

It's Time to Get Mad About the Outrageous Cost of Health Care

Why it's so high, how it affects your wallet—and yes, what you can do about it

PHOTOGRAPH BY
BENJAMIN BOUCHET

PERSON FOR PERSON, health care in the U.S. costs about twice as much as it does in the rest of the developed world. In fact, if our \$3 trillion health care sector were its own country, it would be the world's fifth-largest economy.

If you have health insurance, you may think it doesn't matter because someone else is paying the bill. You'd be wrong. This country's exorbitant medical costs mean that we *all* pay too much for health insurance. Overpriced care also translates into fewer raises for American workers. And to top it off, we're not even getting the best care for our money.

First, be aware that even if you have insurance, it doesn't always fully protect you. Four years ago, Joclyn Krevat, a 32-year-old occupational therapist





from New York City, collapsed with a rare heart condition and ended up needing an emergency heart transplant. She had it done at a hospital in her health plan's network, but no one bothered to tell her that her transplant surgeons didn't take her insurance. They billed her \$70,000 and sent collection agencies and lawyers after her while she was still home recuperating. In studying the problem, Consumer Reports has heard dozens of similar tales about surprise out-of-network bills.

Second, higher health care costs mean higher health insurance premiums for everyone. It's Health Insurance 101: Insurance is about pooling risk. That's a good thing because it protects you against unexpected costs—but companies have to collect enough in premiums to pay for members' health expenses. The higher the expenses for the risk pool, the higher the premiums for everyone—even if you received little or none of that care.

And if you're wondering why you can't get ahead financially, blame it on the fact that health care is eating your raises. Since 2000, incomes have barely kept up with inflation and insurance premiums have more than doubled. The average employer family health plan that cost companies \$6,438 per staffer in 2000 shot up to \$16,351 by 2013. That's money that could have gone into your paycheck but didn't because your employer had to spend it on your health insurance instead.

The kicker: We don't get much for our

money. In a 2013 Commonwealth Fund study of 11 developed countries' health care systems, the U.S. ranked fifth in quality and worst for infant mortality. We also did the worst job of preventing deaths from treatable conditions, such as strokes, diabetes, high blood pressure, and certain treatable cancers.

No wonder that when Consumer Reports surveyed a representative sample of 1,079 American adults, we found considerable distress about high costs. Twelve percent said they had spent more than \$5,000 of their own money on medical bills (not counting prescriptions or insurance premiums) in the previous year, and 11 percent said they had medical bills they had trouble paying. Large majorities said they wanted better information about cost and quality of their health care. (For survey results, see the box below, at left.)

Made-Up Prices and a Yen for Brand-Name Hospitals

All of which brings us to the big question: Why is our health care so expensive?

Health care works nothing like other market transactions. As a consumer, you are a bystander to the real action, which takes place between providers—hospitals, doctors, labs, drug companies, and device manufacturers—and the private and governmental entities that pay them. Those same providers are also pushing Americans into newer and more expensive treatments, even when there's no evidence they're any better.

"There is no such thing as a legitimate price for anything in health care," says George Halvorson, former chairman of Kaiser Permanente, the giant health maintenance organization based in California. "Prices are made up depending on who the payer is."

When Medicare is paying the bills, prices tend to be lower. That agency is by far the largest single source of revenue for most health care providers, which gives it more leverage to set prices. Private insurance companies and providers, on the other hand, bargain head-to-head over prices, often savagely. (If you see headlines in your area about such-and-such hospital leaving an insurer network, that's what's going on.)

In regions with many competing

WHAT DO THE SWISS KNOW THAT WE DON'T?

The Swiss and U.S. health care systems are a lot alike: Both have mandatory insurance, provided through private companies. But prices are regulated and capped in Switzerland, while the U.S. is a pricing free-for-all. The result? Prices are uniformly higher here. Below are examples based on 2013 figures from the International Federation of Health Plans. (U.S. prices are the average paid by private health plans.)

| SERVICE/DRUG | SWITZERLAND | U.S.A. |
|-----------------------|------------------|------------------|
| Gleevec (Cancer Drug) | \$3,633 per dose | \$6,214 per dose |
| MRI | \$138 | \$1,145 |
| Normal Delivery | \$8,307 | \$10,002 |
| Heart Bypass Surgery | \$36,509 | \$75,345 |

providers, insurers can play them against each other to hold down prices. But where there are few providers, not so much. Providers know that, and are busily consolidating into larger groups to get more bargaining power. In your own community, you may have noticed new outpatient medical clinics sprouting up emblazoned with the name of a local hospital; that is hospitals buying up private medical practices to get more clout with insurers.

But the providers with the most clout are the brand-name medical centers, which hold special cachet for patients and are thus "must have" hospitals for many insurers. "In some markets the prestigious medical institutions can name their price," says Andrea Caballero, program director for Catalyst for Payment Reform, a national nonprofit trying to get a grip on health costs on behalf of large employers. "They may have brand names of high prestige but not necessarily deliver higher-quality care."

There are small but hopeful signs that health costs aren't growing quite as fast as they used to. Medicare's costs are stabilizing, for instance. It's too soon to tell whether that is a permanent trend.

But the "medical industrial complex" continues going for as much gold as it can, as the following examples show all too clearly.

THE ANGER INDEX

We asked a national sample of 1,000 adults what they thought of these real-life health care cost horrors. Below, the percentage who found them outrageous.

