



**California Association
of Health Plans**

2004 Profile and Annual Report

Mission Statement

The California Association of Health Plans' mission is to serve our member health plans by creating and sustaining an environment that permits them to maintain viability and grow as organizations dedicated to coordinating or providing high quality, affordable, accessible health care to their members.

We do this by:

- Advocating for the interests of health plans and their members on legislative and regulatory issues.
- Educating policy makers, opinion leaders and regulators on the implications of policy concepts, and proposals.
- Promoting collaborative efforts among health plans, providers, purchasers, brokers, other health care associations and others to assert policy toward the provision of high quality, affordable, and accessible health care.
- Informing the public about our philosophy and the benefits health plans provide.
- Asserting a strong political presence in the state Capitol.
- Promoting opportunities and forums for plan members to meet, exchange ideas, and discuss critical issues affecting the industry, and improve industry effectiveness.

Message from the Chairman

Though many health plans, hospitals, medical groups and brokers did well in 2004, California's health care market is beset with problems that threaten every participant in the system.

- Confronted with higher costs, businesses are shifting more financial responsibility onto their employees or dropping coverage altogether.
- Many individuals are buying less expensive policies with reduced benefits and may not seek the care they need because of higher out-of-pocket costs.
- Huge federal and state budget deficits drive elected officials to reduce provider payments and services offered by public health care programs, which nonetheless consume an ever larger share of government revenues.
- Physicians and hospitals are obliged to shift the cost of the underfunded public programs and the uninsured onto private payers.

The result is a vicious cycle of rising costs forcing more people to go without coverage, resulting in even higher costs for those who remain insured.

Health plans play a constructive role in addressing these profound issues. CAHP advocates policies that will reduce costs, improve quality and stabilize the market. We work with government and advocacy groups to enhance the efficiency and accessibility of the MediCal and Healthy Families programs. Transparency on provider cost and quality, performance-based reimbursement, and incentives for healthy behaviors have become commonplace. We are participating in a widespread effort to diminish the prevalence of obesity, one of the state's most pressing health problems.

But no single constituency can transform the health care landscape on its own. Every significant participant in the system — health plans, physicians, hospitals, business, unions, government, pharmaceutical companies and patient advocates — must collaborate on solutions. CAHP has attempted to be a catalyst for the cooperation that is vital to remedy what ails the health care system. We continue to stand ready to work with every interested party to achieve constructive change.

While the challenges are significant, there is cause for optimism. The California economy is recovering, technology continues to offer great promise, and a new dynamic in Sacramento may reduce ideological friction. Health plans are eager to join our colleagues in developing solutions that will bring reasonably priced, high-quality coverage to every Californian.

Sincerely,



Ken Wood

Chairman, *California Association of Health Plans*

Board of Directors

Ken Wood

Blue Shield of California
Chief Operating Officer
Chairman of the Board

B. Kathlyn Mead

Sharp Health Plan
Chief Executive Officer
Vice Chair of the Board

David Helwig

Blue Cross California
President and Chief Executive Officer
Secretary/Treasurer

Curtis Terry

Aetna Health of California
President

Peter Welch

CIGNA Healthcare of California
President

Milton Camhi

Contra Costa Health Plan
Chief Executive Officer

Chris Wing

Health Net of California
Chief Executive Officer

Steve Zatkun

Kaiser Foundation Health Plan, Inc.
Senior Vice President – Government
Relations and Permanent
Partnership Support

Howard Kahn

L.A. Care Health Plan
Chief Executive Officer

J. Mario Molina, M.D.

Molina Healthcare of California
President

James Frey

PacifiCare of California
California CEO

Jeffery V. Davis

Universal Care
Chief Operating Officer

Past Chairpersons

Mark G. Hyde

2001-2002

Ron Williams

2000-2001

Bruce Bodaken

1998-2000

Arthur M. Southam, M.D.

1996-1998

Kathleen Swenson

1994-1995

R. Jedd Jessup

1992-1994

Stuart Byer

1987-1992

Anthony Pescetti

1985-1987

Maree Church

1983-1985

Member Plans

Aetna US Healthcare	Kaiser Foundation Health Plan, Inc.
Alameda Alliance for Health	Kern Health Systems
Blue Cross of California	L.A. Care
Blue Shield of California	Molina Healthcare of California
Care 1st Health Plans	On Lok Senior Health
Chinese Community Health Plan	PacifiCare of California
CIGNA Healthcare of California	San Francisco Health Plan
Community Health Plan	Santa Clara Family Health Plan
Contra Costa Health Plan	SCAN
Great-West Healthcare	Sharp Health Plan
Health Net of California, Inc.	SIMNSA
Health Plan of San Joaquin	UHP Healthcare
Health Plan of San Mateo	Universal Care, Inc.
Heritage Provider Network	Valley Health Plan
Inland Empire Health Plan	Western Health Advantage
Inter Valley Health Plan	

Associate Members

3M	Human Affairs International of CA
ACN Group of California	Johnson & Johnson
Adaptis, Inc.	K&R Law Group LLP
AmeriPlan USA	Keenan & Associates
Amgen	LogistiCare Solutions
Angela A. Mickelson, Inc.	Medco Health Solutions, Inc.
Assist America	Medical Eye Services, Inc.
Biogen Idec	Miller & Holguin
California Optometric Association	Nossaman Guthner Knox & Elliott
CalOptima	Partnership HealthPlan of California
Cigna Behavioral Health	Pearle Visioncare, Inc.
Delta Dental of California	Phoenix Healthcare Consulting
EDS	QCSI
Epstein Becker & Green	Santa Barbara Regional Health Authority
Hawaii Medical Services Association (HMSA)	Stradling Yocca Carlson & Rauth
Health Management Systems	TAP Pharmaceuticals
The Holman Group	Ventura County Health Care Plan

Sponsors

Silver

ACN Group of California
American Healthways
AmeriHealth Mercy
Amgen
Calypso HealthCare Solutions
Catalyst Technologies
MedImmune
Schering-Plough
Takeda Pharmaceuticals

Bronze

Adaptis, Inc.
American Specialty Health
Amisys Synertech
AstraZeneca Pharmaceuticals
BD
California Optometric Association
Caremark
Computer Sciences Corporation
EDS
Epic Hearing Healthcare
Forest Pharmaceuticals
GlaxoSmithKline
Health Management Systems
HealthTrio
Home Diagnostics, Inc.
Johnson & Johnson
Joint Commission
Kryptiq Corporation
LogistiCare Solutions
McKesson Corporation
Medco Health Solutions, Inc.
Medtronic MiniMed
Network Omni
OAO Healthcare Solutions, Inc.
Proctor & Gamble
QCSI
RelayHealth
Sepracor, Inc.
SXC Health Solutions
Summit Reinsurance Services
TAP Pharmaceuticals

Business Sponsors

Chamberlin Edmonds
Creditek Healthcare
Genentech
NaviMedix
Office of the Patient Advocate
TOP Solutions
UC Berkeley Center for
Community Wellness

Advertising Sponsors

AmeriPlan USA
Consumer Health Alliance
EBG
Evergreen Re
MultiPlan, Inc.
TMG Health

2004 Overview

The year 2004 was extremely positive for the Association. The organization, operationally, was extremely stable and strong throughout 2004. Our staff was well focused on representing the interests of the industry in legislative matters, regulatory interaction and public relations/communications efforts. We engaged and responded to far fewer legislative initiatives than in past years due in large part to the continued significant and deliberate actions taken both individually by our member plans and collectively by CAHP. We are pleased to report that we were very successful in our legislative interaction and successfully modified or defeated several major pieces of legislation in 2004. Similarly, due to the effort by the CAHP Regulatory Affairs staff and the individual efforts of our member plan regulatory affairs and compliance personnel, the industry successfully engaged in active discussions with the Department of Managed Health Care on a variety of significant regulatory matters, which lead to very constructive outcomes for the industry.

As with last year, we developed a detailed operating plan and undertook an internal assessment of our performance and activities, re-assessed our organizational mission, re-evaluated our stated values and undertook a critical review of our organizational strengths, weaknesses, opportunities and threats. We also actively sought insight and input from many internal (industry) and external sources in our assessment. The final product was the formulation of our strategies which were successfully discharged this past year. A similar effort was undertaken in late 2004 and has crafted our operating plan for 2005. We strongly believe that our organizational focus will be just as clear for us in the year ahead.

