



National Association of Health Underwriters

A Comparison of Individual Market Health Insurance Costs For A Low-Income Family Across the United States (As of May 2004)

In this analysis, the National Association of Health Underwriters (NAHU) compares how much a health insurance policy purchased by a low-income American family through the individual health insurance market in each state would cost, as well as what type of plan benefits would be available to them. We assumed this was a family made up of a single mother, age 35, and two healthy daughters, ages seven and nine. When obtaining these rates, we assumed that each of these fictional individuals were healthy, non-smokers with creditable coverage who live in the same zip codes and counties as the capitols in each of these states. We also assumed that coverage would begin on June 1, 2004. For each state, NAHU sought out family coverage that cost approximately \$250 per month, or approximately \$3000 per year. In most states there was coverage in this price range, as well as less expensive policies available; however, in some cases coverage could not be obtained in that price range so the least expensive equivalent policy information is listed. In addition to the rates and policy benefits listed, we also provide a summary of the individual health insurance market regulatory climate in each state, which can have a substantial impact on health insurance rates and the availability of coverage.

State	Individual Market Health Insurance Options for Subject Family					Individual Market Regulatory Climate
	Plan Type	Monthly Premium	Annual Deductible (Individual /Family)	Coinsurance Rate	Additional Policy Benefits	
Alabama	PPO	\$289.00	\$5000/\$15000	100% coverage after the deductible.	\$10 office visit co-pay for non-preventive care. RX discount card. Hospitalization subject to deductible, and ER subject to \$50 additional deductible. Annual mental health benefit limits of \$1000 out-patient/\$2500 inpatient, and coverage is subject to coinsurance and benefit limitations. \$5000/\$15000 out-of-pocket maximum.	Alabama does not impose rate caps in the individual market and allows for medical underwriting; however, the way the state regulates managed care entities, including PPO plans, makes it difficult for carriers to offer this type of product. Since PPO products are generally the most popular individual market plan design, this has severely limited competition in the state.
Alaska	Managed Indemnity	\$278.40	\$5000/\$10000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual \$5000/\$10000 out-of-pocket maximum.	Alaska does not impose rate restrictions in the individual health insurance market; however, geographical considerations may limit competition and impact costs in the state.

State	Individual Market Health Insurance Options for Subject Family					Individual Market Regulatory Climate
	Plan Type	Monthly Premium	Annual Deductible (Individual /Family)	Coinsurance Rate	Additional Policy Benefits	
Arizona	PPO	\$255.15	\$1000/\$2000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. \$1000/\$2000 annual out-of-pocket maximum.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is no high-risk pool for medically uninsurable individuals, and the individual market serves as the fallback guarantee issue option for people who are exercising their HIPAA group-to-individual portability rights.
Arkansas	PPO	\$234.54	\$1500 (family deductible)	80% coverage after the deductible.	\$20 office visit copay for non-specialists, with all other office visits subject to the deductible. Separate \$100 deductible for RX, emergency room and hospitalization subject to the deductible, 50% coinsurance and \$4000 annual maximum for mental health, \$5000 annual out-of-pocket maximum.	The state does not impose rate caps in the individual market and allows for medical underwriting.
California	PPO	\$207.00	\$2500/\$5000	70% coverage after the deductible.	\$30 office visit copay. Separate \$100 deductible for RX with \$15/35/50 30-day pharmacy copay and \$30/70/100 90-day mail-order copay. ER visits, mental health and hospitalization are subject to additional copays following the deductible. \$4500/\$9000 annual family out-of-pocket maximum.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is a 12-month look-back and exclusionary period limit on preexisting health conditions, and plans must offer their two most popular products on a guarantee-issue basis to people who are exercising their HIPAA group-to-individual portability rights.
Colorado	PPO	\$246.99	\$1500/\$3000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. \$1500/\$3000 out-of-pocket maximum.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, the state does allow for groups of one to access the small-group health insurance market.
Connecticut	PPO	\$231.41	\$1500/\$3000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. \$1500/\$3000 annual out-of-pocket maximum.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is a 12-month look-back and exclusionary period limit on preexisting health conditions, and the state allows for groups of one to access the small-group health insurance market.

