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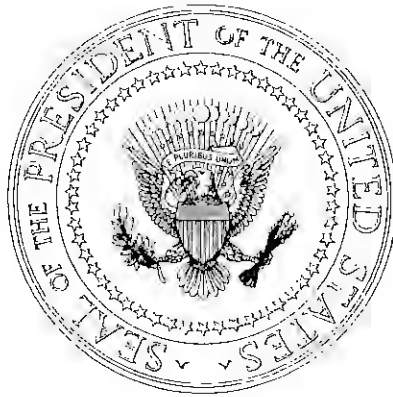
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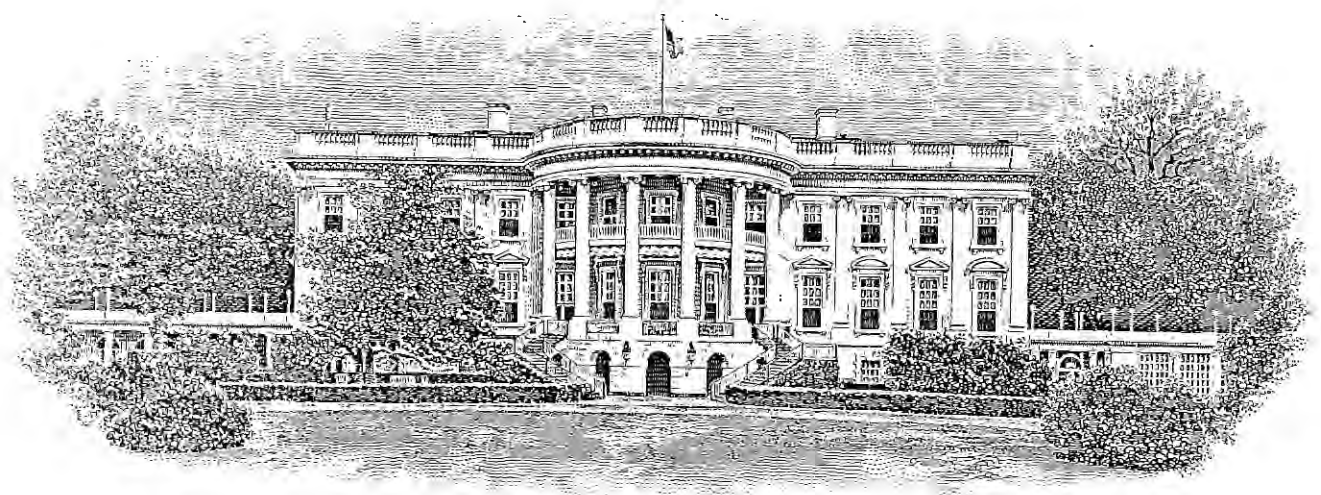
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The White House



Assorted forms and pamphlets re. WH Credit Union, share
draft, law office

WHITE HOUSE FEDERAL CREDIT UNION

Old Executive Office Building

Washington, D. C. 20500

1. _____
(name)

Account No. _____

2. _____
(joint member name)

Soc. Sec. No. _____

3. _____
(Street Address)

Employing
Agency _____

4. _____
(City) (State) (Zip Code)

Room
Location _____

SHARE DRAFT INFORMATION and APPLICATION

Draft Account No. _____ Share Account No. _____

Loan Account No. _____ Share Account No. _____

NAME (1) _____ SOC. SEC. NO. _____

NAME (2) _____ SOC. SEC. NO. _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE (Home) _____ (Business) _____

ADDITIONAL TERMS AND CONDITIONS (Joint Share Draft Account Agreement)

The Credit Union is hereby authorized to recognize any of the signatures subscribed on the reverse side hereof in the payment of funds or the transaction of any business for this Share Draft Account. The joint owners of this Account hereby agree with each other and with the Credit Union that all sums now paid in on shares in this Account, or heretofore or hereafter paid in on shares in this Account by any or all of said joint owners to their credit as such joint owners, with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship, and shall be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors, or payment as provided on the reverse side hereof, shall be valid and discharge the Credit Union from any liability for such payment.

The right or authority of the Credit Union under this Share Draft Account Agreement shall not be changed or terminated by said owners, or any of them, except by written notice to the Credit Union which shall not affect transactions theretofore made.

SD-105 (CARD)

PRINTED IN U.S.A. BY UNION LABOR #11585

FORM 150-123 DOB REV. 9/85 Printed in U.S.A. by Union Labor #11434

If this is a joint share account, all joint owners must sign the designation to make it valid.

Signed: _____

as the beneficiary on Account No. _____
entitled to all shares in said account upon my death, or, if there is more than one owner, upon the death of all the owners

who resides at _____

hereby designate _____

Name of Beneficiary _____

Name of Account Owner(s) _____

I/We, _____

DESIGNATION OF BENEFICIARY FOR SHARES (may be used only in certain states)

APPLICATION FOR MEMBERSHIP

Account Number _____ Name (To be filled in by credit union) _____

Complete Address _____

Husband's first or Wife's maiden name _____

Employer _____ Bus. Phone _____ Home Phone _____

Dept. or Occupation _____ Place of Birth _____

Date of Birth _____ Mother's maiden name _____

Membership Eligibility _____ Soc. Sec. No. or _____

Tax Ident. No. _____

By signing on the reverse side, I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the

CREDIT UNION

I also agree to the terms and conditions of any account that I have in the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time. This application approved by the: (Check one)

() Board () Exec. Committee Date _____

() Membership Officer Signed _____

Reverse side must be completed. (Person representing approver of application)

SHARE DRAFT ACCOUNT AGREEMENT WITH OVERDRAFT PAYMENT PROVISIONS

I/We hereby authorize _____ Credit Union to establish this Share Draft Account for me/us. The Credit Union is authorized to pay share drafts signed by me (or by any of us) and to charge all such payments against the shares in this Account. It is further agreed that: (a) Only share draft blanks (and other methods) approved by the Credit Union may be used to make withdrawals from this Account.

(b) The Credit Union is under no obligation to pay a share draft that exceeds the fully paid and collected share balance in this Account. However, if any of the undersigned writes a share draft that would exceed such balance and result in this Account being overdrawn, the Credit Union may:

(1) Treat such share draft as a request to the Credit Union for an advance (in multiples of \$100) from the loan account identified below sufficient to permit the Credit Union to pay such share draft and credit the loan advance to this Account; or

(2) If none of the undersigned is then eligible to receive a loan advance as provided above, the Credit Union may, nevertheless, pay such share draft and transfer shares to this Account in the amount of the resulting overdraft, plus a service charge, from any other regular share account from which any of the undersigned is then eligible to withdraw shares.

(c) The Credit Union may pay a share draft on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the share draft.

(d) When paid, share drafts become the property of the Credit Union and will not be returned either with the periodic statement of this Account or otherwise.

(e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a share draft.

(f) Any objection respecting any item shown on a periodic statement of this Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.

(g) This Account is subject to the Credit Union's right to require advance notice of withdrawal, as provided in its bylaws.

(h) This Account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time.

(i) If this Agreement is signed by more than one person, the persons signing below shall be the joint owners of this Account which, in that event, shall be subject to the additional terms and conditions printed on the reverse side hereof.

Dated _____, 19____

Share Draft Account Number _____ Signature(s) _____

Loan Account Number _____

(Instruction to Signer. If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of whichever certification you sign below:)

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify (1) that the number on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

Signature _____ Date _____

CERTIFICATION IF AWAITING NUMBER

Under penalties of perjury, I certify (1) that a taxpayer identification number has not been issued to me, and that I mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or I intend to mail or deliver an application in the near future), and (2) that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

I understand that if I do not provide a taxpayer identification number to the credit union within 60 days, the credit union is required to withhold 20 percent of all reportable payments thereafter made to me until I provide a number.

Signature _____ Date _____

JOINT SHARE ACCOUNT AGREEMENT *NOT TRANSFERABLE

The _____ Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union.

The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions theretofore made.

Joint Account No. _____ Date _____ 19____

†Soc. Sec. or Tax I.D. No. †Joint Owners (each must sign below) †Date of Birth _____

Consent of Spouse (to be completed in some states if joint owner is other than spouse of member)

Approved and consented to: _____

*as defined in 12 CFR Part 204 Signature of spouse Date _____

SHARE DRAFT INFORMATION and APPLICATION

Draft Account No. _____ Share Account No. _____

Loan Account No. _____ Share Account No. _____

NAME (1) _____ SOC. SEC. NO. _____

NAME (2) _____ SOC. SEC. NO. _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE (Home) _____ (Business) _____

ADDITIONAL TERMS AND CONDITIONS (Joint Share Draft Account Agreement)

The Credit Union is hereby authorized to recognize any of the signatures subscribed on the reverse side hereof in the payment of funds or the transaction of any business for this Share Draft Account. The joint owners of this Account hereby agree with each other and with the Credit Union that all sums now paid in on shares in this Account, or heretofore or hereafter paid in on shares in this Account by any or all of said joint owners to their credit as such joint owners, with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship, and shall be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors, or payment as provided on the reverse side hereof, shall be valid and discharge the Credit Union from any liability for such payment.

The right or authority of the Credit Union under this Share Draft Account Agreement shall not be changed or terminated by said owners, or any of them, except by written notice to the Credit Union which shall not affect transactions theretofore made.

SHARE DRAFT ACCOUNT AGREEMENT
WITH OVERDRAFT PAYMENT PROVISIONS

I/We hereby authorize _____

_____ Credit Union to establish this Share Draft Account for me/us. The Credit Union is authorized to pay share drafts signed by me (or by any of us) and to charge all such payments against the shares in this Account. It is further agreed that:

(a) Only share draft blanks (and other methods) approved by the Credit Union may be used to make withdrawals from this Account.

(b) The Credit Union is under no obligation to pay a share draft that exceeds the fully paid and collected share balance in this Account. However, if any of the undersigned writes a share draft that would exceed such balance and result in this Account being overdrawn, the Credit Union may:

(1) Treat such share draft as a request to the Credit Union for an advance (in multiples of \$100) from the loan account identified below sufficient to permit the Credit Union to pay such share draft and credit the loan advance to this Account; or

(2) If none of the undersigned is then eligible to receive a loan advance as provided above, the Credit Union may, nevertheless, pay such share draft and transfer shares to this Account in the amount of the resulting overdraft, plus a service charge, from any other regular share account from which any of the undersigned is then eligible to withdraw shares.

(c) The Credit Union may pay a share draft on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the share draft.

(d) When paid, share drafts become the property of the Credit Union and will not be returned either with the periodic statement of this Account or otherwise.

(e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a share draft.

(f) Any objection respecting any item shown on a periodic statement of this Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.

(g) This Account is subject to the Credit Union's right to require advance notice of withdrawal, as provided in its bylaws.

(h) This Account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time.

(i) If this Agreement is signed by more than one person, the persons signing below shall be the joint owners of this Account which, in that event, shall be subject to the additional terms and conditions printed on the reverse side hereof.

Dated _____, 19____

Signature(s) _____

Share Draft Account
Number _____

Loan Account Number _____

LEGAL PASSBOOK

LAW OFFICES OF
**KLEIN &
CUTLER**

A PROFESSIONAL LAW CORPORATION

GROUP LEGAL SERVICES:

The Credit Union has information available, exclusively for you, pertaining to a Group Legal Service plan. Your Credit Union Membership entitles you to all the legal services listed below. Here's a basic outline of how it works:

Free Legal Consultation—At your request, you will receive free legal consultation on any legal matter whenever you need it—by phone or in person.

Immediate Action Communiques—A qualified attorney will make a third party phone call or initiate a short written communication, at no cost to you, if in the attorney's opinion this action will result in an immediate resolution of your legal problem.

Reasonable Legal Fees—If you continue to require specific legal services, the law firm agrees to represent you under a fee schedule that is considerably lower than existing legal rates. Any such fees will be quoted in advance, and at that point you can decide whether or not you want to proceed.

Law Offices of Klein and Cutler, A Professional Law Corporation, Are Proud To Announce:

"A new concept in the offering of Group Legal Services as an additional benefit to your membership."

The following items represent just a portion of the FREE services available to your membership through the Group Legal Plan offered by the Law Offices of Klein and Cutler, A Professional Law Corporation:

- 1 FREE legal check-up per year, per member;
- All wrongful death and personal injury cases on a strict contingency fee basis. No FEES paid unless recovery is made;

- FREE Notary service in conjunction with existing file;
- FREE review of instructions for purchase or sale of family residence;
- A periodic attorney lecture service during member lunch hour or evening meetings wherein topics of common interest such as Consumer Law, Wills, Estate Planning, etc., will be discussed and opened to question and answer sessions.

LEGAL SERVICE OFFERED

The staff of attorneys will provide legal counsel in a wide range of areas, such as:

- Personal Injury - Auto Accidents
- Real Estate Matters
- Administrative Hearings
- Civil Suit (Defense or Prosecution)
- Dissolution of Marriage
- Family Law Matters - Adoptions
- Corporations - Partnerships
- Estate Planning - Wills
- Tax Planning
- Homestead Declarations
- Misdemeanor - Traffic - Criminal
- Felony

The legal services are provided by the law firm of

KLEIN & CUTLER

A Professional Corporation

Through its main office listed on the reverse.

Attorney-Client Relationships are entirely confidential. The Credit Union is not involved in any way, other than to make this plan available for your use.

This program is operated pursuant to the rules of professional conduct of the American Bar Association.

"It's Like Having a Law Firm on Full Time Retainer."

LAW OFFICES OF **KLEIN & CUTLER**

A PROFESSIONAL LAW CORPORATION

FOR LEGAL ASSISTANCE CALL:

Main Office: Washington Metropolitan Area

202 484-5900

995 L'Enfant Plaza, S.W.

Plaza Level

Washington, D.C. 20024

Virginia	(703) 385-9810
Los Angeles, California	(213) 641-5800
Orange County, California	(714) 558-6900

PARTICIPATING FIRMS

Denver, CO	(303) 758-0680
Miami, FL	(305) 356-2888
Colorado Springs, CA	(303) 471-4601
Wichita, KS	(316) 683-5837
Chicago, IL	(312) 920-1105
Indianapolis, IN	(317) 634-6206
Westfield, NJ	(201) 654-6222
Rochester, NY	(716) 325-3680
Pittsburgh, PA	(412) 261-3959
Dallas, TX	(214) 630-9886
Attleboro, MA	(617) 222-0222
Memphis, TN	(901) 527-0769

ENDORSEMENT

"This service is provided to credit union members as a consumer benefit. This credit union and the District of Columbia Credit Union League receive no fees or remuneration for offering this service."



Your savings insured to \$100,000

NCUA

National Credit Union Administration, a U.S. Government Agency



**YOUR
INSURED
FUNDS**

FOREWORD

The purpose of this booklet is to help you understand the nature of conditions of share insurance protection. The National Credit Union Administration (NCUA) is an independent agency of the United States Government and is managed by the National Credit Union Administration Board (NCUA Board). The National Credit Union Share Insurance Fund (NCUSIF) was established by Congress in 1970 to insure member share accounts of federally insured credit unions. NCUSIF is also managed by the NCUA Board. Share insurance protection is therefore provided by the NCUA Board through NCUSIF.

NCUSIF insurance protection is similar to deposit insurance provided by the Federal Deposit Insurance Corporation and the Federal Savings and Loan Insurance Corporation. NCUSIF share insurance helps to maintain sound conditions in the credit union industry and protect credit union members in the event of an insured credit union failure due to insolvency or bankruptcy as determined by the NCUA Board.

As a member of an insured credit union, you do not pay directly for share insurance protection. Your credit union pays into the NCUSIF based on the total amount of insured shares on deposit. Additionally in July 1984, Public Law 98-369 was signed to further strengthen the NCUSIF. This legislation increased the NCUSIF's capital by requiring each insured credit union to deposit and maintain 1% insured shares in the Fund. This change raises the level of fund equity to insured shares to 1.3%.

NCUA Chairman

NCUA SHARE INSURANCE OPERATION

1. What are savings?

For share insurance purposes, savings are funds deposited by a credit union member into his or her credit union account. In more technical terms, they are the funds used by the member to purchase shares in the credit union either as share accounts, share certificate accounts or share draft accounts of a type approved by the NCUA Board.

2. Are all credit unions insured by the National Credit Union Administration?

No. The NCUA Board insures all Federal credit unions and all State credit unions that apply and meet the standards set out by the NCUA Board. Insured credit unions are required to display the official symbol which appears on the cover of this booklet at each teller's window or station.

Most savings and loan associations are insured by the Federal Savings and Loan Insurance Corporation and most banks are insured by the Federal Deposit Insurance Corporation.

3. How does NCUA share insurance protect credit union members against loss?

Each credit union approved for insurance must meet high standards. Adherence to these standards is determined regularly through credit union examination by Federal or State examiners.

If, despite these precautions, an insured credit union falls into financial difficulty and must be closed for the purpose of liquidation because of insolvency, savings will be protected up to a maximum of \$100,000.

4. Does the protection afforded by NCUA share insurance extend to losses sustained by members in any fashion other than through the closing of the insured credit union because of liquidation?

No.

5. What is the basic insurance protection afforded by insurance?

The basic insured amount for a member is \$100,000. Accounts maintained in different rights or capacities are each separately insured to \$100,000. Thus, a member may hold or have an interest in more than one type of an insured account in the same insured credit union for an insured total in excess of \$100,000.

6. If a member has accounts in several different insured credit unions, will the accounts be added together for the purpose of insurance coverage?

No. The maximum insurance of \$100,000 is applicable to insured accounts in each insured credit union without regard to the accounts in any other insured credit union. In the case of a credit union having one or more branches, the main office and all branch offices are considered as one credit union.

INDIVIDUAL ACCOUNTS

7. If a member has more than one individual account is each account insured to \$100,000?

No. Individual accounts held by the same member are added together and are insured to \$100,000.

JOINT ACCOUNTS

8. If a husband and wife, or any two or more other persons, have, in addition to the individually owned accounts of each, a valid joint account in the same insured credit union, is each account separately insured?

Yes. If each of the co-owners has validly and personally signed an account signature card and has a right of withdrawal on the same basis as the other co-owners, the joint account and each of the individually owned accounts are separately insured up to \$100,000 maximum. This is true even if one or more of the co-owners is a minor.

However, the insurance protection on joint accounts is not increased by rearranging the names of the owners, changing the style of names, or by establishing more than one joint account for the same combination of owners in the same insured credit union. No joint account shall in any case be entitled to insurance coverage in excess of \$100,000.

9. What types of joint accounts may be insured?

Joint accounts may be owned in any manner conforming to applicable State Law—as joint tenants with a right of survivorship, as tenants by the entireties, as tenants in common, or by husband and wife as community property owners in states recognizing this particular form of joint ownership.

10. Is the answer to question 9 the same if funds in the individual and joint accounts of husband and wife all consist of community property?

Yes. In those jurisdictions recognizing community property, community funds may be maintained in accounts in the individual names of each spouse, or a joint account in the names of both; each account is separately insured to \$100,000.

11. If a person has an interest in more than one joint account, what is the extent of insurance coverage?

All joint accounts owned by the same combination of individuals are first added together and the total is insurable to \$100,000. Then the person's insurable interest in each joint account owned by different combinations of individuals are added together and the total is insured up to the \$100,000 maximum.