As for trends in the industry, we continued to experience marketplace and enrollment shifts in 2004. We continue to perceive ongoing product shifts in the marketplace based on premium pressure and the desire of employers to modify benefits. The principle highlights are as follows:

- Commercial DMHC HMO plans experienced slight enrollment declines throughout the year.
- At the same time, Department of Insurance EPO and PPO managed care products continued to grow significantly in 2004.
- Deductible and HSA plans surfaced as the marketplace searched for alternatives to abate pricing trends.
- Enrollment in Medi-Cal and Healthy Families Programs continued to increase modestly.
- One-half of Californians continued to be enrolled in HMO and other forms of managed care plan options.
- The State of California commenced a Medi-Cal redesign effort which will presumably focus more enrollment in to managed care systems in the year ahead.

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These trends reflect the fact that managed care benefit plans continue to remain the strongest option in providing and sustaining health care benefits for both employer-based and individual purchasers alike. Utilizing the managed care concepts, our member plans are adjusting the product mix and benefit structures (some making a shift to Department of Insurance based products) in order to respond to the marketplace requirements of providing comprehensive products with choice and flexibility while maintaining a lower cost and overall value for the dollar. In addition, managed care continues to expand its role in providing coverage for eligible beneficiaries in both the Medi-Cal and Healthy Families Programs, and is likely to be the platform for Medi-Cal expansion in 2005.

As we close out the year and look ahead to 2005, we do see a much brighter managed industry future. Despite continued and periodic industry assaults, the managed care industry, in its various forms, is poised for a positive growth. The basic concepts and elements of managed care, which includes provider networks, quality assurance, disease management, case management, utilization review, “pay for performance”, fraud and abuse controls, wrapped together with consumer and employer support, provide the best alternative for the future in preserving health care benefits. The recent concerns over the rising cost of health care benefits make it increasingly apparent to those in the Administration, legislature and the regulatory agencies, and the general public, that the managed care industry can provide the tools which keep the rapidly rising health care trends in check. The erosion of our effort would do nothing more than push the health care trends beyond control, leading to even greater negative and significant premium affects, greater out-of-pocket costs and the likelihood of even greater numbers of uninsured Californians.

We are certainly not without our challenges. Health care costs, despite managed care’s direct and significant efforts, will continue to increase. The aging population, consumer demand, upward pressure from providers of care for payment increases, uncompensated or under compensated provider cost shifts, new technology, and pharmaceutical cost and utilization trends will, regardless of an extreme industry effort, continue to be the principle drivers in health care premium trends. Without our presence, however, the upward cost trends would only spiral further to the point of creating unaffordable products. But because of these pressures, the reliance on managed care concepts and principles will intensify. We will be faced with the challenge of “re-inventing” our industry to respond to these premium trend pressures.

As health care pricing pressures continue, it is important to keep the perspective that our efforts are welcomed as positive endeavors in keeping health care costs reasonable. Our immediate mission is to provide constructive, meaningful and positive

input both legislatively and through the regulatory process, and to position managed care as a vital part of the health care delivery system.

We appreciate our member plans' commitment and involvement in 2004 and welcome the year ahead.

2004 Legislative Summary

In partnership with our member plans, CAHP's mission in 2004 was to educate members about the impact of several legislative proposals on health insurance costs in California, to mitigate potential cost increases, and in so doing, to preserve access to health care for Californians. Legislation to impose rate regulation on health plan premiums; impose a gross premiums tax on for-profit PPOs; establish a single payer health care system in California; establish billed charges as a benchmark for compensation of emergency physicians; require minimum reimbursement levels for certain hospitals; add new mandated benefits; and restrict discount programs are among the measures that were successfully defeated in 2004.

Rate Regulation

CAHP successfully defeated SB 1349 (Ortiz) which would have imposed the same scheme of rate regulation on health plans that currently exists in California for automobile insurance under Proposition 103.

Gross Premiums Tax

AB 1850 (Cohn) would have subjected for-profit Knox-Keene PPO products to the gross premiums tax now levied on insurance products in California. The bill was strongly opposed by CAHP, and was dropped once the Senate Revenue and Taxation Committee changed the bill to call for a study of the issue.

Single Payer System

SB 921 (Kuehl) to create a Canadian-style single payer system was defeated in the Assembly Appropriations Committee.

Provider Issues

Disputes between plans, medical groups, and hospital-based providers (anesthesiologists, pathologists, radiologists, and most particularly, emergency room physicians) continued to occupy a major role in the Legislative arena.

CAHP successfully lobbied the Governor to veto SB 1569 (Dunn) which would have granted physicians a private right of action to enforce the Knox-Keene Act independently of the DMHC, and would have allowed both contracting and non-contracting emergency room physicians a powerful class action mechanism to extract higher payment levels or other changes in plan claims processing policies and systems.

CAHP defeated AB 432 (Kehoe), which would have compelled plans to release for every geographic region a breakdown of contracting providers by specialty. CAHP successfully argued the information sought in this bill was proprietary and of little benefit to consumers given extensive network information already offered through plan websites. CAHP believed, and members ultimately agreed, that the bill would serve chiefly as an opportunity for mischief in plan/provider contract negotiations.

CAHP opposition to SB 262 (Romero) which required plans to offer to public hospitals the same rates of reimbursement, as those negotiated with private hospitals in the same geographic region led to those provisions being stripped from the bill.

Mandated Benefits

CAHP successfully continued our advocacy for a nonpartisan, expert review and actuarial cost estimate of all proposed legislation to require coverage of a particular benefit or service. As a result, only one mandate of concern to plans made it to the Governor's desk.

The Governor vetoed SB 1158 (Scott) to require coverage up to \$1,000 for children's hearing aids.

The Governor signed AB 2185 (Frommer) which provides for asthma benefits. This bill generally reflects the services and benefits that most plans currently provide to enrollees. CAHP did not oppose this measure.

Also of note, the Governor vetoed AB 2289 (Chan), which would have required plans to provide cost-sharing and enrollment data to the DMHC.

Other mandated benefit measures that were proposed but defeated this year included:

- Use of optometrists in plan networks – AB 1927 (Cohn) following a hard-fought battle on the Assembly floor in which this measure survived by just two votes, this measure was dropped in the Senate.
- Substance abuse treatment – SB 1192 (Chesbro) was defeated in the Assembly Health Committee.
- Unlimited hospital stays for new mothers – SB 1783 (Karnette) would have required a new mother's consent before she could be discharged from the hospital was dropped by the author.

Offshore Services

As we had hoped, the Governor vetoed a package of "offshoring" bills in its entirety, including SB 1492 (Dunn) which would have prohibited health plans, hospitals, medical groups and assorted other allied health care providers and entities from utilizing service providers outside of the United States. This prohibition would have applied to all services where "individually identifiable information" was involved, unless a prior annual notice was sent and prior written consent received from the individual.

PBM Regulation

The Governor also vetoed an organized labor-backed measure, AB 1960 (Pavley), that would have established a series of regulatory requirements for pharmacy benefit managers operating in California, though PBMs operated by plans for the benefit of the plans enrollees only would have been exempt.

Other Measures

AB 2326 (Corbett) would have established a prescription drug "report card" produced by the Office of the Patient Advocate but funded by fees on plans. The bill was defeated in the Senate.

AB 2354 (Levine) would have created a regulatory process for discount health programs. Due to heavy opposition, this bill was dropped by the author in the Senate Insurance Committee.

2004 Legal and Regulatory Affairs Overview

Setting Priorities for Reform

The year 2004 brought many significant changes to the legal and regulatory arena for health plans in California. The gubernatorial recall in late 2003 brought a new Administration overseeing health plans. Key appointments included Kim Belshe as Secretary for Health and Human Services, Sandra Shewry as Director of Health Services, Sunni McPeak as Secretary of Business, Transportation and Housing and Lucinda “Cindy” Ehnes as Director of the Department of Managed Health Care (DMHC). Under this leadership, plans experienced a year of collaboration and resolution on many key issues that originated in 2003 and earlier. Additionally, there were significant regulations proposed during the 2004 calendar year with many of them unresolved as of the year-end. The following is a summary of the significant issues and activities of the year.

The year began by with Governor Schwarzenegger asking state agencies to evaluate their performance in hopes of bringing about more efficient government. CAHP participated in the Business, Transportation and Housing Agency (BT&H) Performance Improvement Initiative and identified several priority issues. Simultaneously, the Schwarzenegger Administration began working on the California Performance Review (CPR) to investigate how to make “state government work better for Californians.”

