan Premium POS
Employee Only	\$219	\$290	\$236	\$229	\$262	\$253
Employee and Spouse	\$381	\$587	\$529	\$513	\$588	\$567
Employee and Child(ren)	\$415	\$515	\$458	\$444	\$509	\$491
Employee and Family	\$585	\$836	\$775	\$752	\$861	\$831
Southwest Region: Jasper, McDonald, Newton						
	STATE CONTRIBUTION	TOTAL PREMIUM PPO PLAN	STANDARD PLANS - HIGHER COPAYS		PREMIUM PLAN - CURRENT COPAYS	
			United HealthCare Select Standard HMO	Premium Health Plans Standard HMO	United HealthCare Select Premium HMO	Premier Health Plans Premium HMO
Employee Only	\$64	\$64	\$10	\$23	\$36	\$49
Employee and Spouse	\$194	\$194	\$136	\$165	\$195	\$223
Employee and Child(ren)	\$87	\$87	\$30	\$55	\$81	\$106
Employee and Family	\$232	\$232	\$172	\$214	\$258	\$300
	STATE CONTRIBUTION	TOTAL PREMIUM PPO PLAN	TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS		TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS	
			Community Health Plan Standard HMO	Community Health Plan Standard POS	Community Health Plan Premium HMO	Community Health Plan Premium POS
Employee Only	\$226	\$290	\$236	\$249	\$262	\$275
Employee and Spouse	\$393	\$587	\$529	\$558	\$588	\$616
Employee and Child(ren)	\$429	\$516	\$459	\$484	\$510	\$535
Employee and Family	\$604	\$836	\$776	\$818	\$862	\$904

	STATE CONTRIBUTION	TOTAL PREMIUM PPO PLAN	TOTAL PREMIUM - STANDARD PLANS - HIGHER COPAYS				TOTAL PREMIUM - PREMIUM PLAN - CURRENT COPAYS	
			Community Health Plan Standard HMO	Community Health Plan Standard POS	Community Health Plan Premium HMO	Community Health Plan Premium POS	Community Health Plan Premium HMO	Community Health Plan Premium POS
Employee Only	\$225	\$291	\$235	\$294	\$250	\$313		
Employee and Spouse	\$391	\$587	\$526	\$658	\$560	\$701		
Employee and Child(ren)	\$426	\$515	\$456	\$570	\$485	\$607		
Employee and Family	\$600	\$836	\$771	\$964	\$820	\$1,027		
All others not specifically listed in previous rate sheets								
		PPO PLAN						
		First Health PPO Plan			First Health Copay Plan			
Employee Only		\$10			\$24			
Employee and Spouse		\$189			\$163			
Employee and Child(ren)		\$53			\$60			
Employee and Family		\$244			\$210			
		TOTAL PREMIUM PPO PLAN			TOTAL PREMIUM COPAY PLAN			
		First Health PPO Plan			First Health Copay Plan			
Employee Only	\$281	\$291		\$281	\$305			
Employee and Spouse	\$398	\$587		\$457	\$620			
Employee and Child(ren)	\$462	\$515		\$483	\$543			
Employee and Family	\$591	\$835		\$673	\$883			

Northwest Region: Adair, Clark, Knox, Lewis, Linn, Macon, Marion, Putnam, Ralls, Schuyler, Scotland, Shelby, Sullivan; South Central Region: Douglas, Howell, Oregon, Ozark, Shannon, Texas, Wright; Southeast Region: Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Mississippi, New Madrid, Pemiscot, Perry, Ripley, Scott, Stoddard, Wayne; All other areas not specifically listed in previous rate sheets						
EMPLOYEE PAYS	PPO PLAN	COPAY PLAN				
Employee Only	First Health PPO Plan	First Health Copay Plan	\$10	\$24		
Employee and Spouse			\$168	\$200		
Employee and Child(ren)			\$30	\$58		
Employee and Family			\$186	\$233		
	TOTAL PREMIUM PPO PLAN	TOTAL PREMIUM COPAY PLAN				
STATE CONTRIBUTION						
	First Health PPO Plan	First Health Copay Plan	\$323	\$337		
Employee Only			\$730	\$762		
Employee and Spouse			\$601	\$629		
Employee and Child(ren)			\$1,035	\$1,082		
Employee and Family						
Northwest Region: Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Livingston, Mercer, Nodaway, Worth						
EMPLOYEE PAYS	PPO PLAN	COPAY PLAN	STANDARD PLANS		PREMIUM PLANS	
	First Health PPO Plan	First Health Copay Plan	Community Standard Health Plan Standard HMO	Community Health Plan Standard POS	Community Health Plan Premium HMO	Community Health Plan Premium POS
Employee Only	\$10	\$24	\$13	\$83	\$28	\$102
Employee and Spouse	\$168	\$200	\$176	\$332	\$209	\$374
Employee and Child(ren)	\$30	\$58	\$37	\$172	\$66	\$209
Employee and Family	\$186	\$233	\$199	\$427	\$247	\$488

STATE CONTRIBUTION	TOTAL PREMIUM - PPO PLAN	TOTAL PREMIUM - COPAY PLAN	TOTAL PREMIUM - STANDARD PLANS	TOTAL PREMIUM - PREMIUM PLANS
Employee Only	\$313	\$323	Community Standard Health Plan Standard HMO \$326 Community Health Plan Standard POS \$396	Community Health Plan Premium HMO \$341 Community Health Plan Premium POS \$415
Employee and Spouse	\$562	\$730	\$738	\$771
Employee and Child(ren)	\$571	\$601	\$608	\$637
Employee and Family	\$849	\$1,035	\$1,048	\$1,096
Southwest Region: Barry, Barton, Cedar, Christian, Dade, Dallas, Greene, Hickory, Jasper, Laclede, Lawrence, McDonald, Newton, Polk, St Clair, Stone, Taney, Vernon, Webster				
EMPLOYEE PAYS	PPO Plan	STANDARD PLANS	PREMIUM PLANS	
Employee Only	\$81	Premier Health Plans Standard HMO \$14 United HealthCare Select Standard HMO \$72	Premier Health Plans Premium HMO \$26 United HealthCare Select Premium HMO \$102	
Employee and Spouse	\$303	\$151	\$283	\$349
Employee and Child(ren)	\$156	\$24	\$138	\$196
Employee and Family	\$393	\$172	\$364	\$461
STATE CONTRIBUTION	TOTAL PREMIUM - PPO PLAN	TOTAL PREMIUM - STANDARD PLANS	TOTAL PREMIUM - PREMIUM PLANS	
Employee Only	\$241	\$255	Community Standard Health Plan Standard HMO \$313 Community Health Plan Standard POS \$343	Community Health Plan Premium HMO \$267 Community Health Plan Premium POS \$343
Employee and Spouse	\$427	\$578	\$710	\$776
Employee and Child(ren)	\$446	\$470	\$584	\$642
Employee and Family	\$642	\$814	\$1,006	\$1,103

Northeast Region: Adair, Clark, Knox, Lewis, Linn, Macon, Marion, Putnam, Ralls, Schuyler, Scotland, Shelby, Sullivan; South Central Region: Douglas, Howell, Oregon, Ozark, Shannon, Texas, Wright; Southeast Region: Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Mississippi, New Madrid, Pemiscot, Perry, Ripley, Scott, Stoddard, Wayne; All other counties not specifically listed in previous rate sheets			
EMPLOYEE PAYS	COPAY PLAN		
	First Health Copay Plan		
Employee Only	\$23		
Employee and Spouse	\$253		
Employee and Child(ren)	\$38		
Employee and Family	\$266		
	TOTAL PREMIUM COPAY PLAN		
STATE CONTRIBUTION			
	First Health Copay Plan		
Employee Only	\$410		
Employee and Spouse	\$953		
Employee and Child(ren)	\$693		
Employee and Family	\$1,236		
Northwest Region: Andrew, Atchison, Buchanan, Caldwell, Clinton, Davies, DeKalb, Gentry, Grundy, Harrison, Holt, Livingston, Mercer, Nodaway, Worth			
EMPLOYEE PAYS	COPAY PLAN	STANDARD PLAN	PREMIUM PLAN
	First Health Copay Plan	Community Health Plan Standard HMO	Community Health Plan Premium HMO
Employee Only	\$56	\$21	\$38
Employee and Spouse	\$313	\$231	\$270
Employee and Child(ren)	\$96	\$35	\$64
Employee and Family	\$350	\$242	\$294

	STATE CONTRIBUTION	TOTAL PREMIUM COPAY PLAN	TOTAL PREMIUM - STANDARD PLAN		TOTAL PREMIUM - PREMIUM PLAN	
			Community Health Plan Standard HMO	Community Health Plan Premium HMO	Community Health Plan Standard HMO	Community Health Plan Premium HMO
Employee Only	\$354	\$410	\$375	\$392		
Employee and Spouse	\$640	\$953	\$871	\$910		
Employee and Child(ren)	\$597	\$693	\$632	\$661		
Employee and Family	\$885	\$1,235	\$1,127	\$1,179		
Southwest Region: Barry, Barton, Cedar, Christian, Dade, Dallas, Greene, Hickory, Jasper, Laclede, Lawrence, McDonald, Newton, Polk, St Clair, Stone, Taney, Vernon, Webster						
EMPLOYEE PAYS		COPAY PLAN	STANDARD PLAN	PREMIUM PLAN		
		First Health Copay Plan	Premier Health Plans Standard HMO	Premier Health Plans Premium HMO		
Employee Only		\$131	\$16	\$141		
Employee and Spouse		\$450	\$181	\$472		
Employee and Child(ren)		\$227	\$27	\$243		
Employee and Family		\$543	\$190	\$572		
		TOTAL PREMIUM COPAY PLAN				
STATE CONTRIBUTION		TOTAL PREMIUM COPAY PLAN	TOTAL PREMIUM - STANDARD PLAN	TOTAL PREMIUM - PREMIUM PLAN		
		First Health Copay Plan	Premier Health Plans Standard HMO	Premier Health Plans Premium HMO		
Employee Only	\$278	\$409	\$294	\$419		
Employee and Spouse	\$503	\$953	\$684	\$975		
Employee and Child(ren)	\$467	\$694	\$494	\$710		
Employee and Family	\$693	\$1,236	\$883	\$1,265		

West Region: (Missouri) Bates, Carroll, Cass, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Ray; (Kansas) Atchison, Johnson, Leavenworth, Linn, Miami, Wyandotte						
	EMPLOYEE PAYS	COPAY PLAN	STANDARD PLANS		PREMIUM PLANS	
			Humana Standard HMO	Coventry Standard HMO	Humana Premium HMO	Coventry Premium HMO
Employee Only		\$126	\$17	\$27	\$31	\$51
Employee and Spouse		\$440	\$185	\$210	\$217	\$265
Employee and Child(ren)		\$217	\$28	\$46	\$52	\$87
Employee and Family		\$529	\$194	\$226	\$236	\$299
		TOTAL PREMIUM COPAY PLAN				
	STATE CONTRIBUTION		TOTAL PREMIUM - STANDARD PLAN		TOTAL PREMIUM - PREMIUM PLANS	
			Humana Standard HMO	Coventry Standard HMO	Humana Premium HMO	Coventry Premium HMO
Employee Only	\$284	\$410	\$301	\$311	\$315	\$335
Employee and Spouse	\$513	\$953	\$698	\$723	\$730	\$778
Employee and Child(ren)	\$476	\$693	\$504	\$522	\$528	\$563
Employee and Family	\$707	\$1,236	\$901	\$933	\$943	\$1,006

CY 2004									
Central Region - Audrain, Benton, Camden, Chariton, Cooper, Howard, Maries, Miller, Montiteau, Monroe, Morgan, Osage, Pettis, Pulaski, Randolph, Saline									
EMPLOYEE PAYS	COPAY PLAN	STANDARD PLANS			PREMIUM PLANS				
		Mercy Health Standard HMO	HealthLink Standard HMO	HealthLink Premium HMO	Mercy Health Plans Premium HMO	HealthLink Premium HMO	Mercy Health Plans Premium HMO		
Employee Only	\$128	\$19	\$53	\$163	\$206				
Employee and Spouse	\$469	\$215	\$293	\$551	\$651				
Employee and Child(ren)	\$221	\$32	\$90	\$282	\$356				
Employee and Family	\$559	\$225	\$328	\$666	\$798				
TOTAL PREMIUM COPAY PLAN									
STATE CONTRIBUTION		TOTAL PREMIUM - STANDARD PLAN			TOTAL PREMIUM - PREMIUM PLANS				
Employee Only	\$330	\$349	\$383	\$493	\$536				
Employee and Spouse	\$596	\$811	\$889	\$1,147	\$1,247				
Employee and Child(ren)	\$553	\$585	\$643	\$835	\$909				
Employee and Family	\$821	\$1,046	\$1,149	\$1,487	\$1,619				
Central Region - Boone, Callaway, Cole, Gasconade, Montgomery									
EMPLOYEE PAYS	COPAY PLAN	STANDARD PLANS			PREMIUM PLANS				
		Group Health Standard HMO	Mercy Health Standard HMO	HealthLink Standard HMO	Group Health Plan Premium HMO	HealthLink Premium HMO	Mercy Health Plans Premium HMO		
Employee Only	\$134	\$19	\$25	\$58	\$169	\$212			
Employee and Spouse	\$479	\$211	\$225	\$303	\$561	\$661			
Employee and Child(ren)	\$230	\$32	\$42	\$100	\$291	\$366			
Employee and Family	\$573	\$221	\$239	\$342	\$680	\$812			

	STATE CONTRIBUTION	TOTAL PREMIUM COPAY PLAN	TOTAL PREMIUM - STANDARD PLAN				TOTAL PREMIUM - PREMIUM PLANS			
			Group Health Standard HMO	Mercy Health Plans Standard HMO	HealthLink Standard HMO	Group Health Plan Premium HMO	HealthLink Premium HMO	Mercy Health Plans Premium HMO		
Employee Only	\$324	\$458	\$343	\$349	\$382	\$357	\$493	\$536		
Employee and Spouse	\$586	\$1,065	\$797	\$811	\$889	\$830	\$1,147	\$1,247		
Employee and Child(ren)	\$544	\$774	\$576	\$586	\$644	\$600	\$835	\$910		
Employee and Family	\$807	\$1,380	\$1,028	\$1,046	\$1,149	\$1,071	\$1,487	\$1,619		
East Region: (Missouri) Crawford, Dent, Franklin, Iron, Jefferson, Lincoln, Madison, Phelps, Pike, Reynolds, St Charles, St Francois, St Louis City, St Louis, Ste Genevieve, Warren, Washington; (Illinois) Bond, Calhoun, Clinton, Green, Jersey, Macoupin, Madison, Monrow, Randolph, St Clair, Williamson										
	EMPLOYEE PAYS	COPAY PLAN	STANDARD PLANS				PREMIUM PLANS			
		First Health Copay Plan	Group Health Standard HMO	Mercy Health Plans Standard HMO	HealthLink Standard HMO	Group Health Plan Premium HMO	HealthLink Premium HMO	Mercy Health Plans Premium HMO		
Employee Only		\$165	\$50	\$17	\$89	\$64	\$200	\$333		
Employee and Spouse		\$535	\$267	\$191	\$359	\$300	\$617	\$927		
Employee and Child(ren)		\$284	\$85	\$29	\$153	\$109	\$345	\$575		
Employee and Family		\$651	\$300	\$200	\$420	\$342	\$759	\$1,166		
		TOTAL PREMIUM COPAY PLAN	TOTAL PREMIUM - STANDARD PLANS				TOTAL PREMIUM - PREMIUM PLANS			
STATE CONTRIBUTION			Group Health Standard HMO	Mercy Health Plans Standard HMO	HealthLink Standard HMO	Group Health Plan Premium HMO	HealthLink Premium HMO	Mercy Health Plans Premium HMO		
Employee Only	\$293	\$458	\$343	\$310	\$382	\$357	\$493	\$626		
Employee and Spouse	\$530	\$1,065	\$797	\$721	\$889	\$830	\$1,147	\$1,457		
Employee and Child(ren)	\$490	\$774	\$575	\$519	\$643	\$599	\$835	\$1,065		
Employee and Family	\$729	\$1,380	\$1,029	\$929	\$1,149	\$1,071	\$1,488	\$1,895		