\$37.50

For a Single Tylenol in the Hospital:

91%

Doctor Who Orders an MRI Because He Owns the Machine:

89%

\$1,000

For a Single Pill That Treats Hepatitis:

80%



OUTRAGE NO. 1

Why Do Just One Test When You Can Bill for Three?

Americans usually pay for health care by the piece: so much for each office visit, X-ray, outpatient procedure, etc. That approach leads to one thing: waste. Up to 30 percent of the care provided in this country is unnecessary, according to the Congressional Budget Office. “If you have a treatment that requires three CT scans and re-engineer it to require only one, it won’t happen because two CT scan places will lose a source of revenue,” says

George Halvorson of Kaiser Permanente. “Piecework also rewards bad outcomes. It pays a lot if you have a heart attack but very little for preventing it.”

Some insurance companies are making headway against overtreatment—which is why Consumer Reports has checkmarked them in the health plan rankings, prepared in collaboration with the National Committee for Quality Assurance (NCQA), a nonprofit quality measurement and accreditation organization.

CR has given check marks to plans whose providers deliver more effective, efficient care. Examples include not prescribing unnecessary antibiotics and not performing unneeded imaging tests for uncomplicated lower-back pain, and reducing hospital readmissions.



OUTRAGE NO. 2

The \$1,000-per-Pill Hepatitis Drug

Here’s a prime example of big pharma’s we-charge-what-we-want syndrome. A new pill for hepatitis C has hit the market that, if taken by everyone who should take it, would cost Americans more per year than all other brand-name drugs combined. No one—not individuals, not private insurers, not Medicare—can do a thing about it. That’s because here in the U.S., as long as the drug, Sovaldi, remains under patent, its owner, Gilead Sciences, can charge whatever it wants. At the moment that’s \$1,000 per pill, or \$84,000 to \$150,000 for a course of treatment.

“Drug companies charge what the market will bear, and in the United States the market will bear a lot,” says Matt Salo, executive director of the National Association of Medicaid Directors, a policy group based in Washington, D.C.

Hepatitis C affects 3.2 million mostly boomer-aged Americans who got it

through tainted blood transfusions (no longer a serious risk thanks to new screening tests) and intravenous drug use. Left untreated, it can lead to liver failure and is the leading reason for liver transplants in the U.S. Older treatments were uncomfortable, took forever, came with unpleasant side effects, and didn’t always work. With Sovaldi, you take the pill for a few months; it has a cure rate of about 90 percent in clinical trials.

The industry defends the price on the grounds that it’s cheaper than a \$500,000 liver transplant. But most people with untreated Hepatitis C never need a transplant; even after 20 years, the savings from not having to treat the disease’s worst effects would offset only about 75 percent of Sovaldi’s up-front costs, research suggests. Meanwhile, it would add \$600 per person to the annual cost of a group health plan.

Consumers, Medicaid directors, and insurers have protested the price, but to no avail. Sovaldi sales are on track to earn Gilead \$10 billion this year alone—almost enough to recoup the \$11 billion that the company spent to buy the company that developed the drug. The billions coming its way in the years ahead will be pure profit.



OUTRAGE NO. 3

Pushing the New and Flashy

One way for hospitals and medical practices to make gobs of money is to push a new, trendy procedure—even if it’s no better than an older one. Prime example: prostate cancer surgery. Medical science still has little idea which treatments work best for the disease, or even who really needs to be treated, because many patients have cancer so indolent that they will die of something else long before it kills them.

None of that has stopped medical marketers from persuading hospitals to spend ever larger sums of money on so-called cutting-edge prostate cancer treatments to lure patients away from competitors.

The poster child for the phenomenon is robotic surgery, which your local hospital has probably bragged about.

First introduced for prostate cancer surgery in 2001, the \$2 million machine—a collection of laparoscopic instruments operated remotely—went from being used for 6 percent of prostatectomies in 2004 to 83 percent in 2014, despite little evidence that it is better than other types of surgery even though it comes with a higher price tag.

“There’s marketing value in a very expensive piece of technology, such as a robot, even if it doesn’t work better,” says Jeffrey C. Lerner, president of the ECRI Institute, a nonprofit health technology evaluation organization. “Nobody’s ever going to put up a billboard about having the best bandage.”

TAKE ACTION, TELL YOUR STORY

Share your story about health costs with us at ConsumersUnion.org/medical-bill-shock. And join our campaign to fix the way America pays for health care and to force doctors, hospitals, and insurers to reveal prices and fees. Go to ConsumersUnion.org/outrageous-health-costs.

3 Ways You Can Help Rein In Expenses

Consumers can help reduce out-of-control medical spending by insisting on less pricey but high-quality care, and by choosing cost-efficient insurance plans. Here's how you can effect change:

1

Find Out the Real Cost of Your Treatment

More and more insurers are disclosing at least some negotiated prices to members who register with their websites. Take advantage of that feature if your health plan offers it, especially for things you can plan in advance, such as imaging tests. In a recent experiment, people scheduled for CT scans or MRIs were called and told about cheaper alternatives of equal quality; they ended up saving participating insurers an average of \$220 per scan—and prompted more expensive providers to cut their prices.