For example, assume that H and W own a joint account containing \$110,000 and H and C own a joint account containing \$35,000. The \$110,000 account owned by H and W is insurable only to \$100,000 leaving \$10,000 uninsured. Since the interest of the co-owners of a joint account are deemed equal for insurance purposes (except in the case of a tenancy in common if unequal interests are shown on the account records of the credit union), the \$100,000 insurable amount in the \$110,000 account is prorated equally between H and W giving each an insurable interest of \$50,000; the \$35,000 in the other account is prorated equally between H and C, giving each a \$17,500 insurable interest in that account. Thus, H has a total insurable interest of \$67,500 in the two accounts, and W and C have insurable interests of \$50,000 and \$17,500, respectively. Since no person's total insurable interest exceeds the \$100,000 limit, the two accounts are entitled to \$135,000 in insurance, representing the sum of the total insurable interest of each co-owner.

12. What is the insurance coverage on the revocable trust account, a tentative or "Totten" trust account, or a "payable-on-death" account?

These accounts, or any similar accounts which evidence an intention that the funds shall pass on the death of the owner to a named beneficiary, are considered testamentary accounts and are insured as a form of individual accounts. If the beneficiary is a

spouse, child or grandchild of the owner, the funds in such accounts are insured for the owner up to a total of \$100,000 as to each such beneficiary separately from any other individual accounts of the owner. If the beneficiary is other than a spouse, child or grandchild of the owner, the funds in the account are for insurance purposes added to any other individual accounts of the owner and insured to a total of \$100,000. In the case of a revocable trust account, the person who holds the power of revocation is deemed to be the owner of the funds in the account.

TRUST ACCOUNTS

13. **What is the insurance coverage on a trust account held under the provisions of an irrevocable express trust?**

The trust interest of a beneficiary in a valid irrevocable trust, if capable of evaluation in accordance with published rules, is insured up to \$100,000 separately from the individual accounts of the trustee or the beneficiary. However, all trust interests created by the same settlor (grantor) in the same credit union for the same beneficiary will be added together and insured in the aggregate to the maximum of \$100,000.

14. **Where an insured credit union acts as trustee, guardian, agent, or in some other fiduciary capacity, are the uninvested funds so held by the insured credit union protected by insurance?**

Yes. Assuming that the insured credit union is authorized by law to act as a fiduciary, the uninvested funds of each separate trust estate held by an insured credit union in a fiduciary capacity are insured to a maximum of \$100,000.

SPECIAL TYPES OF ACCOUNTS

15. **Are accounts held by a person as executor, administrator, guardian, custodian, or in some other similar fiduciary capacity insured separately from their own individual account?**

Yes. If the records of the credit union indicate that the person is depositing the funds in a fiduciary capacity, such funds would be separately insured from the fiduciary's individually owned account. Funds in an account held by an executor or administrator are insured as funds of the decedent's estate. Funds in accounts held by guardians, conservators or custodians (whether court-appointed or not) are insured as funds owned by the ward and are added to any individual accounts of the ward in determining the \$100,000 maximum.

16. **When an account is designated as held by a person as agent for the true owner of the funds, how is the account insured?**

The account is insured as an account of the principal or true owner. The funds in the account are added to any other accounts owned by the true owner and the total is insured to the basic insured amount of \$100,000.

17. **Is an account held by a corporation, partnership, or unincorporated association insured separately from the individual accounts of the stockholders, partners, or members?**

Yes. If the corporation, partnership, or unincorporated association is engaged in an independent activity, its account is separately insured to a total of \$100,000. The term "independent activity" means any activity other than one directed solely at increasing insurance coverage.

OTHER QUESTIONS

18. If a member has more than \$100,000 in a closed insured credit union, does the member retain a claim against the credit union for any amount in excess of the \$100,000 insurance?

Yes. After creditors' interests have been satisfied, owners of account claims in excess of \$100,000 will share, pro rata, in the proceeds from the liquidation of the credit union's assets with NCUA.

19. Can a Federal credit union terminate its NCUA insurance?

No. A federal credit union cannot be chartered or retain its charter unless it is insured by the NCUA Board.

20. Can a State credit union terminate its NCUA insurance?

Yes. But notices must always be given depositors before termination of insurance. Insurance protection does not stop immediately after such termination but continues up to 1 year from the date of such termination, unless the credit union converts its NCUA insurance to another licensed share insurance program, in which case NCUA insurance terminates upon conversion.

NOTICE

This booklet provides examples of insurance coverage under the NCUA Board's rules on certain types of accounts that may be held by depositors in insured credit unions.

Except where otherwise provided by law, insurance coverage is available only to members of an in-

sured credit union. Therefore, the extent of insurance coverage on a particular account may vary if a nonmember is a party to the account.

Since the scope of this book is limited, all imperative and explanatory material could not be published. Other information may be found in Title 12 of the Code of Federal Regulations at Part 745. Any further questions concerning the explanation of these examples should be discussed with your credit union officials or your attorney. Insofar as the technical aspects of insurance coverage are concerned, additional interpretations may be published from time to time.

Depositors are advised that no persons may, by any representations or interpretations, effect the extent of insurance of accounts coverage provided by the Federal Credit Union Act as amended and the rules and regulations for insurance of deposit accounts.

**National Credit Union Administration
Washington, D.C. 20456**

**THE WHITE HOUSE
FEDERAL CREDIT UNION**

17th & Penn. Ave. NW

Washington, DC 20500

PH: (202) 456-2900

Member NCUA

THE WHITE HOUSE
FEDERAL CREDIT UNION
Old Executive Office Building
Washington, D.C. 20500

**You've just
protected
your
travel
money...**



**Here's how
to protect
your other
valuables**



**Travelers
Cheques**

You've just protected your travel money with American Express® Travelers Cheques . . . the only Travelers Cheques that offer you a package of five special services at no extra cost. In addition to FULL refunds — usually on the same business day — you can now take advantage of the five services in key travel areas around the world as well as in the U.S. and Canada.

Here are some ways you can protect your other valuables

- Keep your wallet in an inside jacket pocket.
- Hold your handbag tightly and keep a hand over the opening.
- Take advantage of the safekeeping facilities most hotels and motels offer. Never leave valuables in your room.
- Never leave anything of value in plain sight in your car. Use the trunk.
- Double check from time to time to make sure you have all your important documents.

As a final precaution, use this form to list your valuables you're taking on your trip. Carry this list separately from your wallet or purse. Then you'll have the necessary information to report a loss or theft.

Driver's License No. _____

License Plate No. _____

Passport No. _____

Credit Cards and numbers

Ticket Information:

Carrier	Ticket #	From-To	Date	Class

LIST YOUR AMERICAN EXPRESS TRAVELERS CHEQUES HERE

[illegible]

ATM CARD AND TELEPHONE TRANSFER AGREEMENT AND DISCLOSURES

We have written the ATM Card and Telephone Transfer Agreement in plain English to make it easy for you to understand how your ATM card works and how to make a telephone transfer.

Once your application for an ATM card is approved you can access your Credit Union accounts any time you wish, 24 hours a day, just by visiting our ATM or an ATM connected to one of our participating ATM networks. You may also access your accounts by phone during business hours.

Read this agreement to get all the facts. Complete the application and return to us. If you're approved for a card, you will be notified.

The words "you" and "your" mean all persons who signed this agreement. The words "us" "we", and "ours" mean The White House Federal Credit Union.

VALIDATION OF YOUR CARD

To receive your card, you must visit our office to obtain your Personal Identification Number, which along with your signature on this agreement and on the rear panel of your card constitutes validation of your card for use. You cannot use your card until it is validated.

PERSONAL IDENTIFICATION NUMBER (PIN)

We will not reveal your Personal Identification Number (PIN) to anyone. It will be your responsibility to safeguard your card and PIN and to promptly tell us if you have lost your card or PIN or if it has been stolen.

LIABILITY FOR UNAUTHORIZED TRANSFERS

Tell us AT ONCE if you believe your card has been lost or stolen. Telephoning is the best way to keep your possible losses down. You could lose all the money in your account. If you tell us within two (2) business days, you can lose no more than \$50.00 if someone has used your card without permission.

If you do not tell us within two (2) business days after you learn of the loss or theft of your card and we can prove that we could have stopped someone from using your card without your permission if you had told us, you could lose as much as \$500.00.

Also, if your statement shows card and/or telephone transfers that you did not make, tell us AT ONCE. If you do not tell us within sixty (60) days after the statement was mailed to you, you may not get back any money lost after the sixty (60) days if we can prove that we could have stopped someone from taking the money if you had told us in time. NOTE: To protect your accounts and to lower your possible losses, never write your PIN on your card or carry it with your card.

If you believe your card has been lost or stolen or that someone has withdrawn or may withdraw money without permission, call (202) 456-2900 or write:

The White House Federal Credit Union
17th and Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Our business days are Monday through Thursday, from 10:00 a.m. to 3:00 p.m., Fridays from 10:00 a.m. to 4:00 p.m., holidays excluded.

SERVICE DISCLOSURE

You may use your Credit Union ATM card or telephone to:

1. Withdraw cash from your share accounts.
2. Make deposits to your share accounts.
3. Transfer funds between your share accounts.
4. Make balance inquiries on your share accounts and loans.
5. Obtain cash advances on your line of credit subject to its terms and conditions.
6. Make loan payments.
7. Participate in other services that the Credit Union may make available in the future.

If the Credit Union joins ATM network(s), the network(s) may impose limitations on the availability of the above services on some ATMs.

SERVICE FEES

1. Beginning in APRIL 1985 there will be a \$12.00 Annual Fee.
2. Use of your ATM card may be subject to service charges in accordance with rate schedules adopted by the Credit Union from time to time.
3. You authorize us to automatically offset any fees or amounts owed by you against any of your share accounts or to pay such fees as advances against your line of credit.

LIMITATIONS ON TRANSFERS

1. There are presently no limitations on the frequency of your transfers.
2. The present total dollar limitation on withdrawals is \$200.00 per day.

ACCOUNT INFORMATION DISCLOSURE:

We will disclosure information to third parties about your account or the transfers you make:

1. Where it is necessary for completing transfers;
2. In order to comply with government agency or court orders;
3. If you give us written permission; or in order to verify the existence and condition of the account for a third party, such as a merchant or credit bureau.

DOCUMENTATION OF YOUR TRANSFERS

You can get a receipt at the time you make any transfer to or from your account using one of our automated teller machines.

You will get a monthly statement of your account.

If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you can call us at (202) 456-2900 to find out whether or not the deposit has been made.

STOP PAYMENT OF PREAUTHORIZED TRANSFERS

If you have told us in advance to make regular payments out of your account, you can stop any of these payments. Here's how:

Call us at (202) 456-2900, or write us at 17th and Pennsylvania Avenue N.W., Washington, D.C. 20500, in time for us to receive your request 3 business days or more before the payment is scheduled to be made. If you call, we may also require you to put your request in writing and get it to us within 14 days after your call. We will charge you \$4.50 for each stop payment order you authorize.

If you order us to stop one of the payments 3 business days or more before the transfer is scheduled, and we do not do so, we will be liable for your losses or damages.

LIABILITY FOR FAILURE TO MAKE EFT'S (ELECTRONIC FUNDS TRANSFERS)

If we do not complete an EFT to or from your account on time or in the correct amount according to our agreement with you, we will be liable for your losses or damages. However, there are some exceptions. For instance, we will not be liable if:

1. Through no fault of ours, you do not have enough money in your account to make the EFT or you have exceeded the approved limits on any of your accounts.
2. The automated teller machine where you were making the EFT transaction does not have enough cash.
3. The automated teller machine was not working properly and you knew about the breakdown.
4. Circumstances beyond our control prevented the EFT despite reasonable precautions that we have taken.
5. Any other exception arises as stated elsewhere in our agreement with you, such as revocation of your card for any reason.

MINIMUM BALANCE

You agree to maintain a minimum balance of \$100.00 in your share account at all times. Failure to do so may result in revocation of your ATM privileges.

REVOCATION OF CARDS

We reserve the right to revoke and retain your card:

1. If you are indebted to the Credit Union as maker or co-maker and the loan for which you are responsible become delinquent.
2. If your share draft account is overdrawn and you exceed your approved line of credit.
3. If you declare bankruptcy.
4. If a Writ of Attachment is placed against your account.
5. If you reduce your share account balance below \$100.00.
6. For any other reasons the Credit Union may adopt from time to time.

The ATM card is our property. If we revoke it or you wish to cancel your privileges under it, you must return the card to us.

We reserve the right to amend any term or condition of this agreement upon notice to you as required by law.

CREDIT REPORTS

You authorize us to investigate your credit standing when applying for a new or renewed card.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

In case of errors or questions about your electronic transfers, you may telephone us at (202) 456-2900 or write us at:

The White House Federal Credit Union
17th and Pennsylvania Avenue, N.W.
Washington, D.C. 20500

as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will tell you the results of our investigation within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will recredit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not recredit your account.

If we decide that there was no error, we will send you a written explanation within 3 business days after we finish our investigation. You may ask for copies of the documents we used in our investigation.

DETACH and RETAIN THIS PORTION

WHEN MAILING — FOLD — STAPLE OR TAPE

THE WHITE HOUSE FEDERAL CREDIT UNION

ATM Card Application

EQUAL
OPPORTUNITY
LENDER

This application is for: ☐ Individual Account ☐ Individual Account with authorized user Number of Cards Desired ☐ 1 ☐ 2

If you are applying for a card in your name only, do not complete portion on co-applicant.

APPLICANT'S LAST NAME			FIRST NAME		INITIAL	BIRTH DATE		HOME TELEPHONE	
PRESENT STREET ADDRESS				APT. NO.	CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER	
YEARS AT PRESENT ADDRESS		PREVIOUS STREET ADDRESS (only if at present address less than 5 years)			CITY	STATE	DRIVERS LICENSE NO.		STATE
APPLICANT'S OCCUPATION		PRESENT EMPLOYER			ADDRESS		CITY	STATE	YEARS
PREVIOUS OCCUPATION		PREVIOUS EMPLOYER			ADDRESS		CITY	STATE	YEARS
APPLICANT'S NET MONTHLY INCOME \$		BUSINESS TELEPHONE		SOURCE OF OTHER INCOME**			MONTHLY AMT. \$		

**Source of other income (income from Alimony, Child Support or Separate Maintenance Payments) need not be revealed if you do not choose to have it considered as a basis for obtaining this card.

If you desire that we consider a co-applicant in evaluating your application, or if co-applicant is voluntarily applying with you, please complete this section; (Spouse can be considered co-applicant).

CO-APPLICANT'S LAST NAME			FIRST NAME		INITIAL	BIRTH DATE		HOME TELEPHONE		RELATION TO APPLICANT	
PRESENT STREET ADDRESS				APT. NO.		CITY	STATE	ZIP CODE	NO. OF DEPENDENTS		
CO-APPLICANT'S OCCUPATION		PRESENT EMPLOYER			ADDRESS		CITY	STATE	YEARS		
CO-APPLICANT'S NET MONTHLY INCOME \$		BUSINESS TELEPHONE		SOURCE OF OTHER INCOME**			MONTHLY AMT. \$				

**Source of other income (income from Alimony, Child Support or Separate Maintenance Payments) need not be revealed if you do not choose to have it considered as a basis for obtaining this card.

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU				ADDRESS		CITY	STATE	RELATIONSHIP	
CHECKING ACCOUNT NOS.						SAVINGS ACCOUNT / BANK NAME AND NUMBER			

Have you ever had a car or other personal property turned back to be repossessed by a dealer or finance company, been a party to a bankruptcy proceeding, wage assignment, or collection suit, or have you ever been declined on a loan application to this Credit Union.
☐ Yes ☐ No. If your answer to any part of the question is yes, please give details.

I (We) certify that all information herein is true and complete, I (We) also authorize the The White House Federal Credit Union to verify or obtain further information the Credit Union may deem necessary concerning my (our) credit standing. If this application is approved and an ATM Card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the ATM Card(s) agree(s) that the applicant(s) will be bound by the terms and conditions accompanying the ATM Card(s) and all amendments.

APPLICANT'S SIGNATURE		DATE	CO-APPLICANT'S SIGNATURE		DATE
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FOR CREDIT UNION USE ONLY

MEMBER CREDIT UNION
ACCOUNT NO. _____

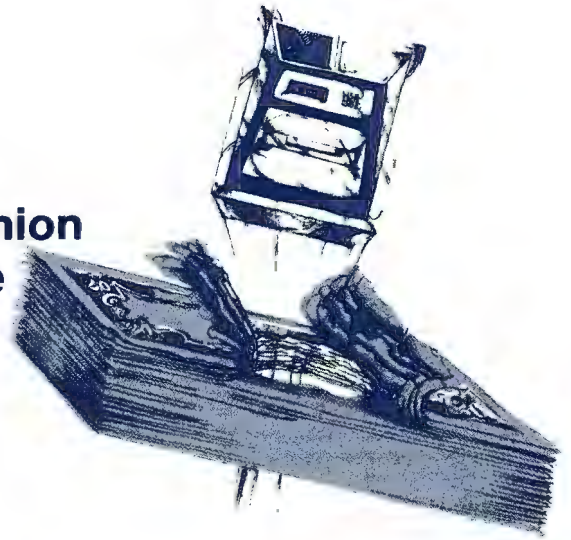
APPROVED BY _____

DISAPPROVED BY _____

COMMENTS _____

**IT'S A
BREAKTHROUGH!
The White House Federal Credit Union
24-Hour Automated Teller Machine**

- Make withdrawals in cash
- Transfer money from one account to another
- Make deposits
- Make loan advances on your line of credit

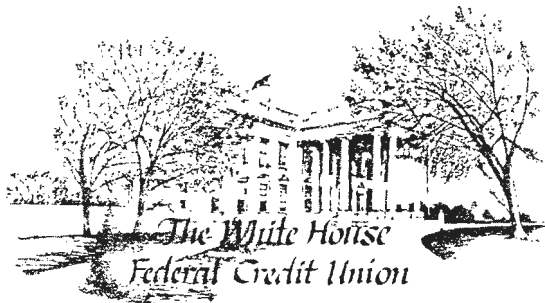


The White House Federal Credit Union
17th and Pennsylvania Avenue, N.W.
Washington, D.C. 20500

The White House Federal Credit Union



24-Hour Automated Teller Machine



April 1, 1984

Terms and Conditions of Your Credit Union

SHARE ACCOUNTS

Minimum Balance

You may open your share account with the Credit Union upon approval of your membership by the Credit Union, by paying an entrance fee of \$1.00 and making an initial deposit toward the payment of your first share (par value \$5.00). This \$5.00 share must be maintained as long as your account is open. However should you leave the field of membership we require that your basic share account balance be brought to \$50.00 in order to maintain membership.

There will be a charge for excessive withdrawals from the share accounts. Three (3) will be allowed per Quarter, after that there will be a \$1.00 fee per transaction. There will be a charge of 50¢ per check for 2nd party checks from share accounts with balances below \$1,000.

Share accounts may not be pledged, transferred or assigned to any party other than the Credit Union.

How Dividends are Computed and Paid

Dividends will be earned on each full share (par value \$5.00) over \$100.00 from the day of deposit to the day of withdrawal. Dividends will be paid and compounded quarterly. They will be posted to your account on the 1st day of the month following quarter end (January 1, April 1, July 1, and October 1).