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Delaware	PPO	\$233.42	\$1500 (individual only)	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is the deductibles for two family members plus any coinsurance.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is no high-risk pool for medically uninsurable individuals, the individual market serves as the fallback guarantee issue option for people who are exercising their HIPAA group-to-individual portability rights, and the state allows for groups of one to access the small-group health insurance market.
District of Columbia	PPO	\$243.00	\$5000/\$15000	100% coverage after the deductible.	\$10 office visit co-pay for non-preventive care. RX discount card. Hospitalization subject to deductible, and ER visits subject to \$50 additional deductible. Mental health office visits subject to 75% coinsurance for the first 40 visits and 60% thereafter. \$5000/\$15000 annual out-of-pocket maximum.	The District does not impose rate caps in the individual market and allows for medical underwriting; however, there is no high-risk pool for medically uninsurable individuals, and the individual market serves as the fallback guarantee issue option for people who are exercising their HIPAA group-to-individual portability rights.
Florida	PPO	\$228.00	\$750 (individual only)	70% coverage after the deductible.	\$20 office visit co-pay for family physicians, with all other office visits subject to the deductible. Hospitalization and ER subject to the deductible. RX is subject to 80/60% coinsurance following the deductible, with a \$500 calendar year maximum. \$5000 lifetime maximum for mental health. \$4,000/\$8,000 annual out-of-pocket maximum	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is a 6-month look-back and a 12-month exclusionary period limit on preexisting health conditions, the state allows for groups of one to access the small-group health insurance market, and the high-risk pool has been closed to new applicants since 1991.
Georgia	PPO	\$217.35	\$2500/\$5000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is \$2500/\$5000.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is no high-risk pool for medically uninsurable individuals, and carriers must guarantee-issue coverage to people who are exercising their HIPAA group-to-individual portability rights on an assignment basis.
Hawaii	HMO	\$502.25	None	70% coverage.	\$15 office visit copay, \$50 ER visit copay, \$35 ER doctor copay, hospitalization and maternity subject to coinsurance.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, the state allows for groups of one to access the small-group health insurance market. Also, the state's group coverage mandate for employees that work 20 or more hours per week and geographical considerations limit individual market competition.

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Idaho	PPO	\$274.10	\$2000/\$4000	80% coverage after the deductible.	\$30 office visit co-pay. RX subject to 50% coinsurance, but no deductible, up to a \$1200 annual maximum. Hospitalization and ER subject to the deductible and coinsurance. Separate \$5000 maternity deductible. Separate coinsurance and benefit limits for mental health services. \$4000 annual out-of-pocket maximum.	Individual health insurance rates are subject to rate bands of plus or minus 50 percent of the base individual market rate for experience, health status and duration, with variances also allowed for age and gender. In addition, there is a 6-month look-back and a 12-month exclusionary period limit on preexisting health conditions, and carriers must guarantee-issue at least three products (basic, standard and catastrophic) to all individual market consumers.
Illinois	PPO	\$245.70	\$1000/\$2000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is \$1000/\$2000.	The state does not impose rate caps in the individual market and allows for medical underwriting.
Indiana	PPO	\$213.90	\$1500/\$3000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is \$1500/\$3000.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is a 12-month look-back and exclusionary period limit on preexisting health conditions.
Iowa	PPO	\$220.50	\$1000/\$2000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is \$1000/\$2000.	Individual health insurance rates are subject to rate bands of plus or minus 20 percent of the base individual market rate. In addition, there is a 12-month look-back and exclusionary period limit on preexisting health conditions.
Kansas	PPO	\$231.02	\$1000/\$3000	80% coverage after the deductible.	\$30 office visit copay. Hospitalization is subject to the deductible and coinsurance, and ER visits include additional \$100 copay. For outpatient mental health the plan pays first \$100 and then benefit is subject to coinsurance up to \$1000 annual limit. Inpatient mental health is subject to coinsurance with a 30-day annual limit. \$3000/\$9000 annual out-of-pocket maximum.	The state does not impose rate caps in the individual market and allows for medical underwriting.
Kentucky	PPO	\$251.40	\$500/\$1500	80% coverage after the deductible.	Office visits, hospitalization and ER visits are subject to the deductible and coinsurance, with additional \$75 ER copay. Separate \$500 RX deductible, with \$10/30/50/25% copays. Mental health subject to 50% coinsurance after the deductible, as well as benefit limits. \$2000 annual individual out-of-pocket limit (excluding deductible).	Individual health insurance rates are subject to rate bands of plus or minus 20 percent of the base individual market rate.