During this process, CAHP was asked for recommendations on improving the current regulatory environment to make it more efficient. CAHP offered several suggestions to the CPR and the BT&H Initiative. We also took these issues directly to the DMHC and worked collaboratively through the year to implement improvements. These issues were:

- ❖ **Improvements for the Review of Plan Filings** – The review process has been streamlined and policy decisions have been deferred outside of the product review process. We were also successful at developing several product filing templates, including a template for high deductible health plans and Medicare Advantage product expansion.
- ❖ **Improvements in the Enforcement Process** – The Enforcement Division developed a new mission to refocus the majority of its efforts on systemic issues with less time spent on scattered instances of non-compliance. More efforts will continue to improve the health plan understanding and mission of the Enforcement Division as it fulfills its mission to protect enrollees and diligently enforce the Knox-Keene Act.
- ❖ **Improvements in the Financial Examinations Process** – Several improvements were made or continue to be implemented by the Financial Division, which has published the audit manuals for plan review. Plans have been encouraged by this progress and continue to work with the DMHC on improvements to financial audit and oversight. Additionally, CAHP asked for coordination between government

agencies that audited health plans, particularly the DMHC and the Department of Health Services (DHS). Several plans participated in developing a joint audit protocol that has been piloted on several occasions and we hope it will be more widely used in the future.

AB 1455 Claims Payment and Provider Dispute Resolution

Claims payment continued to be a major issue this year as plans fully implemented the AB 1455 claims settlement practices and provider dispute resolution regulations. CAHP focused largely on the issues surrounding payment of claims to non-contracting providers as prescribed by the regulations, which was the source of much attention and debate through the year. We participated in a collaborative project with the California Medical Association, California Hospital Association and the California Association of Physician Groups to flush out the issues surrounding payment to non-contracted providers. These meetings were productive in identifying that this issue was not widespread through the claims arena, but concentrated on hospital-based providers that are typically non-contracted and often used in emergency situations.

At years end, this issue remained open. These discussions continue as CAHP and the other Associations debate appropriate payment methodologies that are operational, verifiable and appropriate across the system.

New Regulatory Initiatives

The Governor issued an Executive Order in November 2003 that froze regulatory activity for a six-month period. In May 2004, the Order expired and the DMHC launched several regulatory initiatives.

- ❖ **SB 260 Financial Solvency Standards** – After three years of stalled regulatory activity to fully implement SB 260 (1999), the DMHC re-promulgated the regulations that require delegated medical groups to file quarterly and annual financial statements with the DMHC. These regulations were hotly contested at year-end centering on issues related to grading and disclosure of medical group/IPA financial data, and the corrective action plan process for groups that are deficient. CAHP is hopeful that most, if not all, of the issues will be resolved to improve the oversight and financial health of delegated and capitated medical groups.
- ❖ **Access to Care Standards** – The timely access regulations were published in July and would have been highly problematic for plans from a monitoring perspective. CAHP collaborated with the CMA, CHA and CAPG on a joint proposal that addresses our concerns and implements an enhanced quality assurance program requirement to address access to care. We will continue to work with the DMHC on this regulation into next year.
- ❖ **Block Transfers and Continuity of Care** – Due to several high profile contract terminations between plans and provider groups or hospitals, the legislature

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passed AB 1286 in 2003 that mandated the DMHC to oversee such events and protect enrollees who must transfer to a new provider. These regulations were welcomed by CAHP member plans as they outlined clear guidelines for provider transition plans that enable smooth and timely processes within a provider termination. These regulations were still in proposed form at year-end and should be completed in early 2005.

- ❖ **Cultural and Linguistic Services** – CAHP has initiated early discussions on the upcoming regulations pertaining to linguistic services. CAHP developed template regulation guidelines and model policy and procedure elements that were presented to the DMHC for consideration. These regulations are to be in place by January 1, 2006 and we will continue to work on this matter in 2005.
- ❖ **Prescription Drug Benefits** – Late in 2004, the DMHC proposed regulations outlining standards for outpatient prescription drug benefit plans. Spawned by lawsuits in 2003 that limited the DMHC's oversight of optional prescription drug benefits, the DMHC turned to the legislature in 2003 to obtain expressed authority to regulate outpatient prescription drug products offered by health plans. These regulations are generally consistent with current protocols, however, plans will continue to work with the DMHC and other stakeholders to create and maintain flexibility in drug products to meet market needs and contain prescription drug costs.

Quality Improvement Fee

The Department of Health Services proposed a funding mechanism for Medi-Cal managed care health plans in 2004 which would allow an increase in funding for the state and possibly plans' quality assurance programs. CAHP collaborated with plans to develop tools that would assist in the implementation of the fee. This work product allowed streamlined regulatory review of plan structures established under the new fee.

Medi-Cal Contract 2004

In support of the Medi-Cal managed care plans, CAHP worked with the Department of Health Services on several issues related to the Medi-Cal contract in 2004. We assisted in providing a forum for dialogue regarding the federal Balance Budget Act and new contract provisions.

Litigation Update

CAHP participated in several litigation matters this year that affected our member plans and the regulatory environment.

- ❖ **CHA v. DMHC** – Early in 2004, the California Hospital Association filed suit against the DMHC to negate several sections of the newly implemented AB 1455 claims payment and provider dispute regulations. CHA asserted that the DMHC did not have the jurisdiction to require a definition of reasonable and customary payment for non-contracted providers, or to place limits on the timely filing of claims or disputes by providers. The DMHC defended the regulations as being

consistent with the statutory mandate and CAHP supported the DMHC's position and became an intervener party to the lawsuit. CHA was unsuccessful in its lawsuit as the court found that the regulations were valid and within the scope of the DMHC's authority.

- ❖ **People v. Cole (PearleVision)** – The Attorney General brought suit against two vision plans (PearleVision and LensCrafters) who have operated in the state for over 17 years under a DMHC approved business structure. When the Supreme Court makes a decision, it will affect the DMHC's ability to regulate these plans. The bigger issue at stake however, is that this case could allow the Attorney General to go around the DMHC to enforce parts of the Knox-Keene Act, which could create a “dual-regulator” environment. CAHP submitted an amicus brief in support of Cole asserting that the DMHC is the appropriate sole enforcer of the Knox-Keene Act. Outcome of this lawsuit was pending at year-end.

2004 Plan Enrollment by County

	Number of plans present in 2004	AETNA	ALAMEDA	BLUE CROSS	BLUE SHIELD	CARE 1ST	CHINESE	CIGNA	COMMUNITY HP	CONTRA COSTA	GREAT-WEST	HEALTH NET	HP SAN JOAQUIN	HP SAN MATEO	INLAND	INTER VALLEY	KAISER	KERN	LA CARE	MOLINA	PACIFICARE	SAN FRANCISCO	SANTA CLARA	SCAN	SHARP	SIMNSA	UHP Health care	UNIVERSAL	VALLEY HP	WESTERN
ALAMEDA	9	◆	◆	◆	◆			◆			◆	◆					◆				◆									
ALPINE	3			◆								◆					◆													
AMADOR	5	◆		◆							◆	◆					◆													
BUTTE	6			◆	◆			◆			◆	◆					◆													
CALAVERAS	4			◆							◆	◆					◆													
COLUSA	5			◆							◆	◆					◆													◆
CONTRA COSTA	9	◆		◆	◆			◆		◆	◆	◆					◆				◆									
DEL NORTE	4			◆							◆	◆					◆													
EL DORADO	9	◆		◆	◆			◆			◆	◆					◆				◆									◆
FRESNO	8	◆		◆	◆			◆			◆	◆					◆				◆									
GLENN	5			◆				◆			◆	◆					◆													
HUMBOLDT	4			◆							◆	◆					◆													
IMPERIAL	6			◆							◆	◆					◆				◆					◆				
INYO	4			◆							◆	◆					◆													
KERN	10	◆		◆	◆			◆			◆	◆					◆	◆			◆							◆		
KINGS	8	◆		◆	◆			◆			◆	◆					◆				◆									
LAKE	4			◆							◆	◆					◆													
LASSEN	4			◆							◆	◆					◆													
LOS ANGELES	16	◆		◆	◆	◆		◆	◆		◆	◆				◆	◆		◆	◆	◆			◆			◆	◆		
MADERA	7	◆		◆	◆						◆	◆					◆				◆									
MARIN	8	◆		◆	◆			◆			◆	◆					◆				◆									
MARIPOSA	4			◆							◆	◆					◆													
MENDOCINO	4			◆							◆	◆					◆													
MERCED	7	◆		◆	◆			◆			◆	◆					◆													
MODOC	4			◆							◆	◆					◆													
MONO	4			◆							◆	◆					◆													
MONTEREY	5	◆		◆							◆	◆					◆													
NAPA	5	◆		◆							◆	◆					◆													
NEVADA	6			◆	◆						◆	◆					◆				◆									