The Credit Union reserves the right to make changes in terms and conditions of this account without member approval. Members will be notified within 45 days should changes occur.

The Credit Union may require up to 60 days' notice of intent to withdraw.

FEDERAL REGULATIONS PROHIBIT PAYMENT OF DIVIDENDS IN EXCESS OF AVAILABLE EARNINGS



April 1, 1984

Terms and Conditions of Your Credit Union

SHARE DRAFT ACCOUNT

Members may open a Share Draft Account with the Credit Union after their names have been approved through TELECHECK with a 1 rating. The Share Draft Account is a separate account from the Regular Share Account. There are no minimum balance requirements, no monthly service charges, no charges for number of checks written. There will be a monthly statement mailed to your home listing the draft number and amount paid. You have the option of requesting an overdraft protection by automatic transfer from your 01 Share Account in increments of \$100.00 should you overdraft your Share Draft Account; however, this service cannot exceed two (2) automatic transfers in any one calendar month. Should three (3) or more drafts be dishonored and returned in a six (6) month period the Credit Union reserves the right to close your Share Draft Account. The first 40 drafts will be provided free of charge by the Credit Union. Those members signing up for direct deposit of full pay check for period of at least 6 months will receive 200 free share drafts. After the first free drafts, members must pay printing and postage costs of all drafts ordered. The member is responsible for the detection of unauthorized or forged drafts.

The following charges apply for special services connected with the Share Draft Account:

Draft dishonored or returned	\$11.00
Draft paid by automatic transfer	2.00
Stop payment request	4.50
Microfilm copy of draft	1.00
Return of physical draft to C.U.	1.00
Statement copy	1.00

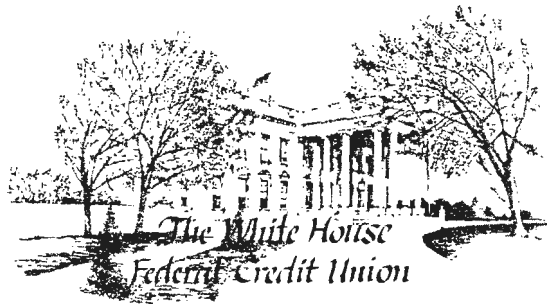
Should assistance be needed in reconciling a member's monthly statement, Credit Union personnel will provide this service free once; after, there will be a charge of \$10.00 per hour.

How Dividends are Computed and Paid

Dividends will be earned on each full share (par value \$5.00) over \$250.00 from the day of deposit to the day of withdrawal. Dividends will be paid and compounded quarterly. They will be posted to your account on the 1st day of the month following quarter end (January 1, April 1, July 1 and October 1).

The Credit Union reserves the right to make changes in terms and conditions of this account without member approval. Members will be notified within 45 days should changes occur.

FEDERAL REGULATIONS PROHIBIT PAYMENT OF DIVIDENDS IN EXCESS OF AVAILABLE EARNINGS



February 1, 1984

SHARE CERTIFICATES AVAILABLE

Your Credit Union is now offering SHARE CERTIFICATES savings instruments which pay a higher rate of interest than the regular share accounts. Share Certificates are insured to \$100,000 by the National Credit Union Administration, an agency of the U.S. Government. The terms and conditions concerning the purchase of these certificates are listed below. All certificate accounts may not be pledged, transferred or assigned to any party other than the Credit Union.

A SUBSTANTIAL PENALTY IS IMPOSED FOR EARLY WITHDRAWAL

There will be a forfeiture of dividends on the amount withdrawn equal to the smaller of the following two amounts: Dividends since the date of issue or renewal or 180 days dividends (90 days dividends if the term of the Certificate is less than one year).

NOTICE OF RENEWAL

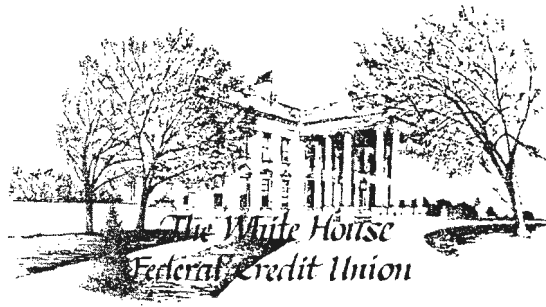
The Credit Union will give the owner of the Certificate at least 10 days notice prior to maturity. The notice will inform the owners of the terms under which the Credit Union proposes to renew the certificate or otherwise make the funds available to the owners. Certificate funds will be handled by the Credit Union in the manner set out in the notice unless the owner(s) notifies the Credit Union to the contrary on or before the maturity date.

The following share certificates are available:

Minimum Balance	Terms	Rate
\$1,000	12 months	1½% below 2½-year Treasury Bill rate
\$1,000	18 months	1% below 2½-year Treasury Bill rate
\$1,000	24 months	½% below 2½-year Treasury Bill rate
\$1,000	30 months	2½-year Treasury Bill rate
\$5,000	90 days	4 week average of 26 week Treasury Bill rate
\$5,000	6 months	26 week Treasury Bill rate plus .25
\$5,000	1 year	2½ year Treasury Bill rate

The Credit Union reserves the right to make changes in terms and conditions of these accounts without member approval.

***FEDERAL REGULATIONS PROHIBIT PAYMENT OF DIVIDENDS
IN EXCESS OF AVAILABLE EARNINGS**



January 1, 1986

REVISED VARIABLE LOAN RATES

Effective January 1 through June 30, 1986, variable loan rates based on the 30 month Treasury Bill rate average for the fourth quarter of 1985 are as follows:

LOANS SECURED BY SHARES — 9.5% annual percentage rate

\$50,000 limit — up to 10 years to repay

SIGNATURE LOANS — UNSECURED — 12.5% annual percentage rate

\$2,500 or 25% of annual salary with a maximum of \$7,500 for 3 years

LINE OF CREDIT — 12.5% annual percentage rate

HOME IMPROVEMENT LOANS — UNSECURED — 12.5% annual percentage rate

\$5,000 maximum for up to 5 years with a co-maker. Written contractor's estimate of materials necessary for improvement must accompany the application

LOANS SECURED BY TITLE ON AN AUTOMOBILE

New: 10.5% annual percentage rate

80% of list price with up to 48 months to repay

Used: Current Model Year — 11% annual percentage rate

Used: 12% annual percentage rate

1 year old — 75% of Blue Book value 42 months to repay

2 years old — 75% of Blue Book value 36 months to repay

3 years old — 75% of Blue Book value 36 months to repay

4 years old — 75% of Blue Book value 36 months to repay

5 years old — 75% of Blue Book value 24 months to repay

MOBILE HOMES AND RECREATIONAL VEHICLES SECURED BY TITLE —

11% annual percentage rate

New only — 80% of list price with repayment up to 10 years depending on original cost

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A	NAME OF PAYEE (<i>last, first, middle initial</i>)																
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)																	
CITY						STATE				ZIP CODE							
TELEPHONE NUMBER AREA CODE																	
B	NAME OF PERSON(S) ENTITLED TO PAYMENT																
C	CLAIM OR PAYROLL ID NUMBER																
Prefix _____							Suffix _____										
PAYEE/JOINT PAYEE CERTIFICATION							JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>)										
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.							I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.										
SIGNATURE						DATE						SIGNATURE					
SIGNATURE						DATE						SIGNATURE					

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER								CHECK DIGIT
		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								<div><div></div></div>
		DEPOSITOR ACCOUNT TITLE								

FINANCIAL INSTITUTION CERTIFICATION			
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure current address is shown.
- (C) Claim numbers usually printed here on checks.
Suffixes located beneath middle of claim number.
- (F) Type of payment usually beneath the amount.

TREASURY
DEPT. OF THE TREASURY
FINANCIAL OPERATIONS
WASHINGTON, D. C.

Check No. 4,157,179
SYMBOL 0000

United States Treasury

PAY TO THE ORDER OF
11 3 83

JANE DOE
123 MAPLE DRIVE
FOREST VA 00011

123-45-6789
SOC SEC FOR OCT

DO NOT FOLD, WRITE OR SIGN HERE
DO NOT WRITE IN THESE SPACES

00000005180 041571794

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

DIRECTIONS

- SECTION 1 (TO BE COMPLETED BY PAYEE)**

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

Financial institutions should refer to the GREEN BOOK for further instructions.

1199–203

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

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- Ⓒ Claim numbers usually printed here on checks.
Suffixes located beneath middle of claim number.
- Ⓕ Type of payment usually beneath the amount.

TREASURY
DEPARTMENT OF THE TREASURY
WASHINGTON, D. C.

Check No. 4,157,179
SYMBOL 0000

United States Treasury

PAY TO THE ORDER OF
JANE DOE
123 MAPLE DRIVE
FOREST VA 00011

11 3 83

123-45-6789

SOC SEC FOR OCT

① ③ ⑥

@000000518@ 041571794

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DIRECTIONS

- ## SECTION 1 (TO BE COMPLETED BY PAYEE)

1199-203

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All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

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- (A) Be sure current address is shown.
- (C) Claim numbers usually printed here on checks.
Suffixes located beneath middle of claim number.
- (F) Type of payment usually beneath the amount.

TREASURY
BUREAU OF GOVERNMENT
FINANCIAL OPERATIONS
WASHINGTON, D. C.
Check No. 4,157,179
SYMBOL 0000
United States Treasury
PAY TO THE
ORDER OF
JANE DOE
123 MAPLE DRIVE
FOREST VA 00011
11/3/83
123-45-6789
\$123.45
SOC SEC FOR OCT
A C F
100000005181 041571794

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MEMORANDUM

THE WHITE HOUSE
WASHINGTON

DRUGS - Ethnic groups.

Travels -

Ethnic leaders across the
country.

W. Domestic Division / (Charlotte)

that they have

C.A. - Catholic groups, etc.

Creative -

More pro-active

MEMORANDUM

THE WHITE HOUSE
WASHINGTON

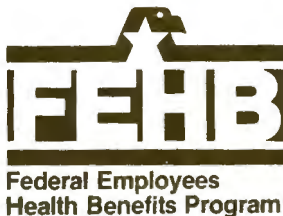
Nov 11-16
UP Phone call
Fed Jewish Philanthropies
2,000

→ Ethnic Groups

SCH. Proposed
→ Greek Mf October
→ Yavovos

What would ethnic
groups from WH

→ Church
Black Rollins - Brontzen
Get rid of Jews.



Dear
 Thank you for speaking at the brief
 for — on Sept. 9. I know you
 have a very demanding schedule and
 we all appreciate your taking the time
 out to explain the administration's position
 to the group. We received many favorable
 comments about the group you presented
 from the group. They found it informative
 and interesting. I hope we will be able
 to call on you again
 when in the coming
 months
 Thank you again

1986 Enrollment Information Guide and Plan Comparison Chart

(1985 Open Season)

For Federal Civilian Employees

This booklet contains information about enrollment in the Federal Employees Health Benefits Program during the Open Season that begins on November 4 and continues through December 6, 1985. It will help you select the health care protection best suited to your needs. However, before you make a final choice, you should review carefully the official brochures for those plans in which you are interested. While this booklet provides a general overview of the health benefits offered by each plan, the official brochures provide the contractual description of coverage.

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Introduction

The Federal Employees Health Benefits Program offers you a practical way to help meet the costs of health care. The Program provides:

- a choice of plans and options;
- a Government contribution toward the cost of your premium;
- payments for your share of the premium through payroll deductions;
- immediate coverage from date of enrollment without a medical examination or restrictions because of your age or physical condition;
- conversion opportunities if your enrollment ends for any reason except voluntary cancellation; and
- continued protection after retirement and for your eligible family members after your death.

About Open Season

Each year the Office of Personnel Management reviews the benefits and premiums of the plans in the Federal Employees Health Benefits Program and negotiates adjustments in benefits and premiums to be effective the following January. Also, new plans are accepted for participation in the Program.

Open Season is your annual opportunity to join the Federal Employees Health Benefits Program if you are not already enrolled. If you are enrolled, it is your opportunity to change your health plan coverage to become effective the following January.

If you are enrolled and do not wish to make a change, your current enrollment will continue without any additional action on your part.

If you want to enroll in the Federal Employees Health Benefits Program or change your current health plan enrollment during Open Season, you must file a Health Benefits Registration Form (Standard Form [SF] 2809) in time for it to be received by your personnel office by December 6, 1985. Your personnel office can give you the specific day in January 1986 on which your enrollment or enrollment change will take effect.

Making Your Choice

The Federal Employees Health Benefits Program includes a variety of health benefits plans that take very different approaches to health care coverage.

You may choose one of the traditional fee-for-service health benefits plans. In these plans, you are free to go to virtually any doctor or hospital of your choice and have the provider either bill the plan directly or give you the bill to forward to the plan for payment of covered services. Or you may choose one of the Comprehensive Medical Plans/Health Maintenance Organizations that operate through a group of affiliated doctors and hospitals in designated locations. In these plans, most of your covered services are prepaid by your premium and are available only from the affiliated providers. You must live in a plan's enrollment area.

In deciding which type of plan best meets your needs, you might consider the following:

- the coverage offered by each type of plan;
- the cost of each plan; and
- the accessibility of health care services.

Before you make a final decision, be sure to review the official brochures for those plans in which you are interested.

The Cost of Coverage

You and the Government share the cost of your premiums.

The Government pays about 60 percent of the average premium of six of the largest health benefits plans available through the Federal Employees Health Benefits Program but not more than 75 percent of the premium for any plan. (For Postal employees the Government may pay a higher share.) For 1986, the biweekly Government contribution is \$22.43 for a self only enrollment and \$49.91 for a family enrollment. The monthly Government contribution is \$48.59 for self only and \$108.14 for family.

You must pay the remainder of premium costs. The premium costs on the Comparison Chart in this booklet show your share only—the amount you must pay, which will be withheld from your salary.

When comparing plans, remember that the true cost of your health care protection includes both the premiums and your out-of-pocket costs for any deductibles, coinsurances, copayments, examinations and other physician services, laboratory tests, prescription drugs, etc.

Another factor to keep in mind when comparing plans, especially fee-for-service plans, is the extent to which benefit payments are based on customary and reasonable charges. Please refer to the definitions in this booklet for an explanation of this factor and then see the brochures for the plans in which you are interested.

Who Is Covered Under Your Enrollment

- **Self only enrollment**—A self only enrollment provides benefits just for you—the enrolled employee.
- **Self and family enrollment**—A self and family enrollment provides benefits for you, your spouse, and your unmarried dependent children under 22 years old. In some cases, a disabled child who is 22 years old or older is eligible for coverage if you have adequate medical certification of a mental or physical handicap that existed before his or her 22nd birthday. In such cases, you should ask your personnel office about the documentation required.

Children covered by your enrollment also include your legally adopted children, recognized children born out of wedlock, and stepchildren or foster children, if they live with you in a regular parent-child relationship and you meet certain other requirements. Ask your personnel office for details about these requirements. Children whose marriage ends in divorce or annulment before they reach age 22 become eligible for coverage from the date of divorce or annulment until they reach age 22.

Other relatives—your parents, for example—are not eligible for coverage even though they live with you and are dependent upon you.

To provide coverage for a new eligible family member, you must elect, or change to, a self and family enrollment.

You may voluntarily cancel your enrollment at any time.

NOTE: DUAL ENROLLMENT IS PROHIBITED BY LAW.

You cannot be covered as an employee under your own enrollment and as a family member under someone else's enrollment in the Federal Employees Health Benefits Program. Likewise, a member of your family cannot be covered under more than one enrollment in the Program.

General Information About Federal Employees Health Benefits Plans

Two basic types of health benefits plans are available to you under the Federal Employees Health Benefits Program:

Fee-for-Service Plans—These plans reimburse you or the health care provider for covered services. If you enroll in one of these plans, you may choose your own physician, hospital and other health care providers.

Fee-for-service plans include the Blue Cross and Blue Shield Service Benefit Plan and the Aetna Indemnity Benefit Plan. They also include plans sponsored by unions and employee organizations.

The Blue Cross and Blue Shield Plan and the Aetna Plan are open to all Federal employees. Some employee organization plans are open to all Federal employees through full or associate memberships in the organizations that sponsor the plans; the other employee organization plans are restricted to employees in certain occupational groups and/or agencies. (See the union and employee organization plan brochures for information about membership and membership fees, which are **in addition** to your biweekly or monthly premiums. These membership fees are **not** part of the Federal Employees Health Benefits Program.)

Prepaid Plans—These are the Comprehensive Medical Plans/Health Maintenance Organizations (CMP/HMOs) that provide or arrange for health care by **designated** plan physicians, hospitals, and other providers in particular locations. CMP/HMOs pay all providers through salaries or other payment arrangements. You pay any required cost-sharing amounts.

Comprehensive Medical Plans/Health Maintenance Organizations are either Group Practice Plans or Individual Practice Plans. Group Practice Plans provide care through staff physicians practicing at one or more medical centers operated by the plans. Individual Practice Plans provide care through participating plan physicians practicing in their own offices. The plans arrange hospital and other care not available in centers and offices when necessary.

Each CMP/HMO is open to all Federal employees who live within the plan's enrollment area. Since you **cannot** enroll in a CMP/HMO if you live outside its enrollment area, contact the plan directly or refer to its brochure if you have any questions about the enrollment area.

Definitions

Insurance is a fairly complex subject and the technical terms and details about benefits may be difficult to understand. The following terms, which have special meaning in the health care field, have been defined, as much as possible, in everyday English to help you understand the benefits coverage and limitations of the various plans in the Federal Employees Health Benefits Program.

Alcohol and Drug Care—treatment of alcoholism, drug addiction, and drug abuse on an inpatient or outpatient basis. Treatment limited to detoxification only is not included. **Please refer to plan brochures for a definition of covered services, exclusions, and limitations.**

Brochure—the booklet showing the complete details of a plan's benefits, limitations, exclusions, and definitions. The brochure is a plan's contractual statement of benefits.

Catastrophic Limit—a feature of fee-for-service plans to limit the amount you would have to pay in a calendar year if you or your family incurred large and unusual medical bills. The catastrophic limit is the maximum amount of covered expenses you would have to pay out of your own pocket during the year for yourself and your family. There

are separate catastrophic limits for medical-surgical expenses and inpatient mental health care. The limits apply to your coinsurance payments and, depending on the plan, may also include the calendar year, inpatient and mental health deductibles you pay. **Please refer to the brochures for the fee-for-service plans in which you are interested.**

Coinsurance—the fixed percentages of covered charges paid by a plan and by you after any deductible has been subtracted. For example, if a plan has a coinsurance feature of 80 percent, you would be responsible for the deductible and the 20 percent balance.

Copayment—a fixed dollar amount you must pay for a service or a benefit provided by a plan. For example, some prepaid plans charge a copayment of \$50 or more per hospital admission or \$2 or more for a doctor's visit.

Covered Charges—the amount of your expenses for medical care that is covered by a plan. An expense that is not a covered charge cannot be used to satisfy the plan's deductible. Often a plan includes as covered charges only an amount specified in a scheduled allowance or based on a customary and reasonable profile. See the plan brochures to find out how covered charges are determined.

Covered charges do not include expenses for nonmedical items related to an illness or injury, or for specific items excluded by the plan.