2

If You Want the Celeb Doctor, Pay Extra

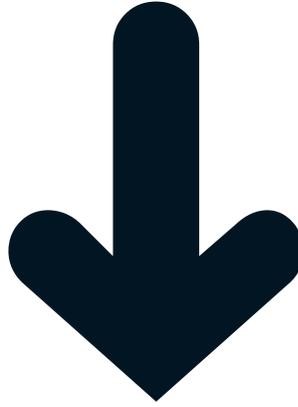
“Reference pricing” is when an insurer analyzes its past claims to set a reasonable price for a good-quality routine test or procedure and tells its customers that if they want to go to a higher-cost in-network provider, they can—but will be responsible for the difference between the reference price and the provider's price.

CalPERS, which buys health insurance for 1.3 million California state employees and retirees, set a reference price of \$30,000 for routine hip and knee replacements after discovering it was paying as much as \$110,000 for those procedures. In the first year, savings averaged \$7,000 per patient—and several high-cost hospitals suddenly discovered that they, too, could offer \$30,000 joint replacements. One caveat: This fix needs to be done carefully to make sure that quality stays high and consumers aren't caught by surprise.

3

Seek Out a Smaller Medical Network

You can save about 20 percent on premiums by signing up with a plan that has fewer providers than customary. Providers give the insurer a price break in exchange for fewer competitors. But before signing on, make sure that the network includes the doctors, hospitals, labs, and other services you need within a reasonable distance from your home and that they accept new patients. Subscribers to our website can go to ConsumerReports.org/hospitalratings to see how hospitals compare in quality.



Insurance Plans That Help Hold Down Costs: Our Picks

A good health care plan should provide high overall quality and help members avoid unnecessary medical care. That can help cut health care costs and reduce the risks that come with all medical tests and treatments.

The rankings that start on the facing page show the top three private plans (those you buy on your own or get from your employer) in each state—plus any plan that earned our check mark in Avoiding Overuse. The data come from the National Committee for Quality Assurance (NCQA), a non-profit quality measurement and accreditation organization.

To earn a check in Avoiding Overuse, plans must have sufficient data, score high overall, and do better in at least three of these areas:

- Avoiding inappropriate use of antibiotics. Overuse of the drugs has undermined their effectiveness and has bred dangerous antibiotic-resistant strains of bacteria.
- Limiting imaging tests for lower-back pain. Getting an X-ray, CT scan, or MRI within the first month of back pain is rarely necessary

because back pain almost always clears up on its own in that time.

- Reducing hospital readmissions. Being readmitted to the hospital soon after discharge could mean, for example, that the hospital or doctor didn't properly coordinate discharge or provide appropriate care when the patient was there.
- Avoiding overuse of emergency rooms. Good plans help patients stay out of the ER, in part by controlling chronic diseases.
- Reducing overuse of invasive heart procedures. It can be more cost-effective and better for patients when heart disease can be controlled with lifestyle changes and drugs.

WHAT ELSE IS IN THE HEALTH INSURANCE RANKINGS?

- Overall score. Each plan gets a score from 1 to 100, based on how well it provides preventive services, including cancer screenings and immunizations; how well it manages chronic diseases, such as heart disease; consumer satisfaction; and accreditation. The overall score is also used to determine a plan's national rank, shown in the far left column of the chart.
- Consumer satisfaction. This indicates how well a plan performed in a survey of members about such factors as getting timely doctors' appointments, getting the care they need, and their overall assessment of their doctors and specialists.
- Accreditation. Most plans in the rankings are accredited by the NCQA, which requires plans to consistently show high-quality care, strategies for improvement, and public disclosure. Plans pay fees to any organization that evaluates them, including NCQA.

For more info, including free rankings for private, Medicare, and Medicaid plans, go to ConsumerReports.org/healthinsurance. To learn how all private plans perform in Avoiding Overuse, go to ConsumerReports.org/avoidingoveruse.

Health Insurance Is Tricky. Here's How to Navigate The Maze.

Enroll on Time

If you buy insurance on your own, be aware that the open enrollment period is shorter for 2015—from Nov. 15 through Feb. 15. If you miss that deadline, you can't get insurance for the rest of 2015 unless something major happens, such as having a baby or losing your job. Open enrollment for Medicare Advantage and Medicare drug plans will be Oct. 15 through Dec. 7. Most employers offer new plans to employees around the same time.

Research Plan Quality

In the chart at right, we list top private plans in each state. Go to ConsumerReports.org/healthinsurance for free rankings of more plans, including Medicare Advantage and Medicaid plans. For Medicare plans, you can also go to medicare.gov.

Don't Auto-Renew

Most plans will auto-renew if you don't tell them not to. We strongly recommend checking out your options before re-enrolling. Plans change from year to year; so do your circumstances. You might have developed new health care needs that don't play well with your provider network or drug formulary.

Get Rid of Bad Pre-Obamacare Plans

We recently heard from a reader with a plan he bought on his own before the new health law rules took effect. But now his wife is pregnant and his current insurance excludes maternity benefits. He wanted to know where he could get insurance that would cover maternity care, which all plans sold nowadays must do. Alas, the answer was that he can't until open enrollment starts on Nov. 15. If you have a pre-Affordable Care Act plan, make sure you understand its limitations.

Don't Accept an Automatic Replacement Plan

If the plan you chose from your state marketplace last year is being discontinued, the government allows the insurer to auto-enroll you in a replacement plan—unless you say otherwise. Check with your marketplace first to see whether you can get a better deal.