	Number of plans present in 2004	AETNA	ALAMEDA	BLUE CROSS	BLUE SHIELD	CARE 1ST	CHINESE	CIGNA	COMMUNITY HP	CONTRA COSTA	GREAT-WEST	HEALTH NET	HP SAN JOAQUIN	HP SAN MATEO	INLAND	INTER VALLEY	KAISER	KERN	LA CARE	MOLINA	PACIFICARE	SAN FRANCISCO	SANTA CLARA	SCAN	SHARP	SIMNSA	UHP Health care	UNIVERSAL	VALLEY HP	WESTERN
ORANGE	11	◆		◆	◆			◆			◆	◆					◆				◆		◆			◆	◆			
PLACER	9	◆		◆	◆			◆			◆	◆					◆				◆						◆	◆		◆
PLUMAS	4			◆							◆	◆					◆													
RIVERSIDE	14	◆		◆	◆			◆			◆	◆			◆	◆	◆			◆	◆			◆	◆			◆		
SACRAMENTO	10	◆		◆	◆			◆			◆	◆					◆			◆	◆									◆
SAN BENITO	4			◆							◆	◆					◆													
SAN BERNARDINO	14	◆		◆	◆			◆			◆	◆			◆	◆	◆			◆	◆			◆	◆		◆	◆		
SAN DIEGO	11	◆		◆	◆			◆			◆	◆					◆				◆	◆			◆	◆	◆	◆		
SAN FRANCISCO	10	◆		◆	◆		◆	◆			◆	◆					◆				◆	◆	◆							
SAN JOAQUIN	9	◆		◆	◆			◆			◆	◆	◆				◆				◆	◆								
SAN LUIS OBISPO	8	◆		◆	◆			◆			◆	◆					◆				◆	◆								
SAN MATEO	9	◆		◆	◆			◆			◆	◆	◆				◆				◆	◆								
SANTA BARBARA	8	◆		◆	◆			◆			◆	◆					◆				◆	◆								
SANTA CLARA	10	◆		◆	◆			◆			◆	◆					◆				◆	◆	◆						◆	
SANTA CRUZ	8	◆		◆	◆			◆			◆	◆					◆				◆	◆								
SHASTA	4			◆							◆	◆					◆													
SIERRA	4			◆							◆	◆					◆													
SISKIYOU	4			◆							◆	◆					◆													
SOLANO	9	◆		◆	◆			◆			◆	◆					◆				◆	◆								◆
SONOMA	8	◆		◆	◆			◆			◆	◆					◆				◆	◆								
STANISLAUS	8	◆		◆	◆			◆			◆	◆					◆				◆	◆								
SUTTER	4			◆							◆	◆					◆													
TEHAMA	4			◆							◆	◆					◆													
TRINITY	4			◆							◆	◆					◆													
TULARE	8	◆		◆	◆			◆			◆	◆					◆				◆	◆								
TUOLUMNE	5	◆		◆							◆	◆					◆													
VENTURA	9	◆		◆	◆			◆			◆	◆					◆				◆	◆					◆			
YOLO	10	◆		◆	◆			◆			◆	◆					◆			◆	◆									
YUBA	5	◆		◆							◆	◆					◆													◆

Aetna Health of California, Inc.

2409 Camino Ramon • San Ramon, CA 94583
(925) 543-9000 • fax (925) 543-9010 • www.aetna.com

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California CEO
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*Regional Head of
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Public Affairs
Rachelle Cunningham
(925) 543-8686

Plan Organization

Parent Company/Affiliate	Aetna, Inc.
Recent mergers or acquisitions within CA	None
Year founded	1981
Year licensed	1981
Tax status	For profit
Number of employees	2,010 fulltime
Enrollment	13,600,000 National 1,029,100 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Direct Contracting with Physicians, Single Medical Group	
Number of medical groups	0 owned, 3 contracted
Number of IPAs	0 owned, 209 contracted
Number of hospitals	0 owned, 266 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation, Individual Capitation, Other (Negotiated Fee Schedule), Other (Global Capitation)
Physicians-specialty (ranked by method)	Group Capitation, Individual Capitation, Other (Negotiated Fee Schedule), Other (Global Capitation)
Hospitals (ranked by payment type)	Per Diem, Capitation – Los Angeles, Other (Per Diem with Stop Loss), Capitation, Other (Per Diem with Case Rate), Discount Charges – Northern California, Capitation, Other (Per Diem with Stop Loss), Other (Global Capitation), Other (Case Rate Based on Stay), Discounted Charges, Other (Negotiated Fee Schedule) – San Diego

Plan Products

Products currently offered:

Individual enrollment	N/A
Small group (2-50 employees) enrollment	N/A
Large group (50+ employees) enrollment	N/A
Medicare	HMO
Medicaid (i.e. MediCal)	N/A
Access for Infants and Mothers	N/A
Healthy Families	N/A
Major Risk Medical Insurance	N/A
Other (Indemnity)	HMO, PPO, POS, Other

Range of services offered on a bundled basis:

HMO:	Vision
PPO:	Chiropractic, Vision
POS:	Chiropractic, Vision

Range of services offered on a stand-alone basis:

HMO:	Dental, Prescription Drugs, Long Term Health Care, Life Insurance, Accidental Death & Dismemberment
PPO:	Dental, Prescription Drugs, Long Term Health Care, Life Insurance, Accidental Death & Dismemberment
POS:	Dental, Prescription Drugs, Long Term Health Care, Life Insurance, Accidental Death & Dismemberment

Alameda Alliance for Health

1240 S. Loop Road • Alameda, CA 94502
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*Manager, Community
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Amanda Flores-Witte

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Amanda Flores-Witte
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Plan Organization

Parent Company/Affiliate	
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1994
Year licensed	1995
Tax status	Non profit
Number of employees	115 fulltime
Enrollment	93,952 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Direct Contracting with Physicians, IPAs, Other	
Number of medical groups	0 owned, 136 contracted
Number of IPAs	0 owned, 2 contracted
Number of hospitals	0 owned, 13 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Individual capitation, Group capitation, Fee-for-service
Physicians-specialty (ranked by method)	Fee-For-Service, Group Capitation
Hospitals (ranked by payment type)	Diagnosis Related group, Capitation

Plan Products

Products currently offered:

Individual enrollment	HMO
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Other	HMO

(In-Home Supportive Services Workers in Alameda County)

Range of services offered on a bundled basis:

HMO:	Acupuncture, Chiropractic, Dental, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	None
PPO:	None
POS:	None

Blue Cross of California

1 Wellpoint Way • Thousand Oaks, California 91362

(805) 557-6797 • fax (805) 557-6872 • www.bluecrossca.com or www.Wellpoint.com

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Varies by market segment

Provider Relations
Jose (Josh) Valdez

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Plan Organization

Parent Company	WellPoint California Services Inc./WellPoint Health Networks, Inc.
Affiliate	BC Life and Health Insurance Company
Recent mergers or acquisitions within CA	None
Year founded	1937
Year licensed	1993
Tax status	For profit
Number of employees	3,566 full-time, 41 part-time
Enrollment	14,332,303 National (Wellpoint) 7,609,412 California (4,600,462 - BCC; 3,008,950 - BC Life and Health)

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Direct Contracting with Physicians	
Number of medical groups	0 owned, 38 contracted
Number of IPAs	0 owned, 139 contracted
Number of hospitals	0 owned, 419 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Other (fee schedule), Group Capitation, Individual Capitation
Physicians-specialty (ranked by method)	Other (fee schedule), Group Capitation
Hospitals (ranked by payment type)	Per Diem, Capitation, Case Rates, Discounted Charges

Plan Products

Products currently offered:

Individual enrollment	HMO, PPO, Other
Small group (2-50 employees) enrollment	HMO, PPO
Large group (50+ employees) enrollment	HMO, PPO, POS, Other
Medicare	HMO, Supplemental
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	HMO, PPO
Healthy Families	HMO, PPO
Major Risk Medical Insurance	PPO
Other (California Kids, Interim High Risk)	HMO, PPO

Range of services offered on a bundled basis:

HMO:	Acupuncture, Vision, Dental, Prescription Drugs, Durable Medical Equipment
PPO:	Acupuncture, Vision, Dental, Prescription Drugs, Durable Medical Equipment
POS:	Acupuncture, Vision, Dental, Prescription Drugs, Durable Medical Equipment

Range of services offered on a stand-alone basis:

HMO:	Dental
PPO:	Dental
POS:	Dental

Blue Shield of California

50 Beale Street • San Francisco, CA 94105
(415) 229-5000 • www.mylifepath.com

Executive Officers

Chairman, President and CEO
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Member Relations
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VP, Public Affairs
Tom Epstein
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Plan Organization

Parent Company/Affiliate	California Physician Services
Subsidiaries	Blue Shield Life & Health Insurance Company
Recent mergers or acquisitions within CA	None
Year founded	1939
Year licensed	1939
Tax status	Non profit
Number of employees	4,300
Enrollment	1,365,290- HMO; 1,218,251-PPO; 2,583,514-Total