Customary and Reasonable Charge—one of two benefit maximums plans use as the amount of your medical care expenses they will cover for a particular service. (The other is the Scheduled Allowance, defined below.) A Customary and Reasonable Charge is the amount a provider normally charges for a service and that is usually charged by most other providers for the same service in the same geographic area. You must pay any amount the provider charges above it. (Plans apply health insurance industry-accepted methods to establish and periodically update customary and reasonable charges.)

Deductibles—the amount of covered charges you must incur before the plan pays benefits.

Dental Care—coverage includes routine diagnostic and preventive services and may include one or more of the following treatment services: restorative, crown and bridge, endodontic, oral surgery, periodontal, prosthetic and orthodontic. Some prepaid plans limit coverage to preventive services for children. **Please refer to plan brochures for a definition of covered services, exclusions, and limitations.**

Enrollment Area—the area within which a Comprehensive Medical Plan/Health Maintenance Organization enrolls members. To be eligible to enroll in a CMP/HMO, you must live within this area. The plan brochure identifies the enrollment area.

Exclusions—charges, services, or supplies that are not covered. A plan does not provide or pay for excluded items, nor do charges for them apply towards deductibles or catastrophic limits.

Extended Care Facility—an institution that furnishes, in lieu of hospitalization, room and board and medically prescribed skilled nursing care 24 hours a day by, or under the supervision of, a registered professional nurse; and is not, other than incidentally, a place for rest, the aged, drug addicts, alcoholics or domiciliary care.

Home Health Care—medically supervised care and treatment in the home of a patient whose physician certifies that, without such care, confinement in a hospital or extended care facility would be required.

Hospice Care—a coordinated program of home and inpatient palliative and supportive care for a terminally ill patient and the patient's family provided by a medically supervised specialized team under the direction of a licensed or certified hospice care facility or agency.

Inpatient Services—the care provided to you while you are a bedpatient in a covered hospital.

Limitations—statements in the brochure showing services or supplies that are not fully covered or only partially paid for by a plan.

Maternity Care—prenatal and postnatal care and delivery by a covered hospital, physician, or other covered practitioner, including, in many cases, nurse midwives. The plan brochure will specify coverage for nurse midwives. Plans generally pay for maternity care the same as for other covered inpatient and outpatient services.

Medically Necessary Care—covered services and supplies that are determined by the plan to be consistent with standards of good medical practice, are necessary to treat your condition or diagnosis, and are not primarily for your or your doctor's convenience. In the case of inpatient care, it must be care that could not have been provided safely on an outpatient basis.

Mental Health Services—either outpatient or inpatient care of a diagnosed mental or nervous disorder. **Please refer to plan brochures for a definition of covered services, exclusions, and limitations.**

Outpatient Services—the care provided to you in the outpatient department of a hospital, in a clinic or other medical facility, or in a doctor's office.

Prescription Drugs—outpatient drugs and medicines which, by United States law, cannot be obtained without a doctor's prescription.

Scheduled Allowance—one of two benefit maximums plans use as the amount of your medical (and dental) care expenses they will cover for a particular service. (The other is the Customary and Reasonable Charge, defined above.) A Scheduled Allowance is the fixed dollar amount that has been assigned to a covered medical or dental service. You must pay any amount the provider charges above it.

Service Area—the area where Comprehensive Medical Plan/Health Maintenance Organization providers and facilities are available to you. This area would be the same as, or within, the plan's enrollment area.

Using the Plan Comparison Chart

The **Plan Comparison Chart** on the following pages provides general information about many of the major features of each plan in the Federal Employees Health Benefits Program. It is a tool to help you reach a basic understanding of the plans in which you may enroll and to assist you in comparing benefits as well as premiums and other items of cost to you. You can compare benefits among plans by reviewing categories of services and other features. You can determine relative cost among plans by comparing your share of the premiums and your out-of-pocket expenses as reflected by deductibles, copayments, coinsurance, and catastrophic limits.

However, **don't rely on the Chart alone**. Detailed information about plan benefits and the contractual description of coverage appear in the plan brochures. All benefits are subject to the definitions, limitations and exclusions set forth in the brochures. **So before you make a final decision, you should review carefully the official brochure for the plan or plans in which you are interested.**

FEHB Plan Comparison Chart — For Benefits Beginning in January 1986

- The calendar year deductible shown is the per person amount. Under a Self and Family enrollment, generally no more than two or three family members, depending on the plan, must meet this deductible. For a few plans, which have established a family deductible, the per person amount shown applies to just one person; the difference between it and the family deductible can be met by any or all of those covered.
- The other cost-sharing amounts you pay for primary care are identified by type—coinsurance, inpatient deductible and/or inpatient copayment. Inpatient deductible may be a charge per admission or a charge per year.
- There is no dollar or day limit on the primary inpatient care charges that Plans pay unless otherwise noted.

Fee-for-Service Plans

Plan Name and Option		Enrollment Code		1986 Monthly Premium Your Share		1986 Biweekly Premium Your Share		Medical—Surgical Primary Care		
								You Pay		
		Self	Family	Self	Family	Self	Family	CY DED	Catastrophic Limit (max. covered out of pocket) person/family	Other
Aetna (Indemnity Benefit)	High	201	202	\$48.95	\$73.64	\$22.59	\$33.99	\$200	\$1,500/\$3,000	CI
	Std	204	205	14.10	30.18	6.51	13.93	\$250	\$1,500/\$3,000	CI/IP DED
AFGE	High	301	302	34.39	70.39	15.87	32.49	\$175	\$1,000/\$1,000	CI/IP DED
	Std	304	305	20.72	42.62	9.56	19.67	NA	\$2,500 ^d	CI/IP DED
Alliance	High	461	462	20.66	76.22	9.53	35.18	\$200	\$1,000/\$2,000	CI/IP DED
	Std	464	465	12.93	34.81	5.97	16.07	\$300	\$2,000/\$2,000	CI/IP DED
APWU		471	472	31.77	62.10	14.66	28.66	\$175	\$1,500/\$1,500	CI
Blue Cross-Blue Shield (Service Benefit)	High	101	102	66.33	143.28	30.61	66.13	\$200	\$1,500/\$1,500	CI/IP DED
	Std	104	105	14.34	34.58	6.62	15.96	\$250	\$2,500/\$2,500	CI/IP DED
GEHA		311	312	23.30	43.16	10.75	19.92	\$200	\$2,000/\$2,000	CI
Mail Handlers	High	451	452	10.99	28.40	5.07	13.11	NA	\$2,500/\$5,000	IP DED
	Std	454	455	6.79	16.07	3.78	7.42	NA	\$2,500/\$5,000	IP DED
NAGE	High	YJ1	YJ2	27.50	69.46	12.69	32.06	\$200	\$1,000/\$2,000	CI/IP DED
	Std	YJ4	YJ5	14.87	35.46	6.86	16.37	\$250	\$2,000/\$3,000	CI
NALC		321	322	35.89	60.71	16.56	28.02	\$150	\$1,000/\$1,000	CI/IP CP
NFFE	High	YR1	YR2	38.60	92.36	17.81	42.63	\$200	\$2,000/\$2,000	CI/IP CP
	Std	YR4	YR5	26.51	64.61	12.23	29.82	NA	\$2,500/\$3,000	CI/IP CP
NTEU	High	YT1	YT2	38.88	93.21	17.94	43.02	\$200	\$1,500/\$2,000	CI/IP DED
	Std	YT4	YT5	17.91	42.38	8.26	19.56	\$250	\$2,000/\$2,000	CI
Postal Supervisors		YV1	YV2	20.35	54.40	9.39	25.11	\$200	\$1,000/\$1,000	CI/IP CP
Postmasters	High	361	362	63.25	133.12	29.19	61.44	\$200	\$2,000/\$2,500	CI/IP DED
	Std	364	365	15.27	40.80	7.05	18.83	\$250	\$2,500/\$2,500	CI/IP DED
BACE*		Y21	Y22	28.44	72.11	13.12	33.28	\$225	\$1,500/\$1,500	CI
Federal Managers Assoc.*		Y81	Y82	36.54	90.63	16.86	41.83	\$200	\$1,000/\$1,000	CI/IP DED
Foreign Service*		401	402	26.90	75.51	12.41	34.85	\$125	See Brochure	CI
Foreign Service Overseas*		Y41	Y42	10.33	31.43	4.77	14.50	\$125	See Brochure	CI
GEBA*	High	411	412	38.23	106.04	17.64	48.94	\$200	\$1,000/\$1,000	CP/IP DED
	Low	414	415	16.93	50.24	7.81	23.19	\$250	\$2,000/\$2,000	CP/IP DED
NAPUS*		YP1	YP2	32.51	62.94	15.00	29.05	\$200	\$500/\$1,000	CI
Panama Canal Area*		431	432	15.44	44.98	7.12	20.76	NA	\$1,500 ^{de}	CP/IP DED
Rural Carriers*		381	382	12.56	25.53	5.80	11.78	\$200	\$1,000/\$1,000	CI/IP DED
SAMBA*		441	442	14.65	42.03	6.76	19.40	\$200	\$700/\$1,400	CI/IP DED

*Plans are open ONLY to specific groups

ABBREVIATIONS: CI —Coinsurance
CP —Copayment
C & R—Customary & Reasonable
CY —Calendar Year
DED —Deductible

ECF —Extended Care Facility
HHC —Home Health Care
IP —Inpatient
NA —Not Applicable
SA —Scheduled Allowance

86 Do Not Rely on This Chart Alone — See Plan Brochures for Details

- are or in-ad-care
 - The mental health inpatient catastrophic limit is the maximum amount of covered out-of-pocket expenses you pay up to the lifetime maximum per person. The lifetime maximum is the amount up to which plans pay per person for covered mental health inpatient services.
 - While not shown on the Chart, virtually all of the fee-for-service plans provide:
 - Mental health outpatient care benefits, which usually have dollar and/or visit limits, and you share costs to these limits.
 - Inpatient and outpatient hospice care benefits, which have a dollar maximum that varies by plan.
- See plan brochures for details.

Medical—Surgical Primary Care							Mental Health Services		Other Benefit Features				
Plan Pays							Inpatient Care						
Inpatient Care				Outpatient Care									
Hospital Charges		Physicians Charges		Physicians Charges		Diagnostic Tests (C & R)	You Pay	Plan Pays	ECF and/or HHC	Dental Care	RX Drugs	Alcohol/Drug Care	Chiropractor
Room & Board	Other Hosp. Exp.	Surgeons (C & R)	Other Drs (C & R)	Surgeons (C & R)	Other Drs (C & R)		Catastrophic Limit	Lifetime Maximum					
80%	80%	80% ^e	80%	80% ^e	80%	80%	\$5,000 ^{de}	\$50,000	HHC	Yes	Yes	Yes	No
100% ^a	100% ^a	75% ^e	75%	75% ^e	75%	75%	\$5,000 ^{de}	\$50,000	HHC	Yes	Yes	Yes	No
100%	100%	100% ^{ce}	75%	100% ^{ce}	75%	75%	\$6,000	\$50,000	None	No	Yes	Yes	Yes
100% ^a	80%	SA ^{ce}	SA	SA ^{ce}	SA	SA	\$5,000	\$25,000 ^f	None	Yes	No	Yes	No
100%	80%	80% ^c	80%	100%	80%	80%	\$8,000	\$50,000	Both	Yes	Yes	Yes	Yes
75%	75%	75% ^c	75%	100%	75%	75%	\$8,000	\$50,000	Both	Yes	Yes	Yes	Yes
100% ^d	80%	85% ^a	85% ^a	100%	85% ^a	85% ^a	\$8,000	\$25,000	None	Yes	Yes	Yes	No
100%	100%	80%	80%	80%	80%	80%	\$4,000	\$75,000 ^f	HHC ^{de}	No	Yes	No	No
100%	100%	75%	75%	75%	75%	75%	None	\$50,000 ^f	None	Yes	Yes	No	No
100%	80%	80%	80%	85%	85%	85%	\$8,000	\$50,000	HHC	Yes	Yes	Yes	Yes
100%	100%	SA	SA	SA	SA	SA	\$5,000	\$25,000	None	Yes	No	Yes	Yes
100%	100%	SA	SA	SA	SA	SA	\$5,000	\$25,000	None	No	No	Yes	Yes
100%	100%	90% ^{be}	80%	100%	80%	100%	\$7,500	\$50,000 ^f	Both	Yes	Yes	Yes	Yes
75%	75%	75% ^{be}	75%	100%	75%	75%	\$8,000	\$50,000 ^f	Both	Yes	Yes	Yes	Yes
100% ^e	100%	90% ^e	75%	100%	75%	75%	\$8,000	\$50,000	None	Yes	Yes	Yes	No
100% ^e	100%	100% ^{bc}	75%	100%	75%	100% ^a	\$5,000	\$50,000	Both	Yes	Yes	Yes	Yes
100% ^e	80%	SA	SA	SA	SA	100% ^a	\$8,000	\$40,000	Both	Yes	No	Yes	Yes
100%	80%	100%	80%	100%	80%	80%	\$8,000	\$50,000	Both	Yes	Yes	Yes	Yes
75%	75%	75%	75%	100%	75%	75%	None	None	Both	Yes	Yes	Yes	Yes
100% ^e	100% ^e	80% ^e	75%	100%	75%	75%	\$8,000	\$50,000	Both	Yes	Yes	Yes	Yes
100% ^e	80% ^e	100% ^e	80%	100%	80%	80%	\$8,000	\$40,000	Both	Yes	Yes	No	Yes
a	80%	SA ^e	80%	SA	80%	a	\$8,000	\$40,000	Both	Yes	Yes	No	Yes
100%	80%	80%	80%	100%	80%	80%	\$8,000	\$50,000	Both	Yes	Yes	Yes	Yes
100%	100%	90% ^{ce}	80%	100%	80%	75%	\$8,000	\$40,000	Both	Yes	Yes	Yes	Yes
100% ^{ae}	100% ^{ae}	90% ^{ce}	80%	100%	80%	80%	See Brochure		Both	Yes	Yes	Yes	No
100% ^{ae}	100% ^{ae}	90% ^{ce}	80%	100%	80%	80%	See Brochure		Both	Yes	Yes	Yes	No
100% ^b	85%	100% ^c	80%	100% ^c	80%	80%	\$8,000	\$50,000	Both	Yes	Yes	Yes	Yes
100% ^b	75%	75%	75%	85%	75%	75%	\$10,000	\$25,000	Both	Yes	Yes	Yes	Yes
100%	100%	75%	75%	75%	75%	75%	\$4,000	\$50,000	ECF	Yes	Yes	Yes	Yes
100% ^e	100% ^e	100% ^b	SA	100% ^b	80%	80% ^e	None	None	None	Yes	No	Yes	Yes
100% ^a	100% ^a	100% ^c	80%	100%	80%	80%	\$8,000	None	Both	Yes	Yes	Yes	Yes
100% ^e	100%	100% ^c	100% ^e	100%	80%	100%	\$6,500	\$50,000	Both	Yes	Yes	Yes	Yes

FOOTNOTES: a — To dollar and/or day limit, then less (see brochure)
 b — Preadmission approval/precertification required

c — With second opinion
 d — Per person
 e — Subject to conditions specified in brochure

f — Also applies to outpatient care

FEHB Plan Comparison Chart — For Benefits Beginning in January 1986

Prepaid Plans (Commonly referred to as CMP/HMOs)

- A plan's general location is the approximate area served by the plan. To enroll in a CMP/HMO, you **MUST** live within the plan's enrollment area. See the plan brochure or call the plan for the exact enrollment area.
- The cost-sharing amounts you pay for inpatient and outpatient services are identified by type—coinsurance, copayment and/or deductible. Coinsurance and copayment may have a dollar and/or day limit; deductible is generally an annual charge.
- Every CMP/HMO provides routine physicals and immunizations.

- All CMP/HMO benefit packages include catastrophic coverage, since these plans provide for necessary care during a year.
- Every CMP/HMO provides benefits for mental health inpatient and outpatient services. However, benefits are limited to short term care, generally 30 to 45 days of inpatient care and 20 to 35 outpatient visits per calendar year, depending on the plan. You typically share costs to benefit limits. Although the Comparison Chart doesn't include CMP/HMO mental health benefits information, you can find the information in the plan brochures.

Plan Name and Option	Enrollment Code		General Location	Plan Telephone Number	Plan Type	1986 Monthly Premiums Your Share		1986 Biweekly Premiums Your Share		Other Charges You Pay		Other Benefit Features							
	Self	Family				Self	Family	Self	Family	Inpatient Services	Outpatient Services	ECF and/or HHC	Hospice Care	Dental Care	Rx Drugs	Vision Care	Alcohol/ Drug Rehab	Chiro- practor	
Alabama																			
HealthAmerica AL	A81	A82	Birmingham area	(205) 979-8300	GPP	\$46.55	\$131.30	\$21.48	\$60.60	None	None	Both	Yes	No	Yes	Yes	Yes	No	
HMG	LA1	LA2	Birmingham area	(205) 783-5650	GPP	42.69	134.59	19.70	62.12	None	None	None	No	No	Yes	Yes	Yes	Yes	
Arizona																			
CIGNA Phoenix	161	162	Phoenix area	(602) 954-3500	GPP	37.19	108.14	17.16	49.91	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No	
CIGNA Tucson	B11	B12	Tucson area	(602) 747-4960	GPP	25.51	101.05	11.77	46.64	None	CP ^d	Both	No	No	Yes	Yes	Yes	No	
HealthAmerica Tucson	231	232	Tucson area	(602) 790-0853	GPP	31.49	99.93	14.53	46.12	None	CP ^d	Both	No	No	Yes	Yes	No	No	
California																			
Bay Pacific	BU1	BU2	San Francisco area	(800) 345-8882	IPP	48.35	111.93	22.31	51.66	None	CP	Both	Yes	No	Yes	Yes	No	No	
Children's Hospital	BR1	BR2	San Francisco area	(415) 668-8211	IPP	48.17	121.16	22.23	55.92	None	CP	Both	Yes	Yes	Yes	Yes	Yes	No	
CHOICE	BX1	BX2	San Diego area	(619) 231-4145	IPP	36.86	105.67	17.01	48.77	None	CI	Both	Yes	No	Yes	No	Yes	No	
CIGNA Southern CA	BY1	BY2	San Diego area	(619) 457-5402	GPP	32.42	99.15	14.96	45.76	None	CP ^d	Both	No	Yes	Yes	Yes	Yes	No	
FHP	661	662	Los Angeles area	(213) 493-6411	GPP	40.37	121.74	18.63	56.19	None	CP ^d	Both	Yes	Yes	Yes	Yes	No	Yes	
Foundation	C61	C62	Northern California	(916) 456-7000	IPP	44.36	114.18	20.47	52.70	CP ^b	CP ^d	Both	No	No	Yes	Yes	No	No	
French Hospital	C31	C32	San Francisco area	(415) 666-8147	GPP	41.20	103.80	19.01	47.91	None	None	Both	No	No	Yes	Yes	Yes	No	
General Med	C71	C72	Los Angeles area	(714) 634-2277	GPP	40.53	123.50	18.70	57.00	None	CP ^d	Both	No	No	Yes	Yes	Yes	Yes	
GHS (Healthcare)	C91	C92	Sacramento area	(916) 929-2221	GPP	41.33	103.72	19.07	47.87	CP ^b	CP ^d	Both	Yes	No	Yes	Yes	Yes	No	
Greater San Diego	C51	C52	San Diego County	(619) 571-3102	IPP	30.78	133.10	14.20	61.43	None	CP ^d	Both	No	No	Yes	No	Yes	No	
HEALS	CF1	CF2	Northern California	(415) 652-3500	IPP	44.69	111.04	20.62	51.25	None	None	Both	Yes	No	Yes	Yes	Yes	No	
Health Net	LB1	LB2	Southern California	1-800-621-5560	GPP	41.59	135.46	19.19	62.52	None	CP ^d	Both	No	No	Yes	Yes	Yes	No	
Hlth PI America	BH1	BH2	Most of California	(800) 772-3258	IPP	39.53	120.99	18.24	55.84	CP	CP	Both	No	No	Yes	Yes	Yes	No	
Hlth PI Redwoods	CW1	CW2	Sonoma County	(707) 544-2010	IPP	45.14	137.84	20.83	63.62	None	CP ^a	Both	No	No	Yes	Yes	Yes	No	
HlthAmerica CA	CP1	CP2	Bay area	(415) 527-2240	GPP	34.29	103.20	15.82	47.63	None	None	Both	No	No	Yes	Yes	No	Yes	
Healthgroup Intrntnl	BK1	BK2	Los Angeles area	1-800-458-4477	IPP	49.65	152.32	22.91	70.30	None	None	Both	Yes	No	Yes	Yes	Yes	No	
Inland	CB1	CB2	Southern California	(714) 824-1968	IPP	36.80	135.03	16.98	62.32	CI ^b	CP ^d	Both	No	No	Yes	Yes	No	No	
IPM	CC1	CC2	East SF Bay area	(800) 554-3110	GPP	33.55	97.22	15.48	44.87	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	Yes	
Kaiser (North CA)	591	592	Northern California	(415) 428-5507	GPP	26.64	68.03	12.29	31.40	None	CP ^d	Both	No	No	Yes	Yes	Yes	No	
Kaiser (South CA)	621	622	Southern California	(213) 660-1720	GPP	33.74	98.97	15.57	45.68	None	CP ^d	Both	No	No	Yes	Yes	No	No	
Lifeguard	CD1	CD2	Bay area	(408) 371-9611	IPP	35.41	106.01	16.34	48.93	None	CP	Both	No	No	Yes	Yes	No	No	
Maxicare (North CA)	CX1	CX2	San Francisco area	(408) 289-9570	GPP	43.69	109.55	20.16	50.56	None	CP ^d	Both	No	No	Yes	Yes	Yes	No	
Maxicare (South CA)	CM1	CM2	Los Angeles area	(213) 973-5400	GPP	49.76	155.09	22.96	71.58	None	CP ^d	Both	Yes	No	Yes	No	Yes	No	