Don't Automatically Take COBRA

This program used to be a lifeline if you lost your job, because it let you keep your employer's health plan for 18 months. But now it's more of an albatross. That's because COBRA requires that you pick up the full cost of the plan, which can hit \$600 or more per month. Thanks to health care reform, you can almost certainly find equally good insurance for a better price on your state's marketplace, especially because your lower income will probably qualify you for big tax credits. Carefully compare the two before paying your first COBRA premium. Once you've enrolled in COBRA, you can't switch to a marketplace plan until the next open enrollment period.

Shop Around for Care

Obviously you can't do this for emergencies, and it's irrelevant for catastrophic situations like cancer or a heart attack. But for a routine service, such as an MRI, or for things you can plan in advance, like childbirth, register on your health plan's website and look for cost estimators. You're likely to find startling variations in prices for the same service, depending on where you get it.

Master Your Plan's Rules

Don't assume that all plans are designed alike; they're not, and what you don't know can cost you. Say you wake up one day with a fever and a sore throat. A trip to your doctor might cost you a \$40 co-pay. An urgent care center might set you back \$60. An emergency room might cost \$1,500. When you get a new plan, spend a few minutes with its standardized Summary of Benefits and Coverage form. It's not exciting reading, but it can save you big in the long run.

Health Insurance Rankings: NCQA

Worse than average 1 2 3 4 5 Better than average

| National Rank | PRIVATE INSURANCE PLAN | PERFORMANCE | | |
|--------------------|--|---------------|-----------------------|------------------|
| | | Overall Score | Consumer Satisfaction | Avoiding Overuse |
| ALABAMA | | | | |
| 401 | Humana Employers Health Plan of Georgia (HMO/POS) | 78 | 2 | |
| 445 | United Healthcare Insurance (PPO) | 77 | 3 | |
| 445 | United HealthCare Services (PPO) | 77 | 3 | |
| ALASKA | | | | |
| 447 | Premera Blue Cross Blue Shield of Alaska (PPO) | 77 | 2 | |
| 471 | Aetna Life Insurance (PPO) | 75 | 2 | |
| ARIZONA | | | | |
| 165 | Cigna HealthCare of Arizona (HMO/POS) | 82 | 3 | |
| 221 | UnitedHealthcare of Arizona (HMO) | 81 | 3 | |
| 250 | Humana Health Plan - Kentucky (HMO/POS) | 81 | 3 | |
| ARKANSAS | | | | |
| 386 | Humana Insurance (Tennessee) (PPO) | 79 | 3 | |
| 396 | Coventry Health and Life Insurance (PPO) | 79 | 2 | |
| 458 | United HealthCare Services (PPO) | 76 | 2 | |
| 458 | UnitedHealthcare Insurance (PPO) | 76 | 2 | |
| CALIFORNIA | | | | |
| 7 | Kaiser Foundation Health Plan of Southern California (HMO) | 89 | 4 | |
| 8 | Kaiser Foundation Health Plan of Northern California (HMO) | 89 | 4 | |
| 97 | Sharp Health Plan (HMO) | 84 | 4 | ✓ |
| 149 | Western Health Advantage (HMO) | 82 | 3 | ✓ |
| COLORADO | | | | |
| 29 | Kaiser Foundation Health Plan of Colorado (HMO) | 87 | 2 | ✓ |
| 99 | Cigna HealthCare of Colorado (HMO/POS) | 84 | 3 | |
| 112 | HMO Colorado (HMO/POS) | 83 | 3 | |
| 129 | Aetna Life Insurance (PPO) | 83 | 3 | ✓ |
| 169 | Cigna Health and Life Insurance (PPO) | 82 | 3 | ✓ |
| 169 | Connecticut General Life Insurance (Cigna) (PPO) | 82 | 3 | ✓ |
| 178 | United HealthCare Services (PPO) | 82 | 3 | ✓ |
| 178 | UnitedHealthcare Insurance (PPO) | 82 | 3 | ✓ |
| CONNECTICUT | | | | |
| 35 | Anthem Blue Cross and Blue Shield in Connecticut (HMO/POS) | 87 | 5 | |
| 56 | Oxford Health Plans (HMO/POS) | 85 | 4 | |
| 67 | ConnectiCare (HMO/POS) | 85 | 3 | |
| 114 | United Healthcare Insurance (PPO) | 83 | 3 | ✓ |
| 114 | United HealthCare Services (PPO) | 83 | 3 | ✓ |
| DELAWARE | | | | |
| 122 | Highmark BCBS (PPO) | 83 | 3 | ✓ |
| 123 | Highmark BCBS (HMO/POS) | 83 | 3 | ✓ |