Plan-Provider Arrangements

Model types (ranked in descending order)

HMO – Direct contracting with Network of Medical Groups and IPAs

PPO – Direct Contracting with Physicians

Number of medical groups/IPAs 0 owned, 261 (HMO) contracted

Number of hospitals 0 owned, 280 (HMO) contracted

0 owned, 345 (PPO) contracted

Compensation Methods

Physicians-primary care (ranked by method)

Fee-for-service (PPO), Global Capitation (HMO)

Physicians-specialty (ranked by method)

Fee-for-service (PPO), Global Capitation (HMO)

Hospitals (ranked by payment type)

Per Diem, Case Rates, Discounted Charged, Capitation

Plan Products

Products currently offered:

Individual enrollment	HMO, PPO
Small group (2-50 employees) enrollment	HMO, PPO, POS
Large group (50+ employees) enrollment	HMO, PPO, POS
Medicare	HMO
Medicaid (i.e. MediCal)	None
Access for Infants and Mothers	HMO
Healthy Families	HMO, EPO
Major Risk Medical Insurance	PPO
Other	N/A

Range of services offered on a bundled basis:

HMO: Acupuncture*, Chiropractic*, Prescription Drugs*, Substance Abuse, Mental Health, Family Planning, Durable Medical Equipment, Skilled Nursing Facilities, Hospice Care, Home Health Services, Rehabilitative Therapy.

PPO: Acupuncture*, Chiropractic*, Prescription Drugs*, Substance Abuse, Mental Health, Family Planning, Durable Medical Equipment, Skilled Nursing Facilities, Hospice Care, Home Health Services, Rehabilitative Therapy.

POS: Acupuncture*, Chiropractic*, Prescription Drugs*, Substance Abuse, Mental Health, Family Planning, Durable Medical Equipment, Skilled Nursing Facilities, Hospice Care, Home Health Services, Rehabilitative Therapy.

*Must be purchased in addition to the standard health plan coverage offered.

Range of services offered on a stand-alone basis:

HMO: Vision, Dental, Group & Term Life Insurance, Stop-Loss, Accidental Death & Dismemberment

PPO: Vision, Dental, Group & Term Life Insurance, Stop-Loss, Accidental Death & Dismemberment

POS: Vision, Dental, Group & Term Life Insurance, Stop-Loss, Accidental Death & Dismemberment

Care 1st Health Plans

1000 S. Fremont Ave., Bldg. A-11, #22 • Alhambra, CA 91803
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Tracie Howell

Utilization Management
Josie Wong, RN

Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent acquisitions within California	Maxicare Health Plan (Medi-cal only)
Year founded	1994
Year licensed	1995
Tax status	For profit
Number of employees	170 fulltime, 0 part-time
Enrollment	165, 000 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Single Medical Group, Network of Medical Groups and IPAs, Staff	
Number of medical groups	0 owned, 5 contracted
Number of IPAs	0 owned, 60 contracted
Number of hospitals	0 owned, 65 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group capitation, Individual Capitation
Physicians-specialty (ranked by method)	Fee-For-Service
Hospitals (ranked by payment type)	Per Diem, Capitation

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	HMO
Healthy Families	HMO
Major Risk Medical Insurance	None
Other (Dental)	None

Range of services offered on a bundled basis:

HMO:	None
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	Vision, Medical, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation,
PPO:	None
POS:	None

Chinese Community Health Plan

170 Columbus Avenue #210 • San Francisco, CA 94133
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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1987
Year licensed	1987
Tax status	For profit
Number of employees	55
Enrollment	11,517 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs	
Number of medical groups	0 owned, 0 contracted
Number of IPAs	0 owned, 1 contracted
Number of hospitals	0 owned, 7 contracted

Compensation Methods

Physicians-primary care (ranked by method)	N/A
Physicians-specialty (ranked by method)	N/A
Hospitals (ranked by payment type)	N/A

Plan Products

Products currently offered:

Individual enrollment	HMO
Small group (2-50 employees) enrollment	HMO
Large group (50+ employees) enrollment	HMO
Medicare	HMO
Medicaid (i.e. MediCal)	NONE
Access for Infants and Mothers	NONE
Healthy Families	NONE
Major Risk Medical Insurance	NONE
Other	NONE

Range of services offered on a bundled basis:

HMO:	Acupuncture, Vision, Prescription Drugs, Durable Medical Equipment
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	None
PPO:	None
POS:	None

CIGNA Healthcare of California

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Plan Organization

Parent Company	HealthSource, Inc.
Affiliates	CIGNA Dental Health of CA, Inc., CIGNA Behavioral Health of CA, Inc., Connecticut General Life Insurance Company (CGLIC)
Recent mergers or acquisitions within CA	None
Year founded	1929
Year licensed	1979
Tax status	For profit
Number of employees	485 fulltime, 23 part-time
Enrollment	435,000 California HMO 302,000 California PPO

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Direct Contracting with Physicians	
Number of medical groups	0 owned, 54 contracted
Number of IPAs	0 owned, 88 contracted
Number of hospitals	0 owned, 255 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation, Fee-for-service
Physicians-specialty (ranked by method)	Group Capitation, Fee-for-service
Hospitals (ranked by payment type)	Per Diem, Capitation, Discounted Charges

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	HMO, POS, PPO
Large group (50+ employees) enrollment	HMO, POS, PPO
Medicare	None
Medicaid (i.e. MediCal)	None
Access for Infants and Mothers	None
Healthy Families	None
Major Risk Medical Insurance	None
Other	None

Range of services offered on a bundled basis:

HMO:	Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Massage Therapy, Prescription Drugs, Durable Medical Equipment
PPO:	Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Massage Therapy, Prescription Drugs, Durable Medical Equipment (through CGLIC)
POS:	Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Massage Therapy, Prescription Drugs, Durable Medical Equipment

Range of services offered on a stand-alone basis:

HMO:	Vision, Dental, Substance Abuse
PPO:	Vision, Dental, Substance Abuse (through CGLIC)
POS:	Vision, Dental, Substance Abuse

Community Health Plan (County of Los Angeles – Dpt. of Health Services)

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Dexter Minter

Provider Contracting

Dexter Minter

Member Relations

Charlotte Piggee

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*Government Relations/
Public Affairs*

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(213) 240-8059

Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1982
Year licensed	1985
Tax status	Non profit
Number of employees	139 fulltime
Enrollment	160,459 California

Plan-Provider Arrangements

Model types (*ranked in descending order*)

Network of medical groups and IPAs, Staff	
Number of medical groups and IPAs	1 owned, 30 contracted
Number of hospitals	5 owned, 94 contracted

Compensation Methods

Physicians-primary care (<i>ranked by method</i>)	Group Capitation
Physicians-specialty (<i>ranked by method</i>)	Group Capitation, Per Diem
Hospitals (<i>ranked by payment type</i>)	Capitation, Per Diem

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Other	HMO

Range of services offered on a bundled basis:

HMO:	None
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	None
PPO:	None
POS:	None

Contra Costa Health Plan (Contra Costa County Medical Services)

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Plan Organization

Parent Company/Affiliate

Division of Contra Costa County Health Services Dept.

Subsidiaries

None

Recent mergers or acquisitions within CA

None

Year founded

1973

Year licensed

1973

Tax status

Non profit

Number of employees

97 fulltime, 38 part-time

Enrollment

65,492 California

Plan-Provider Arrangements

Model types (*ranked in descending order*)

Staff, Direct Contracting with Physicians

Number of medical groups

0 owned, 0 contracted

Number of IPAs

0 owned, 0 contracted

Number of hospitals

1 owned, 6 contracted

Compensation Methods

Physicians-primary care (*ranked by method*)

Fee-for-service, Salary

Physicians-specialty (*ranked by method*)

Fee-for-service, Salary

Hospitals (*ranked by payment type*)

Per Diem

Plan Products

Products currently offered:

Individual enrollment

HMO

Small group (2-50 employees) enrollment

HMO

Large group (50+ employees) enrollment

HMO

Medicare

HMO

Medicaid (i.e. MediCal)

HMO

Access for Infants and Mothers

HMO

Healthy Families

HMO

Major Risk Medical Insurance

HMO

Other

HMO

(Commercial: In Home Support Service Workers – IHSS)

(Public: Basic Health Care – County Indigent Program)

Range of services offered on a bundled basis:

HMO: Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation

PPO: None

POS: None

Range of services offered on a stand-alone basis:

HMO: None

PPO: None

POS: None

Great-West Healthcare of California, Inc.

