

# KAISER/HRET SURVEY

## 2002 State Employee Health Plans

STATE EMPLOYEE HEALTH PLANS—PLANS OFFERING HEALTH INSURANCE TO STATE GOVERNMENT WORKERS AND THEIR DEPENDENTS—PROVIDED COVERAGE FOR 3.4 MILLION STATE GOVERNMENT EMPLOYEES IN 2002<sup>1</sup> (TABLE 1). THE 2002 KAISER/HRET SURVEY OF STATE EMPLOYEE PLANS IS A SUPPLEMENT TO THE ANNUAL KAISER/HRET EMPLOYER HEALTH BENEFITS SURVEY, AND OFFERS AN OVERVIEW OF HEALTH INSURANCE PRACTICES AMONG STATE EMPLOYEE PLANS AND NATIONAL FIRMS.<sup>2</sup>

THE FOLLOWING DISCUSSION PRESENTS A COMPARISON BETWEEN STATE EMPLOYEE HEALTH PLANS, CALLED *STATE EMPLOYEE PLANS*, AND A NATIONALLY REPRESENTATIVE GROUP OF PUBLIC AND PRIVATE FIRMS INTERVIEWED AS PART OF THE 2002 EMPLOYER HEALTH BENEFITS SURVEY, CALLED *NATIONAL FIRMS*.

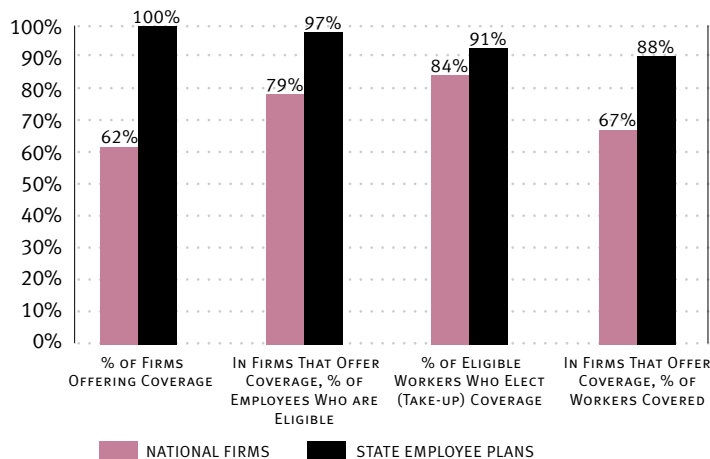
### COVERAGE AND PLAN FUNDING

The primary difference between health benefits offered by government and the private sector is the greater likelihood that state and local governments offer health benefits to their employees.<sup>3</sup> Health insurance was offered by all of the state employee plans surveyed, but only 62% of all firms nationally. As a result, eligibility and takeup were far higher in state employee plans than the national average. Nearly all state workers were eligible for coverage (97%), and takeup was high across most plans, averaging 91%. A few state employee plans had noticeably lower takeup rates in the 60-70% range, but most state employees offered coverage choose to elect the benefit (91%) (FIGURE 1).

Greater percentages of part-time and temporary workers were offered coverage in state employee plans than by firms nationally. Seventy-four percent of state employees had the option of electing health benefits as part time workers compared to 48% nationally. Twenty-nine percent of state employees had the option of electing health coverage as a temporary worker, while only 9% of such workers nationally were offered coverage in temporary work arrangements.