<u>Northwest Region: Adair, Clark, Knox, Lewis, Linn, Macon, Marion, Putnam, Ralls, Schuyler, Scotland, Shelby, Sullivan;</u>				
<u>South Central Region: Douglas, Howell, Oregon, Ozard, Shannon, Texas, Wright;</u>				
<u>Southwest Region: Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Mississippi, New Madrid, Pemiscot, Perry, Ripley, Scott, Stoddard, Wayne;</u>				
<u>All other counties not specifically listed in previous rate sheets</u>				
	EMPLOYEE PAYS	COPAY PLAN		
Employee Only		First Health Copay Plan \$25		
Employee and Spouse		\$282		
Employee and Child(ren)		\$43		
Employee and Family		\$297		
		TOTAL PREMIUM COPAY PLAN		
STATE CONTRIBUTION				
		First Health Copay Plan		
Employee Only	\$433	\$458		
Employee and Spouse	\$782	\$1,064		
Employee and Child(ren)	\$731	\$774		
Employee and Family	\$1,083	\$1,380		
<u>Northwest Region: Andrew, Atchison, Buchanan, Caldwell, Clinton, Davies, Dekalb, Gentry, Grundy, Harrison, Holt, Livingston, Mercer, Nodaway, Worth</u>				
	EMPLOYEE PAYS	COPAY PLAN	STANDARD PLAN	PREMIUM PLAN
Employee Only		First Health Copay Plan \$64	Community Health Plan Standard HMO \$23	Community Health Plan Premium HMO \$42
Employee and Spouse		\$352	\$257	\$301
Employee and Child(ren)		\$109	\$39	\$72
Employee and Family		\$395	\$270	\$328

	STATE CONTRIBUTION	TOTAL PREMIUM COPAY PLAN	TOTAL PREMIUM - STANDARD PLAN	TOTAL PREMIUM - PREMIUM PLAN
Employee Only	\$394	First Health Copay Plan \$458	Community Health Plan Standard HMO \$417	Community Health Plan Premium HMO \$436
Employee and Spouse	\$713	\$1,065	\$970	\$1,014
Employee and Child(ren)	\$665	\$774	\$704	\$737
Employee and Family	\$985	\$1,380	\$1,255	\$1,313
Southwest Region: Barry, Barton, Cedar, Christian, Dade, Dallas, Greene, Hickory, Jasper, Laclede, Lawrence, McDonald, Newton, Polk, St Clair, Stone, Taney, Vernon, Webster				
	EMPLOYEE PAYS	COPAY PLAN	STANDARD PLAN	PREMIUM PLAN
Employee Only		First Health Copay Plan \$139	Premier Health Plans Standard HMO \$19	Premier Health Plans Premium HMO \$186
Employee and Spouse		\$488	\$208	\$598
Employee and Child(ren)		\$239	\$31	\$321
Employee and Family		\$585	\$218	\$730
	STATE CONTRIBUTION	TOTAL PREMIUM COPAY PLAN	TOTAL PREMIUM - STANDARD PLAN	TOTAL PREMIUM - PREMIUM PLAN
Employee Only	\$319	First Health Copay Plan \$458	Premier Health Plans Standard HMO \$338	Premier Health Plans Premium MHO \$505
Employee and Spouse	\$577	\$1,065	\$785	\$1,175
Employee and Child(ren)	\$535	\$774	\$566	\$856
Employee and Family	\$795	\$1,380	\$1,013	\$1,525

CY 2005	Employee Payment by Region/Plan	MCHCP Contribution	Total Premium - Copay Plan	Total Premium - HMO Plan	Total Premium - HMO Plan
	Central Region				
	COPAY PLAN				
	HMO PLANS				
	Copay Plan through First Health				
	Mercy Health Plans HMO				
	United Healthcare Choice HMO				
Employee Only	\$128 \$20 \$27	\$347	\$475	\$367	\$374
Employee and Spouse	\$421 \$170 \$187	\$682	\$1,103	\$852	\$869
Employee and Child(ren)	\$220 \$34 \$46	\$582	\$802	\$616	\$628
Employee and Family	\$550 \$220 \$241	\$881	\$1,431	\$1,101	\$1,122
	East Region (Missouri and Illinois)				
	COPAY PLAN				
	HMO PLANS				
	Copay Plan through First Health				
	Mercy Health Plans HMO				
	United Healthcare Choice HMO				
Employee Only	\$162 \$18 \$38	\$312	\$474	\$330	\$350
Employee and Spouse	\$490 \$153 \$201	\$614	\$1,104	\$767	\$815
Employee and Child(ren)	\$280 \$30 \$66	\$522	\$802	\$552	\$588
Employee and Family	\$639 \$198 \$260	\$791	\$1,430	\$989	\$1,051
	Northwest Region				
	COPAY PLAN				
	HMO PLAN				
	Copay Plan through First Health				
	Community Health Plan HMO				
Employee Only	\$51 \$25	\$423	\$474	\$448	n/a
Employee and Spouse	\$271 \$208	\$832	\$1,103	\$1,040	n/a
Employee and Child(ren)	\$88 \$42	\$714	\$802	\$756	n/a
Employee and Family	\$352 \$270	\$1,079	\$1,431	\$1,349	n/a

CY 2006	Employee Payment by Region/Plan	MCHCP Contribution	Total Premium - CoPay Plan	Total Premium - HMO Plan	Total Premium - HMO Plan
	Central Region				
	COPAY PLAN				
	HMO PLANS				
	Copay Plan through First Health				
	Mercy Health Plans HMO				
	United Healthcare Choice HMO				
Employee Only	\$121	\$29	\$37	\$383	\$412
Employee and Spouse	\$417	\$202	\$219	\$753	\$955
Employee and Child(ren)	\$204	\$45	\$57	\$644	\$689
Employee and Family	\$540	\$258	\$280	\$974	\$1,232
					\$1,254
	East Region (Missouri and Illinois)				
	COPAY PLAN				
	HMO PLANS				
	Copay Plan through First Health				
	Mercy Health Plans HMO				
	United Healthcare Choice HMO				
Employee Only	\$161	\$27	\$50	\$344	\$371
Employee and Spouse	\$495	\$183	\$237	\$675	\$858
Employee and Child(ren)	\$272	\$41	\$81	\$576	\$617
Employee and Family	\$642	\$232	\$303	\$872	\$1,104
					\$1,175
	Northeast Region				
	COPAY PLAN				
	Copay Plan through First Health				
Employee Only	\$34			\$470	n/a
Employee and Spouse	\$245			\$925	n/a
Employee and Child(ren)	\$53			\$795	n/a
Employee and Family	\$314			\$1,200	n/a

CY 2007		Employee Payment by Region/Plan		MCHCP Contribution	Total Premium - CoPay Plan **	Total Premium - HMO Plan **
Central Region	HMO PLAN					
	COPAY PLAN					
Employee Only	\$96	\$108	\$23	\$35	\$398	\$427
Employee and Spouse	\$366	\$390	\$196	\$220	\$784	\$992
Employee and Child(ren)	\$165	\$177	\$39	\$51	\$671	\$716
Employee and Family	\$477	\$501	\$254	\$278	\$1,015	\$1,281
	East Region (Missouri); East Region (Illinois)					
	COPAY PLAN		HMO PLAN			
Employee Only	\$100	\$112	\$23	\$35	\$395	\$424
Employee and Spouse	\$374	\$398	\$194	\$218	\$776	\$982
Employee and Child(ren)	\$172	\$184	\$39	\$51	\$665	\$710
Employee and Family	\$487	\$511	\$251	\$275	\$1,004	\$1,267

Southwest Region		HMO PLAN		HMO PLAN	
COPAY PLAN		COPAY PLAN		COPAY PLAN	
Employee Only	Copay Plan through Coventry Health Care (with incentive*)	\$106	\$118	\$23	\$35
Employee and Spouse	Copay Plan through Coventry Health Care (with incentive*)	\$386	\$410	\$191	\$215
Employee and Child(ren)	Copay Plan through Coventry Health Care (with incentive*)	\$183	\$195	\$38	\$50
Employee and Family	Copay Plan through Coventry Health Care (with incentive*)	\$504	\$528	\$247	\$271
West Region (Missouri); West Region (Kansas)					
COPAY PLAN		COPAY PLAN		COPAY PLAN	
Employee Only	Copay Plan through Coventry Health Care (with incentive*)	\$153	\$165	\$20	\$32
Employee and Spouse	Copay Plan through Coventry Health Care (with incentive*)	\$478	\$502	\$168	\$192
Employee and Child(ren)	Copay Plan through Coventry Health Care (with incentive*)	\$263	\$275	\$33	\$45
Employee and Family	Copay Plan through Coventry Health Care (with incentive*)	\$624	\$648	\$217	\$241
Total Premium - CoPay Plan **					
Employee Payment by Region/Plan		MCHCP Contribution		Total Premium - CoPay Plan **	
Northeast Region; Northwest Region; South Central Region; Southeast Region; All Other Areas; All other out-of-state counties not specifically listed in previous rate sheets					
COPAY PLAN		COPAY PLAN		COPAY PLAN	
Employee Only	Copay Plan through Coventry Health Care (with incentive*)	\$27	\$39	\$468	\$501
Employee and Spouse	Copay Plan through Coventry Health Care (with incentive*)	\$230	\$254	\$920	\$1,162
Employee and Child(ren)	Copay Plan through Coventry Health Care (with incentive*)	\$46	\$58	\$791	\$843
Employee and Family	Copay Plan through Coventry Health Care (with incentive*)	\$298	\$322	\$1,193	\$1,503
* Incentive: Take online PHA and enroll in Lifestyle Ladder or Smart Steps					
** Employee portion of total premium is the average of plans with and plans without incentive. Incentive is \$12/month for employee and \$24/month for employee and spouse					

CY 2008	Employee Payment by Region/Plan	MCHCP Contribution	Total Premium - CoPay Plan **	Total Premium - HMO Plan **
	Central Region			
	East Region (Missouri and Illinois)			
	COPAY PLAN			
	HMO PLAN			
	Copay Plan through Coventry Health Care (incentive*)			
	Copay Plan through Coventry Health Care			
	Mercy Health Plans HMO (incentive*)			
	Mercy Health Plans HMO			
Employee Only	\$147	\$159	\$23	\$35
Employee and Spouse	\$485	\$509	\$197	\$221
Employee and Child(ren)	\$253	\$265	\$39	\$51
Employee and Family	\$633	\$657	\$255	\$279
			\$402	\$555
			\$790	\$1,287
			\$676	\$935
			\$1,022	\$1,667
				\$431
				\$999
				\$721
				\$1,289
	Southwest Region			
	COPAY PLAN			
	HMO PLAN			
	Copay Plan through Coventry Health Care (incentive*)			
	Copay Plan through Coventry Health Care			
	Mercy Health Plans HMO (incentive*)			
	Mercy Health Plans HMO			
Employee Only	\$130	\$142	\$24	\$36
Employee and Spouse	\$453	\$477	\$206	\$230
Employee and Child(ren)	\$225	\$237	\$41	\$53
Employee and Family	\$591	\$615	\$266	\$290
			\$418	\$554
			\$822	\$1,287
			\$704	\$935
			\$1,064	\$1,667
				\$448
				\$1,040
				\$751
				\$1,342
	West Region (Missouri and Kansas)			
	COPAY PLAN			
	HMO PLAN			
	Copay Plan through Coventry Health Care (incentive*)			
	Copay Plan through Coventry Health Care			
	Coventry Health Care of KS HMO (incentive*)			
	Coventry Health Care of KS HMO			
Employee Only	\$156	\$168	\$23	\$35
Employee and Spouse	\$503	\$527	\$193	\$217
Employee and Child(ren)	\$269	\$281	\$38	\$50
Employee and Family	\$657	\$681	\$249	\$273
			\$392	\$554
			\$772	\$1,287
			\$660	\$935
			\$998	\$1,667
				\$421
				\$977
				\$704
				\$1,259

	PPO ONLY Areas								
	Northeast Region, Northwest Region, South Central Region, Southeast Region, All Other Areas (All other out-of-state counties not specifically listed in previous rate sheets)								
	COPAY PLAN								
	Copay Plan through Coventry Health Care (incentive*)		Copay Plan through Coventry Health Care						
Employee Only	\$30	\$42		\$518	\$554				
Employee and Spouse	\$255	\$279		\$1,020	\$1,287				
Employee and Child(ren)	\$51	\$63		\$878	\$935				
Employee and Family	\$331	\$355		\$1,324	\$1,667				
* Incentive: Take online PHA and enroll in Lifestyle Ladder or Smart Steps									
** Employee portion of total premium is the average of plans with and plans without incentive. Incentive is \$12/month for employee and \$24/month for employee and spouse									

Employee Payment by Region/Plan									
Central Region: East Region, (Missouri and Illinois)									
	COPAY PLAN		HMO PLAN		HDHP WITH HEALTH SAVINGS ACCOUNT		MCHCP Contribution	Total Premium - CoPay Plan*	Total Premium - HMO Plan & HDHP*
	Copay Plan through Coventry Health Care (incentive *)	Copay Plan through Coventry Health Care	HMO through Mercy Health Plans (incentive *)	HMO through Mercy Health Plans	HDHP with HSA through United Healthcare (incentive *)	HDHP with HSA through United Healthcare			
Employee Only	\$160	\$175	\$31	\$46	\$31	\$46	\$445	\$613	\$484
Employee and Spouse	\$531	\$561	\$215	\$245	\$215	\$245	\$948	\$1,494	\$1,178
Employee and Child(ren)	\$276	\$291	\$53	\$68	\$53	\$68	\$756	\$1,040	\$817
Employee and Family	\$687	\$717	\$277	\$307	\$277	\$307	\$1,219	\$1,921	\$1,511
South Central Region: Southwest Region									
	COPAY PLAN		HMO PLAN		HDHP WITH HEALTH SAVINGS ACCOUNT		MCHCP Contribution	Total Premium - CoPay Plan*	Total Premium - HMO Plan & HDHP*
	Copay Plan through Coventry Health Care (incentive *)	Copay Plan through Coventry Health Care	HMO through Mercy Health Plans (incentive *)	HMO through Mercy Health Plans	HDHP with HSA through United Healthcare (incentive *)	HDHP with HSA through United Healthcare			
Employee Only	\$154	\$169	\$31	\$46	\$31	\$46	\$451	\$613	\$490
Employee and Spouse	\$517	\$547	\$218	\$248	\$218	\$248	\$962	\$1,494	\$1,195
Employee and Child(ren)	\$264	\$279	\$53	\$68	\$53	\$68	\$768	\$1,040	\$829
Employee and Family	\$671	\$701	\$280	\$310	\$280	\$310	\$1,235	\$1,921	\$1,530