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Steven Peiser (So. California)

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Plan Organization

Parent Company/Affiliate	Great-West Healthcare Holdings, Inc./ Great-West Life & Annuity Insurance Company
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1994
Year licensed	1996
Tax status	For profit
Number of employees	170
Enrollment	1,900,000 National, 222,000 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Direct Contracting with Physicians	
Number of medical groups	0 owned, 132 contracted
Number of IPAs	0 owned, 9 contracted
Number of hospitals	0 owned, 306 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Fee-For-Service Including Withhold or Bonus, Group Capitation
Physicians-specialty (ranked by method)	Fee-For-Service Including Withhold or Bonus, Group Capitation
Hospitals (ranked by payment type)	Discounted Charges, Per Diem, Case Rates

Plan Products

Products currently offered:

Individual enrollment	N/A
Small group (50-250 employees) enrollment	N/A
Mid-Size group (250-2,500 employees) enrollment	Yes
Large group/National Accounts (2,500+ employees) enrollment	Yes
Medicare	N/A
Medicaid (i.e. MediCal)	N/A
Access for Infants and Mothers	N/A
Healthy Families	N/A
Major Risk Medical Insurance	N/A
Other	N/A

Great-West Healthcare's Products and Services

- Consumer-Driven Health (CDH) plans, Health Reimbursement Accounts (HRA), Preferred Provider Organizations (PPO), Point-of-Service (POS) plans, Health Maintenance Organizations (HMO), Open Access plans, and COBRA services
- Disease management, complementary alternative care, managed mental health, maternity and neonatal programs, and other health care management services to employer-sponsored health plans
- Group dental and vision plans, term and optional term life insurance, short- and long-term disability insurance, and Section 125/129 plans (flexible benefits accounts)
- Nationwide physician, hospital, and preferred pharmacy networks

Health Net of California

21281 Burbank Blvd. • Woodland Hills, CA 91367
(818) 676-6775 • fax (818) 676-6992 • www.health.net

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Plan Organization

Parent Company/Affiliate	Health Net, Inc.
Subsidiaries	Health Net Life Insurance Co.
Recent mergers or acquisitions within CA	None
Year founded	1979
Year licensed	1979
Tax status	For profit
Number of employees	2,869 fulltime
Enrollment	6,600,000 National, 2,414,000 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups or IPAs, Direct Contracting with Physicians	
Number of medical groups	0 owned, 78 contracted
Number of IPAs	0 owned, 110 contracted
Number of hospitals	0 owned, 256 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation, Other (RBRVS)
Physicians-specialty (ranked by method)	Group Capitation, Other (RBRVS)
Hospitals (ranked by payment type)	Per Diem, Capitation, Discounted Charges

Plan Products

Products currently offered:

Individual enrollment	HMO, PPO
Small group (2-50 employees) enrollment	HMO, PPO, POS, Indemnity
Large group (50+ employees) enrollment	HMO, PPO, POS, EPO
Medicare	HMO
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	HMO
Healthy Families	HMO
Major Risk Medical Insurance	None
Other (Salud Con Health Net)	HMO, PPO, EPO

Range of services offered on a bundled basis:

HMO:	Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation, Long Term Health Care, Life Insurance, Accidental Death & Dismemberment, Worker's Compensation
PPO:	Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation, Long Term Health Care, Life Insurance, Accidental Death & Dismemberment, Worker's Compensation
POS:	Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation, Long Term Health Care, Life Insurance, Accidental Death & Dismemberment, Worker's Compensation

Range of services offered on a stand-alone basis:

HMO:	Vision, Dental, Substance Abuse, Prescription Drugs, Life Insurance, Accidental Death & Dismemberment
PPO:	Vision, Dental, Substance Abuse, Prescription Drugs, Life Insurance, Accidental Death & Dismemberment
POS:	Vision, Dental, Substance Abuse, Prescription Drugs, Life Insurance, Accidental Death & Dismemberment

Health Plan of San Joaquin

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Rocky Call

Member Services
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Public Affairs
David Hurst
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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1995
Year licensed	1996
Tax status	Non profit
Number of employees	112 fulltime
Enrollment	68,588 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Direct Contracting with Physicians, Network of Medical Groups and IPAs	
Number of medical groups	0 owned, 46 contracted
Number of IPAs	0 owned, 0 contracted
Number of hospitals	0 owned, 11 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Individual Capitation
Physicians-specialty (ranked by method)	Fee-For-Service including withhold or bonus
Hospitals (ranked by payment type)	Per diem

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Other: Commercial Healthy Kids, Commercial Healthy Workers	HMO

Range of services offered on a bundled basis:

HMO:	Acupuncture, Chiropractic, Vision, Prescription Drugs, Rehabilitation
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	None
PPO:	None
POS:	None

Health Plan of San Mateo (San Mateo Health Commission)

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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1986
Year licensed	1987
Tax status	Non profit
Number of employees	78 Fulltime
Enrollment	53,186 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Networking of Medical Groups and IPAs, Direct Contracting with Physicians	
Number of medical groups	0 owned, 25 contracted
Number of IPAs	0 owned, 0 contracted
Number of hospitals	0 owned, 9 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Individual Capitation, Fee-For-Service
Physicians-specialty (ranked by method)	Fee-For-Service
Hospitals (ranked by payment type)	Per Diem, Discounted Charges

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Other	HMO

(Publicly Funded Health Insurance for IHSS Workers in San Mateo County and Healthy Kids for uninsured children through age 18)

Range of services offered on a bundled basis:

HMO:	None
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	None
PPO:	None
POS:	None

Inland Empire Health Plan

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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1994
Year licensed	1996
Tax status	Public Entity - Non profit
Number of employees	380 fulltime, 0 part-time
Enrollment	280,000 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of IPAs and Direct Physician Contracting	
Number of medical groups	N/A
Number of IPAs	15
Number of hospitals (Acute Care)	26

Compensation Methods

Physicians-primary care (ranked by method)	N/A
Physicians-specialty (ranked by method)	N/A
Hospitals (ranked by payment type)	N/A

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees)	None
Large group (50+ employees)	HMO
Medicare	None
Medi-Cal	HMO
Access for Infants and Mothers (AIM)	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Healthy Kids	HMO
In Home Support Services (IHSS) Workers	HMO

Range of services offered on a bundled basis:

HMO:	Vision, Pharmacy, Mental Health
PPO:	N/A
POS:	N/A

Range of services offered on a stand-alone basis:

HMO:	N/A
PPO:	N/A
POS:	N/A

Inter Valley Health Plan

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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1979
Year licensed	1979
Tax status	Non profit
Number of employees	68 fulltime
Enrollment	13,400 California Medicare Only

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs	
Number of medical groups	0 owned, 4 contracted
Number of IPAs	0 owned, 9 contracted
Number of hospitals	0 owned, 25 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation,
Physicians-specialty (ranked by method)	N/A
Hospitals (ranked by payment type)	Capitation / Per Diem

Plan Products

Products currently offered:

Individual enrollment	N/A
Small group (2-50 employees) enrollment	N/A
Large group (50+ employees) enrollment	N/A
Medicare	Yes
Medicaid (i.e. MediCal)	N/A
Access for Infants and Mothers	N/A
Healthy Families	N/A
Major Risk Medical Insurance	N/A
Other	N/A

Range of services offered on a bundled basis:

HMO:	Chiropractic, Vision, Prescription Drugs
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	Chiropractic, Vision, Prescription Drugs
PPO:	None
POS:	None

Kaiser Permanente (Kaiser Foundation Health Plan, Inc.)