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Louisiana	PPO	\$227.00	\$5000/\$15000	100% coverage after the deductible.	\$10 office visit co-pay for non-preventive care. RX discount card. Hospitalization subject to deductible, and ER subject to \$50 additional deductible. Annual mental health benefit limits of \$1000 out-patient/\$2500 inpatient, and coverage is subject to coinsurance. \$5000/\$15000 annual out-of-pocket maximum.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is a 12-month look-back and exclusionary period limit on preexisting health conditions.
Maine	PPO	\$471.93	\$2250	100% coverage after the deductible.	Office visits, RX coverage, ER visits and hospitalization all subject to the deductible.	All individual market coverage must be offered on a guarantee issue basis, there is a 6-month look-back and a 12-month exclusionary period limit on preexisting health conditions, and the state allows for groups of one to access the small-group health insurance market. Furthermore, medical underwriting is prohibited in the state and carriers may only offer coverage on a modified community rated basis, with adjustments of plus or minus 20 percent of the community rate only allowed for age, occupation, geography and smoker status.
Maryland	PPO	\$255.96	\$1000/\$2000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is \$1000/\$2000.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is a 6-month look-back and a 12-month exclusionary period limit on preexisting health conditions, and the state allows for groups of one to access the small-group health insurance market.
Massachusetts	PPO	\$349.53	\$5000/\$10000	100% coverage after deductible.	Office visits, ER visits, hospitalization, maternity and mental health services subject to the deductible. RX discount card available. \$5000/\$10000 annual out-of-pocket maximum.	Carriers must guarantee-issue at least three individual market products to all consumers, there is a 6-month look-back and exclusionary period limit on preexisting health conditions, and the state allows for groups of one to access the small-group health insurance market. Furthermore, medical underwriting is prohibited in the state and carriers may only offer coverage on a modified community rated basis, with adjustments limited to age, geography and benefit level on a 2:1 basis.

State	Individual Market Health Insurance Options for Subject Family					Individual Market Regulatory Climate
	Plan Type	Monthly Premium	Annual Deductible (Individual /Family)	Coinsurance Rate	Additional Policy Benefits	
Michigan	PPO	\$239.40	\$1000/\$2000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is \$1000/\$2000.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is a 6-month look-back and a 12-month exclusionary period limit on preexisting health conditions. BCBS of Michigan must guarantee-issue coverage and serves as the carrier-of-last resort for people who are exercising their HIPAA group-to-individual portability rights.
Minnesota	PPO	\$227.11	\$1000 (individual only with limit of three deductibles per family per year)	80% coverage after the deductible.	Office visits, hospitalization, mental health, maternity and ER are subject to the deductible, with an 18-month initial exclusion for maternity. No deductible for RX at participating pharmacies and for pre-natal care. \$2000/\$6000 annual out-of-pocket maximum.	Individual health insurance rates are subject to rate bands of plus or minus 25 percent of the base individual market rate. In addition, there is a 6-month look-back and a 12-month exclusionary period limit on preexisting health conditions.
Mississippi	PPO	\$226.01	\$1500/\$3000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is \$1500/\$3000.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is a 12-month look-back and exclusionary period limit on preexisting health conditions, and the state allows for groups of one to access the small-group health insurance market.
Missouri	PPO	\$245.70	\$1000/\$2000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is \$1000/\$2000.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, the individual market serves as the fallback guarantee issue option for people who are exercising their HIPAA group-to-individual portability rights.
Montana	Managed Indemnity	\$221.00	\$5000/\$15000	100% coverage after the deductible.	Non-preventive office visits and hospitalization subject to deductible, and ER subject to \$50 additional deductible. Inpatient mental health coverage up to 21 days per year, and up to \$2000 in office visit coverage after inpatient limit met. RX discount card. Annual out-of-pocket limit of \$5000/\$15000.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is a 36-month look-back and a 12-month exclusionary period limit on preexisting health conditions. Also, geographic considerations have limited the penetration of managed care products in the state, which can impact cost.
Nebraska	PPO	\$239.40	\$1000/\$2000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is \$1000/\$2000.	The state does not impose rate caps in the individual market and allows for medical underwriting.