Plan Name and Option	Enrollment Code		General Location	Plan Telephone Number	Plan Type	1986 Monthly Premiums Your Share		1986 Biweekly Premiums Your Share		Other Charges You Pay		Other Benefit Features							
	Self	Family				Self	Family	Self	Family	Inpatient Services	Outpatient Services	ECF and/or HHC	Hospice Care	Dental Care	Rx Drugs	Vision Care	Alcohol/ Drug Rehab	Chiro- practor	
NHA Foundation	CN1	CN2	Most of California	(503) 222-0399	IPP	63.58	153.27	29.34	70.74	CP ^b	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	Yes	
PacificCare	CQ1	CQ2	Southern California	(714) 952-1121	IPP	48.22	172.83	22.25	79.77	None	None	Both	No	No	Yes	No	No	No	
Protective Hlth Prov	CY1	CY2	San Diego area	(619) 283-6464	GPP	41.33	127.42	19.07	58.81	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	Yes	
Ross Loos	611	612	Los Angeles area	(213) 946-9351	GPP	45.81	124.19	21.14	57.32	None	None ^a	Both	Yes	No	Yes	Yes	Yes	No	
Takecare	LC1	LC2	Northern California	(415) 645-3210	GPP	38.86	104.24	17.93	48.11	None	CP ^d	Both	No	No	Yes	No	Yes	No	
United Health	C41	C42	Los Angeles area	(213) 412-3544	GPP	45.10	136.67	20.81	63.08	None	CP ^d	Both	No	Yes	Yes	Yes	Yes	No	
Colorado																			
CompreCare (High)	D61	D62	Denver/Col Spgs areas	(303) 750-6200	IPP	38.34	115.09	17.69	53.12	None	None	Both	No	Yes	Yes	No	Yes	No	
CompreCare (Std)	D64	D65	Denver/Col Spgs areas	(303) 750-6200	IPP	25.23	83.31	11.64	38.45	CP	CP	Both	No	Yes	Yes	No	Yes	No	
HMO Colorado	L21	L22	Denver/Boulder areas	(303) 831-4114	GPP	29.11	101.57	13.43	46.88	CP ^b	CP ^d	Both	Yes	No	Yes	Yes	Yes	No	
Kaiser Colorado	651	652	Denver area	(303) 861-3281	GPP	28.44	91.97	13.12	42.45	None	CP ^d	Both	Yes	No	Yes	Yes	No	No	
Peak	DD1	DD2	El Paso/Pueblo Counties	(303) 591-7707	GPP	31.06	86.99	14.33	40.15	DED	CP ^d	Both	No	No	Yes	No	No	No	
Rocky Mountain HMO	881	882	Grand Junction area	(303) 243-7050	IPP	36.04	97.00	16.63	44.77	None	CP ^d	Both	Yes	No	Yes	No	Yes	No	
Connecticut																			
Berkshire	KH1	KH2	Portions of MA & CT	(413) 499-4009	IPP	32.94	106.62	15.20	49.21	None	None	Both	No	No	Yes	Yes	Yes	No	
Comm Hlth-Brdgport	LE1	LE2	Greater Bridgeport	(203) 371-1527	GPP	39.53	119.86	18.24	55.32	None	None	Both	Yes	No	Yes	Yes	Yes	No	
Comm Hlth-New Haven	711	712	Greater New Haven	(203) 787-3141	GPP	41.02	121.87	18.93	56.25	None	None	Both	Yes	No	Yes	Yes	Yes	No	
Connecticare	DN1	DN2	North & Central CT	(203) 549-0022	IPP	37.80	125.49	17.44	57.92	None	CP ^d	Both	Yes	No	Yes	No	Yes	No	
HealthCare, Inc.	DK1	DK2	Parts of Western CT	(203) 397-1660	IPP	53.57	163.71	24.72	75.56	None	None	Both	Yes	No	Yes	Yes	Yes	No	
Kaiser Connecticut	DM1	DM2	Hartford & Stamford	(203) 280-1200	GPP	27.44	89.57	12.66	41.34	None	None	Both	No	No	No	Yes	Yes	No	
Physicians Hlth	DP1	DP2	East & Southwest CT	(203) 371-0620	IPP	48.72	128.35	22.48	59.24	DED	CP	Both	No	No	Yes	Yes	Yes	No	
Delaware																			
CIGNA Delaware	DT1	DT2	Delaware	(302) 792-6590	IPP	43.65	123.91	20.14	57.19	None	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No	
HMO Delaware	DX1	DX2	New Castle County	(302) 454-3466	GPP	74.43	163.34	34.35	75.39	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No	
District of Columbia																			
Capitalcare	E61	E62	Washington, D.C. area	(703) 553-CARE	IPP	38.55	105.71	17.79	48.79	None	None	Both	Yes	Yes	No	Yes	Yes	No	
CHOICE	E11	E12	Washington, D.C. area	(703) 790-5020	IPP	44.01	129.48	20.31	59.76	None	CP ^d	Both	Yes	No	Yes	No	Yes	No	
George Wash Univ	E51	E52	Washington, D.C. area	(202) 676-4103	GPP	40.40	121.09	18.64	55.89	CP	None	Both	Yes	Yes	Yes	No	Yes	No	
GHA (High)	501	502	Washington, D.C. area	(202) 966-4357	GPP	37.64	121.81	17.37	56.22	None	None	Both	Yes	Yes	Yes	Yes	Yes	No	
GHA (Std)	504	505	Washington, D.C. area	(202) 966-4357	GPP	23.71	83.63	10.94	38.60	CP ^b	CP ^d	Both	Yes	No	Yes	Yes	Yes	No	
Healthplus (High)	JN1	JN2	D.C. Metro area	(301) 277-6520	IPP	42.82	94.25	19.76	43.50	None	CP	Both	No	Yes	Yes	No	Yes	No	
Healthplus (Std)	JN4	JN5	D.C. Metro area	(301) 277-6520	IPP	22.98	50.37	10.60	23.25	CP	CP	Both	No	No	No	No	Yes	No	
Kaiser/Mid-Atlantic	E31	E32	Washington, D.C. area	(202) 364-3400	GPP	36.43	104.43	16.81	48.20	None	None	Both	Yes	No	No	Yes	Yes	No	
M.D. IPA	JP1	JP2	D.C. Metro area	(301) 294-5110	IPP	23.78	85.02	10.97	39.24	CP	None	Both	Yes	Yes	No	Yes	Yes	No	
Network	V81	V82	Washington, D.C. area	(703) 849-8800	IPP	50.82	110.54	23.45	51.02	None	CP ^d	Both	Yes	Yes	Yes	Yes	No	No	

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FOOTNOTES: a — For most conditions
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Prepaid Plans (Commonly referred to as CMP/HMOs)

- A plan's general location is the approximate area served by the plan. To enroll in a CMP/HMO, you **MUST** live within the plan's enrollment area. See the plan brochure or call the plan for the exact enrollment area.
- The cost-sharing amounts you pay for inpatient and outpatient services are identified by type—coinsurance, copayment and/or deductible. Coinsurance and copayment may have a dollar and/or day limit; deductible is generally an annual charge.
- Every CMP/HMO provides routine physicals and immunizations.

- All CMP/HMO benefit packages include catastrophic coverage, since these plans provide for necessary care during a year.
- Every CMP/HMO provides benefits for mental health inpatient and outpatient services. However, benefits are limited to short term care, generally 30 to 45 days of inpatient care and 20 to 35 outpatient visits per calendar year, depending on the plan. You typically share costs to benefit limits. Although the Comparison Chart doesn't include CMP/HMO mental health benefits information, you can find the information in the plan brochures.

Plan Name and Option	Enrollment Code		General Location	Plan Telephone Number	Plan Type	1986 Monthly Premiums Your Share		1986 Biweekly Premiums Your Share		Other Charges You Pay		Other Benefit Features						
	Self	Family				Self	Family	Self	Family	Inpatient Services	Outpatient Services	ECF and/or HHC	Hospice Care	Dental Care	Rx Drugs	Vision Care	Alcohol/ Drug Rehab	Chiro- practor
Florida																		
AV-MED	EM1	EM2	Tampa and Miami areas	(305) 665-5437	IPP	\$62.52	\$152.64	\$28.85	\$70.45	None	CP ^d	Both	No	Yes	Yes	Yes	No	Yes
Capital Health	EA1	EA2	Tallahassee area	(904) 386-3161	GPP	31.64	87.92	14.60	40.58	None	CP ^d	Both	Yes	No	No	No	Yes	Yes
CIGNA (Orlando)	EN1	EN2	Orlando area	(305) 660-1344	GPP	25.42	101.01	11.73	46.62	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	Yes
CIGNA (Tampa)	EJ1	EJ2	Tampa area	(813) 884-2400	GPP	35.35	111.65	16.31	51.53	None	CP ^d	Both	Yes	No	Yes	Yes	No	Yes
CIGNA South FL	EK1	EK2	Miami/Ft. Lauderdale	(305) 493-5400	GPP	37.84	136.04	17.46	62.79	None	CP ^d	HHC	Yes	No	Yes	Yes	Yes	Yes
Comprehensive Amer.	ET1	ET2	Dade County	(305) 545-5506	GPP	41.00	118.52	18.92	54.70	None	None	Both	No	Yes	Yes	Yes	Yes	No
Health Options	E81	E82	Jacksonville area	(904) 731-7987	GPP	32.77	112.56	15.12	51.95	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No
HlthAmerica Ft. Laud	EP1	EP2	Ft. Lauderdale area	(305) 581-5000	GPP	45.23	137.84	20.87	63.62	None	None	Both	No	No	Yes	Yes	Yes	Yes
HMO Florida	ER1	ER2	Central & N.E. FL	1-800-432-2820	IPP	24.62	93.17	11.36	43.00	None	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No
Intmntl Med Ctrs	EE1	EE2	Tampa Bay and So. FL	1-800-433-5550	IPP	38.08	118.28	17.57	54.59	None	None	Both	Yes	Yes	Yes	Yes	Yes	Yes
PruCare Jacksonville	EC1	EC2	Jacksonville area	(904) 356-2603	GPP	24.45	84.59	11.28	39.04	None	None	Both	Yes	No	Yes	Yes	Yes	Yes
PruCare Orlando	EH1	EH2	Orlando area	(305) 660-7000	GPP	25.88	94.23	11.94	43.49	None	None	Both	Yes	No	Yes	Yes	Yes	Yes
South FL Group Hlth	ES1	ES2	Greater Miami area	(305) 591-9955	IPP	46.31	137.17	21.37	63.31	None	CP	Both	Yes	No	Yes	No	Yes	Yes
Georgia																		
Georgia Medical	EW1	EW2	Atlanta area	(404) 892-7640	IPP	45.16	140.29	20.84	64.75	None	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No
Health 1st	EY1	EY2	West Central GA	(404) 881-0680	IPP	40.68	137.43	18.77	63.43	CP ^b	CP ^d	Both	Yes	No	Yes	Yes	Yes	No
HealthAmerica	EX1	EX2	Atlanta area	(404) 393-9710	GPP	44.47	136.78	20.52	63.13	None	None	Both	Yes	Yes	Yes	No	Yes	No
PruCare Atlanta	EZ1	EZ2	Atlanta area	(404) 436-0842	GPP	31.19	115.18	14.39	53.16	None	None	Both	Yes	No	Yes	No	Yes	Yes
Guam																		
FHP	661	662	Guam	646-1894	GPP	40.37	121.74	18.63	56.19	None	CP ^d	Both	Yes	Yes	Yes	Yes	No	Yes
Guam Memorial	ZA1	ZA2	Guam	(671) 472-4647	IPP	32.53	130.91	15.01	60.42	None	None	Both	No	Yes	Yes	Yes	Yes	No
Hlth Maint (High)	281	282	Guam	646-7826	IPP	17.88	87.88	8.25	40.56	CP ^b	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No
Hlth Maint (Low)	284	285	Guam	646-7826	IPP	15.04	69.25	6.94	31.96	CP ^b	CP ^d	Both	Yes	No	Yes	Yes	Yes	No
Hawaii																		
HMSA	871	872	Hawaii	(808) 942-1111	IPP	17.13	48.97	7.90	22.60	None	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No
HMSA C H P	F61	F62	Hawaii	(808) 944-2372	GPP	19.16	78.93	8.84	36.43	CP ^b	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No
Kaiser Hawaii	631	632	Hawaii	(808) 521-0803	GPP	20.57	75.29	9.49	34.75	None	CP ^d	Both	No	No	Yes	Yes	Yes	No
Idaho																		
Group Health Spokane	VR1	VR2	Kootenai County	(509) 838-9100	GPP	39.10	130.28	18.04	60.13	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	Yes
	811	812	Idaho	(208) 746-2671	IPP	25.25	77.37	11.65	35.71	CP ^b	CP ^a	Both	Yes	No	No	Yes	No	No

Med Svc Bureau ID	811	812	Idaho	(208) 746-2671	IPP	25.25	77.37	11.65	35.71	CP ^b	CP ^a	Both	Yes	No	No	Yes	No	No
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Plan Name and Option	Enrollment Code		General Location	Plan Telephone Number	Plan Type	1986 Monthly Premiums Your Share		1986 Biweekly Premiums Your Share		Other Charges You Pay		Other Benefit Features							
	Self	Family				Self	Family	Self	Family	Inpatient Services	Outpatient Services	ECF and/or HHC	Hospice Care	Dental Care	Rx Drugs	Vision Care	Alcohol/ Drug Rehab	Chiro- practor	
National Hosp. Assn.	841	842	Idaho	(503) 222-0399	IPP	52.14	155.70	24.06	71.86	CP ^b	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	Yes	
Illinois																			
Anchor	171	172	Chicago area	(312) 347-3420	GPP	34.26	132.19	15.81	61.01	CP	None	Both	No	No	Yes	Yes	Yes	No	
Blackhawk	LH1	LH2	Rockford area	(815) 987-5132	IPP	19.38	74.84	8.94	34.54	None	None	Both	Yes	No	Yes	Yes	Yes	No	
CarleCare	FX1	FX2	Champaign area	(217) 337-3469	GPP	30.49	107.73	14.07	49.72	None	None	Both	No	No	Yes	Yes	Yes	No	
Chicago HMO Ltd	FJ1	FJ2	Chicago area	(312) 751-4460	GPP	27.07	93.17	12.49	43.00	None	None	Both	Yes	No	Yes	Yes	Yes	No	
CHOICE	FM1	FM2	Chicago area	(312) 299-8470	IPP	41.02	128.20	18.93	59.17	None	CI	Both	Yes	No	Yes	No	Yes	No	
Foundation Program	LG1	LG2	Springfield area	(217) 787-2002	IPP	40.68	132.99	18.77	61.38	CP ^b	None	Both	Yes	No	Yes	Yes	Yes	No	
Group Hlth St. Louis	MM1	MM2	St. Louis area	(314) 993-6494	GPP	38.58	122.89	17.80	56.72	None	None	Both	No	Yes	Yes	Yes	Yes	No	
Health Assurance	LF1	LF2	Chicago area	(312) 938-6600	GPP	42.22	135.83	19.48	62.69	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No	
HlthCare Ntwk MCG	121	122	St. Louis area	(314) 968-3966	GPP	37.49	103.05	17.30	47.56	DED ^b	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No	
HlthCare Ntwk Phys	N41	N42	St. Louis area	(314) 968-3966	IPP	40.76	111.13	18.81	51.29	DED ^b	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No	
HMO Great Lakes	FY1	FY2	Chicago area	(312) 953-8850	IPP	26.81	90.48	12.37	41.76	None	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No	
Maxicare	FV1	FV2	Chicago area	(312) 786-9830	GPP	35.91	132.75	16.57	61.27	None	None	Both	Yes	No	Yes	Yes	Yes	No	
Medical Assoc HMO	GY1	GY2	Northwest IL	(319) 556-8070	GPP	34.29	115.61	15.82	53.36	None	None	Both	No	No	Yes	Yes	Yes	No	
Michael Reese	751	752	Chicago area	(312) 842-7117	GPP	33.98	114.25	15.68	52.73	CP	None	Both	No	No	Yes	Yes	Yes	No	
Personal Care HMO	GE1	GE2	Champaign area	(217) 351-1226	GPP	25.66	100.49	11.84	46.38	None	None	Both	Yes	No	Yes	Yes	Yes	Yes	
PruCare Illinois	G41	G42	Chicago area	(312) 299-9800	GPP	33.01	127.85	15.23	59.01	None	None	Both	Yes	No	Yes	Yes	No	No	
Share	FP1	FP2	Chicago area	(312) 773-8430	IPP	34.78	124.43	16.05	57.43	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No	
Union Health Service	761	762	Chicago area	(312) 829-4224	GPP	34.13	122.35	15.75	56.47	CP	None	Both	No	No	Yes	Yes	Yes	No	
Indiana																			
Anchor	171	172	Lake and Porter Cos	(312) 347-3420	GPP	34.26	132.19	15.81	61.01	CP	None	Both	No	No	Yes	Yes	Yes	No	
Health Assurance IL	LF1	LF2	Lake and Porter Cos	(312) 938-6600	GPP	42.22	135.83	19.48	62.69	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No	
HealthAmerica KY	181	182	Louisville, KY area	(502) 456-8101	GPP	50.73	120.64	23.41	55.68	None	None	Both	Yes	No	Yes	No	Yes	No	
HMP/Cincinnati	141	142	Cincinnati, OH area	(513) 872-2081	GPP	36.60	111.11	16.89	51.28	CP	None	Both	No	Yes	Yes	Yes	Yes	No	
Key	GH1	GH2	North and Central IN	(317) 263-4597	IPP	48.82	124.69	22.53	57.55	None	None	Both	Yes	No	Yes	No	Yes	No	
Maxicare IL	FV1	FV2	Lake County	(312) 786-9830	GPP	35.91	132.75	16.57	61.27	None	None	Both	Yes	No	Yes	Yes	Yes	No	
Maxicare IN	GJ1	GJ2	Parts of Indiana	(317) 257-6510	GPP	35.00	124.67	16.15	57.54	None	None	Both	Yes	No	Yes	Yes	Yes	No	
Maxicare IN	GG1	GG2	Indianapolis area	(317) 257-6510	IPP	31.25	114.20	14.42	52.71	None	None	Both	Yes	No	Yes	Yes	Yes	No	
MetroHealth	GK1	GK2	Indianapolis area	(317) 844-7575	GPP	27.37	96.31	12.63	44.45	None	CP	Both	No	Yes	Yes	Yes	Yes	No	
Summit Health	GN1	GN2	Fort Wayne	(219) 489-4511	GPP	29.65	98.58	13.68	45.50	None	CP ^d	Both	No	No	Yes	Yes	Yes	No	

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- The cost-sharing amounts you pay for inpatient and outpatient services are identified by type—coinsurance, copayment and/or deductible. Coinsurance and copayment may have a dollar and/or day limit; deductible is generally an annual charge.
- Every CMP/HMO provides routine physicals and immunizations.