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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1945
Year licensed	1977
Tax status	Non profit
Number of employees	138,775 (Nationally)
Enrollment	8,203,260 National, 3,163,219 Northern California, 3,041,529 Southern California

Plan-Provider Arrangements

Model types (ranked in descending order)

Group Model HMO	
Number of medical groups	0 owned, 2 contracted
Number of IPAs	N/A
Number of hospitals	27 owned, 17 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation
Physicians-specialty (ranked by method)	Group Capitation
Hospitals (ranked by payment type)	Discounted charges, Per diem, Case rates (non-Kaiser)

Plan Products

Products currently offered:

Individual enrollment	HMO
Small group (2-50 employees) enrollment	HMO/POS
Large group (50+ employees) enrollment	HMO/POS
Medicare	HMO
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	HMO
Healthy Families	HMO
Major Risk Medical Insurance	HMO
Other	HMO

Range of services offered on a bundled basis:

HMO:	None
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	Life Insurance, Accidental Death & Dismemberment, Workers' Compensation
PPO:	None
POS:	None

Kern Health Systems dba/Kern Family Health Care

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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	Kern Family Health Care
Recent mergers or acquisitions within CA	None
Tax status	Non profit
Number of employees	100 fulltime, 2 part-time
Enrollment	93,129 California

Plan-Provider Arrangements

Number of medical groups	0 owned, 6 contracted
Number of IPAs	0 owned, 0 contracted
Number of hospitals	0 owned, 14 contracted

Compensation Methods

Physicians-primary care (<i>ranked by method</i>)	N/A
Physicians-specialty (<i>ranked by method</i>)	N/A
Hospitals (<i>ranked by payment type</i>)	N/A

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Other	None

Range of services offered on a bundled basis:

HMO:	None
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	None
PPO:	None
POS:	None

L.A. Care Health Plan (Local Initiative Health Authority for Los Angeles County)

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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1994
Year licensed	1997
Tax status	Non profit
Number of employees	294 fulltime
Enrollment	771,231 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Plan Partner/Delegated, Network of Medical Groups and IPAs	
Number of medical groups and IPAs	0 owned, 45 contracted
Number of hospitals	0 owned, 45 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation, Fee-For-Service
Physicians-specialty (ranked by method)	Group Capitation, Fee-For-Service
Hospitals (ranked by payment type)	Per Diem (Inpatient Services), Discount Charges, Other Fixed Amount (Outpatient Services)

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Other	HMO(IHSS and Healthy Kids)

Range of services offered on a bundled basis:

HMO:	None
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	None
PPO:	None
POS:	None

Molina Healthcare of California

One Golden Shore Drive • Long Beach, CA 90802
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Plan Organization

Parent Company/Affiliate	Molina Healthcare, Inc.
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1980
Year licensed	1994
Tax status	For profit
Number of employees	276 fulltime, 6 part-time
Enrollment	719,945 National, 249,531 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Direct Contracting with Physicians, Staff	
Number of medical groups	0 owned, 123 contracted
Number of IPAs	0 owned, 65 contracted
Number of hospitals	0 owned, 83 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation, Salary, Individual Capitation, Fee for Service
Physicians-specialty (ranked by method)	Fee-For-Service
Hospitals (ranked by payment type)	Per Diem

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Other	None

Range of services offered on a bundled basis:

HMO:	Benefits offered consistent with Medi-Cal and Healthy Families Programs
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	Benefits offered consistent with Medi-Cal and Healthy Families Programs
PPO:	None
POS:	None

PacifiCare of California

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Plan Organization

Parent Company/Affiliate

PacifiCare Health Plan Administrators

PacifiCare Health Systems, Inc. Subsidiaries

Health plan products and services are offered by PacifiCare of Arizona, Inc., PacifiCare of California, PacifiCare of Colorado, Inc., PacifiCare of Nevada, Inc., PacifiCare of Oklahoma, Inc., PacifiCare of Oregon, Inc., PacifiCare of Texas, Inc., PacifiCare of Washington, Inc., PacifiCare Dental of Colorado, Inc., PacifiCare Behavioral Health of California, Inc., PacifiCare Health Insurance Company of Micronesia, Inc. and PacifiCare Dental (in California). Indemnity insurance products (including PPO products) offered in California are underwritten by PacifiCare Life and Health Insurance Company. Indemnity insurance products (including PPO products) offered in Arizona, Colorado, Nevada, Washington, Oregon, Texas and Oklahoma are underwritten by PacifiCare Life Assurance Company. Other products and services are offered by PacifiCare Health Plan Administrators, Inc., RxSolutions, Inc., SeniorCo, Inc., and PacifiCare Behavioral Health, Inc.

Year founded	1975
Year licensed	1978
Tax status	For profit
Number of employees (National Medical Plans)	4,999
Enrollment	1,716,086 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Direct Contracting with Physicians

Total number of participating Medical Groups/IPAs	404
Number of medical groups & IPAs	0 owned, 404 contracted
Number of hospitals	0 owned, 470 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Depends on IPA/PMG subcontracted Capitation or Per Diem
Physicians-specialty (ranked by method)	Depends on IPA/PMG subcontracted Capitation or Per Diem
Hospitals (ranked by payment type)	N/A

Plan Products

Products currently offered:

Individual enrollment	HMO
Small group (2-50 employees) enrollment	HMO, POS
Large group (50+ employees) enrollment	HMO, POS
Medicare	HMO
Medicaid (i.e. MediCal)	None
Access for Infants and Mothers	None
Healthy Families	None
Major Risk Medical Insurance	None
Other	None

* PacifiCare Life and Health Insurance Company underwrites PPO products in California. PacifiCare Life and Health Insurance Company is licensed by the California Department of Insurance

Range of services offered on a bundled basis:

HMO: Acupuncture, Chiropractic, Vision, Dental, Behavioral Health, Substance Abuse, Prescription Drugs, Life Insurance

PPO: Acupuncture, Chiropractic, Vision, Dental, Prescription Drugs, Life Insurance, Vision, Dental

Range of services offered on a stand-alone basis:

HMO: Dental, Behavioral Health and Chemical Dependency plans.

* PacifiCare Dental offers Dental Plans. PacifiCare Behavioral Health Company offers Behavioral Health and Chemical Dependency plans. PacifiCare of California does not offer these plans.

Note: Durable Medical Equipment is a core benefit in HMO, PPO and POS products

San Francisco Health Plan (San Francisco Health Authority)

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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1997
Year licensed	1996
Tax status	Non profit
Number of employees	68 fulltime
Enrollment	47, 738 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Staff (Kaiser)	
Number of medical groups	0 owned, 6 contracted
Number of IPAs	0 owned, 0 contracted
Number of hospitals	0 owned, 6 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation & fee-for-service
Physicians-specialty (ranked by method)	Group Capitation & fee-for-service
Hospitals (ranked by payment type)	Capitation & fee-for-service

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Other:	HMO
Commercial Healthy Workers,	
Commercial Healthy Kids	

Range of services offered on a bundled basis:

HMO:	Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Prescription Drugs, Durable Medical Equipment
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	None
PPO:	None
POS:	None

Santa Clara Family Health Plan (Santa Clara Health Authority)

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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1995
Year licensed	1997
Tax status	Non profit
Number of employees	100 fulltime, 0 part-time
Enrollment	98,690 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Direct Contracting with Physicians	
Number of medical groups	0 owned, 4 contracted
Number of IPAs	0 owned, 2 contracted
Number of hospitals	0 owned, 11 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation, Capitated, Fee For Service including withhold or bonus
Physicians-specialty (ranked by method)	Fee for service, Group Capitation, Fee For Service including withhold or bonus
Hospitals (ranked by payment type)	Per Diem

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Other (Healthy Kids)	HMO

Range of services offered on a bundled basis:

HMO:	Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	None
PPO:	None
POS:	None

SCAN

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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1977
Year licensed	1985
Tax status	Non profit
Number of employees	731 fulltime, 26 part-time
Enrollment	63,222 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs	
Number of medical groups	0 owned, 10 contracted
Number of IPAs	0 owned, 24 contracted
Number of hospitals	0 owned, 85 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation
Physicians-specialty (ranked by method)	Group Capitation
Hospitals (ranked by payment type)	Per Diem, Diagnosis-Related Group, Capitation

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	HMO
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	None
Major Risk Medical Insurance	None
Other	None

Range of services offered on a bundled basis:

HMO:	Vision, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation, Independent Living Power™
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	N/A
PPO:	N/A
POS:	N/A

Sharp Health Plan

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Plan Organization

Parent Company/Affiliate	Sharp Healthcare
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1992
Year licensed	1992
Tax status	Non profit
Number of employees	89 fulltime, 3 part-time,
Enrollment	124,159

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups, IPAs, Individual Practices, Physician Practices	
Number of medical groups	0 owned, 2 contracted
Number of IPAs	0 owned, 1 contracted
Number of hospitals	0 owned, 14 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation, Individual Capitation, Fee-For-Service
Physicians-specialty (ranked by method)	Group Capitation, Fee-For-Service
Hospitals (ranked by payment type)	Per Diem, Capitation, Discounted Charges

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	HMO
Large group (50+ employees) enrollment	HMO
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	HMO
Healthy Families	HMO
Major Risk Medical Insurance	None
Other	None

Range of services offered on a bundled basis:

HMO:	Acupuncture, Chiropractic, Vision, Substance Abuse, Prescription Drugs, Durable Medical Equipment
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	None
PPO:	None
POS:	None

SIMNSA (Sistemas Medicos Nacionales, S.A. de C.V.)