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	Plan Type	Monthly Premium	Annual Deductible (Individual /Family)	Coinsurance Rate	Additional Policy Benefits	
Nevada	PPO	\$250.40	\$1000/\$3000 (in-network)	80% coverage after the deductible.	\$30 office visit co-pay and \$70 urgent care copay. RX coverage with \$15/40/60 34-day pharmacy copay and \$30/80/120 90-day mail-order copay. Emergency room and hospitalization are subject to deductible and coinsurance. Mental health coverage for severe illnesses only, subject to limits and 70% coinsurance. \$3000/\$6000 plus deductible annual out-of-pocket maximum.	Individual health insurance rates are subject to rate bands of plus or minus 50 percent of the base individual market rate. Also, there is no high-risk pool for medically uninsurable individuals, and the individual market serves as the fallback guarantee issue option for people who are exercising their HIPAA group-to-individual portability rights.
New Hampshire	PPO	\$254.01	\$5000	80% coverage after the deductible.	Non-preventive office visits, hospitalization and ER visits subject to deductible and coinsurance, as well as a \$100 ER copay. \$10 generic RX copay with \$1000 annual maximum. \$15000 annual out-of-pocket maximum per family.	Individual health insurance rates are subject to rate bands; there is a 3-month look-back and a 9-month exclusionary period limit on preexisting health conditions, and the state allows for groups of one to access the small-group health insurance market.
New Jersey	HMO	\$588.51	None	None	\$30 co-pay for office visits, \$50 for ER visit, and \$300/day copay for hospitalization up to five days per year with a \$3000 annual out-of-pocket maximum, including for maternity. \$25 maternity outpatient copay for initial visit. 50% coinsurance for RX through drug card program.	Five standardized individual market products must be offered on a guarantee issue basis, and there is a 6-month look-back and a 12-month exclusionary period limit on preexisting health conditions. Furthermore, all individual market underwriting is prohibited in the state and carriers may only offer coverage on a community rated basis.
New Mexico	PPO	\$248.00	\$1000/\$3000	80% coverage after the deductible.	\$10 office visit co-pay for non-preventive care. RX discount card. Hospitalization subject to deductible, and ER subject to \$50 additional deductible. Annual mental health benefit limits of \$1000 out-patient/\$2500 inpatient, and coverage is subject to coinsurance and visit limitations. \$2000/\$6000 annual out-of-pocket maximum.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is a 6-month look-back and exclusionary period limit on preexisting health conditions.
New York	PPO	\$624.93	\$250/\$500 (out-of-network only)	100% coverage of the GHI Schedule of Allowance	Office visits not covered except for well-child visits. Separate RX deductible of \$50 and \$10 copay for generics and brand name without generic equivalent. \$10 plus difference between brand and generic for brand name with generic equivalent. No RX deductible for mail order and \$8/\$15 copay for 90-day supply. Coverage of hospitalization, maternity and ER visits (\$50 copay). 30 days annual inpatient psychiatric care. \$10,000 annual out-of-pocket limit.	All individual market coverage must be offered on a guarantee issue basis, and there is a 6-month look-back and a 12-month exclusionary period limit on preexisting health conditions. Furthermore, carriers may only offer coverage on a community rated basis with adjustments limited to family composition and geographic regions.