West Region (Missouri and Kansas)									
	COPAY PLAN		HMO PLAN		HDHP WITH HEALTH SAVINGS ACCOUNT		MCHCP Contribution	Total Premium - CoPay Plan*	Total Premium - HMO Plan & HDHP *
	Copay Plan through Coventry Health Care (incentive*)	Copay Plan through Coventry Health Care	HMO through Coventry Health Care of Kansas (incentive*)	HMO through Coventry Health Care of Kansas	HDHP with HSA through United Healthcare (incentive*)	HDHP with HSA through United Healthcare			
Employee Only	\$166	\$181	\$31	\$46	\$31	\$46	\$439	\$613	\$478
Employee and Spouse	\$543	\$573	\$212	\$242	\$212	\$242	\$936	\$1,494	\$1,163
Employee and Child(ren)	\$285	\$300	\$52	\$67	\$52	\$67	\$747	\$1,182	\$807
Employee and Family	\$702	\$732	\$273	\$303	\$273	\$303	\$1,204	\$1,921	\$1,492

Northwest Region; Southeast Region; All other out-of-state counties not specifically listed in previous rate sheets:

	COPAY PLAN		HDHP WITH HEALTH SAVINGS ACCOUNT		MCHCP Contribution	Total Premium - CoPay Plan*	Total Premium - HMO Plan & HDHP Plan*
	Copay Plan through Coventry Health Care (incentive*)	Copay Plan through Coventry Health Care	HDHP with HSA through United Healthcare (incentive*)	HDHP with HSA through United Healthcare			
Employee Only	\$39	\$54	\$39	\$54	\$566	\$613	\$613
Employee and Spouse	\$274	\$304	\$274	\$304	\$1,205	\$1,494	\$1,494
Employee and Child(ren)	\$67	\$82	\$67	\$82	\$965	\$1,040	\$1,040
Employee and Family	\$353	\$383	\$353	\$383	\$1,553	\$1,921	\$1,921

* Incentive: Take online PHA and enroll in Lifestyle Ladder or Smart Steps
 ** Employee portion of total premium is the average of plans with and plans without incentive. Incentive is \$15/month for employee and \$30/month for employee and spouse

APPENDIX B

Employee Co-Payments

Year	Description	HMO	Copay		High Deductible Health Plan with HAS	
			Network	Non-Network	Network	Non-Network
2009	Deductible	none	n/a	\$500 (Individual) \$1,100 (Family)	\$1,200 (Individual) \$2,400 (Family)	\$2,400 (Individual) \$4,800 (Family)
	Out-of-Pocket Maximum		\$2,000 (Individual) \$4,000 (Family)	\$4,000 (Individual) \$8,000 (Family)	\$2,400 (Individual)* \$4,800 (Family)*	\$4,800 (Individual)* \$9,600 (Family)*
	Office Visit	\$25 copayment	\$25 copayment	\$25 copayment	After deductible, 20% coinsurance	After deductible, 40% coinsurance**
	Hospital (Inpatient)	\$300 copayment per admission	\$300 copayment per admission	30% coinsurance*	After deductible, 20% coinsurance	After deductible, 40% coinsurance**
	Lab & X-ray (Outpatient Diagnostic)	\$0 copayment	\$0 copayment	30% coinsurance*	\$0 coinsurance	After deductible, 40% coinsurance**
	Maternity	\$25 copayment for Initial visit	\$25 copayment for initial visit	30% coinsurance*	\$0 coinsurance	After deductible, 40% coinsurance**
	Preventative Care	\$0 copayment	\$0 copayment	30% coinsurance*	After deductible, 20% coinsurance	After deductible, 20% coinsurance***
	Outpatient Surgery	\$75 copayment	\$75 copayment	30% coinsurance*	After deductible, 20% coinsurance	After deductible, 40% coinsurance***
	Emergency Services					
	Prescription Drugs	Generic \$8, Brand Name \$35*, Non-Formulary \$55	Generic \$8, Brand Name \$35**, Non-Formulary \$55	Generic \$8, Brand Name \$35**, Non-Formulary \$55	After deductible, 20% coinsurance	After deductible 40% coinsurance***

**If for any reason you purchase a brand name drug and a generic drug is available, you pay the generic copayment \$8, plus the difference in the cost of the drugs

*Non-network coinsurance amounts apply after the deductible has been met

**You are responsible for any changes which exceed the usual, customary and reasonable amount (UCR).

*Out of pocket maximum amounts include the deductible.

Year	Description	HMO	High Deductible Health Plan with HAS	
			Network	Non-Network
2008	Deductible	no deductible	n/a	Not Applicable for 2008
	Out-of-Pocket Maximum		\$2,000 (Individual) \$4,000 (Family)	\$4,000 (Individual) \$8,000 (Family)
	Office Visit	\$25 copayment	\$25 copayment	30% coinsurance*
	Hospital (Inpatient)	\$500 copayment per admission	\$300 copayment per admission	30% coinsurance*
	Lab & X-ray (Outpatient Diagnostic)	100% coverage	100% coverage	30% coinsurance*
	Maternity	\$25 copayment for initial visit	\$25 copayment for initial visit	30% coinsurance*
	Preventative Care	100% coverage	100% coverage	30% coinsurance*
	Outpatient Surgery	\$75 copayment	\$75 copayment	30% coinsurance*
	Emergency Services			
	Prescription Drugs	Generic \$8, Brand Name \$35*, Non-Formulary \$55	Generic \$8, Brand Name \$35**, Non-Formulary \$55	Generic \$8, Brand Name \$35**, Non-Formulary \$55

**If for any reason you purchase a brand name drug and a generic drug is available, you pay the generic copayment \$8, plus the difference in the cost of the drugs

*Non-network coinsurance amounts apply after the deductible has been met

*If for any reason you purchase a brand name drug and a generic drug is available, you pay the generic copayment \$8, plus the difference in the cost of the drugs

Year	Description	HMO	High Deductible Health Plan with HAS	
			Network	Non-Network
2007	Deductible	No Deductible	N/A	\$500 individual, \$1,000 family
	Office Visit	\$25 Copayment	\$25 copayment \$300 copayment per admission	30% coinsurance *
	Hospital (Inpatient) Lab & X-Ray (Outpatient Diagnostic)	\$300 copayment per admission 100% COVERAGE	100% coverage \$25 copayment for Initial visit	30% coinsurance *
	Maternity	\$25 copayment for Initial visit		30% coinsurance *
	Preventative Care	100% coverage	100% coverage	30% coinsurance *
	Outpatient Surgery	\$75 copayment	\$75 copayment	30% coinsurance *
	Deductible	No Deductible	N/A	\$500 Individual, \$1,000 family
	Office Visit	\$25 Copayment	\$25 copayment \$300 copayment per admission	30% coinsurance *
2006	Hospital (Inpatient) Lab & X-Ray (Outpatient Diagnostic)	\$300 copayment per admission 100% COVERAGE	100% coverage \$25 copayment for Initial visit	30% coinsurance *
	Maternity	\$25 copayment for Initial visit		30% coinsurance *
	Preventative Care	100% coverage	100% coverage	30% coinsurance *
	Outpatient Surgery	\$75 copayment	\$75 copayment	30% coinsurance *
	Deductible	No Deductible	N/A	\$500 Individual, \$1,000 family
	Office Visit	\$25 Copayment	\$25 copayment \$300 copayment per admission	30% coinsurance *
	Hospital (Inpatient) Lab & X-Ray (Outpatient Diagnostic)	\$300 copayment per admission 100% COVERAGE	100% coverage \$25 copayment for Initial visit	30% coinsurance *
	Maternity	\$25 copayment for Initial visit		30% coinsurance *
2005	Preventative Care	100% coverage	100% coverage	30% coinsurance *
	Outpatient Surgery	\$75 copayment	\$75 copayment	30% coinsurance *
	Deductible	No Deductible	N/A	\$500 Individual, \$1,000 family
	Office Visit	\$25 Copayment	\$25 copayment \$200 copayment per admission	30% coinsurance *
	Hospital (Inpatient) Lab & X-Ray (Outpatient Diagnostic)	\$300 copayment per admission 100% COVERAGE	100% coverage \$25 copayment for Initial visit	30% coinsurance *
	Maternity	\$25 copayment for Initial visit		30% coinsurance *
	Preventative Care	100% coverage	100% coverage	30% coinsurance *
	Outpatient Surgery	\$75 copayment	\$75 copayment	30% coinsurance *

Year	Description	HMO		High Deductible Health Plan with HAS	
		Premium	Standard	Network	Non-Network
2004	Deductible	No Deductible	No deductible	N/A	
	Office Visit PCP Specialist	\$15 copayment \$20 copayment	\$30 copayment \$35 copayment	\$25 copayment	\$500 Individual, \$1,000 family 30% coinsurance *
	Preventive Services	100% coverage	100% coverage	100% coverage	30% coinsurance *
	Hospital Benefits Outpatient Surgery (Surgery Center/Hospital)	\$200 copayment/admission	\$400 copayment/admission	\$200 copayment per admission	30% coinsurance *
	Outpatient Therapy Emergency Room Services	\$50 copayment \$10 copayment/visit \$50 copayment	\$75 copayment \$20 copayment/visit \$75 copayment	\$75 copayment	30% coinsurance *
	Lab & X-Ray			100% coverage	30% coinsurance *
	Maternity			\$25 copayment for Initial visit	30% coinsurance *
	Deductible	No Deductible	No deductible	N/A	\$500 Individual, \$1,000 family
	Office Visit PCP Specialist	\$15 copayment \$20 copayment	\$30 copayment \$35 copayment	\$25 copayment	30% coinsurance *
	Preventive Services	100% coverage	100% coverage	100% coverage	30% coinsurance *
2003	Hospital Benefits Outpatient Surgery (Surgery Center/Hospital)	\$200 copayment/admission	\$400 copayment/admission	\$200 copayment per admission (inpatient) & \$25 copayment (outpatient)	30% coinsurance *
	Outpatient Therapy Emergency Room Services	\$50 copayment \$10 copayment/visit \$50 copayment	\$75 copayment \$20 copayment/visit \$75 copayment	\$50 copayment	30% coinsurance *
	Lab & X-Ray			100% coverage	30% coinsurance *
	Maternity			100% coverage \$25 copayment for Initial visit	30% coinsurance *
	Deductible	No Deductible	No deductible	N/A	\$500 Individual, \$1,000 family
	Office Visit PCP Specialist	\$15 copayment \$20 copayment	\$30 copayment \$35 copayment	\$25 copayment	30% coinsurance *
	Preventive Services	100% coverage	100% coverage	100% coverage	30% coinsurance *
	Hospital Benefits Outpatient Surgery (Surgery Center/Hospital)	\$200 copayment/admission	\$400 copayment/admission	\$200 copayment per admission (inpatient) & \$25 copayment (outpatient)	30% coinsurance *
	Outpatient Therapy Emergency Room Services	\$50 copayment \$10 copayment/visit \$50 copayment	\$75 copayment \$20 copayment/visit \$75 copayment	\$50 copayment	30% coinsurance *
	Lab & X-Ray			100% coverage	30% coinsurance *
Maternity			100% coverage \$25 copayment for Initial visit	30% coinsurance *	

Year	Description	HMO		PPO		HMO		PPO		HMO		PPO		HMO		PPO	
		Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
2002	Deductible Individual Family			\$300.00	\$900.00	\$300.00	\$900.00										
	Office Visit	\$10 copayment		30% coinsurance		30% coinsurance											
	Lab & X-Ray Hospital	10% coinsurance		30% coinsurance		30% coinsurance											
	Individual Outpatient	10% coinsurance		30% coinsurance		30% coinsurance											
	Maternity	10% coinsurance		30% coinsurance		30% coinsurance											
	Preventive Care	100% coverage		30% coinsurance		30% coinsurance											
	Surgery	10% coinsurance		30% coinsurance		30% coinsurance											
<i>The coinsurance amounts referenced above only apply after your deductible has been met.</i>																	
2001	Deductible																
	Office Visit																
	Preventative Services																
	Hospital Benefits																
	Outpatient Surgery																
	Outpatient Therapy																
	Hospital Emergency Room Services																
	Pharmacy Benefit																
	Generic																
	Brand																
	Non-formulary																

*This sample does not include Kaiser Permanente Standard Staff Model Plan. To enroll in an HMO, you must live or work in a county in which the HMO is licensed.

Year	Description	HMO		High Deductible Health Plan with HAS				
		HMO Premium No Deductible	POS Non-Network No Deductible	POS Non-Network \$300/\$900	Network PPO Non-Network \$300/\$900	Non-Network PPO Non-Network \$300/\$900	Network PPO Non-Network \$300/\$900	Non-Network PPO Non-Network \$300/\$900
2000	Deductible (Ind/Fam)							
	Office Visit	\$10 Copayment	\$10 Copayment	30% after deductible	\$10 Copayment	30% after deductible	30% after deductible	30% after deductible
	Preventative Services	\$0 Copayment	\$0 Copayment	30% after deductible	10% after deductible	30% after deductible	30% after deductible	30% after deductible
	Hospital Benefits	\$0 Copayment	\$0 Copayment	30% after deductible	10% after deductible	30% after deductible	30% after deductible	30% after deductible
	Hospital Emergency Room Services Pharmacy Benefit	\$50 Copay	\$50 Copay	\$50 Copay	10% after deductible	30% after deductible	30% after deductible	30% after deductible
	Generic	\$5 copayment	\$5 copayment	varies	\$5 copayment (Retail) \$10 (Mail)	50% after ded		
	Brand	\$15 copayment	\$15 copayment	varies	\$15 copayment (Retail) \$30 (Mail)	50% after ded		
	Non-formulary	\$25 copayment	\$25 copayment	varies	\$25 copayment (Retail) \$50 (Mail)	50% after ded		

APPENDIX C

Table I. Timeline of selected legislation and events relevant to health insurance coverage, 1919–2007

Private coverage	Public coverage
<p>1919—Revenue Act of 1918 is enacted by Congress. It clarifies that amounts received through accident or health insurance or under workmen's compensation acts, as compensation for personal injuries or sickness, are excluded from income for tax purposes.</p>	
<p>1929—A group of schoolteachers arranges for Baylor Hospital in Dallas, Texas, to provide room, board, and specified services at a predetermined monthly cost. This plan is considered the forerunner of Blue Cross plans, although the concept of accident and sickness insurance was already well established.</p>	
<p>1932—National Labor Relations Act, requiring management to bargain with labor over "wages and conditions," is enacted and will become a catalyst for employer-based health benefits.</p>	<p>1935—Social Security Act (P.L. 74-271) is enacted to provide retirement and death benefits for eligible persons aged 65 and over who are no longer working and cash benefits to dependent children and the blind. No general health benefits are included.</p>
<p>1937—Railroad Retirement Act (45 U.S.C. § 231 <i>et seq.</i>) is enacted, similar to the Social Security Act but amended to include survivors and dependents and to cover maternity and sickness benefits for disabilities.</p>	
<p>1938—Henry J. Kaiser recruits Dr. Sidney Garfield to establish prepaid clinic and hospital care for his Grand Coulee Dam project in Washington state. Dr. Garfield had established a prepaid plan to fund care for his Contractors General Hospital and clinic, providing care to workers on the Los Angeles Aqueduct in 1933.</p>	
<p>1943—Under authority granted by the 1942 Stabilization Act, the National War Labor Board rules that wage freezes imposed by the 1942 Stabilization Act do not apply to fringe benefits such as health insurance.</p>	
<p>1943—A regulatory ruling holds that employer contributions for group medical and hospitalization insurance are exempt income for workers (codified in 1954).</p>	
<p>1945—Kaiser Foundation Health Plan opens to non-Kaiser groups.</p>	
<p>1946—Blue Cross Commission, the early national organization of Blue Cross plans, is created.</p>	<p>1946—Hospital Survey and Construction Act (Hill-Burton Program) (P.L. 79-725) assists states in constructing hospitals. Facilities that receive funding are also required to provide a "reasonable volume" of free care each year for those residents in the facility's area who need care but cannot afford to pay. A 1954 amendment adds long-term facilities, rehabilitation centers, and outpatient departments.</p>
<p>1947—Associated Medical Care Plans, the first national organization of Blue Shield plans, is formed.</p>	
<p>1948—McCarran-Ferguson Act (P.L. 79-15) gives states broad power to regulate insurance.</p>	
<p>1949—Inter-Plan Service Benefit Bank is created as a coordinating mechanism to provide coverage for subscribers who are hospitalized away from home.</p>	
<p>1950—"U.S. Steel Agreement" goes into effect between United States Steel Corporation, the Carnegie Pension Fund, and Blue Cross of Western Pennsylvania. The role played by the Pittsburgh-based plan—the "control Plan" that coordinated administration of benefits by local "participating Plans"—becomes the linchpin of the Blue System's ability to serve large national accounts.</p>	
<p>1956—Government financing of health services is extended to military dependents in civilian medical facilities; expanded and named Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) in 1966 (P.L. 89-614).</p>	
<p>1959—The Federal Employees Health Benefits Act (FEHBP) (P.L. 86-382) passes, and the first open enrollment period is held in 1960.</p>	
<p>1960—Kerr-Mills program (P.L. 86-778) is authorized to provide federal matching funds for medical care of elderly public assistance recipients; by 1965, all 50 states have such programs. The program also provides for assistance to "medically indigent" elderly people who are not eligible for public assistance.</p>	