- All CMP/HMO benefit packages include catastrophic coverage, since these plans provide for necessary care during a year.
- Every CMP/HMO provides benefits for mental health inpatient and outpatient services. However, benefits are limited to short term care, generally 30 to 45 days of inpatient care and 20 to 35 outpatient visits per calendar year, depending on the plan. You typically share costs to benefit limits. Although the Comparison Chart doesn't include CMP/HMO mental health benefits information, you can find the information in the plan brochures.

Plan Name and Option	Enrollment Code		General Location	Plan Telephone Number	Plan Type	1986 Monthly Premiums Your Share		1986 Biweekly Premiums Your Share		Other Charges You Pay		Other Benefit Features						
	Self	Family				Self	Family	Inpatient Services	Outpatient Services	ECF and/or HHC	Hospice Care	Dental Care	Rx Drugs	Vision Care	Alcohol/ Drug Rehab	Chiro- practor		
Iowa																		
Medical Assoc HMO	GY1	GY2	Northeast Iowa	(319) 556-8070	GPP	\$34.29	\$115.61	\$15.82	\$53.36	None	None	Both	No	No	Yes	Yes	Yes	No
Share	GS1	GS2	Des Moines area	(515) 225-1234	IPP	19.44	90.85	8.97	41.93	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No
Kansas																		
Family Health	HH1	HH2	South Central Kansas	(316) 283-5880	GPP	27.03	80.95	12.47	37.36	None	None	Both	Yes	No	No	No	Yes	No
Health Care Plus	H91	H92	Parts of Kansas	(316) 681-1152	IPP	17.52	67.73	8.08	31.26	CP ^b	None	Both	Yes	No	Yes	No	Yes	No
Health Care Plus	HC1	HC2	Wichita area	(316) 681-1152	GPP	32.05	106.38	14.79	49.10	CP ^b	None	Both	Yes	No	Yes	No	Yes	No
Health Care Plus	HJ1	HJ2	Kansas City area	(316) 681-1152	IPP	26.38	91.28	12.17	42.13	CP ^b	None	Both	Yes	No	Yes	No	Yes	No
Hlth Pln Mid America	N31	N32	Kansas City area	(816) 941-3030	IPP	42.97	128.57	19.83	59.34	CP ^b /CP ^b	CPC ^d	Both	Yes	Yes	Yes	Yes	Yes	No
HMO Kansas	HM1	HM2	Capital area	(800) 332-0028	IPP	27.96	99.02	12.90	45.70	CP ^b	None	Both	No	No	No	Yes	No	Yes
HMO Kansas	HP1	HP2	Central Kansas	(800) 332-0028	IPP	15.57	58.91	7.18	27.19	CP ^b	None	Both	No	No	No	Yes	No	Yes
Kaiser-Kansas City	HA1	HA2	Kansas City area	(913) 384-9090	GPP	31.73	100.62	14.64	46.44	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No
Prime Health	MS1	MS2	Kansas City area	(913) 491-0400	GPP	37.21	101.18	17.17	46.70	None	None	Both	Yes	No	Yes	Yes	Yes	No
Total Health Care	LZ1	LZ2	Kansas City area	(816) 561-2777	IPP	46.77	123.80	21.58	57.14	CP	CP	Both	Yes	No	Yes	No	Yes	No
Kentucky																		
HealthAmerica KY	191	192	Lexington area	(502) 456-8101	GPP	39.79	95.38	18.36	44.02	None	None	Both	Yes	No	Yes	No	Yes	No
HealthAmerica KY	181	182	Louisville area	(502) 456-8101	GPP	50.73	120.64	23.41	55.68	None	None	Both	Yes	No	Yes	No	Yes	No
HMP/Cincinnati	141	142	Cincinnati area	(513) 872-2081	GPP	36.60	111.11	16.89	51.28	CP	None	Both	No	Yes	Yes	Yes	Yes	No
Independence	HR1	HR2	Central Kentucky	(606) 223-4554	GPP	31.01	82.94	14.31	38.28	None	None	Both	Yes	No	Yes	Yes	Yes	No
Maxicare Ohio	QZ1	QZ2	Northern Kentucky	(513) 381-5775	GPP	36.99	109.44	17.07	50.51	None	None	Both	Yes	Yes	Yes	Yes	Yes	No
Peak	R81	R82	Northern Kentucky	(513) 793-4510	IPP	26.72	91.69	12.33	42.32	None	CP	Both	Yes	No	Yes	Yes	Yes	No
Louisiana																		
CIGNA	HX1	HX2	Shrvport/Bossier area	(318) 861-9330	GPP	29.61	104.65	13.66	48.30	None	CP ^d	Both	No	No	Yes	Yes	Yes	No
Health Management	LJ1	LJ2	Baton Rouge area	(504) 922-1886	GPP	22.17	119.04	10.23	54.94	CP	CP	Both	No	No	No	Yes	Yes	No
HealthAmerica	HY1	HY2	New Orleans area	(504) 364-1640	GPP	45.25	127.81	20.88	58.99	None	None	Both	Yes	Yes	Yes	Yes	No	No
Maxicare	JA1	JA2	New Orleans area	(504) 836-2022	GPP	30.52	117.80	14.08	54.37	None	None	Both	No	No	Yes	Yes	Yes	No
Maryland																		
Capitalcare	E61	E62	Washington, D.C. area	(703) 553-CARE	IPP	38.55	105.71	17.79	48.79	None	None	Both	Yes	Yes	No	Yes	Yes	No
Care First	JQ1	JQ2	Gtr Baltimore area	(301) 529-2500	GPP	41.93	118.17	19.35	54.54	None	None ^a	Both	Yes	No	Yes	Yes	Yes	No

Plan Name and Option	Enrollment Code		General Location	Plan Telephone Number	Plan Type	1986 Monthly Premiums Your Share		1986 Biweekly Premiums Your Share		Other Charges You Pay		Other Benefit Features						
	Self	Family				Self	Family	Self	Family	Inpatient Services	Outpatient Services	ECF and/or HHC	Hospice Care	Dental Care	Rx Drugs	Vision Care	Alcohol/Drug Rehab	Chiropractor
CHOICE	E11	E12	Washington, D.C. area	(703) 790-5020	IPP	44.01	129.48	20.31	59.76	None	CP ^d	Both	Yes	No	Yes	No	Yes	No
Columbia	671	672	Columbia area	(301) 997-8500	GPP	23.04	83.87	10.63	38.71	None	CP ^d	Both	No	No	Yes	Yes	Yes	No
Free State	LD1	LD2	Baltimore area	(301) 828-7700	GPP	16.11	70.33	7.44	32.46	None	None	Both	Yes	No	Yes	Yes	Yes	No
George Wash Univ	E51	E52	Washington, D.C. area	(202) 676-4103	GPP	40.40	121.09	18.64	55.89	CP	None	Both	Yes	Yes	Yes	No	Yes	No
GHA (High)	501	502	Washington, D.C. area	(202) 966-4357	GPP	37.64	121.81	17.37	56.22	None	None	Both	Yes	Yes	Yes	Yes	Yes	No
GHA (Std)	504	505	Washington, D.C. area	(202) 966-4357	GPP	23.71	83.63	10.94	38.60	CP ^b	CP ^d	Both	Yes	No	Yes	Yes	Yes	No
HealthAmerica	JM1	JM2	Portions of Maryland	(301) 234-0670	GPP	34.09	118.13	15.73	54.52	None	None	Both	Yes	Yes	Yes	Yes	Yes	No
Healthplus (High)	JN1	JN2	D.C. Metro area	(301) 277-6520	IPP	42.82	94.25	19.76	43.50	None	CP	Both	No	Yes	Yes	No	Yes	No
Healthplus (Std)	JN4	JN5	D.C. Metro area	(301) 277-6520	IPP	22.98	50.37	10.60	23.25	CP	CP	Both	No	No	No	No	Yes	No
Kaiser/Mid-Atlantic	E31	E32	Washington, D.C. area	(202) 364-3400	GPP	36.43	104.43	16.81	48.20	None	None	Both	Yes	No	No	Yes	Yes	No
Kaiser/Mid-Atlantic	E71	E72	Baltimore area	(301) 281-7510	GPP	28.37	84.26	13.09	38.89	None	None	Both	Yes	No	No	Yes	Yes	No
M.D. IPA	JP1	JP2	D.C. Metro area	(301) 294-5110	IPP	23.78	85.02	10.97	39.24	CP	None	Both	Yes	Yes	No	Yes	Yes	No
Massachusetts																		
Bay State	KM1	KM2	Eastern MA	(617) 868-7000	IPP	49.67	157.19	22.92	72.55	None	CP ^d	Both	No	Yes	No	Yes	Yes	No
Berkshire	KH1	KH2	Portions of MA & CT	(413) 499-4009	IPP	32.94	106.62	15.20	49.21	None	None	Both	No	No	Yes	Yes	Yes	No
Capital Area Comm	PW1	PW2	Berkshire County	(518) 783-3110	GPP	22.09	74.03	10.19	34.17	None	CP ^d	Both	No	Yes	Yes	Yes	No	No
Fallon	JV1	JV2	Worcester County	(617) 852-7085	GPP	23.32	80.14	10.76	36.99	None	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No
Harvard Community	681	682	Boston area	(617) 421-8819	GPP	42.82	139.01	19.76	64.16	None	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No
Healthway Medical	JY1	JY2	Southeastern MA	(617) 586-3600	GPP	40.07	133.12	18.49	61.44	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No
Lahey Clinic	JX1	JX2	Gtr Burlington area	(617) 273-8556	GPP	28.83	118.71	13.30	54.79	None	None	Both	No	No	Yes	Yes	Yes	No
Matthew Thornton	NX1	NX2	Northern MA	(603) 883-0323	GPP	15.80	63.44	7.29	29.28	None	CP ^d	Both	Yes	No	Yes	No	Yes	No
Medical East	JT1	JT2	No and So Shore area	(617) 849-1111	GPP	34.46	117.87	15.90	54.40	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No
Medical West	JZ1	JZ2	Springfield area	(413) 592-6331	GPP	24.51	90.93	11.31	41.97	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No
Metro West	JS1	JS2	Waltham area	(617) 891-1504	IPP	39.55	133.23	18.25	61.49	None	None	Both	No	No	Yes	Yes	Yes	No
Montachusett	KP1	KP2	North Worcester Co	(413) 534-4100	IPP	35.87	114.18	16.55	52.70	None	None	Both	Yes	No	Yes	Yes	Yes	Yes
MultiGroup	K01	K02	Eastern MA	(617) 431-1071	GPP	33.66	118.08	15.53	54.50	None	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No
Ocean State	T11	T12	Southern MA	(401) 273-7050	IPP	34.35	90.87	15.85	41.94	None	CP	Both	Yes	No	Yes	Yes	Yes	No
Pilgrim	JU1	JU2	Southeastern MA	(617) 947-8280	IPP	48.28	143.74	22.28	66.34	CP ^b	None	Both	No	Yes	Yes	Yes	Yes	No
RIGHA (High)	701	702	Southeastern MA	(401) 421-4410	GPP	35.50	101.81	16.38	46.99	None	None	Both	Yes	Yes	Yes	Yes	Yes	No
RIGHA (Std)	704	705	Southeastern MA	(401) 421-4410	GPP	30.58	83.35	14.11	38.47	CP ^b	None	Both	Yes	Yes	Yes	Yes	Yes	No
Tufts	K21	K22	Gtr Boston Metro area	(617) 466-9400	IPP	41.35	143.50	19.08	66.23	None	None	Both	No	No	Yes	Yes	Yes	No
Valley Health	K11	K12	Parts of Western MA	(413) 256-0151	GPP	31.60	99.67	14.58	46.00	None	None	Both	Yes	Yes	Yes	Yes	Yes	No
Michigan																		
Comp Hlth Svcs Det	K31	K32	Detroit	(313) 875-9100	GPP	26.12	101.05	12.05	46.64	None	CP ^a	ECF	No	No	Yes	Yes	Yes	Yes
Grp Hlth Plan SE MI	K61	K62	Gtr Detroit area	(313) 528-0030	GPP	48.43	124.73	22.35	57.57	None	None	Both	No	No	Yes	Yes	Yes	No

ABBREVIATIONS: CI — Coinsurance
CP — Copayment
DED — Deductible
ECF — Extended Care Facility

GPP — Group Practice Plan
HHC — Home Health Care
IPP — Individual Practice Plan

FOOTNOTES: a — For most conditions
b — Hospital care
c — Surgery
d — Doctors visits
e — Diagnostic tests

14 FEHB Plan Comparison Chart — For Benefits Beginning in January 1986

Prepaid Plans (Commonly referred to as CMP/HMOs)

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	Self	Family				Self	Family	Self	Family	Inpatient Services	Outpatient Services	ECF and/or HHC	Hospice Care	Dental Care	Rx Drugs	Vision Care	Alcohol/ Drug Rehab	Chiro- practor	
Michigan (cont.)																			
Grp Hlth Svc MI	K51	K52	Saginaw, Bay Counties	(517) 791-3232	GPP	\$29.52	\$87.27	\$13.62	\$40.28	None	CP ^d	HHC	No	No	Yes	No	Yes	No	
Health Alliance	521	522	Gtr Detroit area	(313) 872-8100	GPP	52.70	127.53	24.32	58.86	None	CP ^d	HHC	No	No	Yes	No	Yes	No	
Health Care Network	LX1	LX2	Detroit area	(313) 354-7479	IPP	23.30	118.30	10.75	54.60	None	CP ^d	Both	Yes	No	Yes	No	Yes	No	
Health Central	LN1	LN2	Lansing area	(517) 374-3877	GPP	21.70	113.90	10.01	52.57	None	CP ^d	Both	No	No	Yes	Yes	Yes	No	
Health Circle	KF1	KF2	Southwest Michigan	(616) 388-9538	IPP	32.88	124.43	15.17	57.43	None	CP	Both	Yes	No	Yes	No	Yes	No	
Healthplus MI	K41	K42	SE & Cntrl MI	(313) 733-6106	IPP	54.44	141.20	25.12	65.17	None	None	Both	No	No	Yes	No	Yes	No	
Independence	KC1	KC2	Southeast Michigan	(313) 552-9396	GPP	25.40	139.77	11.72	64.51	None	None	Both	Yes	No	Yes	Yes	Yes	No	
Michigan HMO	KA1	KA2	Gtr Detroit area	(313) 873-2800	GPP	42.58	116.37	19.65	53.71	None	None	Both	No	No	Yes	Yes	Yes	No	
Physicians Hlth MI	K81	K82	Lansing and Muskegon	(800) 562-6197	IPP	25.79	126.16	11.90	58.23	CP ^b	None	Both	No	No	Yes	Yes	Yes	No	
West MI Hlth Care	KR1	KR2	Western Michigan	(616) 957-5057	IPP	24.97	124.28	11.52	57.36	None	CP ^d	Both	Yes	No	Yes	No	No	No	
Minnesota																			
Coordinated Health	M21	M22	St Paul area	(612) 292-0860	GPP	15.80	94.55	7.29	43.64	None	None	Both	Yes	No	Yes	Yes	Yes	No	
Group Health (High)	531	532	Minneapolis & St. Paul	(612) 623-8400	GPP	21.37	73.21	9.86	33.79	None	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No	
Group Health (Low)	534	535	Minneapolis & St. Paul	(612) 623-8400	GPP	13.56	35.15	6.26	16.22	CP ^b	CP ^d	Both	Yes	No	No	No	Yes	No	
HMO Minnesota	LP1	LP2	Central and NE MN	(612) 456-5080	IPP	15.83	79.93	7.30	36.89	CP	CP ^d	Both	Yes	No	No	Yes	Yes	Yes	
MedCenters	KT1	KT2	Minneapolis area	(612) 927-3544	GPP	18.04	90.70	8.32	41.86	CP	None	Both	No	Yes	Yes	Yes	Yes	Yes	
More HMO	KK1	KK2	Upper Minnesota	(218) 749-5890	GPP	24.41	81.75	11.26	37.73	None	None	Both	No	No	Yes	Yes	Yes	No	
Physicians Minnesota	M11	M12	Minneapolis & St Paul	(612) 936-1821	IPP	16.15	98.73	7.45	45.57	None	None	Both	Yes	Yes	Yes	Yes	Yes	No	
Share	111	112	Minneapolis & St. Paul	(612) 830-3100	GPP	16.18	76.87	7.47	35.48	None	CP ^d	Both	No	Yes	Yes	Yes	Yes	No	
Missouri																			
Group Hlth St Louis	MM1	MM2	St Louis area	(314) 993-6494	GPP	38.58	122.89	17.80	56.72	None	None	Both	No	Yes	Yes	Yes	Yes	No	
Hlth Care Ntwk MCG	121	122	St Louis area	(314) 968-3966	GPP	37.49	103.05	17.30	47.56	DED ^b	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No	
Hlth Care Ntwk Phys	N41	N42	St Louis area	(314) 968-3966	IPP	40.76	111.13	18.81	51.29	DED ^b	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No	
Health Care Plus	HJ1	HJ2	Kansas City area	(316) 681-1152	IPP	26.38	91.28	12.17	42.13	CP ^b	None	Both	Yes	No	Yes	No	No	No	
Hlth Plan Mid Amer	N31	N32	Kansas City area	(816) 941-3030	IPP	42.97	128.57	19.83	59.34	CP ^b /CP ^b	CPC, ^d	Both	Yes	Yes	Yes	Yes	Yes	No	
Kaiser-Kansas City	HA1	HA2	Kansas City area	(913) 384-9090	GPP	31.73	100.62	14.64	46.44	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No	
Maxicare	MP1	MP2	St Louis area	(314) 344-9972	GPP	46.70	156.48	21.55	72.22	None	None	Both	Yes	Yes	Yes	Yes	Yes	No	
Prime Health	MS1	MS2	Kansas City area	(913) 491-0400	GPP	37.21	101.18	17.17	46.70	None	None	Both	Yes	No	Yes	Yes	Yes	No	
Total Health Care	LZ1	LZ2	Kansas City area	(816) 561-2777	IPP	46.77	123.80	21.58	57.14	CP	CP	Both	Yes	No	Yes	No	Yes	No	