Continued on next page >

Health Insurance Rankings: NCQA

Worse than average 1 2 3 4 5 Better than average

| National Rank | PRIVATE INSURANCE PLAN | PERFORMANCE | | |
|-----------------------------|--|---------------|-----------------------|------------------|
| | | Overall Score | Consumer Satisfaction | Avoiding Overuse |
| DELAWARE continued | | | | |
| 222 | Coventry Health Care of Delaware (HMO/POS) | 81 | 3 | |
| 229 | Aetna Health (Pennsylvania) (HMO/POS) | 81 | 2 | ✓ |
| DISTRICT OF COLUMBIA | | | | |
| 13 | Kaiser Foundation Health Plan of the Mid-Atlantic States (HMO) | 88 | 5 | ✓ |
| 181 | Cigna Health and Life Insurance (HMO/POS) | 82 | 3 | |
| 181 | Cigna Health and Life Insurance (PPO) | 82 | 3 | |
| 181 | Connecticut General Life Insurance (Cigna) (HMO/POS) | 82 | 3 | |
| 181 | Connecticut General Life Insurance (Cigna) (PPO) | 82 | 3 | |
| 194 | Aetna Life Insurance (PPO) | 82 | 3 | ✓ |
| FLORIDA | | | | |
| 16 | Capital Health Plan (HMO) | 88 | 5 | ✓ |
| 104 | Florida Health Care Plans (HMO/POS) | 83 | 4 | |
| 133 | Health First Health Plans (HMO) | 83 | 3 | |
| GEORGIA | | | | |
| 19 | Kaiser Foundation Health Plan of Georgia (HMO) | 88 | 4 | |
| 147 | Humana Wisconsin Health Organization Insurance (HMO/POS) | 82 | 4 | |
| 151 | Aetna Life Insurance (PPO) | 82 | 3 | |
| HAWAII | | | | |
| 18 | Kaiser Foundation Health Plan - Hawaii (HMO) | 88 | 4 | ✓ |
| 43 | Hawaii Medical Service Association (Federal Plan 87) (HMO/POS) | 86 | 5 | |
| 74 | Hawaii Medical Service Association (PPO) | 84 | 5 | |
| IDAHO | | | | |
| 70 | Group Health Cooperative (HMO) | 85 | 3 | ✓ |
| 150 | Group Health Options (HMO/POS) | 82 | 3 | ✓ |
| 254 | SelectHealth (HMO/POS) | 81 | 2 | |
| ILLINOIS | | | | |
| 50 | Health Alliance Medical Plans (HMO/POS) | 85 | 5 | |
| 87 | Medical Associates Health Plan (HMO/POS) | 84 | 4 | |
| 138 | Health Alliance Medical Plans (PPO) | 83 | 3 | |
| INDIANA | | | | |
| 113 | Humana Insurance (PPO) | 83 | 4 | |
| 145 | Anthem Blue Cross and Blue Shield in Indiana (HMO) | 83 | 4 | |
| 197 | Humana Health Plan of Ohio (HMO/POS) | 82 | 4 | |
| IOWA | | | | |
| 49 | Health Alliance Midwest (HMO/POS) | 85 | 5 | |
| 73 | Gundersen Health Plan (HMO) | 85 | 5 | ✓ |
| 76 | Wellmark Health Plan of Iowa (HMO/POS) | 84 | 5 | |
| KANSAS | | | | |
| 148 | UnitedHealthcare of the Midwest (HMO/POS) | 82 | 5 | |
| 193 | Blue Cross and Blue Shield of Kansas City, Good Health HMO (HMO) | 82 | 3 | |

| National Rank | PRIVATE INSURANCE PLAN | PERFORMANCE | | |
|-------------------------|--|---------------|-----------------------|------------------|
| | | Overall Score | Consumer Satisfaction | Avoiding Overuse |
| KANSAS continued | | | | |
| 212 | Coventry Health Care of Kansas (Kansas) (HMO/POS) | 82 | 4 | |
| KENTUCKY | | | | |
| 113 | Humana Insurance (PPO) | 83 | 4 | |
| 197 | Humana Health Plan of Ohio (HMO/POS) | 82 | 4 | |
| 203 | Anthem Blue Cross and Blue Shield in Kentucky (HMO/POS) | 82 | 4 | |
| LOUISIANA | | | | |
| 250 | Humana Health Plan - Kentucky (HMO/POS) | 81 | 3 | |
| 277 | Humana Health Benefit Plan of Louisiana (HMO/POS) | 80 | 3 | |
| 292 | Humana Health Plan of Texas (Austin) (HMO/POS) | 80 | 3 | |
| MAINE | | | | |
| 2 | Harvard Pilgrim Health Care (HMO/POS) | 90 | 5 | |
| 9 | Martin's Point US Family Health Plan (HMO) | 89 | 5 | ✓ |
| 36 | Anthem Blue Cross and Blue Shield in Maine (HMO/POS) | 87 | 5 | |
| 79 | Cigna Health and Life Insurance (PPO) | 84 | 4 | ✓ |
| 79 | Connecticut General Life Insurance (Cigna) (HMO/POS) | 84 | 4 | ✓ |
| 79 | Connecticut General Life Insurance (Cigna) (PPO) | 84 | 4 | ✓ |
| 142 | Aetna Health (HMO/POS) | 83 | 3 | ✓ |
| MARYLAND | | | | |
| 13 | Kaiser Foundation Health Plan of the Mid-Atlantic States (HMO) | 88 | 5 | ✓ |
| 31 | Johns Hopkins US Family Health Plan (HMO) | 87 | 5 | |
| 120 | Employer Health Programs (POS) | 83 | 2 | ✓ |
| 124 | Cigna Health and Life Insurance (HMO/POS) | 83 | 3 | ✓ |
| 124 | Cigna Health and Life Insurance (PPO) | 83 | 3 | ✓ |
| 124 | Connecticut General Life Insurance (Cigna) (HMO/POS) | 83 | 3 | ✓ |
| 124 | Connecticut General Life Insurance (Cigna) (PPO) | 83 | 3 | ✓ |
| 194 | Aetna Life Insurance (PPO) | 82 | 3 | ✓ |
| MASSACHUSETTS | | | | |
| 1 | Tufts Associated Health Maintenance Organization (HMO/POS) | 90 | 5 | ✓ |
| 2 | Harvard Pilgrim Health Care (HMO/POS) | 90 | 5 | |
| 3 | Harvard Pilgrim Health Care (PPO) | 90 | 5 | |
| 3 | Harvard Pilgrim Insurance (PPO) | 90 | 5 | |
| 6 | Tufts Benefit Administrators (PPO) | 89 | 5 | ✓ |
| 10 | Blue Cross and Blue Shield of Massachusetts (PPO) | 89 | 5 | ✓ |
| 11 | Blue Cross and Blue Shield of Massachusetts HMO Blue (HMO/POS) | 89 | 4 | ✓ |
| 34 | Fallon Health (HMO/POS) | 87 | 4 | ✓ |
| 51 | Cigna Health and Life Insurance (HMO/POS) | 85 | 2 | ✓ |
| 51 | Cigna Health and Life Insurance (PPO) | 85 | 2 | ✓ |
| 51 | Connecticut General Life Insurance (Cigna) (HMO/POS) | 85 | 2 | ✓ |
| 51 | Connecticut General Life Insurance (Cigna) (PPO) | 85 | 2 | ✓ |
| 62 | Neighborhood Health Plan (HMO) | 85 | 2 | ✓ |

