



Electronically reprinted from November 17-24, 2008

# America's Best Health Plans

## Commercial Plans

Rank	Plan	Score	State
1	Harvard Pilgrim Health Care	91.2	Maine, Mass.
2	Tufts Associated Health Maintenance Organization	91.2	Mass., N.H., R.I.
3	Harvard Pilgrim Health Care of New England	90.6	N.H.
4	Grand Valley Health Plan	89.1	Mich.
5	<b>Geisinger Health Plan</b>	<b>88.2</b>	Pa.
12	HealthAmerica Pennsylvania/HealthAssurance Pennsylvania	87.3	Pa.
41	UPMC Health Plan	85.8	Pa.
51	Keystone Health Plan Central	85.2	Pa.
52	Keystone Health Plan West	85.0	Pa.
56	Capital Advantage Insurance Company	84.7	Pa.
78	Keystone Health Plan East	83.8	Pa.
89	CIGNA HealthCare of Pennsylvania	83.4	Pa.
111	Aetna Health Pennsylvania	82.6	Pa.
130	First Priority Health	82.1	Pa.
202	AmeriHealth - Pennsylvania	78.4	Pa.
	Unison Family Health Plan of Pennsylvania	I*	Pa.

Note: Identical scores are because of rounding. All plans shown are accredited by the National Committee for Quality Assurance. Source: NCQA The Top 50 Best Health Plans appeared in the print edition. The full list appears on [www.usnews.com](http://www.usnews.com).  
\*Insufficient data



## Medicare Plans

Rank	Plan	Score	State
1	Preferred Care	88.4	N.Y.
2	Kaiser Foundation Health Plan of Southern California	88.1	Calif.
3	<b>Geisinger Gold</b>	<b>88.0</b>	Pa.
4	Blue Cross and Blue Shield of Massachusetts	87.9	Mass.
5	Security Health Plan of Wisconsin	87.4	Wis.
18	HealthAmerica Pennsylvania/HealthAssurance Pennsylvania	86.0	Pa.
19	UPMC Health Plan	86.0	Pa.
21	Keystone Health Plan Central	85.9	Pa.
33	Keystone Health Plan West	85.0	Pa.
34	Aetna Health - Pennsylvania	85.0	Pa.
50	Keystone Health Plan East	83.3	Pa.
118	Gateway Health Plan	66.0	Pa.
127	AmeriHealth of Pennsylvania	64.6	Pa.
140	Unison Health Plan of Pennsylvania	63.3	Pa.
	Senior Partners by Bravo Health	I*	Pa.

Note: Identical scores are because of rounding. All plans shown are accredited by the National Committee for Quality Assurance. Source: NCQA The Top 25 Best Health Plans appeared in the print edition. The full list appears on [www.usnews.com](http://www.usnews.com).  
\*Insufficient data



**BEST HEALTH PLANS: METHODOLOGY**

## They're about prevention, treatment, and satisfaction

By Avery Comarow

This is the fourth year that *U.S. News* and the National Committee for Quality Assurance, managed care's major accrediting and standards-setting body, have teamed up to rank healthcare plans. We release the rankings during open-enrollment season, when millions of Americans prepare to select their healthcare coverage for the next year.

Cost plays a large role in plan choice, of course. But data analyzed by NCQA and provided to *U.S. News* about hundreds of plans permit quality to be considered as well. The rankings, at [health.usnews.com/healthplans](http://health.usnews.com/healthplans), show how well

plans do at preventing and treating illness and providing consumer services to members.

If your family includes a toddler, for instance, how hard a plan works to keep immunizations current is good to know. Families with diabetic members can see a plan's success at keeping LDL cholesterol below critical levels. Diligence in screening for cervical cancer with a Pap test was one of 49 measures that went into evaluating commercial plans and 39 measures for judging Medicaid plans. (Medicare plans were weighed using 42 measures.) Data were even requested about children who were diagnosed with a common cold and did *not* get an antibiotic. That was a way to determine how readily caregivers hand out antibiotics on demand, a common practice that contributes to the rise in drug-resistant bugs.

**Getting satisfaction.** Measures about consumer services included members' opinions about the ease of making appoint-

ments and getting care, doctors' ability to communicate effectively, and satisfaction with claims handling.

The 469 ranked plans received scores of 0 to 100 and overall ratings of 1 to 5 stars. Star ratings are also shown for individual measures, combinations of measures (such as "women's reproductive health"), and the three major categories—prevention, treatment, and consumer assessment. An additional 94 plans did not provide enough data to be ranked but are listed with the information available.

The top 10 commercial plans, top five Medicare plans, and top five Medicaid plans make up the Honor Roll. Most of the ranked plans are HMOs or combined HMO-POS plans.

Not all plans furnished data to NCQA, and some did so but refused to make the information public. These 126 plans are all labeled nonreporters and are ineligible for ranking or NCQA accreditation. ●

## Ten Tips for Picking a Health Plan

Caregiver choice, caps, drug coverage—it's a jungle out there

Poring over health insurance alternatives, as millions of Americans will do this month and next, is nobody's notion of a fun time. But mulling over the various options is the only way to meet your needs without devastating your paycheck. These 10 tips will help you focus.

**1 Weigh flexibility.** The three main types of health plans differ in members' degree of personal choice in selecting caregivers. Someone with diabetes or another chronic condition may want a point-of-service (POS) plan or preferred provider organization (PPO), which offer unrestricted access to specialists. An HMO, which limits members to physicians in a defined network, might provide enough choice and protection for someone young and healthy.

**2 Check the provider network.** If physicians you use are not in the plan, switching to others will be a hassle—and if you chose them for their specific expertise, your health might even be affected.

**3 Consider coupling catastrophic care with a special fund.** You can cover the high deductibles in a catastrophic-care plan from a health reimbursement arrangement (HRA) set up and funded by your employer. Otherwise, you can pay the deductible from a tax-deductible health savings account you set up yourself.

**4 Monitor the maximums.** Most plans specify the out-of-pocket total, often thousands of dollars, that members must pay before full coverage kicks in. But employees in 20 percent of health plans are

never fully covered, according to the Kaiser Family Foundation's 2008 Employer Health Benefits Survey. And copays usually don't count toward the maximum.

**5 Check for caps.** Many plans impose annual limits—on coverage for medications, for example, or the number of visits for physical therapy following an injury. A 2008 report by the Commonwealth Fund found that one fourth of insured adults face steep bills because of coverage limitations.

**6 Review your medications.** A brand-name drug for a chronic condition can be costly. The plan's list of medications, or formulary, will show your copay.

**7 Get meds by mail.** Many plans offer this convenient option, which often includes lower copays.

**8 Cut expenses with a tax-deductible FSA.** Like HRAs, flexible savings accounts are set up by employers, but unlike HRAs, they are employee funded. Contributions are subtracted from pretax income.

**9 Check out wellness management incentives.** Many plans offer discounts if you take a health risk assessment, stop smoking, or keep your diabetes under control.

**10 Use comparison tools.** Ninety percent of employers provide online cost estimators for comparing plans, but only 9 percent of employees use them, says benefits consultant Hewitt Associates. —Megan Johnson