Table 1. Timeline of selected legislation and events relevant to health insurance coverage, 1919–2007

Private coverage	Public coverage
<p>1965—Medicare and Medicaid legislation is enacted as Title XVIII and Title XIX of the Social Security Act to provide health coverage for persons aged 65 and over and certain groups of low-income people.</p>	
<p>1967—Concern about the growing federal costs of the Medicaid program leads Congress to limit Medicaid eligibility for the “medically needy” to those with income below 133–173% of the Aid to Families with Dependent Children (AFDC) maximum payment level for a given family size in a state.</p>	
<p>1973—Health Maintenance Organization Act (P.L. 93–222) provides federal subsidies for the development of HMOs and establishes financial and organizational standards. Any employer with 25 or more employees providing group health insurance benefits is required to make HMO enrollment available if a federally qualified HMO in the area requests it. (In 1995, the provision requiring employers to offer an HMO is repeated).</p>	<p>1972—Social Security amendments extend Medicare eligibility to individuals under age 65 with long-term disabilities and to individuals with end-stage renal disease. Supplemental Security Income (SSI) program is created to federalize cash assistance for the aged, blind, and permanently and totally disabled. SSI recipients are eligible for Medicaid coverage.</p>
<p>1974—Employee Retirement Income Security Act of 1974 (ERISA) (P.L. 93–406) places the regulation of employee benefit plans (including health plans) primarily under federal jurisdiction. Only ERISA applies to self-insured health plans, whereas both ERISA and state authority (for regulating the business of insurance) apply to insured health plans.</p>	
<p>1978—Pregnancy Discrimination Act (P.L. 95–555, 92 Stat. 2076) amends Title VII of the Civil Rights Act of 1964. Requires that employers treat disabilities and medical conditions associated with pregnancy and childbirth the same as other disabilities or medical conditions.</p>	<p>1981—Omnibus Budget Reconciliation Act of 1981 (OBRA 81) (P.L. 97–35) establishes two new types of Medicaid waivers to experiment with physician payment under the Medicaid program. The first, section 1915(b) freedom-of-choice waivers, allows states to pursue mandatory managed care enrollment of certain Medicaid populations. The second, section 1915(c) home-and community-based services waivers, allows states to cover home-and community-based long-term care services for the elderly and individuals with disabilities at risk of institutional care.</p>
<p>1982—Separate associations for Blue Cross and Blue Shield plans are merged, forming the Blue Cross and Blue Shield Association.</p>	<p>1984—Deficit Reduction Act of 1984 (P.L. 98–369) mandates Medicaid coverage of children born after September 30, 1983, up to age 5, in AFDC-eligible families. Coverage for AFDC-eligible first-time pregnant women and pregnant women in two-parent unemployed families also becomes mandatory. 1985—Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) (P.L. 99–272) mandates Medicaid coverage for all remaining AFDC-eligible pregnant women.</p>
<p>1986—Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) (P.L. 99–272) requires private sector and state and local government employers with 20 or more</p>	

Table I. Timeline of selected legislation and events relevant to health insurance coverage, 1919–2007

Private coverage

employees to give workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances, such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102% of the cost to the plan.

1988–1973 HMO Act is amended to allow adjusted community rating (which permits some variation in premiums but prohibits variation based on health status) by HMOs and to allow employers to contribute less to HMO plans than to indemnity plans.

Public coverage

1986–Omnibus Budget Reconciliation Act of 1986 (OBRA 86) (P.L. 99–509) requires states to cover treatment of emergency medical conditions for illegal immigrants otherwise eligible for Medicaid. OBRA 86 also gives states the option of covering pregnant women and infants (up to 1 year of age) with income up to 100% of the federal poverty level (FPL) and allows states to pay for Medicare premiums and cost-sharing for low-income qualified Medicare beneficiaries (QIMBs) with income at or below 100% of FPL.

1987–Omnibus Reconciliation Act of 1987 (OBRA 87) (P.L. 100–203) gives states the option of covering pregnant women and children under the age of 1 in families with income up to 185% of FPL.

1988–Medicare Catastrophic Coverage Act of 1988 (MCCA) (P.L. 100–360) requires states to pay Medicare premiums and cost-sharing (copayments and deductibles) for Medicare beneficiaries with income below 100% of FPL. MCCA also requires states to phase-in Medicaid coverage for pregnant women and infants in families with income up to 100% of FPL.

1989–Omnibus Budget Reconciliation Act of 1989 (OBRA 1989) (P.L. 101–239) requires states to provide Medicaid coverage to pregnant women and to children up to age 6 in families with income up to 133% of FPL.

1989–Medicare Catastrophic Coverage Repeal Act (P.L. 101–234) repeals most of the 1988 “catastrophic” program (except the limits on Medicaid eligibility)

1990–Budget Reconciliation Act of 1990 (P.L. 101–508) includes c Several measures to generate Medicare savings, including an increase in the Part B deductible, which is raised from \$75 to \$100; annual increases in the Part B premium scheduled through 1995 (intended to make total premiums equal 25% of Part B expenditures); and severe limits upon annual increases and other adjustments to Part A and Part B reimbursement. c A requirement that states phase-in Medicaid coverage for all poor children under age 19 born after September 30, 1983, by the year 2002. c A requirement that the states expand their Part B “buy-in” for poor elderly people. c Insurance regulation for Medicare supplementary insurance (MediGap) plans, including limits on exclusions for preexisting conditions, requirements for uniformity in policies, civil penalties for duplicative services, mandatory rebates if policies failed to return specified ages of each premium dollar, and rules for “simplification” and standardization of policies.
 1996–Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (P.L. 104–193): Repeals the AFDC program and replaces it with block grants to states (Temporary Assistance for Needy Families, or TANF), ending the linkage between eligibility for cash assistance and for Medicaid. Establishes “Section 1931” family coverage category requiring states to provide Medicaid coverage to families meeting July 16, 1996, AFDC eligibility criteria and allowing higher income eligibility thresholds.

Table I. Timeline of selected legislation and events relevant to health insurance coverage, 1919–2007

Private coverage

1996—Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.L. 104–191) sets national nondiscrimination and “portability” standards for individual health insurance coverage, HMOs, and group health plans. The portability and continuity standards were designed to help individuals qualify immediately for health insurance when they change jobs by limiting employers’ ability to discriminate based on preexisting conditions or health status. HIPAA also provides new rights that allow individuals to enroll for health coverage when they lose other health coverage, get married, or add a new dependent. HIPAA also establishes medical savings accounts (predecessors to health savings accounts) and clarifies and establishes rules for the tax treatment of long-term care.

1996—Mental Health Parity Act (P.L. 104–204, 110 Stat. 2874) requires group plans that offer mental health benefits to provide the same level of coverage for such benefits as they provide for medical and surgical benefits. The act does not apply to groups of fewer than 50 or to substance abuse or chemical dependency treatment. The act provides an escape clause for plans in the event plan costs increase more than 1% due to the act. The provisions of this act expired on September 30, 2001.

1996—Newborns’ and Mothers’ Health Protection Act (P.L. 104–204 110 Stat. 2945) requires plans that provide coverage for maternity benefits to provide coverage for a minimum 48-hour (for normal vaginal birth) and 96-hour (for caesarean delivery) inpatient length of stay for a mother and her newborn following delivery. The act also mandates timely post-delivery care when the mother and newborn are discharged prior to the expiration of these minimum lengths of stay.

Public coverage

Bars Medicaid coverage for legal immigrants who enter the U.S. after August 22, 1996, during their first 5 years in the country; coverage after the 5-year ban is allowed at state option.

1997—Balanced Budget Act of 1997 (BBA 97) (P.L. 105–33) includes a broad range of changes in provider payments to slow the growth in Medicare spending, as part of legislation to balance the federal budget. It also establishes the Medicare+Choice program, a new structure for Medicare HMOs and other private health plans offered to beneficiaries. The law also provides additional assistance with Medicare Part B premiums for beneficiaries with incomes between 120% and 135% of poverty. The law provides for partial assistance with premiums for beneficiaries with income between 135% and 175% of poverty. BBA 97 also permits states to require most Medicaid beneficiaries to enroll in managed care plans without obtaining a Section 1915(b) waiver. Congress creates the State Children’s Health Insurance Program (CHIP), providing federal matching funds to states to expand health insurance coverage for children above states’ Medicaid eligibility levels.

2000—Breast and Cervical Cancer Treatment and Prevention Act of 2000 (P.L. 106–354) allows states to provide Medicaid coverage to uninsured women with breast or cervical cancer, regardless of income or resources, at enhanced CHIP federal matching rates.

2001—The presidential initiative, Health Insurance Flexibility and Accountability (HIFA), to encourage the use of 115 waivers with existing Medicaid and CHIP resources, is introduced, with the goal of increasing health insurance coverage, primarily among nontraditional groups.

2002—Trade Adjustment Act of 2002 (P.L. 107–210) establishes the Health Coverage Tax Credit for workers who lose their jobs due to trade and are eligible for trade adjustment assistance. People receiving assistance through the Pension Benefit Guarantee Corporation are also eligible. Credits may be used to purchase COBRA coverage or state-sponsored insurance.

2003—Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA)

Table I. Timeline of selected legislation and events relevant to health insurance coverage, 1919–2007

Private coverage

(P.L. 108–173) includes provisions enabling individuals with qualified high-deductible plans to establish tax-advantaged health savings accounts to pay for qualified medical expenses, including deductibles.

Public coverage

2003—MMA establishes a new Medicare Part D prescription drug program, beginning in 2006, and requires the Social Security Administration (SSA) to make low-income subsidy determinations under Part D, notify individuals of availability of Part D subsidies, withhold Part D premiums from monthly benefits for those beneficiaries who request such an arrangement, and enroll TRICARE beneficiaries in Medicare Part B. The law also requires, beginning in 2007, that Part B Medicare beneficiaries with modified adjusted gross income over certain thresholds pay a higher premium than individuals with lower income. SSA is charged with making these determinations.

2004—A temporary Medicare-Approved Drug Discount Card Program begins, along with a transitional assistance program to provide a \$600 annual credit to low-income Medicare beneficiaries without prescription drug coverage in 2004 and 2005.

2006—Medicare Part D drug coverage begins.

APPENDIX D

State Employee Health Benefits - Monthly premium costs (Individual only coverage)

Compiled by the NCSL Health Program - Updated: August 19, 2009

Year			2006			2009		
			Individual only coverage			Individual only coverage		
State cost			\$ 406.44	(49 states)		\$ 437.25	(47 state avg)	
Employee			\$ 38.60	(46 states)		\$ 37.48	(47 state avg)	
Ave. Total			\$ 441.91	(46 states)	Premium	\$ 438.33	(48 state avg)	
	FT #	Benefit yr	State	Employee	Total	State	Employee	Total
AL		10/1-9/30	\$ 650.00	\$ 0.00	\$ 650.00	\$ 775.00	\$ 0.00	\$ 775.00
AK		7/1 - 6/30	\$ 763.00	n/a	n/a	\$ 895.95	\$ 0.00	\$ 895.95
AZ		10/1-9/30	\$ 355.68	\$ 25.00	\$ 380.68	\$ 446.00	\$ 30.00	\$ 476.00
AR	1	1/1 - 12/31	\$ 243.96	\$ 83.98	\$ 327.94	\$ 299.58	\$ 105.04	\$ 450.64
CA		1/1 - 12/31	\$ 321.00	\$ 43.93	\$ 364.93	\$ 382.00	\$ 90.00	\$ 472.00
CO		7/1-6/30	\$ 190.20	n/a	n/a	\$ 340.26	\$ 6.50	\$ 346.76
CT		7/1-6/30	\$ 407.40	\$ 26.47	\$ 433.87	\$ 377.80	\$ 7.43	\$ 385.23
DE		7/1-6/30	\$ 410.56	n/a	n/a	\$ 472.10	\$ 0.00	\$ 472.12
FL		7/1-6/30	\$ 346.16	\$ 50.00	\$ 396.16	\$ 399.26	\$ 15.00	\$ 414.26
GA	2	1/1 - 12/31	\$ 368.70	\$ 71.14	\$ 439.84	\$ 301.36	\$ 91.10	\$ 392.46
HI		7/1-6/30	\$ 164.06	\$ 107.14	\$ 271.20	\$ 169.22	\$ 91.88	\$ 261.10
ID	3	7/1-6/30	\$ 576.68	\$ 23.00	\$ 599.68	\$ 705.08	\$ 28.00	\$ 733.08
IL	4	7/1-6/30	\$ 554.32	\$ 53.50	\$ 607.82	\$ 412.13	\$ 45.71	\$ 457.84
IN		1/1 - 12/31	\$ 333.67	\$ 97.50	\$ 431.17	\$ 349.68	\$ 66.06	\$ 415.74
IA		1/1 - 12/31	\$ 517.87	\$ 0.00	\$ 517.87	\$ 398.49	\$ 0.00	\$ 398.49
KS	5	7/1-6/30	\$ 326.18	\$ 17.18	\$ 343.36	\$ 401.06	\$ 57.82	\$ 458.88
KY	6	1/1 - 12/31	\$ 488.95	\$ 0.00	\$ 488.95	\$ 446.24	\$ 0.00	\$ 446.24
LA		7/1-6/30	\$ 373.10	\$ 124.38	\$ 497.48	\$ 390.54	\$ 130.18	\$ 520.72
ME		7/1-6/30	\$ 585.20	\$ 0.00	\$ 585.20	\$ 648.10	\$ 0.00	\$ 648.10
MD		7/1-6/30	\$ 283.94	\$ 63.40	\$ 347.34	\$ 298.26	\$ 52.63	\$ 350.86
MA	7	7/1-6/30	\$ 513.28	\$ 90.58	\$ 603.86	\$ 329.00	\$ 82.25	\$ 411.25
MI*		10/1-9/30	\$ 430.17	\$ 22.64	\$ 452.81	428.56*	47.62*	476.18*
MN		1/1-12/31	\$ 368.68	\$ 0.00	\$ 368.68	\$ 447.28	\$ 0.00	\$ 447.28
MS	8	7/1-6/30	\$ 305.00	\$ 0.00	\$ 305.00	\$ 343.00	\$ 18.00	\$ 361.00
MO	9	1/1-12/31	\$ 381.00	\$ 30.00	\$ 411.00	\$ 445.00	\$ 31.00	\$ 476.00
MT		1/1-12/31	\$ 506.00	\$ 0.00	\$ 506.00	\$ 590.00	\$ 0.00	\$ 590.00
NE		7/1-6/30	\$ 321.60	\$ 85.48	\$ 407.08	\$ 414.20	\$ 110.10	\$ 524.30
NV	10	1/1-12/31	\$ 395.36	\$ 20.81	\$ 416.17	\$ 325.63	\$ 17.14	\$ 342.77
NH		1/1-12/31	\$ 592.73	\$ 0.00	\$ 592.73	\$ 534.55	\$ 30.00	\$ 564.55
NJ	11	1/1-12/31	\$ 322.15	\$ 0.00	\$ 322.15	Remain \$	1.5% of Sal	\$ 432.24
NM	12	7/1-6/30	\$ 200.96	\$ 86.13	\$ 287.09	\$ 273.38	\$ 68.34	\$ 341.72
NY	13	1/1-12/31	\$ 411.97	\$ 45.77	\$ 457.74	\$ 343.41	\$ 38.12	\$ 381.53
NC		7/1-6/30	\$ 321.14	\$ 0.00	\$ 321.14	\$ 346.38	\$ 43.98	\$ 390.36
ND	14	1/1-12/31	\$ 553.94	\$ 0.00	\$ 553.94	\$ 664.66	\$ 0.00	\$ 664.66
OH		7/1-6/30	\$ 311.03	\$ 47.17	\$ 358.20	\$ 277.46	\$ 49.38	\$ 326.84
OK		1/1-12/31	n/a	n/a	n/a	\$ 574.37	\$ 0.00	\$ 484.72
OR	15	1/1-12/31	\$ 728.14	\$ 0.00	\$ 728.14	\$ 756.46	\$ 0.00	\$ 756.46
PA		1/1-12/31	\$ 595.83	\$ 64.56	\$ 660.39	n/a	n/a	n/a
RI		7/1-6/30	\$ 391.68	\$ 24.00	\$ 415.68	n/a	n/a	n/a
SC		1/1-12/31	\$ 231.84	\$ 93.46	\$ 325.30	\$ 260.90	\$ 93.46	\$ 354.36
SD		7/1-6/30	\$ 415.36	\$ 0.00	\$ 415.36	\$ 481.08	\$ 0.00	\$ 481.08
TN		1/1-12/31	\$ 354.71	\$ 88.68	\$ 443.39	\$ 406.11	\$ 71.92	\$ 478.03