Plan Name and Option	Enrollment Code		General Location	Plan Telephone Number	Plan Type	1986 Monthly Premiums Your Share		1986 Biweekly Premiums Your Share		Other Charges You Pay		Other Benefit Features						
	Self	Family				Self	Family	Self	Family	Inpatient Services	Outpatient Services	ECF and/or HHC	Hospice Care	Dental Care	Rx Drugs	Vision Care	Alcohol/ Drug Rehab	Chiro- practor
Nebraska																		
HlthAmerica Lin (HI)	NA1	NA2	Lincoln area	(402) 475-7000	GPP	55.63	121.14	25.67	55.91	None	None	Both	Yes	No	Yes	Yes	Yes	No
HlthAmerica Lin (LO)	NA4	NA5	Lincoln area	(402) 475-7000	GPP	27.55	59.43	12.71	27.43	CI	CP	Both	Yes	No	Yes	Yes	Yes	No
HlthAmerica Nebraska	N81	N82	Douglas and Sarpy Cos	(402) 493-1500	GPP	48.48	106.06	22.37	48.95	None	None	Both	Yes	Yes	Yes	Yes	Yes	No
Share	NF1	NF2	Omaha area	(402) 345-5500	IPP	32.44	108.18	14.97	49.93	None	CP ^d	Both	No	Yes	Yes	Yes	Yes	No
Nevada																		
Hlth Plan NV (LV)	NM1	NM2	Las Vegas area	(702) 877-5130	GPP	47.70	117.54	22.01	54.25	None	CP ^d	Both	Yes	No	Yes	No	Yes	No
Hlth Plan NV (Reno)	NH1	NH2	Reno/Sparks area	(702) 329-2882	IPP	47.70	140.07	22.01	64.65	None	CP ^d	Both	Yes	No	Yes	No	Yes	No
New Hampshire																		
Matthew Thornton	NX1	NX2	Nashua and Manchester	(603) 883-0323	GPP	15.80	63.44	7.29	29.28	None	CP ^d	Both	Yes	No	Yes	No	Yes	Yes
Montachusett	KP1	KP2	Southern NH	(617) 534-4100	IPP	35.87	114.18	16.55	52.70	None	None	Both	Yes	No	Yes	Yes	Yes	Yes
MultiGroup	KO1	KO2	Southern NH	(617) 431-1071	GPP	33.66	118.08	15.53	54.50	None	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No
New Jersey																		
CoMED	P41	P42	Northern New Jersey	(201) 361-3444	IPP	22.95	80.06	10.59	36.95	None	CP ^d	Both	No	No	Yes	Yes	Yes	No
Crossroads	P61	P62	Northeastern NJ	(201) 564-8511	IPP	30.06	72.76	13.87	33.58	None	CP ^d	Both	No	No	Yes	Yes	Yes	No
GHI	801	802	Northern New Jersey	(212) 760-6717	IPP	20.66	100.60	9.53	46.43	None	None ^a	HHC	Yes	Yes	Yes	Yes	No	Yes
Hlth Care NJ (High)	P81	P82	Southern New Jersey	(609) 654-6600	GPP	27.35	74.32	12.62	34.30	None	CP ^d	Both	No	Yes	Yes	Yes	Yes	No
Hlth Care NJ (Stnd)	P84	P85	Southern New Jersey	(609) 654-6600	GPP	17.28	50.66	7.97	23.38	CP ^b	CP ^d	Both	No	Yes	Yes	Yes	Yes	No
HealthAmerica Phila	491	492	Philadelphia suburbs	(215) 238-9880	GPP	34.37	92.08	15.86	42.50	None	None	Both	Yes	No	Yes	Yes	No	No
Healthways	PC1	PC2	Most of New Jersey	(201) 636-6200	IPP	38.27	129.93	17.66	59.97	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No
HIP Greater NJ	P91	P92	Northern New Jersey	(201) 599-4800	GPP	32.75	93.36	15.11	43.09	None	None	Both	Yes	No	Yes	Yes	Yes	No
HMO NJ	P31	P32	Central, Southern NJ	1-800-323-9930	IPP	16.37	56.01	7.55	25.85	None	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No
Medigroup-Mercer	PS1	PS2	Trenton area	(201) 396-4600	GPP	10.38	31.52	4.79	14.55	None	CP ^d	Both	No	No	Yes	Yes	Yes	Yes
OMNICARE/the hmo	PR1	PR2	Southern New Jersey	(609) 696-8004	GPP	19.83	83.96	9.15	38.75	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No
Philadelphia Health	271	272	Camden/Burl/Glou Cos	(215) 561-3370	GPP	36.82	82.29	16.99	37.98	None	None	Both	No	No	Yes	Yes	Yes	No
Rutgers Comm Health	PA1	PA2	Central New Jersey	(201) 469-4300	GPP	27.31	66.36	12.60	30.63	None	None	Both	No	No	Yes	Yes	Yes	No
Southshore HMO	PB1	PB2	Portions of NJ	(609) 641-6200	IPP	26.01	55.99	12.00	25.84	None	CP ^a	Both	Yes	No	No	No	No	No
New Mexico																		
Health Dimensions	PT1	PT2	Albuquerque/Santa Fe	(505) 265-5967	IPP	26.27	84.87	12.12	39.17	None	CP ^d	Both	Yes	No	Yes	No	Yes	Yes
Lovelace	Q11	Q12	Albuquerque/Santa Fe	(505) 262-7363	GPP	21.44	73.97	9.89	34.14	None	CP ^d	Both	No	No	Yes	No	Yes	No
New Mexico Hlth Plan	PX1	PX2	Albuquerque area	(505) 265-8600	IPP	23.19	75.59	10.70	34.89	CP	CP	Both	No	No	Yes	Yes	Yes	Yes
New York																		
BC&BS Greater NY HMO	151	152	NE Central NYC area	(212) 481-6143	GPP	42.02	108.70	19.39	50.17	None	None	Both	Yes	No	Yes	Yes	Yes	No
Capital Area Comm	PW1	PW2	Albany area	(518) 783-3110	GPP	22.09	74.03	10.19	34.17	None	CP ^d	Both	No	Yes	Yes	Yes	No	No
Genesee Valley GHA	211	212	Grtr Rochester area	(716) 263-3460	GPP	20.61	66.52	9.51	30.70	None	CP ^d	Both	Yes	No	Yes	Yes	No	Yes

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- A plan's general location is the approximate area served by the plan. To enroll in a CMP/HMO, you **MUST** live within the plan's enrollment area. See the plan brochure or call the plan for the exact enrollment area.
- The cost-sharing amounts you pay for inpatient and outpatient services are identified by type—coinsurance, copayment and/or deductible. Coinsurance and copayment may have a dollar and/or day limit; deductible is generally an annual charge.
- Every CMP/HMO provides routine physicals and immunizations.

- All CMP/HMO benefit packages include catastrophic coverage, since these plans provide for necessary care during a year.
- Every CMP/HMO provides benefits for mental health inpatient and outpatient services. However, benefits are limited to short term care, generally 30 to 45 days of inpatient care and 20 to 35 outpatient visits per calendar year, depending on the plan. You typically share costs to benefit limits. Although the Comparison Chart doesn't include CMP/HMO mental health benefits information, you can find the information in the plan brochures.

Plan Name and Option	Enrollment Code		General Location	Plan Telephone Number	Plan Type	1986 Monthly Premiums Your Share		1986 Biweekly Premiums Your Share		Other Charges You Pay		Other Benefit Features							
	Self	Family				Self	Family	Self	Family	Inpatient Services	Outpatient Services	ECF and/or HHC	Hospice Care	Dental Care	Rx Drugs	Vision Care	Alcohol/ Drug Rehab	Chiro- practor	
New York (cont.)																			
GHI	801	802	New York State	(212) 760-6717	IPP	\$20.66	\$100.60	\$9.53	\$46.43	None	None ^a	HHC	Yes	Yes	Yes	Yes	No	Yes	
Health Care	Q81	Q82	Buffalo area	(716) 847-1480	GPP	15.75	56.29	7.27	25.98	None	CP ^a	Both	Yes	No	Yes	Yes	Yes	No	
Hlth Ins (HIP/HMO)	511	512	Greater New York area	(212) 664-1010	GPP	18.79	83.55	8.67	38.56	None	None	Both	No	No	Yes	Yes	Yes	No	
HealthShield	QB1	QB2	Poughkeepsie area	(914) 471-2800	GPP	16.61	93.62	7.66	43.21	None	CP ^d	Both	No	No	Yes	Yes	No	No	
Independent Hlth	QA1	QA2	Western New York	(716) 839-0713	IPP	14.75	58.26	6.81	26.89	None	CP ^d	Both	Yes	No	Yes	No	Yes	No	
Kaiser Northeast	QH1	QH2	Westchester County	(914) 682-7720	GPP	20.14	70.59	9.29	32.58	None	None	Both	Yes	No	No	Yes	Yes	No	
Prepaid Health	QE1	QE2	Syracuse area	(315) 638-2133	GPP	16.28	62.36	7.51	28.78	None	None	Both	Yes	No	Yes	No	Yes	No	
North Carolina																			
HealthAmerica NC	Q51	Q52	Portions of NC	(800) 822-0012	IPP	33.40	106.58	15.41	49.19	None	None	Both	No	No	Yes	No	Yes	Yes	
Kaiser	QT1	QT2	Triangle area/Charltn	(919) 878-9870	GPP	20.61	52.35	9.51	24.16	None	None	Both	No	No	Yes	Yes	Yes	No	
Personal Care	QQ1	QQ2	Metropolitan NC areas	(919) 489-7431	IPP	54.98	118.67	25.37	54.77	None	None	Both	No	No	Yes	No	Yes	Yes	
North Dakota																			
Cap Care	QX1	QX2	Greater Bismarck area	(701) 222-8754	GPP	36.86	88.03	17.01	40.63	CP ^b	CP ^d	Both	No	No	Yes	Yes	Yes	No	
Ohio																			
ChoiceCare	QY1	QY2	Southwest Ohio	(513) 784-5250	IPP	33.40	129.61	15.41	59.82	None	CP ^d	Both	No	No	Yes	Yes	Yes	No	
Health One	R41	R42	Columbus area	(614) 451-1551	GPP	33.51	101.16	15.46	46.69	None	None	Both	Yes	No	Yes	Yes	Yes	Yes	
HealthAmerica Ohio	R11	R12	Akron	(216) 579-9100	IPP	28.93	98.69	13.35	45.55	None	None	Both	Yes	No	Yes	Yes	Yes	No	
HealthAmerica Ohio	R21	R22	Cincinnati	(513) 793-9900	IPP	29.22	97.33	13.48	44.92	None	None	Both	Yes	No	Yes	Yes	Yes	No	
HealthAmerica Ohio	R31	R32	Columbus	(614) 463-9200	IPP	24.58	85.00	11.34	39.23	None	None	Both	Yes	No	Yes	Yes	Yes	No	
HealthAmerica Ohio	R61	R62	Toledo & Cleveland	(216) 579-9100	IPP	28.28	97.04	13.05	44.79	None	None	Both	Yes	No	Yes	Yes	Yes	No	
HMO Health Ohio	L41	L42	Cleveland & Akron areas	(216) 642-3130	GPP	38.60	111.47	17.81	51.45	None	None	Both	No	Yes	Yes	Yes	Yes	No	
HMP/Cincinnati	141	142	Cincinnati area	(513) 872-2081	GPP	36.60	111.11	16.89	51.28	CP	None	Both	No	Yes	Yes	Yes	Yes	No	
HMP/Dayton	R51	R52	Dayton area	(513) 276-7312	GPP	39.64	119.06	18.29	54.95	CP	None	Both	No	Yes	Yes	Yes	Yes	No	
HMP/Warren-Youngstown	RA1	RA2	Warren & Youngstown	(216) 399-9200	GPP	36.99	114.49	17.07	52.84	CP	None	Both	No	Yes	Yes	Yes	Yes	No	
Kaiser Ohio	641	642	Cleveland area	(216) 621-5600	GPP	30.15	99.62	13.91	45.98	None	CP ^d	Both	No	No	Yes	Yes	Yes	No	
Marion HMO	RF1	RF2	Marion area	(614) 387-6355	IPP	20.87	112.15	9.63	51.76	None	None	Both	Yes	No	Yes	Yes	Yes	No	
Maxicare	QZ1	QZ2	Cincinnati area	(513) 381-5775	GPP	36.99	109.44	17.07	50.51	None	None	Both	Yes	Yes	Yes	Yes	Yes	No	
Peak	R81	R82	Cincinnati area	(513) 793-4510	IPP	26.72	91.69	12.33	42.32	None	CP	Both	Yes	No	Yes	Yes	Yes	No	
Physician's Hlth OH	R91	R92	Central Ohio	(614) 764-4884	IPP	25.03	86.95	11.55	40.13	CP ^b	None	Both	Yes	No	No	Yes	Yes	No	
Upper Ohio Valley	W71	W72	Upper Ohio Valley	(614) 695-3585	IPP	36.02	104.74	16.62	48.34	None	None	Both	No	No	No	No	Yes	No	

Plan Name and Option	Enrollment Code		General Location	Plan Telephone Number	Plan Type	1986 Monthly Premiums Your Share		1986 Biweekly Premiums Your Share		Other Charges You Pay		Other Benefit Features							
	Self	Family				Self	Family	Self	Family	Inpatient Services	Outpatient Services	ECF and/or HHC	Hospice Care	Dental Care	Rx Drugs	Vision Care	Alcohol/ Drug Rehab	Chiro- practor	
Western OH Hlth Care	RJ1	RJ2	Miami Valley area	(513) 439-8903	IPP	57.32	167.01	26.45	77.08	CP ^b	CP ^d	Both	No	Yes	Yes	Yes	Yes	No	
Western Reserve	RD1	RD2	Cleveland area	(216) 486-0152	IPP	33.14	123.74	15.29	57.11	None	CP ^d	Both	Yes	No	Yes	No	Yes	No	
Oklahoma																			
CHOICE	RM1	RM2	Tulsa area	(918) 250-6171	IPP	42.24	114.51	19.49	52.85	None	CI	Both	Yes	No	Yes	No	Yes	No	
Health Care Plus	RT1	RT2	Oklahoma City area	(405) 848-1653	IPP	22.85	81.83	10.54	37.77	CP ^b	None	Both	Yes	No	Yes	No	Yes	No	
HMO Oklahoma	RW1	RW2	Tulsa area	(918) 493-8060	GPP	33.77	116.93	15.58	53.97	None	None	Both	Yes	No	Yes	No	Yes	No	
PruCare OK (High)	RR1	RR2	Oklahoma City area	(405) 942-2200	GPP	31.60	156.63	14.58	72.29	None	None	Both	Yes	No	Yes	No	Yes	Yes	
PruCare OK (Low)	RR4	RR5	Oklahoma City area	(405) 942-2200	GPP	15.77	76.09	7.28	35.12	CP ^b	CP ^a	Both	Yes	No	No	No	Yes	Yes	
PruCare Tulsa	RS1	RS2	Tulsa area	(918) 665-8850	GPP	37.75	125.06	17.42	57.72	None	None	Both	Yes	No	Yes	Yes	No	Yes	
Takecare	RX1	RX2	Greater Tulsa area	(918) 492-8570	IPP	38.14	127.96	17.60	59.06	None	None	Both	No	No	Yes	No	Yes	Yes	
Oregon																			
Capitol Health Care	LS1	LS2	Salem area	(503) 364-4868	IPP	34.81	97.46	16.06	44.98	CP ^b	None	Both	No	No	No	Yes	Yes	No	
Eugene Clinic	RZ1	RZ2	Eugene/Sprngfld area	(503) 687-6206	GPP	21.59	59.76	9.96	27.58	DED ^b	None	Both	Yes	No	No	Yes	Yes	No	
Kaiser NW (High)	571	572	Portland/Salem	(503) 280-2000	GPP	40.22	121.68	18.56	56.16	None	CP ^d	Both	No	Yes	Yes	Yes	Yes	No	
Kaiser NW (Stnd)	574	575	Portland/Salem	(503) 280-2000	GPP	18.64	62.64	8.60	28.91	None	CP ^d	Both	No	No	Yes	Yes	Yes	No	
National Hosp. Assn	841	842	Oregon	(503) 222-0399	IPP	52.14	155.70	24.06	71.86	CI ^b	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	Yes	
Physicians Assn	S91	S92	Portland Metro area	(503) 659-4212	IPP	32.12	86.43	14.82	39.89	None	CP ^d	Both	No	No	Yes	Yes	Yes	No	
Selectcare	SD1	SD2	Most of Lane County	(503) 485-1850	IPP	27.79	98.67	12.82	45.54	None	CP ^d	Both	Yes	No	No	No	Yes	Yes	
Pennsylvania																			
Central Medical	241	242	Pittsburgh area	(412) 562-3005	GPP	29.13	79.93	13.44	36.89	None	CP ^d	Both	No	Yes	Yes	Yes	Yes	No	
Delaware Valley HMO	SN1	SN2	Philadelphia area	(215) 358-5650	IPP	28.93	97.17	13.35	44.85	CP ^b	CP ^d	Both	No	No	Yes	No	No	No	
HlthAmerica Cntrl PA	SW1	SW2	Central Pennsylvania	(717) 763-9313	IPP	26.68	74.88	12.31	34.56	None	None	Both	Yes	No	Yes	Yes	Yes	No	
HlthAmerica PGH GPP	261	262	Pittsburgh area	(412) 553-7300	GPP	33.68	116.11	15.54	53.59	None	None	Both	Yes	No	Yes	Yes	Yes	No	
HlthAmerica PGH IPP	SX1	SX2	Pittsburgh area	(412) 553-7300	IPP	33.68	116.11	15.54	53.59	None	None	Both	Yes	No	Yes	Yes	Yes	No	
HlthAmerica Phila	491	492	Philadelphia area	(215) 238-9880	GPP	34.37	92.08	15.86	42.50	None	None	Both	Yes	No	Yes	Yes	No	No	
Healthways	PC1	PC2	Lower Bucks County	(201) 636-6200	IPP	38.27	129.93	17.66	59.97	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No	
HMO PA	SU1	SU2	Southeast PA	(215) 542-8900	IPP	30.15	108.05	13.91	49.87	None	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No	
HMO Western PA	SF1	SF2	NE of Pittsburgh	(412) 274-4400	GPP	26.57	98.58	12.26	45.50	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No	
HMP/Warren-Youngstown	RA1	RA2	Lawrence & Mercer Cos	(216) 399-9200	GPP	36.99	114.49	17.07	52.84	CP	None	Both	No	Yes	Yes	Yes	Yes	No	
Keystone Harrisburg	S41	S42	Harrisburg area	(717) 763-3458	IPP	15.85	47.75	7.31	22.04	None	CP ^d	Both	No	No	No	Yes	Yes	No	
Keystone Lehigh Val	ST1	ST2	Lehigh Valley area	1-800-622-2843	IPP	21.03	63.05	9.70	29.10	None	CP ^d	Both	No	No	No	Yes	Yes	No	
Medigroup-Mercer	PS1	PS2	Trenton area	(201) 396-4600	GPP	10.38	31.52	4.79	14.55	None	CP ^d	Both	No	No	Yes	Yes	Yes	No	
Philadelphia Hlth	271	272	Philadelphia area	(215) 561-3370	GPP	36.82	82.29	16.99	37.98	None	None	Both	No	No	Yes	Yes	Yes	No	
Puerto Rico																			
SSS Plan	891	892	Puerto Rico	(809) 759-9191	IPP	13.31	38.44	6.14	17.74	CP ^b	CP ^d	None	No	Yes	Yes	Yes	Yes	No	