FIGURE 1

Eligibility and Worker Take-Up in Firms That Offer Coverage, 2002



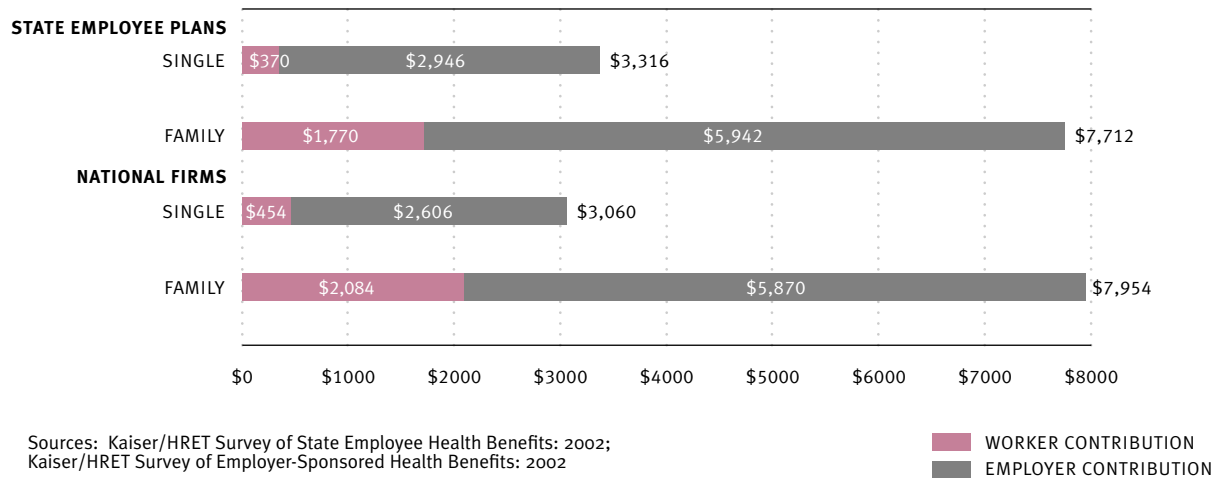
Source: Kaiser/HRET Survey of State Employee Health Benefits: 2002; Kaiser/HRET Survey of Employer-Sponsored Health Benefits: 2002

### INCREASES IN PREMIUMS, WORKER SHARE OF COST

Due to the general trend in rising health care costs, state employee plans did not appear to have a significant purchasing advantage as a result of the large number of enrollees in state employee plans. In 2002, the vast majority (37) of the state employee plans experienced double-digit premium growth and similar average premium increases compared to the average among firms offering employer-sponsored insurance nationally. State plans experienced average premium increases of 12.8%,

comparable to the national average of 12.7%. The highest premium increase was in Wyoming at 38%, the lowest was Georgia, where premiums decreased by 1.3% (TABLE 2).

Monthly premiums for covered workers in state employee plans averaged \$276 for single coverage and \$643 per month for family coverage (compared to \$255 single and \$663 family on average, for employer sponsored coverage nationally) (FIGURE 2). Single premiums ranged widely, from \$170 per month in Pennsylvania to \$635 per month in Alaska, and \$429 in Montana to \$1,110

**FIGURE 2****Average Annual Worker and Employer Contributions, 2002**

per month in Maine for family coverage (TABLE 2).

State employee contributions were, on average, \$29 per month for single premiums (11% of total premium) and \$145 for family coverage (23% of the total premium) per month. In the national firms, workers paid \$38 for single coverage (16% of total premium) and \$174 for family coverage (27% of the total premium). Sixteen states, covering 24% of all state employees, did not require workers to contribute to the cost of single premiums. Nationally, twenty-three percent of covered workers were employed by firms that do not require workers to contribute to single coverage. State employee contributions for single coverage ranged from \$0 in fourteen states, to \$125 in Alaska, and \$0 in four states to \$486 in Kentucky for family coverage<sup>4</sup> (TABLE 3).

Cost sharing for services was comparable between the state employee plans, and national firms. In the state employee plans, single deductibles for PPO providers in-plan was \$282 and \$418 for out-of-plan (compared to \$276 for

in-plan and \$488 for out-of-plan nationally). State employee copays for HMO office visits were generally between \$5 and \$15; 58% of covered workers paid \$10 per visit. Seventeen percent of covered workers paid a \$5 copay and 9% pay \$15. Only 1% of state workers with coverage paid \$20 per visit.

#### CHOICE AND ENROLLMENT

State employee plans generally offer workers a choice of health plans. The vast majority of state employee plans offered employees a choice of 3 or more plans. Thirty-nine state employee plans, representing 88% of covered workers, had the choice of 3 or more plans. Seven state employee plans (covering 12% of workers) offered only one plan. (TABLE 4)

Forty-seven percent of covered workers in state employee plans had a choice of conventional coverage (16% for national firms); 89% had a choice of HMO coverage (53% for national firms); 56% had a choice of PPO plans (76% for national firms); 34% had a choice of POS Plans