TX		9/1-8/31	\$ 343.48	\$ 0.00	\$ 343.48	\$ 360.54	\$ 0.00	\$ 360.54
UT		7/1-6/30	\$ 320.69	\$ 24.14	\$ 344.83	\$ 332.56	\$ 17.50	\$ 350.06
VT		1/1-12/31	\$ 436.58	\$ 109.14	\$ 545.72	\$ 408.68	\$ 102.16	\$ 510.84
VA	16	7/1-6/30	\$ 340.00	\$ 36.00	\$ 376.00	\$ 395.00	\$ 42.00	\$ 437.00
WA	17	1/1-12/31	\$ 350.00	\$ 14.00	\$ 364.00	\$ 561.00	\$ 25.00	\$ 586.00
WV	18	7/1-6/30	\$ 339.00	\$ 19.00	\$ 358.00	\$ 365.00	\$ 25.00	\$ 390.00
WI		1/1-12/31	\$ 484.17	\$ 22.00	\$ 506.17	\$ 477.50	\$ 31.00	\$ 508.50
WY		1/1-12/31	\$ 388.59	\$ 65.58	\$ 454.17	\$ 551.48	\$ 0.00	\$ 551.48

*MI: MI's data have been changed (8/20/09) from HMO rates to PPO rates. Previously the data cited HMO rates of total cost of \$290.28; employee share of \$ 14.52 and state contribution of \$275.78 for 2009. The 2006 figures are PPO figures and the 2009 figures are also PPO after the change.

Footnotes

- 1: AR: State contribution + employee contribution does not equal total cost as there is small contribution made by the ASE trust fund.
- 2: GA: For 2009, state contributes 75% and employee contributes 25%.
- 3: ID in 2009 also had a HD plan.
- 4: IL: The most recent data available for IL are FY 08 (Jul '07-Jun'08). FY 08 data represents weighted average for all salary levels.
- 5: KS: For 2009, sal rge: \$27,000-\$47,000; KS uses both a fiscal year and calendar year framework to administer its plan. The employee contribution is assessed on a calendar year basis; the state's contribution to the premium per employee changes on a fiscal year basis.
- 6: KY: For 2009, rates are for non-smokers.
- 7: MA: 2009 rates are for employees hired after 6/30/03.
- 8:MS: for 2009 also has a HD plan.
- 9: MO: For 2009, rates are for Central & East Region.
- 10: NV: For 2009, rates are for "Southern HMO".
- 11: NJ: For 2009, employees pay 1.5% of their pay as premium and state covers the rest.
- 12:NM: For 2006 rates, the sal rge= \$30K-\$30K; (2009) sal rge: below \$50K.
- 13: NY: For 2009 rates, the rate is based on a sample county.
- 14: ND: 2009 rate is based on not participating in state's wellness program.
- 15: OR: 2009 rate is based on state paying entire premium for fulltime employees and prorated for part-time employees.
- 16:VA: also has HD plan in 2009.
- 17: WA: 2009 rates are for sample county.
- 18: WV: 2009 rates are for salary range between \$30K and \$36K.

State Employee Health Benefits - Monthly premium costs (Family coverage)

Compiled by the NCSL Health Program - Updated: August 19, 2009

Year			2006			2009		
			Family coverage			Family coverage		
State cost			\$ 818.74	50 state avg		\$ 880.37	(47 state avg)	
Employee			\$ 193.93	as above		\$ 192.01	(47 state avg)	
Ave. Total			\$ 1,012.67	as above		\$ 1,075.60	(48 state avg)	
	FT #	period	State	Employee	Total	State	Employee	Total
AL		10/1-9/30	\$ 650.00	\$ 164.00	\$ 814.00	\$ 775.00	\$ 180.00	\$ 955.00
AK	1	7/1-6/30	\$ 763.00	\$ 270.00	\$ 1,033.00	\$ 895.95	\$ 0.00	\$ 895.95
AZ		10/1-9/30	\$ 818.52	\$ 125.00	\$ 943.52	\$ 1,158.00	\$ 150.00	\$ 1,308.00
AR	2	1/1-12/31	\$ 522.84	\$ 346.90	\$ 869.74	\$ 621.99	\$ 443.70	\$ 1,097.48
CA		1/1-12/31	\$ 807.00	\$ 141.82	\$ 948.82	\$ 994.00	\$ 233.00	\$ 1,227.00
CO		7/1-6/30	\$ 460.26	\$ 362.46	\$ 822.72	\$ 782.92	\$ 257.36	\$ 1,040.28
CT		7/1-6/30	\$ 995.38	\$ 176.07	\$ 1,171.45	\$ 942.57	\$ 97.57	\$ 1,040.13
DE		7/1-6/30	\$ 1,053.52	\$ 57.84	\$ 1,111.36	\$ 1,221.10	\$ 0.00	\$ 1,221.10
FL		7/1-6/30	\$ 715.92	\$ 180.00	\$ 895.92	\$ 835.98	\$ 64.30	\$ 900.28
GA	3	1/1-12/31	\$ 587.22	\$ 217.16	\$ 804.38	\$ 875.78	\$ 223.10	\$ 1,098.88
HI	4	7/1-6/30	\$ 487.38	\$ 322.34	\$ 809.72	\$ 523.72	\$ 284.20	\$ 807.92
ID		7/1-6/30	\$ 576.68	\$ 80.00	\$ 656.68	\$ 705.08	\$ 103.00	\$ 808.08
IL	5	7/1-6/30	\$ 1,096.52	\$ 245.50	\$ 1,342.02	\$ 715.71	\$ 127.99	\$ 843.70
IN		1/1-12/31	\$ 917.58	\$ 291.66	\$ 1,209.24	\$ 961.56	\$ 182.94	\$ 1,239.87
IA		1/1-12/31	\$ 989.75	\$ 222.08	\$ 1,211.83	\$ 932.47	\$ 0.00	\$ 932.47
KS	6	7/1-6/30	\$ 604.30	\$ 357.08	\$ 961.38	\$ 586.66	\$ 351.74	\$ 938.40
KY	7	1/1-12/31	\$ 703.37	\$ 320.14	\$ 1,023.51	\$ 785.44	\$ 376.72	\$ 1,162.16
LA		7/1-6/30	\$ 645.90	\$ 397.18	\$ 1,043.08	\$ 713.36	\$ 453.00	\$ 1,166.36
ME		7/1-6/30	\$ 1,117.44	\$ 337.34	\$ 1,454.78	\$ 1,238.26	\$ 373.84	\$ 1,612.10
MD		7/1-6/30	\$ 694.49	\$ 151.72	\$ 846.21	\$ 741.93	\$ 130.93	\$ 872.86
MA	8	7/1-6/30	\$ 1,160.14	\$ 204.73	\$ 1,364.87	\$ 781.92	\$ 195.48	\$ 977.40
MI*		10/1-9/30	\$ 1,187.27	\$ 62.49	\$ 1,249.76	1182.84*	131.42*	\$ 1,314.28
MN		1/1-12/31	\$ 976.84	\$ 107.32	\$ 1,084.16	\$ 1,185.14	\$ 130.20	\$ 1,315.34
MS	9	7/1-6/30	\$ 305.00	\$ 477.00	\$ 782.00	\$ 343.00	\$ 581.00	\$ 924.00
MO	10	1/1-12/31	\$ 977.00	\$ 258.00	\$ 1,235.00	\$ 1,219.00	\$ 277.00	\$ 1,496.00
MT		1/1-12/31	\$ 506.00	\$ 187.00	\$ 693.00	\$ 626.00	\$ 204.00	\$ 830.00
NE		7/1-6/30	\$ 1,141.64	\$ 303.46	\$ 1,445.10	\$ 1,470.28	\$ 390.84	\$ 1,861.12
NV	11	1/1-12/31	\$ 676.57	\$ 114.54	\$ 791.11	\$ 726.75	\$ 150.84	\$ 877.59
NH		1/1-12/31	\$ 1,886.21	\$ 0.00	\$ 1,886.21	\$ 1,710.47	\$ 30.00	\$ 1,740.47
NJ	12	1/1-12/31	\$ 835.77	\$ 0.00	\$ 835.77	Remain \$	1.5% of Sal	\$ 1,080.60
NM	13	7/1-6/30	\$ 550.87	\$ 236.09	\$ 786.96	\$ 806.42	\$ 201.62	\$ 1,008.04
NY	14	1/1-12/31	\$ 830.25	\$ 185.20	\$ 1,015.45	\$ 771.26	\$ 180.78	\$ 952.04
NC		7/1-6/30	\$ 321.14	\$ 521.32	\$ 842.46	\$ 346.38	\$ 413.46	\$ 759.84
ND	15	1/1-12/31	\$ 553.94	\$ 0.00	\$ 553.94	\$ 664.66	\$ 0.00	\$ 664.66
OH		7/1-6/30	\$ 853.23	\$ 128.50	\$ 981.73	\$ 762.04	\$ 134.88	\$ 896.92
OK		1/1-12/31	\$ 1,098.18	\$ 0.00	\$ 1,098.18	\$ 1,427.08	\$ 0.00	\$ 1,427.08
OR	16	1/1-12/31	\$ 1,002.97	\$ 0.00	\$ 1,002.97	\$ 1,036.36	\$ 0.00	\$ 1,036.36

PA		1/1-12/31	\$ 595.83	\$ 108.50	\$ 704.33	n/a	n/a	n/a
RI		7/1-6/30	\$ 1,098.01	\$ 43.92	\$ 1,141.93	n/a	n/a	n/a
SC		1/1-12/31	\$ 529.00	\$ 294.58	\$ 823.58	\$ 602.56	\$ 294.58	\$ 897.14
SD	17	7/1-6/30	\$ 415.36	\$ 297.68	\$ 713.04	\$ 481.08	\$ 155.00	\$ 636.08
TN		1/1-12/31	\$ 885.60	\$ 221.40	\$ 1,107.00	\$ 1,013.92	\$ 182.85	\$ 1,196.77
TX		9/1-8/31	\$ 671.08	\$ 327.60	\$ 998.68	\$ 637.84	\$ 311.31	\$ 949.15
UT		7/1-6/30	\$ 882.70	\$ 66.43	\$ 949.13	\$ 915.42	\$ 48.18	\$ 963.60
VT		1/1-12/31	\$ 1,200.55	\$ 300.15	\$ 1,500.70	\$ 1,123.82	\$ 280.96	\$ 1,404.78
VA	18	7/1-6/30	\$ 889.00	\$ 127.00	\$ 1,016.00	\$ 1,035.00	\$ 147.00	\$ 1,201.00
WA	19	1/1-12/31	\$ 953.00	\$ 49.00	\$ 1,002.00	\$ 561.00	\$ 79.00	\$ 640.00
WV	20	7/1-6/30	\$ 649.00	\$ 95.00	\$ 744.00	\$ 748.00	\$ 118.00	\$ 866.00
WI	21	1/1-12/31	\$ 1,200.45	\$ 55.00	\$ 1,255.45	\$ 1,189.60	\$ 78.00	\$ 1,267.60
WY	22	1/1-12/31	\$ 897.11	\$ 158.31	\$ 1,055.42	\$ 1,002.18	\$ 274.50	\$ 1,276.68

Data based on family coverage "standard benefit package", using lowest cost full-service HMO as example. Most states offer multiple plans and options, so certain employees often pay a different rate.

Supplemented with state research and NCSL telephone interviews with state agencies, 2001-2008.

* = MI's figures have been changed (8/20/09). The current figures are PPO figures. Previously HMO figures for the state's lowest cost plan was cited. Those figures (HMO) cited total cost as \$ 783.78; cost to state as \$744.60 and employee cost as \$ 39.18. The current PPO data was substituted for the HMO figures to allow for a even comparison between the 2006 figures which are PPO data as well.

v = \$ varies

[1] AK: Includes dental & vision.

[2] AR: Total cost includes contribution made by the ASE trust fund.

[3] GA: figure is the average of 10 different managed care plans; lowest cost basic is \$117.33 in '03.

[4] HI varies by union bargaining unit. State contribution varies from \$419 to \$465 in '03.

[5] IL: The most recent figures are for FY 2008 (Jul '07-Jun '08). FY'08 data represents weighted average for all salary levels.

[6] KS: For 2009, salary range: \$27,000-\$47,000; KS uses both a fiscal year and calendar year framework to administer its plan.

The employee contribution is assessed on a calendar year basis; the state's contribution to the premium per employee changes on a fiscal year basis.

[7] KY varies by county, up to \$397 for state share; rates for 2009 are for non-smoker plan.

[8] MA has ten plan offerings, including 5 HMOs, which average \$62.55; 2009 rates are for employees hired after 6/30/03.

[9] MS for 2009 rates are for employees hired after 12/31/05; MS had HD plan in 2009.

[10] MO 2009 rates are for Central and East Region.

[11] NV 2009 rate is for "Southern HMO".

[12] NJ: Employee pays 1.5% of salary as premium and states pays remainder of premium.