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	Self	Family				Self	Family	Self	Family	Inpatient Services	Outpatient Services	ECF and/or HHC	Hospice Care	Dental Care	Rx Drugs	Vision Care	Alcohol/ Drug Rehab	Chiro- practor
Rhode Island																		
Blackstone Valley	LU1	LU2	Pawtucket area	(401) 272-8500	IPP	\$14.03	\$37.50	\$6.48	\$17.31	CP	CP ^d	Both	No	No	No	Yes	Yes	No
Ocean State	T11	T12	Rhode Island	(401) 273-7050	IPP	34.35	90.87	15.85	41.94	None	CP	Both	Yes	No	Yes	Yes	Yes	No
RIGHA (High)	701	702	Rhode Island	(401) 421-4410	GPP	35.50	101.81	16.38	46.99	None	None	Both	Yes	Yes	Yes	Yes	Yes	No
RIGHA (Std)	704	705	Rhode Island	(401) 421-4410	GPP	30.58	83.35	14.11	38.47	CP ^b	None	Both	Yes	Yes	Yes	Yes	Yes	No
South Carolina																		
Companion Hlth Care	TF1	TF2	South Carolina	(803) 798-3466	IPP	16.93	52.02	7.81	24.01	None	None	Both	Yes	Yes	Yes	Yes	Yes	Yes
HealthAmerica	TA1	TA2	Greenville area	(803) 233-7437	GPP	25.79	68.21	11.90	31.48	None	None	Both	Yes	Yes	Yes	No	Yes	No
Tennessee																		
PruCare Memphis	UB1	UB2	Shelby County	(901) 766-7919	GPP	33.07	127.03	15.26	58.63	None	None	Both	Yes	No	Yes	No	Yes	Yes
PruCare Nshvle (Hi)	UA1	UA2	Nashville area	(615) 248-7100	GPP	48.43	118.54	22.35	54.71	None	None	Both	Yes	No	Yes	No	Yes	Yes
PruCare Nshvle (Lo)	UA4	UA5	Nashville area	(615) 248-7100	GPP	23.82	78.26	10.99	36.12	CP ^b	CP ^a	Both	Yes	No	No	No	No	Yes
Texas																		
Central Texas	TW1	TW2	Five Counties	(512) 454-6771	IPP	47.31	157.82	21.83	72.84	None	CP ^d	Both	Yes	No	Yes	Yes	No	No
CIGNA (Dallas)	UG1	UG2	Dallas area	(214) 669-8069	GPP	29.04	109.24	13.40	50.42	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No
CIGNA (Houston)	UH1	UH2	Houston area	(713) 266-4418	GPP	35.02	130.19	16.16	60.09	None	CP ^d	Both	No	No	Yes	Yes	Yes	No
HealthAmerica Texas	UR1	UR2	San Antonio area	(512) 696-2010	GPP	35.89	128.40	16.56	59.26	None	None	Both	Yes	Yes	Yes	Yes	No	No
Humana (C. Christi)	TX1	TX2	Corpus Christi area	(512) 854-8955	IPP	37.54	132.43	17.32	61.12	None	CP ^d	Both	Yes	No	Yes	No	Yes	No
Humana (San Antonio)	TZ1	TZ2	San Antonio area	(512) 736-4502	IPP	38.60	135.42	17.81	62.50	None	CP ^d	Both	Yes	No	Yes	No	Yes	No
Kaiser Texas	UK1	UK2	Dallas/Ft. Worth area	(214) 458-5000	GPP	30.95	111.95	14.28	51.67	None	CP ^d	Both	No	No	Yes	Yes	Yes	No
Maxicare North TX	UC1	UC2	Dallas/Ft. Worth area	(214) 252-1001	GPP	37.06	108.85	17.10	50.24	None	None	Both	Yes	No	Yes	Yes	Yes	No
Maxicare Texas	UM1	UM2	Houston area	(713) 797-0123	GPP	51.38	147.79	23.71	68.21	None	None	Both	Yes	No	Yes	Yes	Yes	No
Mid-Texas	TB1	TB2	Eleven Counties	(817) 778-5233	IPP	34.35	120.18	15.85	55.47	None	CP ^d	Both	Yes	No	Yes	Yes	No	No
PruCare Austin	UN1	UN2	Austin area	(512) 465-6661	GPP	38.62	127.40	17.82	58.80	None	None	Both	Yes	No	Yes	Yes	Yes	Yes
PruCare Houston	UP1	UP2	Houston Metro area	(713) 662-8700	GPP	33.74	132.08	15.57	60.96	None	CP ^a	Both	Yes	Yes	Yes	Yes	No	Yes
PruCare San Antonio	UD1	UD2	San Antonio area	(512) 366-1921	IPP	30.71	113.42	14.17	52.35	None	None	Both	No	No	Yes	Yes	Yes	No
SANUS (Dal/Ft. Worth)	V21	V22	Dallas/Ft. Worth area	(214) 257-0376	IPP	34.74	121.01	16.03	55.85	CP	None	Both	No	Yes	Yes	No	Yes	No
SANUS (Houston)	UZ1	UZ2	Gulf Coast	(713) 993-9520	IPP	38.86	132.43	17.93	61.12	CP	None	Both	No	Yes	Yes	No	Yes	No
Scott & White	UF1	UF2	Bell and Coryell Cos	(817) 774-4000	GPP	24.49	87.23	11.30	40.26	None	None	Both	No	No	No	Yes	No	No
Share Texas	TT1	TT2	Austin area	(512) 477-4457	IPP	37.19	129.76	17.16	59.89	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No

Plan Name and Option	Enrollment Code		General Location	Plan Telephone Number	Plan Type	1986 Monthly Premiums Your Share		1986 Biweekly Premiums Your Share		Other Charges You Pay		Other Benefit Features						
	Self	Family				Self	Family	Self	Family	Inpatient Services	Outpatient Services	ECF and/or HHC	Hospice Care	Dental Care	Rx Drugs	Vision Care	Alcohol/Drug Rehab	Chiropractor
South Texas	TC1	TC2	Five Counties	(512) 650-0841	IPP	48.56	161.33	22.41	74.46	None	CP ^d	Both	Yes	No	Yes	Yes	No	No
United Medical TX	V11	V12	Houston area	(713) 623-0244	IPP	36.91	146.64	17.03	67.68	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No
Utah																		
FHP	661	662	Ogden/Salt Lake area	(801) 355-1234	GPP	40.37	121.74	18.63	56.19	None	CP ^d	Both	Yes	Yes	Yes	Yes	No	Yes
HealthWise (High)	UX1	UX2	Salt Lake City area	(801) 487-4917	IPP	35.91	124.19	16.57	57.32	None	CP ^d	Both	No	Yes	Yes	Yes	No	Yes
HealthWise (Std)	UX4	UX5	Salt Lake City area	(801) 487-4917	IPP	26.85	88.03	12.39	40.63	CP ^b	CP ^d	Both	No	Yes	Yes	Yes	No	Yes
Maxicare Utah	UW1	UW2	Salt Lake City area	(801) 532-5743	GPP	21.22	95.59	9.79	44.12	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	No
Vermont																		
Capital Area Comm	PW1	PW2	Bennington County	(518) 783-3110	GPP	22.09	74.03	10.19	34.17	None	CP ^d	Both	No	Yes	Yes	Yes	No	No
Multigroup	KO1	KO2	Southern Vermont	(617) 431-1071	GPP	33.66	118.08	15.53	54.50	None	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No
Virginia																		
Capitalcare	E61	E62	Washington, D.C. area	(703) 553-CARE	IPP	38.55	105.71	17.79	48.79	None	None	Both	Yes	Yes	No	Yes	Yes	No
CHOICE	E11	E12	Washington, D.C. area	(703) 790-5020	IPP	44.01	129.48	20.31	59.76	None	CP ^d	Both	Yes	No	Yes	No	Yes	No
George Wash Univ	E51	E52	Washington, D.C. area	(202) 676-4103	GPP	40.40	121.09	18.64	55.89	CP	None	Both	Yes	Yes	Yes	No	Yes	No
GHA (High)	501	502	Washington, D.C. area	(202) 966-4357	GPP	37.64	121.81	17.37	56.22	None	None	Both	Yes	Yes	Yes	Yes	Yes	No
GHA (Std)	504	505	Washington, D.C. area	(202) 966-4357	GPP	23.71	83.63	10.94	38.60	CP ^b	CP ^d	Both	Yes	No	Yes	Yes	Yes	No
HealthAmerica	V51	V52	Hampton Roads area	(804) 466-1421	GPP	24.47	80.38	11.29	37.10	None	None	Both	Yes	Yes	Yes	Yes	Yes	No
Healthplus (High)	JN1	JN2	D.C. Metro area	(301) 277-6520	IPP	42.82	94.25	19.76	43.50	None	CP	Both	No	Yes	Yes	No	Yes	No
Healthplus (Std)	JN4	JN5	D.C. Metro area	(301) 277-6520	IPP	22.98	50.37	10.60	23.25	CP	CP	Both	No	No	No	No	Yes	No
HMO PLUS	V71	V72	Norfolk/VA Beach area	(804) 466-5860	GPP	24.49	91.04	11.30	42.02	None	CP ^d	Both	No	No	Yes	Yes	Yes	No
Kaiser/Mid-Atlantic	E31	E32	Washington, D.C. area	(202) 364-3400	GPP	36.43	104.43	16.81	48.20	None	None	Both	Yes	No	No	Yes	Yes	No
M.D. IPA	JP1	JP2	D.C. Metro area	(301) 294-5110	IPP	23.78	85.02	10.97	39.24	CP	None	Both	Yes	Yes	No	Yes	Yes	No
Network	V81	V82	Northern Virginia	(703) 849-8800	IPP	50.82	110.54	23.45	51.02	None	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	No
OPTIMA	V91	V92	Tidewater area	(804) 466-6410	IPP	16.14	57.70	7.45	26.63	None	CP ^d	Both	Yes	No	Yes	No	Yes	No
PruCare	V61	V62	Richmond area	(804) 323-0911	GPP	33.09	114.94	15.27	53.05	None	None	Both	No	No	Yes	No	Yes	No
United Med (Norfolk)	W21	W22	Southeastern VA	(804) 463-8606	IPP	22.80	88.14	10.52	40.68	None	CP ^d	Both	Yes	No	Yes	No	Yes	Yes
United Med (Richmond)	W31	W32	Central Virginia	(804) 747-9595	IPP	33.33	104.89	15.38	48.41	None	CP ^d	Both	Yes	No	Yes	No	Yes	Yes
Whittaker/Hlth First	V41	V42	Tidewater area	(804) 622-6711	IPP	16.97	72.30	7.83	33.37	None	None	Both	Yes	No	Yes	Yes	Yes	No
Washington																		
Grp Hlth Cooperative	541	542	Puget Sound area	(206) 326-6016	GPP	39.18	110.52	18.08	51.01	None	None	HHC	No	Yes	Yes	Yes	Yes	No
Group Health Spokane	VR1	VR2	Spokane area	(509) 838-9100	GPP	39.10	130.28	18.04	60.13	None	CP ^d	Both	Yes	No	Yes	Yes	Yes	Yes
HealthPlus	W11	W12	Seattle/Spokane area	(206) 361-3698	GPP	35.76	118.43	16.50	54.66	None	None	Both	Yes	No	Yes	Yes	Yes	No
Kaiser NW (High)	571	572	Vancouver/Longview	(503) 280-2000	GPP	40.22	121.68	18.56	56.16	None	CP ^d	Both	No	Yes	Yes	Yes	Yes	No
Kaiser NW (Std)	574	575	Vancouver/Longview	(503) 280-2000	GPP	18.64	62.64	8.60	28.91	None	CP ^d	Both	No	No	Yes	Yes	Yes	No
Kitsap (High)	VT1	VT2	Kitsap Peninsula area	(206) 478-6796	IPP	72.55	150.30	33.48	69.37	CP ^a	CP ^d	Both	Yes	No	No	Yes	Yes	No

ABBREVIATIONS: CI — Coinsurance
CP — Copayment
DED — Deductible
ECF — Extended Care Facility

GPP — Group Practice Plan
HHC — Home Health Care
IPP — Individual Practice Plan

FOOTNOTES: a — For most conditions
b — Hospital care
c — Surgery
d — Doctors visits
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FEHB Plan Comparison Chart — For Benefits Beginning in January 1986

Prepaid Plans (Commonly referred to as CMP/HMOs)

- A plan's general location is the approximate area served by the plan. To enroll in a CMP/HMO, you **MUST** live within the plan's enrollment area. See the plan brochure or call the plan for the exact enrollment area.
- The cost-sharing amounts you pay for inpatient and outpatient services are identified by type—coinsurance, copayment and/or deductible. Coinsurance and copayment may have a dollar and/or day limit; deductible is generally an annual charge.
- Every CMP/HMO provides routine physicals and immunizations.
- All CMP/HMO benefit packages include catastrophic coverage, since these plans provide for necessary care during a year.
- Every CMP/HMO provides benefits for mental health inpatient and outpatient services. However, benefits are limited to short term care, generally 30 to 45 days of inpatient care and 20 to 35 outpatient visits per calendar year, depending on the plan. You typically share costs to benefit limits. Although the Comparison Chart doesn't include CMP/HMO mental health benefits information, you can find the information in the plan brochures.

Plan Name and Option	Enrollment Code		General Location	Plan Telephone Number	Plan Type	1986 Monthly Premiums Your Share		1986 Biweekly Premiums Your Share		Other Charges You Pay		Other Benefit Features						
	Self	Family				Self	Family	Self	Family	Inpatient Services	Outpatient Services	ECF and/or HHC	Hospice Care	Dental Care	Rx Drugs	Vision Care	Alcohol/ Drug Rehab	Chiro- practor
Washington (cont.)																		
Kitsap (Std)	VT4	VT5	Kitsap Peninsula area	(206) 478-6796	IPP	\$36.06	\$72.45	\$16.64	\$33.44	DED/CI	DED/CI	Both	Yes	No	No	Yes	No	No
Med Srvc Bur Idaho	811	812	Asotin & Garfield Cos	(208) 746-2671	IPP	25.25	77.37	11.65	35.71	CP ^b	CP ^a	Both	Yes	No	No	Yes	No	No
National Hosp Assn	841	842	Most of Washington	(503) 222-0399	IPP	52.14	155.70	24.06	71.86	CI ^b	CP ^d	Both	Yes	Yes	Yes	Yes	Yes	Yes
Wash Physicians	831	832	Most of Washington	(206) 682-9370	IPP	40.44	86.45	18.66	39.90	CP ^b	None	Both	Yes	Yes	Yes	No	Yes	No
West Virginia																		
Upper Ohio Valley	W71	W72	Upper Ohio Valley	(614) 695-3585	IPP	36.02	104.74	16.62	48.34	None	None	Both	No	No	No	No	Yes	No
Wisconsin																		
Compicare (GPP)	691	692	Seven Separate areas	(414) 226-6744	GPP	44.23	128.83	20.41	59.46	CP ^b	None	Both	Yes	Yes	Yes	Yes	Yes	No
Compicare (IPP)	W91	W92	Eau Claire area	(414) 226-6744	IPP	40.31	119.86	18.60	55.32	CP ^b	None	Both	Yes	Yes	Yes	Yes	Yes	No
Compicare (IPP)	W61	W62	Neenah/Menasha area	(414) 226-6744	IPP	39.62	118.06	18.28	54.49	CP ^b	None	Both	Yes	Yes	Yes	Yes	Yes	No
Coordinated Health	M21	M22	Western WI	(612) 292-0860	GPP	15.80	94.55	7.29	43.64	None	None	Both	Yes	No	Yes	Yes	Yes	No
DeanCare HMO	WD1	WD2	Madison	(608) 833-7300	GPP	26.46	94.55	12.21	43.64	None	None	Both	No	No	Yes	Yes	Yes	No
Family Health	WH1	WH2	Gtr Milwaukee area	(414) 786-0330	GPP	38.47	121.83	17.75	56.23	None	None	Both	Yes	Yes	Yes	Yes	Yes	No
Gtr Marshfield CHP	W41	W42	Gtr Marshfield area	(715) 387-5621	GPP	69.41	152.92	32.03	70.58	CP ^b	None	Both	Yes	Yes	Yes	Yes	Yes	No
Group Health Coop	WJ1	WJ2	Madison area	(608) 251-4156	GPP	23.71	79.88	10.94	36.87	None	None	Both	No	Yes	Yes	Yes	Yes	No
Jackson	WX1	WX2	Dane and Columbia Cos	(608) 252-8590	GPP	27.22	88.36	12.56	40.78	None	None	Both	Yes	Yes	Yes	Yes	Yes	No
Maxicare	WG1	WG2	Milwaukee Metro areas	(414) 271-6371	IPP	35.33	115.07	16.30	53.11	None	None	Both	Yes	No	Yes	Yes	Yes	No
Medical Assoc HMO	GY1	GY2	Southwest WI	(319) 556-8070	GPP	34.29	115.61	15.82	53.36	None	None	Both	No	No	Yes	Yes	Yes	No
Q Care	WF1	WF2	La Crosse area	(608) 221-4711	IPP	46.64	129.93	21.52	59.97	None	None	Both	No	No	Yes	No	Yes	No
Samaritan	WK1	WK2	Milwaukee area	(414) 344-4148	IPP	41.18	121.46	19.00	56.06	None	None	Both	Yes	No	Yes	Yes	Yes	No

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