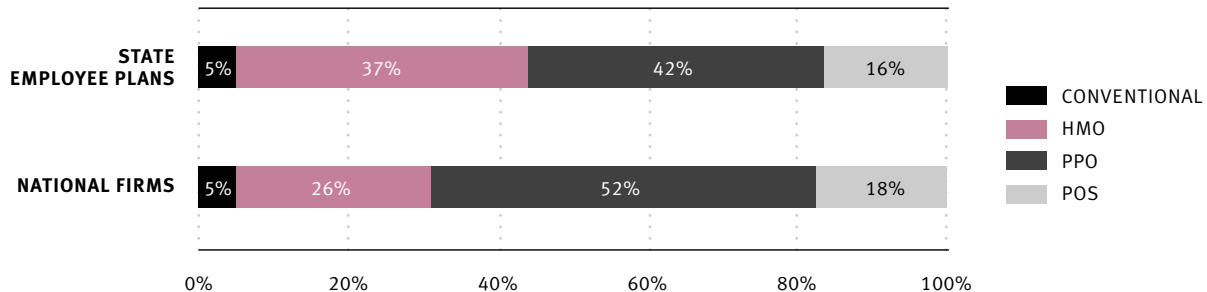
(35% for national firms).

State employee plans enrolled more workers in HMO plans (37%) and fewer in PPO plans (42%), compared to the national average. In state employee plans, 5% of workers were in Conventional coverage, 37% in HMOs, 42% in PPOs and 16% in POS plans. (FIGURE 3).

#### BENEFITS

State plan benefits are generally comprehensive, and tend to offer a similar level of benefits as the average national firm. The percentage of covered state workers with various health benefits covered in 2002 was as follows: adult physicals (84%), Prescription Drugs (99%), Outpatient Mental Health (100%), Inpatient Mental Health (99%), Annual OB/GYN Visit (89%), Prenatal Care (100%), Oral Contraceptives (90%), Well-Baby Care (100%), Acupuncture (40%)<sup>5</sup>, Chiropractic (99%).

Maximum annual out-of-pocket benefits for single PPO coverage in state employee plans ranged widely, and

**FIGURE 3****Health Plan Enrollments for Covered Workers, by Plan Type, 2002**

Sources: Kaiser/HRET Survey of State Employee Health Benefits: 2002; Kaiser HRET Survey of Employer-Sponsored Health Benefits: 2002

tended to be higher than the average national firm. While 36% of covered workers in state PPO plans had an out-of-pocket maximum of \$1,499 or less, 29% had a maximum out-of-pocket expense of \$3,000 or more. In national firms, 41% of covered workers in PPO plans had an out-of-pocket maximum of \$1,499 or less, compared to 16% of covered workers with out-of-pocket maximums \$3,000 or more.

Catastrophic coverage in state employee plans is on par with national averages: more than seven in ten (73%) covered workers in state employee plans with single PPO coverage had a maximum lifetime benefit of one million dollars or more, and the remainder had unlimited coverage. Nationally, 62% of covered workers enrolled in a PPO had coverage up to a million dollars or more, and 24% had unlimited coverage.

### PRESCRIPTION DRUGS

Seventy percent of covered workers in state employee plans had three-tiered cost sharing for prescription drugs, an

even higher percentage than those that faced three-tiered cost sharing nationally (57%). Twenty-four percent of covered workers enrolled in state employee plans had two-tiered cost sharing for prescription drugs. Only 7% of covered workers had the same price for drugs regardless of type (FIGURE 4).

State employee plan copayments for prescription drugs were on par with national estimates with the exception of generic drugs, which were less expensive than the national average. Copays for generic drugs were \$6, while preferred drugs were \$16, and non-preferred drugs were \$25. The average national copayment for generics was \$9, preferred drugs were \$17, and non-preferred drugs were \$26 per prescription (Table 5).