[13] NM - the 2009 rates are for salary range below \$50K.

[14] NY: for 2009 rates example county; most emp. pay 1.5% of their pay for ins.

[15] ND: 2009 figures based on w/o participation in wellness prog.

[16] OR: For 2009, state pays 100% for full time emp; prorated for part-time.

[17] SD: Rates for 2009 are for non-smokers with spouse age 40-44 and 2 + children.

[18] VA: separate HD plan available in 2009.

[19] WA: 2009 rates are for sample county.

[20] WV employee share varies by income- example is for \$30-\$36k annual income for both 2006 and 2009 rates.

[21] WI varies by county.

[22] WY: \$750 deductible plan.

APPENDIX E

MEDICAID EXPENDITURES BY LARGE ELIGIBILITY GROUPS

FISCAL YEAR 2001

Expenditures (in Millions)	Elderly	Disabled	Medical Assistance for Families Adult	Medical Assistance for Families Child	Foster Care	Medicals for Children	Other Children	Pregnant Women	MC for Kids/State Children's Health Program	Uninsured Parents	General Relief (Temporarily Disabled)	Other Refugee	Total
Nursing Facilities	\$632.1	\$111.2	\$0.1	\$0.1	\$0.0	\$0.1	\$0.7	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$744.3
Hospitals	\$52.2	\$342.7	\$36.2	\$44.4	\$6.3	\$83.1	\$13.7	\$33.2	\$12.4	\$22.7	\$1.8	\$0.1	\$548.3
Dental	\$2.3	\$6.9	\$1.4	\$0.1	\$0.0	\$0.2	\$0.0	\$0.1	\$0.1	\$0.0	\$0.0	\$0.0	\$11.1
Pharmacy	\$197.7	\$391.2	\$16.1	\$12.0	\$3.0	\$24.1	\$5.0	\$2.4	\$8.0	\$13.2	\$2.8	\$0.0	\$675.5
Physician	\$29.3	\$84.1	\$15.6	\$8.5	\$1.1	\$16.0	\$2.0	\$16.8	\$3.9	\$9.4	\$1.7	\$0.0	\$188.4
In-Home	\$135.4	\$98.1	\$0.3	\$0.0	\$0.0	\$0.1	\$0.0	\$0.0	\$0.0	\$0.0	\$0.1	\$0.0	\$234.0
Rehab & Spec	\$25.7	\$48.2	\$1.7	\$2.1	\$0.2	\$4.0	\$0.9	\$0.5	\$1.0	\$0.7	\$0.3	\$0.0	\$85.3
Buy-In	\$29.1	\$22.9	\$0.1	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$3.7	\$0.0	\$55.8
Mental Health	\$10.2	\$255.9	\$4.8	\$1.7	\$0.8	\$8.3	\$7.7	\$0.5	\$0.8	\$0.0	\$0.0	\$0.0	\$286.7
State Institutions	\$5.6	\$119.8	\$0.3	\$4.6	\$26.6	\$8.3	\$36.6	\$0.1	\$2.5	\$0.0	\$0.0	\$0.0	\$204.4
EPSDT	\$0.0	\$17.4	\$0.6	\$19.8	\$12.1	\$40.7	\$17.7	\$1.1	\$10.3	\$0.0	\$0.0	\$0.0	\$119.7
Managed Care	\$0.0	\$0.0	\$63.7	\$121.9	\$8.7	\$162.4	\$6.9	\$9.9	\$31.0	\$42.3	\$0.0	\$0.7	\$447.5
Total (in millions)	\$1,119.6	\$1,498.4	\$140.9	\$215.2	\$58.8	\$343.3	\$91.2	\$64.6	\$70.0	\$88.3	\$10.4	\$0.8	\$3,701.5

Monthly Cost Per Person	Elderly	Disabled	Medical Assistance for Families Adult	Medical Assistance for Families Child	Foster Care	Medicals for Children	Other Children	Pregnant Women	MC for Kids (SCHIP)	Uninsured Parents	General Relief (Temporarily Disabled)	Other Refugee	Total
Monthly Cost Per Person	\$1,192	\$1,138	\$167	\$127	\$376	\$133	\$708	\$313	\$87	\$88	\$383	\$158	\$1,579
Monthly Cost Per Person	\$466	\$445	\$65	\$50	\$147	\$52	\$277	\$122	\$24	\$34	\$383	\$0	\$1,000

(Source: Table 5 for FY01)

* Elderly includes the following categories: Old Age Assistance (OAA) and Qualified Medicare Beneficiaries (QMB)

** Disabled includes the following categories: Permanently and Totally Disabled (PTD), Aid to the Blind and Blind Pension

*** Other Children includes the following categories: Children in a Vendor Institution, Child Welfare Services (CWS), Div of Youth Services (DYS), Title XIX Homeless, Dependent & Neglected (HDN), and MO Children with Develop Disabilities (MOCCDD)

**** Pregnant Women includes the following categories: Medicaid for Pregnant Women, Presumptive Eligibility and Medicaid for Pregnant Women Poverty

State Monthly Cost per Person and Federal/State match rate vary by category of eligibility.

MEDICAID EXPENDITURES BY LARGE ELIGIBILITY GROUPS

FISCAL YEAR 2002

Expenditures (In Millions)	Elderly	Disabled	Medical Assistance for Families Adult	Medical Assistance for Families Child	Foster Care	Medicaid for Children	Other Children	Pregnant Women	Mc-Kids (State Children's Health Insurance Program)	Uninsured Parents	General Relief (Temporarily Disabled)	Other Refugees	Total
Nursing Facilities	\$617.0	\$115.3	\$0.0	\$0.1	\$0.0	\$0.1	\$0.7	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$733.2
Hospitals	\$48.9	\$347.0	\$48.8	\$6.3	\$6.3	\$64.5	\$13.3	\$32.6	\$12.0	\$17.2	\$2.2	\$0.1	\$652.3
Dental	\$3.4	\$8.5	\$29.6	\$25.4	\$4.0	\$17.0	\$6.5	\$2.6	\$9.4	\$9.3	\$0.0	\$0.0	\$147.9
Pharmacy	\$209.0	\$449.6	\$23.4	\$14.1	\$1.2	\$12.7	\$2.0	\$16.2	\$4.4	\$7.3	\$2.1	\$0.0	\$766.0
Physician	\$32.4	\$94.5	\$0.4	\$0.0	\$0.0	\$0.0	\$0.0	\$0.1	\$0.0	\$0.0	\$0.1	\$0.0	\$210.3
In-Home	\$153.6	\$124.9	\$2.7	\$3.5	\$0.3	\$3.1	\$0.9	\$0.4	\$1.1	\$0.6	\$0.3	\$0.0	\$279.1
Rehab & Spec	\$35.7	\$58.2	\$0.2	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$4.2	\$0.0	\$106.8
Buy-In	\$31.0	\$26.9	\$5.9	\$5.6	\$1.2	\$5.6	\$9.3	\$0.0	\$2.1	\$0.0	\$0.0	\$0.0	\$62.3
Mental Health	\$12.1	\$287.3	\$0.2	\$3.9	\$28.4	\$3.2	\$35.9	\$0.0	\$1.5	\$0.0	\$0.0	\$0.0	\$329.7
State Institutions	\$6.0	\$126.4	\$0.8	\$33.1	\$12.2	\$29.9	\$20.0	\$1.0	\$10.7	\$0.0	\$0.0	\$0.0	\$205.5
EPSDT	\$0.0	\$18.1	\$0.0	\$212.0	\$10.3	\$138.2	\$9.4	\$11.7	\$40.3	\$36.8	\$0.0	\$0.0	\$125.8
Managed Care	\$0.0	\$0.0	\$119.6	\$212.0	\$10.3	\$138.2	\$9.4	\$11.7	\$40.3	\$36.8	\$0.0	\$0.0	\$578.9
Total (In millions)	\$1,148.3	\$1,656.7	\$235.0	\$358.5	\$63.9	\$275.2	\$98.2	\$65.4	\$82.2	\$71.2	\$12.5	\$0.7	\$4,067.6
Number of Enrollees	78,711	116,982	116,198	246,336	13,739	133,286	12,122	16,713	74,623	59,316	2,460	342	870,828
Annual Cost Per Person	\$14,589	\$14,162	\$2,022	\$1,455	\$4,650	\$2,065	\$8,103	\$3,912	\$1,101	\$1,200	\$5,094	\$2,173	\$10,717
Monthly Cost Per Person	\$1,216	\$1,180	\$169	\$121	\$388	\$172	\$675	\$326	\$92	\$100	\$425	\$181	\$895
Monthly State Cost Per Person	\$474	\$460	\$66	\$47	\$151	\$67	\$263	\$127	\$25	\$39	\$425	\$0	\$874

(Source: Table 5 for FY02)

* Elderly includes the following categories: Old Age Assistance (OAA) and Qualified Medicare Beneficiaries (QMB)

** Disabled includes the following categories: Permanently and Totally Disabled (PTD), Aid to the Blind and Blind Pension

*** Other Children includes the following categories: Children in a Vendor Institution, Child Welfare Services (CWS), Div of Youth Services (DYS), Title XIX Homeless, Dependent & Neglected (HDN), and MO Children with Develop Disabilities (MOCDD)

**** Pregnant Women includes the following categories: Medicaid for Pregnant Women, Presumptive Eligibility and Medicaid for Pregnant Women Poverty

State Monthly Cost per Person and Federal/State match rate very by category of eligibility.

MEDICAID EXPENDITURES BY LARGE ELIGIBILITY GROUPS

FISCAL YEAR 2003

Expenditures (in Millions)	Elderly	Disabled	Medical Assistance for Families Adult	Medical Assistance for Families Child	Foster Care	Medicaid for Children	Other Children	Pregnant Women	MC for Kids (State Children's Health Program)	Uninsured Parents	General Relief (Temporarily Disabled)	Other Refugee	Total
Nursing Facilities	\$592.9	\$125.9	\$0.2	\$0.1	\$0.0	\$0.0	\$0.1	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$719.2
Hospitals	\$53.9	\$405.9	\$83.1	\$87.4	\$7.7	\$52.6	\$16.0	\$33.8	\$14.3	\$1.1	\$3.1	\$0.0	\$758.9
Dental	\$2.5	\$7.9	\$5.9	\$2.6	\$0.1	\$0.6	\$0.2	\$0.2	\$0.8	\$0.0	\$0.0	\$0.0	\$20.8
Pharmacy	\$248.1	\$537.7	\$55.9	\$41.5	\$5.2	\$14.0	\$8.3	\$3.2	\$12.5	\$1.2	\$5.4	\$0.0	\$933.0
Physician	\$34.2	\$109.2	\$40.9	\$23.9	\$1.4	\$9.4	\$2.4	\$16.6	\$5.7	\$0.9	\$3.0	\$0.0	\$247.6
In-Home	\$163.5	\$143.8	\$1.1	\$0.1	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.2	\$0.0	\$308.7
Rehab & Spec	\$43.6	\$69.7	\$4.5	\$5.8	\$0.4	\$1.8	\$1.0	\$0.5	\$1.3	\$0.1	\$0.6	\$0.0	\$129.3
Buy-In	\$33.7	\$31.8	\$0.4	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$5.1	\$0.0	\$71.0
Mental Health	\$14.0	\$298.5	\$8.0	\$11.0	\$1.9	\$5.5	\$9.4	\$0.6	\$3.0	\$0.0	\$0.0	\$0.0	\$351.9
State Institutions	\$6.3	\$127.4	\$0.2	\$5.2	\$34.1	\$2.9	\$52.0	\$0.1	\$1.7	\$0.0	\$0.0	\$0.0	\$229.9
EPSDT	\$0.1	\$19.9	\$1.0	\$49.5	\$12.9	\$17.7	\$20.0	\$1.1	\$11.5	\$0.0	\$0.0	\$0.0	\$133.7
Managed Care	\$0.0	\$0.0	\$189.4	\$286.4	\$11.9	\$95.9	\$11.0	\$14.0	\$46.0	\$1.4	\$0.0	\$0.0	\$656.3
Total (in millions)	\$1,192.8	\$1,877.7	\$390.6	\$513.5	\$75.6	\$200.4	\$120.4	\$70.1	\$96.8	\$4.7	\$17.4	\$0.3	\$4,560.3
Number of Enrollees	80,404	133,070	164,790	328,335	12,119	86,262	12,319	15,917	80,435	11,315	2,936	121	328,023
Annual Cost Per Person	\$14,834	\$14,112	\$2,370	\$1,564	\$6,236	\$2,323	\$9,779	\$4,406	\$1,204	\$411	\$5,915	\$2,366	\$4,912
Monthly Cost Per Person	\$1,236	\$1,176	\$198	\$130	\$520	\$194	\$815	\$367	\$100	\$34	\$493	\$197	\$410
Monthly State Cost Per Person	\$480	\$456	\$77	\$51	\$202	\$75	\$316	\$143	\$27	\$13	\$493	\$0	

(Source: Table 5 for FY03)

* Elderly includes the following categories: Old Age Assistance (OAA) and Qualified Medicare Beneficiaries (QMB)

** Disabled includes the following categories: Permanently and Totally Disabled (PTD), Aid to the Blind, Blind Pension, Medical Assist. for Working Disabled (MAWD)-Premium and MAWD-NonPremium and MO Children with Develop Disabilities (MOCDD)

*** Other Children includes the following categories: Children in a Vendor Institution, Child Welfare Services (CWS), Div of Youth Services (DYS), Title XIX Homeless, Dependent & Neglected (HDN), and Pregnant Women includes the following categories: Medicaid for Pregnant Women, Presumptive Eligibility and Medicaid for Pregnant Women Poverty

State Monthly Cost per Person and Federal/State match rate very by category of eligibility.