State	Individual Market Health Insurance Options for Subject Family					Individual Market Regulatory Climate
	Plan Type	Monthly Premium	Annual Deductible (Individual /Family)	Coinsurance Rate	Additional Policy Benefits	
North Carolina	PPO	\$244.74	\$1500 (in-network) \$3000 (out-of-network)	80% in-network coverage after the deductible.	\$40 office co-pay, hospitalization subject to deductible and coinsurance, with a \$100 ER copay. RX discount card. Annual out-of-pocket maximum of \$3500/\$7000 for in-network coverage.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is a 12-month look-back and exclusionary period limit on preexisting health conditions, there is no high-risk pool for medically uninsurable individuals, the individual market serves as the fallback guarantee issue option for people who are exercising their HIPAA group-to-individual portability rights, and the state allows for groups of one to access the small-group health insurance market.
North Dakota	PPO	\$254.80	\$1000/\$3000	80% coverage after the deductible.	Office visits, ER and hospitalization subject to deductible and coinsurance, with a \$75 ER copay. Separate \$500 RX deductible with \$10 copay for generics and \$25 plus 20% copay for brand name without generic equivalent. Copay of \$25 plus 25% plus difference between brand and generic for brand name RX with generic equivalent. Mental health services with 50% coinsurance and benefit limits. Annual out-of-pocket maximum of \$2000/\$4000 plus deductible.	Individual market rates are subject to rate bands, and there is a 12-month look-back and 6-month exclusionary period limit on preexisting health conditions. Also, geographic considerations have limited the penetration of managed care products in the state, which can impact cost.
Ohio	PPO	\$255.42	\$500/\$1000	80% coverage after the deductible.	\$25 office visit co-pay. Separate RX deductible of \$250 for name-brand drugs. \$20/\$50 RX copay. ER subject to deductible and coinsurance with \$100 copay and hospitalization subject to \$500 copay then coinsurance. Mental health coverage limited to \$3000 lifetime maximum and \$50 per office visit. Annual out-of-pocket maximum of \$2500/\$5000.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is a 6-month look-back and a 12-month exclusionary period limit on preexisting health conditions. Also, carriers must offer guarantee-issue enrollment to people who are exercising their HIPAA group-to-individual portability rights during open enrollment periods until they meet enrollment caps.
Oklahoma	PPO	\$263.44	\$1500 (individual only)	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is the deductibles for two family members plus any coinsurance.	The state does not impose rate caps in the individual market and allows for medical underwriting.

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Oregon	PPO	\$217.00	\$500/\$1500	80% coverage after the deductible.	\$15 office visit copay. Hospitalization, ER and maternity (after a 12-month waiting period) are subject to the deductible and coinsurance, with a \$100 ER copay. Inpatient mental health subject to deductible and coinsurance and 30-day benefit limit. Annual \$10,000 out-of-pocket maximum.	Individual market rates must be a modified community rate with variances allowed based on geography, age, benefit design and family composition. In addition, there is a 6-month look-back and exclusionary period limit on preexisting health conditions.
Pennsylvania	PPO	\$259.64	\$1500/\$3000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is \$1500/\$3000.	The state does not impose rate caps in the individual market and allows for medical underwriting for private health insurance carriers; however, the various BCBS plans must guarantee-issue coverage and serve as the carrier-of-last-resort for people who are exercising their HIPAA group-to-individual portability rights.
Rhode Island	PPO	\$592.60	\$4000 (family only)	80% coverage after the deductible	\$15 non-specialist office visit copay and \$25 specialist office visit copay. Hospitalization, ER visits, and RX subject to deductible and coinsurance. \$6000 annual out-of-pocket maximum.	Rhode Island impose rate caps in the individual market and allows for medical underwriting; however, the way the state regulates managed care entities, including PPO plans, makes it difficult for carriers to offer this type of product. Since PPO products are generally the most popular individual market plan design, this has severely limited competition in the state. Also, there is no high-risk pool for medically uninsurable individuals, and the individual market serves as the fallback guarantee issue option for people who are exercising their HIPAA group-to-individual portability rights.
South Carolina	PPO	\$218.37	\$1500/\$3000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is \$1500/\$3000.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, HMOs are subject to a 12-month look-back and exclusionary period limit on preexisting health conditions. Limitations for indemnity plans vary based on date of issue.
South Dakota	Managed Indemnity	\$226.00	\$5000/\$15000	100% coverage after the deductible.	Non-preventive office visits, hospitalization and ER visits subject to deductible and coinsurance, with a separate \$50 ER deductible. RX discount card. Annual mental health benefit limits of \$1000 out-patient/\$2500 inpatient, and coverage is subject to coinsurance and limitations. \$5000/\$15000 annual out-of-pocket maximum.	Individual health insurance rates are subject to rate bands of plus or minus 30 percent of the base individual market rate. In addition, there is a 12-month look-back and exclusionary period limit on preexisting health conditions. Also, geographic considerations have limited the penetration of managed care products in the state, which can impact cost.