### ATTITUDES AND OPINIONS

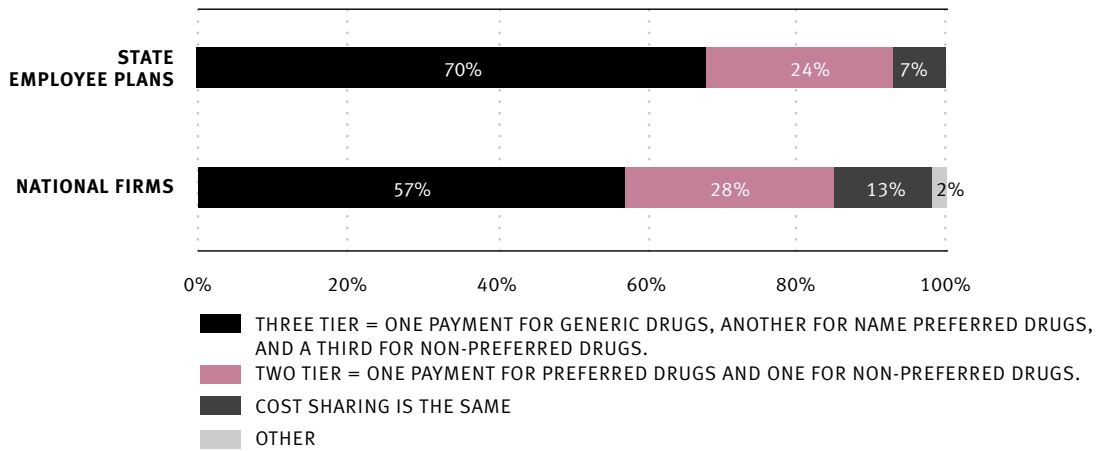
Of the 47 states surveyed, 37 state employee plans (77%) said health insurance was the benefit of greatest cost concern, compared to 53% of national firms.

In the last year, 31 of state employee plans increased the amount workers pay for health insurance. Seventeen state employee plans increased the worker's deductibles, 24 plans increased copays or coinsurance for physician visits, and 29 plans increased the amount employees pay for drugs. Only one plan restricted employee eligibility for coverage.

When asked about changes they planned to make for the 2003 plan year, 34 state employee plans said it was very or somewhat likely they would increase the amount workers pay for coverage. Eight plans said they are very likely to increase the amount employees pay for prescription drugs, and 19 plans said they are somewhat likely to do so. Six plans said they are very likely to increase office visit copays and coinsurance, while 19 plans said they were somewhat likely to increase the cost of copays. Only one state responded that it was somewhat likely to drop coverage in the next year (FIGURE 5).

**FIGURE 4**

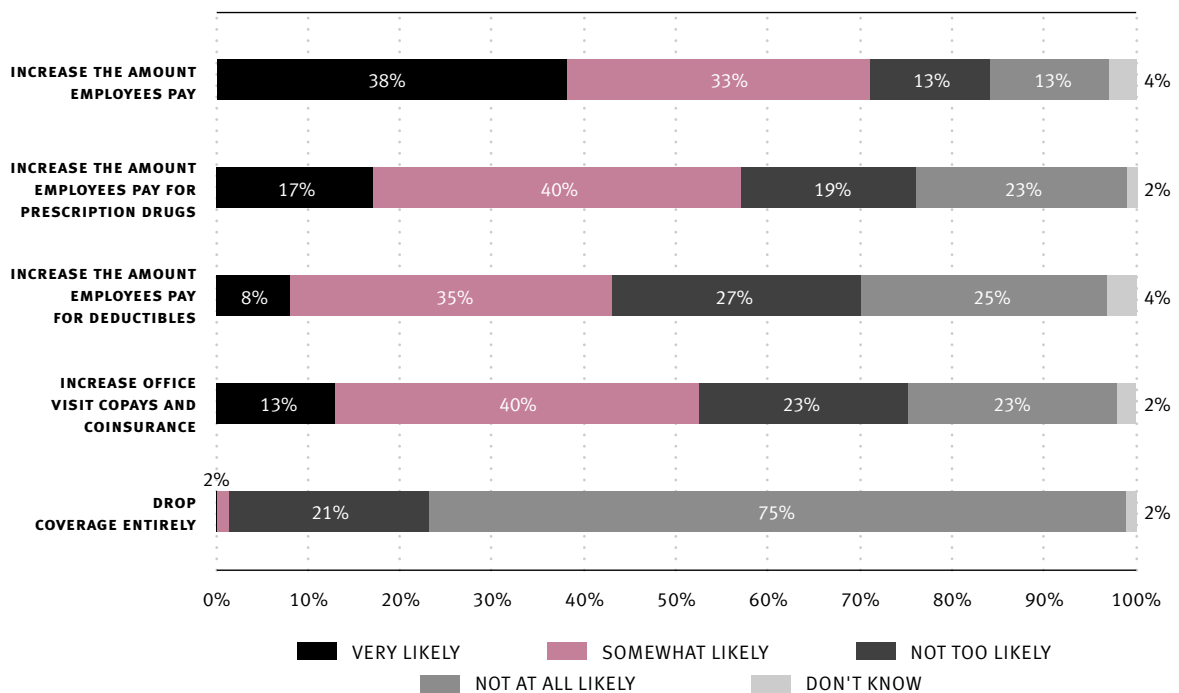
**Percentage of Covered Workers Facing Different Cost Sharing Formulas for Prescription Drugs, 2002**