MEDICAID EXPENDITURES BY LARGE ELIGIBILITY GROUPS

FISCAL YEAR 2004

Expenditures (in Millions)	Title XIX										Total	
	Elderly Disabling	Medical Assistance for Families Adult	Medical Assistance for Families Child	Foster Care	Medicaid for Children	Other Children	Pregnant Women	MC+ for Kids (State Children's Health Ins. Program)	Uninsured Parents	General Relief (Temporarily Disabled)		All Other
Nursing Facilities	\$571.8	\$0.2	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$705.7
Hospitals	\$51.7	\$89.0	\$91.7	\$7.8	\$58.1	\$18.9	\$33.5	\$16.3	\$0.7	\$3.0	\$2.4	\$795.5
Dental	\$2.7	\$8.8	\$2.9	\$0.2	\$0.9	\$0.3	\$0.3	\$0.9	\$0.0	\$0.0	\$0.0	\$27.3
Pharmacy	\$270.1	\$65.3	\$46.9	\$6.3	\$17.9	\$8.9	\$3.7	\$14.5	\$1.8	\$5.2	\$1.9	\$1,077.6
Physician	\$36.4	\$47.1	\$28.0	\$2.1	\$12.0	\$3.1	\$7.3	\$6.8	\$0.9	\$3.0	\$0.6	\$282.9
In-Home	\$163.7	\$1.3	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.1	\$0.0	\$313.0
Rehab & Spec	\$49.3	\$6.0	\$6.9	\$0.4	\$2.2	\$0.8	\$0.6	\$1.4	\$0.0	\$0.5	\$0.1	\$145.4
Buy-In	\$37.2	\$0.5	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$5.0	\$0.0	\$82.5
Mental Health	\$15.7	\$9.0	\$13.2	\$2.8	\$6.7	\$10.7	\$0.6	\$3.6	\$0.0	\$0.0	\$0.0	\$380.9
State Institutions	\$6.4	\$0.4	\$4.7	\$23.5	\$1.7	\$35.6	\$0.0	\$1.3	\$0.0	\$0.0	\$0.0	\$207.6
EPSDT	\$0.2	\$1.3	\$44.5	\$11.7	\$18.7	\$17.5	\$1.2	\$10.7	\$0.0	\$0.0	\$0.0	\$126.7
Managed Care	\$0.0	\$242.3	\$293.3	\$13.6	\$109.8	\$13.3	\$17.2	\$51.5	\$2.0	\$0.0	\$0.0	\$743.2
Total (in millions)	\$1,205.2	\$471.2	\$532.1	\$68.4	\$228.0	\$109.1	\$74.4	\$107.0	\$5.4	\$16.8	\$5.3	\$4,888.4
Monthly Cost per Person	80,149	172,649	329,000	12,536	105,641	12,648	15,179	87,280	12,234	3,033	488	\$7,633
Annual Cost per Person	\$15,037	\$2,729	\$1,617	\$5,454	\$2,158	\$8,624	\$4,907	\$1,225	\$442	\$5,531	\$10,935	\$50.6
Monthly State Cost per Person	\$1,253	\$227	\$135	\$454	\$180	\$719	\$409	\$102	\$37	\$461	\$911	\$41.0
Monthly Federal Cost per Person	\$484	\$88	\$52	\$175	\$69	\$277	\$158	\$28	\$14	\$461	##	\$4.6

(Source: Table 5 for FY04)

* Elderly includes the following categories: Old Age Assistance (OAA) and Qualified Medicare Beneficiaries (QMB)

** Disabled includes the following categories: Permanently and Totally Disabled (PTD), Aid to the Blind, Blind Pension, Medical Assist. for Working Disabled (MAWD)-Premium and MAWD-NonPremium

*** Other Children includes the following categories: Children in a Vendor Institution, Child Welfare Services (CWS), Div of Youth Services (DYS), Title XIX Homeless, Dependent & Neglected (HDN),

**** MO Children with Develop Disabilities (MOCCDD) and Presumptive Eligibility for Kids.

***** Pregnant Women includes the following categories: Medicaid for Pregnant Women, Presumptive Eligibility and Medicaid for Pregnant Women Poverty

***** All Other includes the following categories: Refugee and Women with Breast or Cervical Cancer (BCCP)

State Monthly Cost per Person and Federal/State match rate very by category of eligibility.

MEDICAID EXPENDITURES BY LARGE ELIGIBILITY GROUPS

FISCAL YEAR 2005

Expenditures (in Millions)	Elderly	Disabled	Medical Assistance for Families - Adult	Medical Assistance for Families - Child	Foster Care	Medicaid for Children	Other Children	Pregnant Women	MC for Kids Health Program	Uninsured Parents	General Reiter (Temporarily Disabled)	All Other	Total
Nursing Facilities	\$673.1	\$163.8	\$0.1	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$837.0
Hospitals	\$55.1	\$482.6	\$105.5	\$102.5	\$7.8	\$62.1	\$20.7	\$39.2	\$17.6	\$0.7	\$3.2	\$3.5	\$900.5
Dental	\$3.3	\$13.0	\$10.9	\$3.6	\$0.2	\$1.2	\$0.3	\$0.4	\$1.1	\$0.0	\$0.0	\$0.0	\$34.0
Pharmacy	\$299.7	\$751.5	\$71.1	\$53.3	\$7.0	\$19.8	\$9.8	\$3.8	\$16.3	\$1.6	\$5.5	\$2.4	\$1,241.8
Physician	\$42.9	\$160.4	\$58.6	\$35.5	\$3.0	\$14.5	\$4.8	\$21.3	\$9.1	\$0.8	\$3.7	\$0.9	\$355.5
In-Home	\$168.8	\$160.3	\$1.3	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.1	\$0.1	\$330.6
Rehab & Spec	\$58.4	\$84.2	\$6.7	\$6.4	\$0.4	\$2.1	\$0.7	\$0.6	\$1.4	\$0.0	\$0.5	\$0.2	\$161.6
Buy-In	\$43.6	\$51.7	\$0.7	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$4.9	\$0.0	\$100.9
Mental Health	\$16.8	\$327.9	\$8.9	\$11.8	\$2.6	\$6.8	\$12.8	\$0.6	\$3.4	\$0.0	\$0.0	\$0.0	\$391.6
State Institutions	\$7.3	\$147.1	\$1.4	\$6.8	\$32.2	\$2.6	\$53.3	\$0.1	\$2.0	\$0.0	\$0.0	\$0.0	\$252.8
EPSDT	\$0.3	\$26.0	\$1.1	\$49.3	\$11.1	\$21.5	\$18.8	\$1.3	\$12.8	\$0.0	\$0.0	\$0.0	\$142.2
Managed Care	\$0.0	\$0.0	\$265.9	\$312.4	\$16.0	\$119.4	\$16.7	\$20.1	\$57.3	\$1.1	\$0.0	\$0.4	\$809.3
Total (in millions)	\$1,369.3	\$2,368.5	\$532.2	\$581.5	\$80.3	\$250.0	\$137.9	\$87.4	\$121.0	\$4.2	\$17.9	\$7.5	\$5,557.8
Number of Enrollees	80,985	156,558	174,021	325,135	12,697	108,153	13,433	16,125	90,626	11,337	2,977	577	392,624
Annual Cost Per Person	\$16,908	\$15,129	\$3,058	\$1,789	\$6,328	\$2,310	\$10,271	\$5,415	\$1,336	\$375	\$6,007	\$13,113	\$5,599
Monthly Cost Per Person	\$1,409	\$1,261	\$255	\$149	\$527	\$192	\$856	\$451	\$111	\$31	\$501	\$1,093	\$467
Monthly State Cost Per Person	\$546	\$489	\$99	\$58	\$204	\$75	\$332	\$175	\$30	\$12	\$501	##	##

(Source: Table 5 for FY05)

* Elderly includes the following categories: Old Age Assistance (OAA) and Qualified Medicare Beneficiaries (QMB)

** Disabled includes the following categories: Permanently and Totally Disabled (PTD), Aid to the Blind, Blind Pension, Medical Assist. for Working Disabled (MAWD)-Premium and MAWD-NonPremium

*** Other Children includes the following categories: Children in a Vendor Institution, Child Welfare Services (CWS), Div of Youth Services (DYS), Title XIX Homeless, Dependent & Neglected (HDN),

MO Children with Develop Disabilities (MOCCDD), Presumptive Eligibility for Kids and Voluntary Placement.

**** Pregnant Women includes the following categories: Medicaid for Pregnant Women, Presumptive Eligibility and Medicaid for Pregnant Women Poverty

***** All Other includes the following categories: Refugee and Women with Breast or Cervical Cancer (BCCP)

State Monthly Cost per Person and Federal/State match rate very by category of eligibility.

**MEDICAID EXPENDITURES BY LARGE ELIGIBILITY GROUPS
FISCAL YEAR 2006**

Expenditures (in Millions)	Elderly Title XIX 65-74	Disabled Title XIX 65-74	Medical Assistance for Families-Adult Title XIX 65-74	Medical Assistance for Families-Child Title XIX 65-74	Foster Care Title XIX 65-74	Medicaid for Children Title XIX 65-74	Other Children Title XIX 65-74	Pregnant Women Title XIX 65-74	MC+ for Kids (State Children's Health Program) Title XIX 65-74	Uninsured Parents Title XIX 65-74	General Relief (Temporarily Disabled) Title XIX 65-74	All Other Title XIX 65-74	Total
Nursing Facilities	\$618.0	\$167.1	\$0.1	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$785.2
Hospitals	\$58.8	\$504.1	\$85.4	\$85.8	\$9.0	\$85.9	\$21.4	\$47.1	\$16.5	\$0.2	\$0.8	\$0.0	\$919.5
Dental	\$1.9	\$6.1	\$3.8	\$3.0	\$0.2	\$2.3	\$0.3	\$0.5	\$1.2	\$0.0	\$0.0	\$0.0	\$19.3
Pharmacy	\$191.1	\$625.7	\$53.3	\$40.1	\$8.4	\$32.7	\$9.5	\$4.2	\$16.3	\$1.2	\$0.5	\$3.9	\$986.9
Physician	\$44.8	\$163.7	\$44.5	\$29.4	\$3.3	\$23.5	\$4.8	\$26.0	\$8.5	\$0.6	\$0.7	\$1.1	\$350.9
In-Home	\$173.0	\$169.5	\$0.9	\$0.1	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$343.6
Rehab & Spec	\$60.7	\$70.7	\$3.8	\$4.6	\$0.6	\$3.4	\$0.7	\$0.5	\$1.4	\$0.0	\$0.1	\$0.1	\$146.6
Buy-In	\$50.1	\$63.2	\$0.3	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$118.2
Mental Health	\$16.3	\$293.6	\$2.2	\$1.6	\$1.0	\$2.9	\$12.7	\$0.3	\$0.7	\$0.0	\$0.0	\$0.0	\$331.3
State Institutions	\$10.5	\$205.9	\$7.5	\$14.8	\$33.2	\$13.3	\$52.2	\$0.8	\$4.9	\$0.0	\$0.0	\$0.0	\$343.1
EPSDT	\$0.2	\$26.2	\$0.9	\$34.5	\$12.4	\$29.8	\$17.8	\$1.5	\$11.0	\$0.0	\$0.0	\$0.0	\$134.3
Managed Care	\$0.0	\$0.0	\$221.7	\$269.8	\$20.0	\$199.5	\$17.3	\$27.1	\$59.8	\$0.1	\$0.0	\$0.0	\$815.7
Total (In millions)	\$1,225.4	\$2,295.8	\$424.4	\$483.7	\$88.1	\$393.3	\$136.7	\$108.0	\$120.3	\$2.1	\$6.7	\$10.1	\$5,294.6

Number of Enrollees	Elderly	Disabled	Medical Assistance for Families-Adult	Medical Assistance for Families-Child	Foster Care	Medicaid for Children	Other Children	Pregnant Women	MC+ for Kids (SCHIP)	Uninsured Parents	General Relief (Temporarily Disabled)	All Other	Total
Number of Enrollees	79,696	146,710	122,932	234,944	14,137	178,497	12,451	19,173	72,823	12,279	0	578	384,220
Annual Cost Per Person	\$15,376	\$15,648	\$3,452	\$2,059	\$6,234	\$2,202	\$10,984	\$5,635	\$1,652	\$171		\$17,480	\$5,924
Monthly Cost Per Person	\$1,281	\$1,304	\$288	\$172	\$520	\$184	\$915	\$470	\$138	\$14		\$1,457	\$493
Monthly State Cost Per Person	\$490	\$499	\$110	\$66	\$199	\$70	\$350	\$180	\$37	\$5		##	##

(Source: Table 5 for FY06)

* Elderly includes the following categories: Old Age Assistance (OAA) and Qualified Medicare Beneficiaries (QMB)

** Disabled includes the following categories: Permanently and Totally Disabled (PTD), Aid to the Blind, Blind Pension, Medical Assist. for Working Disabled (MAWD)-Premium and MAWD-NonPremium

*** Other Children includes the following categories: Children in a Vendor Institution, Child Welfare Services (CWS), Div of Youth Services (DYS), Title XIX Homeless, Dependent & Neglected (HDN), MO Children with Develop Disabilities (MO added), Presumptive Eligibility for Kids and Voluntary Placement.

**** Pregnant Women includes the following categories: Medicaid for Pregnant Women, Presumptive Eligibility and Medicaid for Pregnant Women Poverty

***** All Other includes the following categories: Refugee and Women with Breast or Cervical Cancer (BCCP)

State Monthly Cost per Person and Federal/State match rate vary by category of eligibility.

**MEDICAID EXPENDITURES BY LARGE ELIGIBILITY GROUPS
FISCAL YEAR 2007**

Expenditures (in Millions)	Elderly	Disabled	Medical Assistance for Families - Adult	Medical Assistance for Families - Child	Foster Care	Medicaid for Children	Other Children	Medicaid for Pregnant Women	Medicaid for Kids (State Children's Health Program)	Women's Health Services	All Other	Total
Nursing Facilities	\$609.1	\$177.2	\$0.1	\$0.0	\$0.0	\$0.0	\$0.1	\$0.0	\$0.0	\$0.0	\$0.0	\$786.6
Hospitals	\$63.4	\$556.2	\$66.8	\$60.8	\$11.2	\$131.9	\$28.1	\$61.4	\$16.0	\$0.0	\$5.8	\$1,001.7
Dental	\$0.7	\$1.1	\$0.1	\$2.2	\$0.3	\$3.5	\$0.3	\$0.6	\$1.3	\$0.0	\$0.0	\$10.0
Pharmacy	\$20.6	\$403.9	\$37.3	\$32.4	\$10.4	\$48.6	\$11.5	\$5.7	\$18.4	\$1.4	\$3.9	\$594.1
Physician	\$43.5	\$165.7	\$28.4	\$20.6	\$3.7	\$33.2	\$5.0	\$32.8	\$8.5	\$1.0	\$1.4	\$343.6
In-Home	\$176.4	\$182.2	\$0.8	\$0.0	\$0.0	\$0.1	\$0.0	\$0.1	\$0.0	\$0.0	\$0.2	\$359.8
Rehab & Spec	\$68.7	\$72.6	\$2.6	\$3.4	\$0.7	\$4.9	\$0.8	\$0.9	\$1.3	\$0.0	\$0.1	\$155.9
Buy-in	\$59.5	\$71.3	\$0.4	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.6	\$131.7
Mental Health	\$19.4	\$328.4	\$0.2	\$0.5	\$1.1	\$1.5	\$15.4	\$0.0	\$0.3	\$0.0	\$0.0	\$366.8
State Institutions	\$11.2	\$210.7	\$8.3	\$12.6	\$29.8	\$17.5	\$43.8	\$1.4	\$5.1	\$0.0	\$0.0	\$340.4
EPSDT	\$0.0	\$26.5	\$0.6	\$22.8	\$12.9	\$37.9	\$17.0	\$1.5	\$9.6	\$0.0	\$0.0	\$128.6
Managed Care	\$0.0	\$0.0	\$194.5	\$220.2	\$20.1	\$294.9	\$16.2	\$41.8	\$55.8	\$0.0	\$0.4	\$843.8
Total (in millions)	\$1,072.6	\$2,195.8	\$339.9	\$375.4	\$90.3	\$574.0	\$138.1	\$146.1	\$116.1	\$2.4	\$12.4	\$5,063.0

Expenditures (in Millions)	Elderly	Disabled	Medical Assistance for Families - Adult	Medical Assistance for Families - Child	Foster Care	Medicaid for Children	Other Children	Medicaid for Pregnant Women	Medicaid for Kids (SCHIP)	Women's Health Services	All Other	Total
Nursing Facilities	77,339	140,878	81,409	166,634	14,822	228,301	12,224	22,952	63,676	17,054	610	
Hospitals	\$13,869	\$15,587	\$4,175	\$2,253	\$6,090	\$2,514	\$11,302	\$6,364	\$1,823	\$142	\$20,327	
Dental	\$1,156	\$1,299	\$348	\$188	\$508	\$210	\$942	\$530	\$152	\$12	\$1,694	
Pharmacy	\$443	\$498	\$133	\$72	\$194	\$80	\$361	\$203	\$41	#	##	

(Source: Table 5 for FY07)

* Elderly includes the following categories: Old Age Assistance (OAA) and Qualified Medicare Beneficiaries (QMB)
 ** Disabled includes the following categories: Permanently and Totally Disabled (PTD), Aid to the Blind, Blind Pension, Medical Asst. for Working Disabled (MAWD)-Premium and MAWD-NonPremium
 *** Other Children includes the following categories: Children in a Vendor Institution, Child Welfare Services (CWS), Div of Youth Services (DYS), Title XIX Homeless, Dependent & Neglected (HDN), MO Children with Develop Disabilities (MOCDD), Presumptive Eligibility for Kids and Voluntary Placement
 **** Pregnant Women includes the following categories: Medicaid for Pregnant Women, Presumptive Eligibility and Medicaid for Pregnant Women Poverty
 ***** All Other includes the following categories: Refugee, General Relief and Women with Breast or Cervical Cancer (BCCP)
 # Most services receive 90/10 match, all other services receive 62/38 match.
 ## State Monthly Cost per Person and Federal/State match rate vary by category of eligibility.