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Tennessee	PPO	\$219.02	\$1500/\$3000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is \$1500/\$3000.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, the individual market serves as the fallback guarantee issue option for people who are exercising their HIPAA group-to-individual portability rights.
Texas	PPO	\$215.10	\$1500/\$3000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is \$1500/\$3000.	The state does not impose rate caps in the individual market and allows for medical underwriting.
Utah	PPO	\$240.00	\$1000/\$2000	80% coverage after the deductible.	\$15 office visit copay. Separate \$400 RX deductible and \$5/25%/50% copay. Separate \$5000 maternity coverage deductible (not applied to out-of-pocket maximum), then 100% coverage. Hospitalization and ER visits subject to deductible and coinsurance, with \$25 ER in-network copay. Mental health services subject to 50% coinsurance after the deductible plus benefit limits. \$3500/\$7500 annual out-of-pocket maximum.	Individual health insurance rates are subject to rate bands of plus or minus 30 percent of the base individual market rate, and there is a 6-month look-back and 12-month exclusionary period limit on preexisting health conditions. Also, the individual market serves as the fallback guarantee issue option for certain people who are exercising their HIPAA group-to-individual portability rights and meet specified health criteria. The state high-risk pool also serves a portion of the state's HIPAA-eligible population.
Vermont	PPO	\$539.26	\$10,000/\$20,000	100% coverage after the deductible	\$25 office visit co-pay. All other benefits subject to deductible and coinsurance. \$17,000/\$23,500 out-of-pocket annual maximum.	All individual market coverage must be offered on a guarantee issue basis, and there is a 6-month look-back and a 12-month exclusionary period limit on preexisting health conditions. Furthermore, carriers may only offer coverage on a community rated basis with adjustments limited to those approved by the state Insurance Commissioner.
Virginia	PPO	\$200.38	\$1500/\$3000	100% coverage after the deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is \$1500/\$3000.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is a 6-month look-back and 12-month exclusionary period limit on preexisting health conditions, and carriers must offer products on a guarantee-issue basis to people who are exercising their HIPAA group-to-individual portability rights.

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Washington	PPO	\$211.41	\$2500/\$5000	70% coverage after the deductible.	Office visits, hospitalization and ER visits are subject to deductible and coinsurance, with a \$100 ER copay. Separate \$500 RX deductible, with 20/30/50% copay up to an annual maximum of \$5000. \$6000 plus deductible individual annual out-of-pocket limit.	Carriers may only offer coverage on a modified community rated basis with adjustments limited to age, geography and wellness. Furthermore, there is a 6-month look-back and a 12-month exclusionary period limit on preexisting health conditions
West Virginia	PPO	\$357.18	\$5000/\$10000	80% coverage after the deductible.	Non-preventive office visits, hospitalization, and ER visits subject to the deductible and coinsurance. 50% coverage of RX, which is not subject to the deductible. \$6000/\$12,000 annual out-of-pocket maximum.	Individual health insurance rates are subject to rate bands of plus or minus 30 percent of the base individual market rate. In addition, there is currently no high-risk pool for medically uninsurable individuals, and carriers must offer products on a guarantee-issue basis to people who are exercising their HIPAA group-to-individual portability rights.
Wisconsin	PPO	\$208.56	\$1500/\$3000	100% coverage the after deductible.	Office visits, hospitalization and RX are subject to deductible and coinsurance. Additional \$100 ER copay, and \$50 outpatient copay and \$3000 lifetime maximum for mental health services. Annual out-of-pocket maximum is \$1500/\$3000.	The state does not impose rate caps in the individual market and allows for medical underwriting.
Wyoming	Managed Indemnity	\$222.00	\$5000/\$15000	100% after deductible	Non-preventive office visits, hospitalization and ER visits subject to deductible and coinsurance, with a separate \$50 ER deductible. RX discount card. Annual mental health benefit limits of \$1000 out-patient/\$2500 inpatient, and coverage is subject to coinsurance and limitations. \$5000/\$15000 annual out-of-pocket maximum.	The state does not impose rate caps in the individual market and allows for medical underwriting; however, there is a 6-month look-back and a 12-month exclusionary period limit on preexisting health conditions. Also, geographic considerations have limited the penetration of managed care products in the state, which can impact cost.

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