THE RANKINGS

Worse than average 1 2 3 4 5 Better than average

| National Rank | PRIVATE INSURANCE PLAN | PERFORMANCE | | |
|----------------------|--|---------------|-----------------------|------------------|
| | | Overall Score | Consumer Satisfaction | Avoiding Overuse |
| MICHIGAN | | | | |
| 33 | HealthPlus of Michigan (HMO/POS) | 87 | 5 | ✓ |
| 42 | Grand Valley Health Plan (HMO) | 86 | 5 | |
| 48 | Priority Health (HMO/POS) | 86 | 4 | ✓ |
| 213 | Priority Health Insurance (PPO) | 82 | 3 | ✓ |
| MINNESOTA | | | | |
| 26 | Group Health Plan (HMO/POS/PPO) | 87 | 4 | ✓ |
| 26 | HealthPartners (HMO/POS/PPO) | 87 | 4 | ✓ |
| 26 | HealthPartners Administrators (HMO/POS/PPO) | 87 | 4 | ✓ |
| 90 | Medica (HMO/POS) | 84 | 3 | ✓ |
| 90 | Medica Insurance Company (MIC) (PPO) | 84 | 3 | ✓ |
| 90 | Medica Self-Insured (MSI) (PPO) | 84 | 3 | ✓ |
| 102 | Blue Cross Blue Shield of Minnesota (PPO) | 84 | 4 | ✓ |
| MISSISSIPPI | | | | |
| 128 | Cigna HealthCare of Tennessee (HMO/POS) | 83 | 5 | |
| 206 | Humana Health Plan of Tennessee (HMO/POS) | 82 | 5 | |
| 386 | Humana Insurance (Tennessee) (PPO) | 79 | 3 | |
| MISSOURI | | | | |
| 148 | UnitedHealthcare of the Midwest (HMO/POS) | 82 | 5 | |
| 152 | Coventry Health Care of Missouri (HMO/POS) | 82 | 4 | |
| 193 | Blue Cross and Blue Shield of Kansas City, Good Health HMO (HMO) | 82 | 3 | |
| MONTANA | | | | |
| 423 | United HealthCare Services (PPO) | 78 | 2 | |
| 423 | UnitedHealthcare Insurance (PPO) | 78 | 2 | |
| 462 | Cigna Health and Life Insurance (PPO) | 76 | 4 | |
| 462 | Connecticut General Life Insurance (Cigna) (PPO) | 76 | 4 | |
| NEBRASKA | | | | |
| 49 | Health Alliance Midwest (HMO/POS) | 85 | 5 | |
| 134 | Health Alliance Midwest (PPO) | 83 | 3 | |
| 207 | Coventry Health and Life Insurance (PPO) | 82 | 3 | |
| NEVADA | | | | |
| 294 | Saint Mary's HealthFirst (HMO/POS) | 80 | 3 | |
| 360 | Altius Health Plans (HMO/POS) | 79 | 3 | |
| 366 | Aetna Health (Pennsylvania) (HMO/POS) | 79 | 2 | |
| NEW HAMPSHIRE | | | | |
| 17 | Harvard Pilgrim Health Care of New England (HMO/POS) | 88 | 5 | |
| 45 | Martin's Point US Family Health Plan (HMO) | 86 | 5 | |
| 60 | Anthem Blue Cross and Blue Shield in New Hampshire (POS) | 85 | 4 | |
| 60 | Anthem Health Plan of New Hampshire (HMO/POS) | 85 | 4 | |
| 63 | Cigna Health and Life Insurance (HMO/POS) | 85 | 4 | ✓ |
| 63 | Cigna Health and Life Insurance (PPO) | 85 | 4 | ✓ |