MO HEALTHNET EXPENDITURES BY LARGE ELIGIBILITY GROUPS

FISCAL YEAR 2008

Expenditures (in Millions)	*Elderly		**Disabled		MO HealthNet for Families- Adult		MO HealthNet for Families- Child		Foster Care		MO HealthNet for Children		***Other Children		****Pregnant Women		MO HealthNet for Kids (State Children's Health Incl)		Women's Health Services		Total	
	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38		Title XIX 62/38
Nursing Facilities	\$651.2	\$203.5	\$0.1	\$0.0	\$0.0	\$0.1	\$0.0	\$0.0	\$0.0	\$0.0	\$0.1	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$854.9
Hospitals	\$55.3	\$560.3	\$54.7	\$11.7	\$11.7	\$54.7	\$11.7	\$11.7	\$11.7	\$11.7	\$11.7	\$11.7	\$11.7	\$11.7	\$11.7	\$11.7	\$11.7	\$11.7	\$11.7	\$11.7	\$11.7	\$985.1
Dental	\$0.7	\$1.3	\$0.1	\$2.5	\$2.5	\$0.1	\$2.5	\$2.5	\$2.5	\$2.5	\$2.5	\$2.5	\$2.5	\$2.5	\$2.5	\$2.5	\$2.5	\$2.5	\$2.5	\$2.5	\$2.5	\$10.5
Pharmacy	\$23.9	\$442.8	\$33.3	\$39.6	\$39.6	\$33.3	\$39.6	\$39.6	\$39.6	\$39.6	\$39.6	\$39.6	\$39.6	\$39.6	\$39.6	\$39.6	\$39.6	\$39.6	\$39.6	\$39.6	\$39.6	\$636.9
Physician	\$43.8	\$191.8	\$26.3	\$24.7	\$24.7	\$26.3	\$24.7	\$24.7	\$24.7	\$24.7	\$24.7	\$24.7	\$24.7	\$24.7	\$24.7	\$24.7	\$24.7	\$24.7	\$24.7	\$24.7	\$24.7	\$381.3
In-Home	\$183.5	\$202.0	\$0.7	\$0.1	\$0.1	\$0.7	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$386.6
Rehab & Spec	\$77.5	\$83.4	\$2.4	\$3.8	\$3.8	\$2.4	\$3.8	\$3.8	\$3.8	\$3.8	\$3.8	\$3.8	\$3.8	\$3.8	\$3.8	\$3.8	\$3.8	\$3.8	\$3.8	\$3.8	\$3.8	\$175.4
Buy-In	\$62.2	\$71.7	\$7.4	\$0.0	\$0.0	\$7.4	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$141.4
Mental Health	\$21.2	\$364.2	\$0.2	\$0.7	\$0.7	\$0.2	\$0.7	\$0.7	\$0.7	\$0.7	\$0.7	\$0.7	\$0.7	\$0.7	\$0.7	\$0.7	\$0.7	\$0.7	\$0.7	\$0.7	\$0.7	\$408.1
State Institutions	\$12.4	\$223.1	\$7.9	\$15.1	\$15.1	\$7.9	\$15.1	\$15.1	\$15.1	\$15.1	\$15.1	\$15.1	\$15.1	\$15.1	\$15.1	\$15.1	\$15.1	\$15.1	\$15.1	\$15.1	\$15.1	\$341.0
EPSDT	\$0.0	\$30.1	\$0.5	\$27.6	\$27.6	\$0.5	\$27.6	\$27.6	\$27.6	\$27.6	\$27.6	\$27.6	\$27.6	\$27.6	\$27.6	\$27.6	\$27.6	\$27.6	\$27.6	\$27.6	\$27.6	\$132.5
Managed Care	\$0.0	\$0.0	\$242.2	\$282.8	\$282.8	\$242.2	\$282.8	\$282.8	\$282.8	\$282.8	\$282.8	\$282.8	\$282.8	\$282.8	\$282.8	\$282.8	\$282.8	\$282.8	\$282.8	\$282.8	\$282.8	\$1,042.7
Total (in millions)	\$1,131.7	\$2,374.2	\$375.8	\$462.3	\$88.7	\$510.3	\$136.4	\$182.2	\$115.1	\$3.2	\$16.6	\$16.6	\$16.6	\$16.6	\$16.6	\$16.6	\$16.6	\$16.6	\$16.6	\$16.6	\$16.6	\$5,496.4

Expenditures (in Millions)	*Elderly		**Disabled		MO HealthNet for Families- Adult		MO HealthNet for Families- Child		Foster Care		MO HealthNet for Children		***Other Children		****Pregnant Women		MO HealthNet for Kids (SCHIP)		Women's Health Services		Total	
	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38	Title XIX 62/38		Title XIX 62/38
Number of Enrollees	76,701	145,317	74,516	192,823	14,755	205,743	12,524	27,388	58,749	19,425	1,636	829,577										
Annual Cost Per Person	\$14,755	\$16,338	\$5,043	\$2,397	\$6,014	\$2,966	\$10,893	\$6,651	\$1,959	\$162	\$10,151	\$6,626										
Monthly Cost Per Person	\$1,230	\$1,362	\$420	\$200	\$501	\$247	\$908	\$554	\$163	\$14	\$846	\$552										
Monthly State Cost Per Person	\$465	\$514	\$159	\$75	\$189	\$93	\$343	\$209	\$43	\$	##	##										

(Source: Table 5 for FY08)

* Elderly includes the following categories: Old Age Assistance (OAA) and Qualified Medicare Beneficiaries (QMB)

** Disabled includes the following categories: Permanently and Totally Disabled (PTD), Aid to the Blind, Blind Pension, Ticket to Work Health Assurance (TWHHA) Premium and NonPremium.

*** Other Children includes the following categories: Children in a Vendor Institution, Child Welfare Services (CWS), Div of Youth Services (DYS), Title XIX Homeless, Dependent & Neglected (HDN), MO Children with Develop Disabilities (MOCDD), Presumptive Eligibility for Kids and Voluntary Placement.

**** Pregnant Women includes the following categories: MO HealthNet for Pregnant Women, Presumptive Eligibility and MO HealthNet for Pregnant Women Poverty

*****All Other includes the following categories: Refugee, General Relief, Women with Breast or Cervical Cancer (BCCP) and Independent Foster Care Children Age 18-21.

Most services receive 90/10 match, all other services receive 62/38 match.

State Monthly Cost per Person and Federal/State match rate vary by category of eligibility.

MO HEALTHNET EXPENDITURES BY LARGE ELIGIBILITY GROUPS

FISCAL YEAR 2009

Expenditures (In Millions)	*Elderly	**Disabled	MO HealthNet for Families-Adult	***MO HealthNet Children	Foster Care	****Other Children	*****Pregnant Women	Children's Health Insurance Program (CHIP)	Women's Health Services	*****All Other	Total
	Title XIX 63/37	Title XIX 63/37	Title XIX 63/37	Title XIX 63/37	Title XIX 63/37	Title XIX 63/37	Title XIX 63/37	Title XXI 74/26	1115 Waiver		
Fed/state match rate											
Nursing Facilities	\$659.0	\$226.2	\$0.1	\$0.1	\$0.0	\$0.1	\$0.0	\$0.0	\$0.0	\$0.0	\$885.4
Hospitals	\$58.9	\$643.5	\$56.1	\$184.4	\$13.0	\$25.4	\$0.0	\$16.0	\$0.1	\$9.8	\$1,069.9
Dental	\$1.0	\$2.0	\$0.2	\$6.2	\$0.3	\$0.4	\$0.0	\$1.4	\$0.0	\$0.0	\$12.6
Pharmacy	\$24.6	\$482.7	\$35.3	\$91.4	\$10.8	\$12.4	\$6.5	\$20.0	\$0.5	\$6.5	\$690.7
Physician Related	\$48.2	\$231.6	\$26.9	\$61.9	\$4.0	\$6.2	\$40.5	\$9.2	\$3.0	\$3.0	\$434.3
In-Home	\$205.5	\$243.0	\$0.9	\$0.1	\$0.0	\$0.0	\$0.1	\$0.0	\$0.0	\$0.0	\$449.9
Rehab & Specialty	\$84.4	\$94.5	\$2.6	\$8.4	\$0.7	\$0.8	\$1.0	\$1.4	\$0.0	\$0.3	\$194.1
Buy-In	\$67.1	\$76.4	\$5.4	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$148.9
Mental Health	\$23.1	\$408.2	\$4.0	\$11.2	\$2.3	\$20.8	\$1.2	\$1.6	\$0.0	\$0.2	\$472.5
State Institutions	\$12.8	\$227.6	\$3.7	\$22.2	\$18.9	\$31.1	\$0.7	\$3.8	\$0.0	\$0.5	\$321.2
EP/SDT	\$0.0	\$34.9	\$0.3	\$58.8	\$11.8	\$17.7	\$1.5	\$8.3	\$0.0	\$0.3	\$133.7
Managed Care	\$0.0	\$0.0	\$200.3	\$715.4	\$23.1	\$21.4	\$61.2	\$74.2	\$0.0	\$0.9	\$1,096.4
Total (In millions)	\$1,184.5	\$2,670.6	\$335.6	\$1,160.0	\$84.9	\$136.4	\$176.7	\$135.9	\$3.6	\$21.6	\$5,909.7

Expenditures (In Millions)	*Elderly	**Disabled	MO HealthNet for Families-Adult	***MO HealthNet for Children	Foster Care	****Other Children	*****Pregnant Women	Children's Health Insurance Program (CHIP)	Women's Health Services	*****All Other	Total
	Title XIX 63/37	Title XIX 63/37	Title XIX 63/37	Title XIX 63/37	Title XIX 63/37	Title XIX 63/37	Title XIX 63/37	Title XXI 74/26	1115 Waiver		
Number of Enrollees	76,885	151,832	72,184	406,240	14,147	13,174	28,635	61,576	20,249	1,959	846,881
Annual Cost Per Person	\$15,406	\$17,589	\$4,650	\$2,855	\$5,999	\$10,354	\$6,169	\$2,206	\$178	\$11,036	\$6,978
Monthly Cost Per Person	\$1,284	\$1,466	\$387	\$238	\$500	\$863	\$514	\$184	\$15	\$920	\$582
Monthly State Cost Per Person	\$475	\$542	\$143	\$88	\$185	\$319	\$190	\$48	#	##	##

(Source: Table 5 for FY09)

* Elderly includes the following categories: Old Age Assistance (OAA), Qualified Medicare Beneficiaries (QMB) and Specified Low-Income Medicare Beneficiaries (SLMB).

** Disabled includes the following categories: Permanently and Totally Disabled (PTD), Aid to the Blind, Blind Pension, Ticket to Work Health Assurance (TWAHA) Premium and Non-Premium.

***MO HealthNet Children includes the following categories: MO HealthNet for Families-Child and MO HealthNet for Children.

**** Other Children includes the following categories: Children in a Vendor Institution, Child Welfare Services (CWS), Div of Youth Services (DYS), Title XIX Homeless, Dependent & Neglected (HDN), MO Children with Develop Disabilities (MO/DD), Presumptive Eligibility for Kids.

***** Pregnant Women includes the following categories: MO HealthNet for Pregnant Women, Presumptive Eligibility and MO HealthNet for Pregnant Women Poverty.

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Most services receive 90/10 match, all other services receive 63/37 match.

State Monthly Cost per Person and Federal/State match rate vary by category of eligibility.

APPENDIX F

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Missouri Consolidated Health Care Plan

www.mchcp.org

Richard H. Bowles
Executive Director

January 27, 2010

Mr. Mickey Wilson
Director
Committee on Legislative Research – Oversight Division
Room 132, State Capitol
Jefferson City, MO 65101

Missouri Consolidated Health Care Plan (MCHCP) provides these comments to the Program Evaluation of MCHCP State Employee Health Benefits.

MCHCP's overall costs have, on average, increased less than 9% per year over the past ten years, while medical costs have reached double digit increases for much of this same period. MCHCP's administrative costs have been well managed and increased minimally over that same decade of service.

While increases in employee co-payments reflect the national trend, State of Missouri employee out of pocket (OOP) expenses have stayed below the national average.

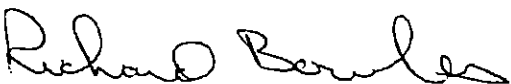
The State of Missouri combines benefits with salaries to attract and retain quality employees. MCHCP, with its proven track record over the past decade, supports this long term strategy. MCHCP continues to progressively develop comprehensive, strategic approaches in managing costs and improving health care services for our customers.

This program evaluation provides much useful data; however, the state by state comparison of employee health care premiums data is a minor exception and could be strengthened by including wage data. Disclosing wage and benefit comparisons exclusive of each other imposes unnecessary risks for misinterpretation.

It was our understanding you would provide the salary information and contact us if you needed the information. Enclosed is the most current salary information available from the U.S. Census Bureau.

Thank you for the opportunity to respond to your program evaluation.

Sincerely,



Richard Bowles,
Executive Director

Average pay for employees of state governments*

Rank	State	Annual pay
	U.S. average	\$50,350
1	California	\$66,928
2	New Jersey	\$63,284
3	Connecticut	\$61,074
4	Iowa	\$58,007
5	New York	\$57,790
6	Minnesota	\$56,613
7	Illinois	\$56,543
8	Rhode Island	\$56,455
9	Massachusetts	\$56,022
10	Colorado	\$55,602
11	Michigan	\$55,003
12	Nevada	\$54,831
13	Wisconsin	\$54,365
14	Alaska	\$53,748
15	Ohio	\$52,503
16	Washington	\$51,868
17	Maryland	\$51,465
18	Vermont	\$49,368
19	Pennsylvania	\$48,725
20	Delaware	\$48,472
21	Oregon	\$47,740
22	Virginia	\$47,733
23	New Hampshire	\$47,668
24	Arizona	\$47,142
25	Hawaii	\$46,876
26	Idaho	\$46,810
27	Utah	\$46,660
28	Texas	\$45,546
29	Maine	\$45,194
30	Montana	\$44,712
31	Alabama	\$44,570
32	Kansas	\$44,185
33	Indiana	\$44,174
34	Florida	\$43,962
35	North Carolina	\$43,825
36	Louisiana	\$43,129
37	Wyoming	\$42,540
38	Kentucky	\$42,487
39	Oklahoma	\$42,319

40	Georgia	\$42,274
41	New Mexico	\$42,115
42	South Dakota	\$41,661
43	Nebraska	\$41,473
44	Tennessee	\$41,385
45	North Dakota	\$40,142
46	South Carolina	\$39,751
47	Arkansas	\$38,863
48	Mississippi	\$38,654
49	Missouri	\$37,832
50	West Virginia	\$37,798

* Average public pay in each state is based on a survey of total payroll in March 2007, including items like bonuses and overtime.

SOURCES: U.S. Census; Public Fund Survey