303 H Street Suite 390 • Chula Vista, CA 91910

(619) 407-4082 US / 683 29 02 Mexico • FAX: (619) 407-4087 US • www.simnsa.com

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Plan Organization

Parent Company/Affiliate	Unicare Systems, Inc. dba International Health care, Inc. ("IHI")
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Number of employees	51 fulltime, 3 part-time,
Enrollment	14,329

Plan-Provider Arrangements

Model types (ranked in descending order)

Single Medical Group, Network of Medical Groups and Independent Practice Associations (IPAs)	
Number of medical groups	0 owned, 2 contracted
Number of IPAs	0 owned, 0 contracted
Number of hospitals	0 owned, 12 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Individual Capitation
Physicians-specialty (ranked by method)	Fee-For-Service
Hospitals (ranked by payment type)	Per Diem, Charges

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	HMO
Large group (50+ employees) enrollment	HMO
Medicare	None
Medicaid (i.e. MediCal)	None
Access for Infants and Mothers	None
Healthy Families	None
Major Risk Medical Insurance	None
Other	None

Range of services offered on a bundled basis:

HMO:	Vision, Dental, Prescription Drugs
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	None
PPO:	None
POS:	None

UHP Healthcare (WATTHealth Foundation, Inc.)

3405 West Imperial Highway • Inglewood, CA 90303
(310) 671-3465 • fax (310) 412-5796 • www.uhphealthcare.com

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CNO

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CIO

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Micah Mullens

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Ron Bolding

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Executive Vice President/
Chief Administrative Officer
& General Counsel
Alan Bloom

Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1967
Year licensed	1978
Tax status	Non profit
Number of employees	187 fulltime, 3 part-time regular, 1 per diem
Enrollment	79,600 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Staff

Number of medical groups & IPAs 0 owned, 53 Contracted

Number of hospitals 0 owned, 56 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation
Physicians-specialty (ranked by method)	Group Capitation, Fee-For-Service, Individual Capitation
Hospitals (ranked by payment type)	Per Diem, Capitation, Case Rates, Discounted Charges, Diagnosis-Related Group

Plan Products

Products currently offered:

Individual enrollment	HMO
Small group (2-50 employees) enrollment	HMO
Large group (50+ employees) enrollment	HMO
Medicare	HMO
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	HMO
Healthy Families	HMO
Major Risk Medical Insurance	None
Other	None

Range of services offered on a bundled basis:

HMO:	Vision
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	Chiropractic, Dental, Durable Medical Equipment
PPO:	None
POS:	None

Universal Care

1600 East Hill Street • Signal Hill, CA 90755
(800) 635-6668 • fax (562) 427-4634 • www.universalcare.com

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Plan Organization

Parent Company/Affiliate	Universal Care, Inc.
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1983
Year licensed	1985
Tax status	For profit
Number of employees	857 full-time, 30 part-time
Enrollment	284,979 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Staff, Single Medical Group,
Direct Contracting with Physicians

Number of medical groups	10 owned, 68 contracted
Number of IPAs	0 owned, 186 contracted
Number of Direct	0 owned, 21 contracted regions
Number of hospitals	0 owned, 163 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation, Individual Capitation, Salary
Physicians-specialty (ranked by method)	Fee-For-Service, Group Capitation
Hospitals (ranked by payment type)	Per Diem, Discounted Charges, Case Rates, Diagnosis Related Group, Capitation

Plan Products

Products currently offered:

Individual enrollment	HMO
Small group (2-50 employees) enrollment	HMO, POS
Large group (50+ employees) enrollment	HMO, POS
Medicare	Medicare Advantage
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	HMO
Dental	HMO
Other	None

Range of services offered on a bundled basis:

HMO:	Chiropractic, Vision, Dental, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation
PPO:	None
POS:	Medical

Range of services offered on a stand-alone basis:

HMO:	Dental
PPO:	None
POS:	Medical

Valley Health Plan (Santa Clara County)

2325 Enborg Lane, Suite 290 • San Jose, CA 95128
(408) 885-4080 • fax (408) 885-5921 • www.valleyhealthplan.org

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Plan Organization

Parent Company/Affiliate	County of Santa Clara
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1985
Year licensed	1985
Tax status	Non-profit
Number of employees	40 full-time
Enrollment	57,677 California

Plan-Provider Arrangements

Model types (ranked in descending order)

N/A	
Number of medical groups	0 owned, 1 contracted
Number of IPAs	0 owned, 0 contracted
Number of hospitals	0 owned, 3 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation, Individual Capitation, Fee-For-Service
Physicians-specialty (ranked by method)	Group Capitation, Fee-For-Service
Hospitals (ranked by payment type)	Capitation, Per Diem

Plan Products

Products currently offered:

Individual enrollment	HMO
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	HMO
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Other (Healthy Kids)	HMO

Range of services offered on a bundled basis:

HMO:	General Medicine, Surgery, Pediatrics, Acupuncture, Chiropractic, Vision, Substance Abuse, Massage Therapy, Prescription Drugs, Durable Medical Equipment, Rehabilitation, Long Term Health Care, Mental Health
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	None
PPO:	None
POS:	None

Western Health Advantage

1331 Garden Highway, Suite 100 • Sacramento, CA 95831
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Christine Williams

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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within CA	None
Year founded	1995
Year licensed	1997
Tax status	Non profit
Number of employees	80 fulltime, 3 part-time
Enrollment	71,801 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Direct Contracting with Physicians	
Number of medical groups	0 owned, 5 contracted
Number of IPAs	0 owned, 2 contracted
Number of hospitals	0 owned, 8 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation
Physicians-specialty (ranked by method)	Group Capitation
Hospitals (ranked by payment type)	Capitation, Discount Charges

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	HMO
Large group (50+ employees) enrollment	HMO
Medicare	HMO
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	None
Major Risk Medical Insurance	None
Other	None

Range of services offered on a bundled basis:

HMO:	Acupuncture, Chiropractic, Prescription Drugs
PPO:	None
POS:	None

Range of services offered on a stand-alone basis:

HMO:	None
PPO:	None
POS:	None

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Administrative Services Manager

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Administrative Assistant, Legislative Affairs

MyShawn Cooke

Receptionist

Glossary

Health Plan Types

Health Maintenance Organizations (HMO): Provides a wide range of comprehensive health care services for a specified group or individual for a fixed premium. There is generally deductible for physician services and only modest co-payments.

Point of Service (POS): An HMO product that allows the enrollee to receive a service from a non-HMO provider at a higher cost in to the enrollee. The higher cost can take the form of a deductible and/or a higher point-of-service charge.

Preferred Provider Organization (PPO): Provides care through a network of physicians, hospitals and pharmacies that have agreed to provide services at a predetermined negotiated fee. Enrollees generally pay a percentage of the provider charge. They may access services from non-participating providers at a higher cost. Most PPOs have a deductible.

HMO Model Types

Group: An organizational form, whereby the HMO contracts for medical services with a specific physician group in an environment calling for the joint use of equipment, facilities, technical personnel and centralized administration.

Independent Practice Association (IPA): A partnership, corporation, association or other legal entity which has entered into an arrangement with persons who are licensed to practice medicine for the provision of their professional services in accordance with a compensation arrangement.

Network, or Medical Groups/IPA Model: HMO contracts with multiple medical groups and independent practice associations to provide medical services to plan enrollees.

Range of Services

Bundled Basis: The provision of a wide range of health care services that may be purchased as a comprehensive care package.

Stand-Alone Basis: The provision of special health care services on a service-by-service basis. For example, an individual can choose to purchase vision services separately from the purchase of a comprehensive care package.

Provider Types

Primary Care Physician: The physician who assumes responsibility for the comprehensive medical care of an individual on a continuing basis. The physician obtains professional assistance when needed for services he or she is not qualified to provide and coordinates the care provided by other professional personnel or specialists.

Specialty Physician: The physician who assumes responsibility for medical care of an individual for specialized services and generally on a limited basis, usually on referral from a primary care physician.

Compensation Methods

Capitation: Provider is paid a fixed, per capita amount for each person served without regard to the actual number or nature of services provided to each person, most common in contracts between plans and medical groups.

Fee For Service (FFS): Provider is paid for each encounter of service rendered. Under fee for service arrangements, expenditures increase if the fees themselves increase, if more units of service are charged, or if more expensive services are substituted for less expensive ones, most common in traditional indemnity and PPO arrangements.

Fee For Service With Withhold: Provider is paid for each encounter or service rendered, and is reimbursed for the amount billed less a specified percentage or “withhold”. Withhold is returned to the provider if various agreed-upon targets are met.

Salary: A method of payment whereby an individual provider is paid a fixed salary without regard to the actual number or nature of services provided to each person, most common in staff model HMOs and in some medical groups. Groups and IPAs are likely to be paid by capitation. Hospital payment methodologies may vary.

Staff: HMO directly employs the necessary medical talent to provide its medical services.

2004 Profile and Annual Report

Additional copies can be ordered through the
California Association of Health Plans at the address below.

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