| National Rank | PRIVATE INSURANCE PLAN | PERFORMANCE | | |
|--------------------------------|---|---------------|-----------------------|------------------|
| | | Overall Score | Consumer Satisfaction | Avoiding Overuse |
| NEW HAMPSHIRE continued | | | | |
| 63 | Connecticut General Life Insurance (Cigna) (HMO/POS) | 85 | 4 | ✓ |
| 63 | Connecticut General Life Insurance (Cigna) (PPO) | 85 | 4 | ✓ |
| NEW JERSEY | | | | |
| 119 | Cigna HealthCare of New Jersey (HMO/POS) | 83 | 3 | |
| 136 | Cigna Health and Life Insurance (PPO) | 83 | 3 | |
| 136 | Connecticut General Life Insurance (Cigna) (PPO) | 83 | 3 | |
| 232 | AmeriHealth HMO - New Jersey (HMO/POS) | 81 | 3 | ✓ |
| NEW MEXICO | | | | |
| 333 | Presbyterian Health Plan (HMO/POS) | 80 | 2 | |
| 415 | Blue Cross and Blue Shield of New Mexico (HMO/PPO) | 78 | 2 | |
| 422 | Presbyterian Insurance (PPO) | 78 | 1 | |
| NEW YORK | | | | |
| 24 | Capital District Physicians' Healthcare Network (HMO/POS) | 87 | 5 | |
| 25 | Capital District Physicians' Health Plan (HMO) | 87 | 5 | |
| 32 | Independent Health Association (HMO/POS) | 87 | 5 | ✓ |
| 89 | Univera Healthcare (HMO/POS/PPO) | 84 | 2 | ✓ |
| 100 | Excellus BlueCross BlueShield (HMO/POS) | 84 | 3 | ✓ |
| 100 | Excellus BlueCross BlueShield (PPO) | 84 | 3 | ✓ |
| 121 | Aetna Health (HMO/POS) | 83 | 3 | ✓ |
| NORTH CAROLINA | | | | |
| 162 | Cigna Health and Life Insurance (PPO) | 82 | 3 | |
| 162 | Connecticut General Life Insurance (Cigna) (PPO) | 82 | 3 | |
| 208 | Blue Cross Blue Shield of North Carolina (PPO) | 82 | 4 | ✓ |
| 243 | United HealthCare Services (PPO) | 81 | 3 | ✓ |
| 243 | UnitedHealthcare Insurance (PPO) | 81 | 3 | ✓ |
| NORTH DAKOTA | | | | |
| 90 | Medica Insurance Company (MIC) (PPO) | 84 | 3 | ✓ |
| 90 | Medica Self-Insured (MSI) (PPO) | 84 | 3 | ✓ |
| 210 | Sanford Health Plan (HMO) | 82 | 3 | |
| OHIO | | | | |
| 15 | HealthSpan Integrated Care (HMO) | 88 | 4 | |
| 75 | AultCare HMO (HMO) | 84 | 5 | |
| 109 | Anthem Blue Cross and Blue Shield in Ohio (HMO/POS) | 83 | 3 | |
| OKLAHOMA | | | | |
| 212 | Coventry Health Care of Kansas (Kansas) (HMO/POS) | 82 | 4 | |
| 396 | Coventry Health and Life Insurance (PPO) | 79 | 2 | |
| 430 | Aetna Life Insurance (PPO) | 77 | 2 | |
| OREGON | | | | |
| 5 | Kaiser Foundation Health Plan of the Northwest (HMO) | 90 | 4 | ✓ |

Continued on next page >

Health Insurance Rankings: NCQA

Worse than average ① ② ③ ④ ⑤ Better than average

| National Rank | PRIVATE INSURANCE PLAN | PERFORMANCE | | |
|-------------------------|--|---------------|-----------------------|------------------|
| | | Overall Score | Consumer Satisfaction | Avoiding Overuse |
| OREGON continued | | | | |
| 263 | Cigna Health and Life Insurance (PPO) | 81 | ② | |
| 263 | Connecticut General Life Insurance (Cigna) (PPO) | 81 | ② | |
| PENNSYLVANIA | | | | |
| 12 | Geisinger Health Plan (HMO/POS) | 88 | ⑤ | ✓ |
| 20 | UPMC Health Plan (HMO) | 87 | ③ | ✓ |
| 21 | UPMC Benefit Management Services (HMO) | 87 | ③ | ✓ |
| 22 | HealthAmerica Pennsylvania (HMO) | 87 | ⑤ | ✓ |
| 47 | Keystone Health Plan West (HMO) | 86 | ④ | ✓ |
| 93 | UPMC Benefit Management Services (PPO) | 84 | ② | ✓ |
| 93 | UPMC Health Options (PPO) | 84 | ② | ✓ |
| 130 | First Priority Health (HMO/POS) | 83 | ③ | ✓ |
| PUERTO RICO | | | | |
| 506 | Humana Health Plans of Puerto Rico (HMO/POS)* | 58 | ④ | |
| 507 | Humana Health Plans of Puerto Rico (PPO)* | 56 | ④ | |
| RHODE ISLAND | | | | |
| 1 | Tufts Associated Health Maintenance Organization (HMO/POS) | 90 | ⑤ | ✓ |
| 6 | Tufts Benefit Administrators (PPO) | 89 | ⑤ | ✓ |
| 95 | United HealthCare Services (PPO) | 84 | ④ | |
| 95 | UnitedHealthcare Insurance (PPO) | 84 | ④ | |
| SOUTH CAROLINA | | | | |
| 250 | Humana Health Plan - Kentucky (HMO/POS) | 81 | ③ | |
| 313 | BlueChoice HealthPlan of South Carolina (HMO/POS) | 80 | ③ | |
| 326 | Aetna Health (Pennsylvania) (HMO/POS) | 80 | ① | |
| SOUTH DAKOTA | | | | |
| 90 | Medica Insurance Company (MIC) (PPO) | 84 | ③ | ✓ |
| 90 | Medica Self-Insured (MSI) (PPO) | 84 | ③ | ✓ |
| 210 | Sanford Health Plan (HMO) | 82 | ③ | |
| TENNESSEE | | | | |
| 128 | Cigna HealthCare of Tennessee (HMO/POS) | 83 | ⑤ | |
| 189 | Cigna Health and Life Insurance (PPO) | 82 | ④ | |
| 189 | Connecticut General Life Insurance (Cigna) (PPO) | 82 | ④ | |
| TEXAS | | | | |
| 155 | Scott and White Health Plan (HMO) | 82 | ② | |
| 209 | Aetna Life Insurance (PPO) | 82 | ④ | |
| 245 | Humana Medical Plan - Florida (HMO/POS) | 81 | ③ | |
| UTAH | | | | |
| 254 | SelectHealth (HMO/POS) | 81 | ② | |
| 360 | Altius Health Plans (HMO/POS) | 79 | ③ | |
| 438 | United HealthCare Services (PPO) | 77 | ① | |
| 438 | UnitedHealthcare Insurance (PPO) | 77 | ① | |

| National Rank | PRIVATE INSURANCE PLAN | PERFORMANCE | | |
|----------------------|--|---------------|-----------------------|------------------|
| | | Overall Score | Consumer Satisfaction | Avoiding Overuse |
| VERMONT | | | | |
| 37 | Blue Cross and Blue Shield of Vermont (POS) | 87 | ⑤ | ✓ |
| 45 | Martin's Point US Family Health Plan (HMO) | 86 | ⑤ | |
| 46 | MVP Health Care (HMO/POS) | 86 | ⑤ | |
| 58 | Cigna Health and Life Insurance (PPO) | 85 | ④ | ✓ |
| 58 | Connecticut General Life Insurance (Cigna) (PPO) | 85 | ④ | ✓ |
| 78 | Vermont Health Plan (HMO/POS) | 84 | ③ | ✓ |
| 84 | Blue Cross and Blue Shield of Vermont (PPO) | 84 | ④ | ✓ |
| VIRGINIA | | | | |
| 13 | Kaiser Foundation Health Plan of the Mid-Atlantic States (HMO) | 88 | ⑤ | ✓ |
| 139 | Aetna Life Insurance (PPO) | 83 | ③ | |
| 140 | Optima Health Plan (HMO/POS) | 83 | ③ | |
| 146 | Coventry Health Care of Virginia (HMO/POS) | 83 | ③ | ✓ |
| WASHINGTON | | | | |
| 5 | Kaiser Foundation Health Plan of the Northwest (HMO) | 90 | ④ | ✓ |
| 70 | Group Health Cooperative (HMO) | 85 | ③ | ✓ |
| 150 | Group Health Options (HMO/POS) | 82 | ③ | ✓ |
| 230 | Cigna Health and Life Insurance (PPO) | 81 | ② | ✓ |
| 230 | Connecticut General Life Insurance (Cigna) (PPO) | 81 | ② | ✓ |
| WEST VIRGINIA | | | | |
| 22 | HealthAssurance Pennsylvania (POS) | 87 | ⑤ | ✓ |
| 153 | Health Plan of the Upper Ohio Valley (HMO) | 82 | ④ | |
| 247 | Coventry Health Care of West Virginia (HMO/POS) | 81 | ③ | |
| WISCONSIN | | | | |
| 14 | Group Health Cooperative of South Central Wisconsin (HMO) | 88 | ③ | |
| 26 | HealthPartners Administrators (HMO/POS/PPO) | 87 | ④ | ✓ |
| 38 | Unity Health Plans (HMO/POS) | 86 | ④ | ✓ |
| 41 | Security Health Plan of Wisconsin (HMO/POS) | 86 | ⑤ | ✓ |
| 44 | Network Health Plan (HMO/POS) | 86 | ④ | ✓ |
| 73 | Gundersen Health Plan (HMO) | 85 | ⑤ | ✓ |
| 85 | MercyCare Insurance (HMO) | 84 | ⑤ | ✓ |
| 90 | Medica (HMO/POS) | 84 | ③ | ✓ |
| 90 | Medica Insurance Company (MIC) (PPO) | 84 | ③ | ✓ |
| 90 | Medica Self-Insured (MSI) (PPO) | 84 | ③ | ✓ |
| 227 | WPS Health Plan (HMO/POS) | 81 | ④ | ✓ |
| WYOMING | | | | |
| 360 | Altius Health Plans (HMO/POS) | 79 | ③ | |
| 468 | Aetna Life Insurance (PPO) | 75 | ③ | |
| 483 | United HealthCare Services (PPO) | 74 | ① | |
| 483 | UnitedHealthcare Insurance (PPO) | 74 | ① | |

*Not accredited by NCQA.