Sources: Kaiser/HRET Survey of State Employee Health Benefits: 2002; Kaiser/HRET Survey of Employer-Sponsored Health Benefits: 2002

**FIGURE 5**

**Likelihood of State Plans Making the Following Changes in 2003**



Sources: Kaiser/HRET Survey of State Employee Health Benefits: 2002.

## METHODOLOGY

The Kaiser/HRET Survey of State Employee Health Benefits is a joint product of the Kaiser Family Foundation and Health Research and Educational Trust (HRET) and is based on a national employer survey conducted by the Kaiser Family Foundation and HRET. The survey was designed and analyzed by researchers at the Kaiser Family Foundation and HRET, and administered by National Research LLC (NR). The findings are based on 48 interviews with administrators of state employee health plans throughout the US—some of whom were interviewed as part of the national sample. The state employee plans surveyed represent more than 3.7 million workers and 3.4 million covered workers.

A list of state employee plans was drawn from the Dun & Bradstreet list of employers with three or more workers. NR conducted interviews as part of the Kaiser/HRET national employer survey between January and May 2002. Interviews with state employee plans not contacted as part of the national employer health benefits survey were conducted between August and October 2002. Foundation staff conducted a follow-up mailing and telephone calls in January and February 2003 to confirm survey responses.

The weighting method for the survey is based on the number of workers employed by each state and the percent of workers that elected to take up insurance. The survey asked questions about the following types of health plans: Conventional (fee-for-service), Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), and Point-of-Service (POS) plans. The data in this memo are weighted so that they may be compared side-by-side with national data. Please note however that some of the estimates here may not match data published by the state. In these instances the states will present more precise estimates because these data represent a count of individual enrollees. In comparison, *our approach calculates cost, cost-sharing, and benefits based on the plan with the most enrollees who have benefits through Conventional, HMO, PPO, and POS plans.*

Of the 48 state employee plans that participated in the survey, five requested that their individual responses not be published by state. These states are included in aggregate statistics, but are not presented independently by state.

Because we have surveyed all known state employee plans in the US, normal calculation of the standard error does not apply and differences may be observed rather than inferred statistically. Estimates from the Kaiser/HRET national employer survey have a margin of error +/- 3.5%. Some exhibits do not sum to 100% due to rounding effects.

**The national Kaiser/HRET Employer Health Benefits survey (#3251) is available on the Kaiser Family Foundation's website at [www.kff.org](http://www.kff.org).**

**The Kaiser Family Foundation** is an independent, national health philanthropy dedicated to providing information and analysis on health issues to policymakers, the media, and the general public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.

**The Health Research and Educational Trust (HRET)** is a private, not-for-profit organization involved in research, education, and demonstration programs addressing health management and policy issues. Founded in 1944, HRET collaborates with health care, government, academic, business, and community organizations across the United States to conduct research and disseminate findings that help shape the future of health care.



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## ENDNOTES:

- <sup>1</sup> Number does not include dependents.
- <sup>2</sup> The national Kaiser/HRET survey includes 16 of the states in the state employee sample. The states surveyed through the national sample represent 1% of the covered workers in the national sample and 30% of covered workers in all state plans.
- <sup>3</sup> Kaiser/HRET Survey of Employer-Sponsored Health Benefits: 1999, 2000, 2001, and 2002.
- <sup>4</sup> While Kentucky represents the highest published family premium, five states were not included because they requested that their data not be displayed by state.
- <sup>5</sup> Eight percent of covered workers are in plans that responded "don't know" about whether acupuncture is covered.

TABLE I: TOTAL NUMBER OF WORKERS AND ENROLLMENT IN STATE EMPLOYEE HEALTH PLANS, 2002

State	Total Number of Employees	Eligibility Rate (% workers eligible for coverage)	Take Up Rate (% of workers offered who elect coverage)	Percent of Employees with Coverage (# covered workers/# eligible workers)	Total Covered Employees
Alabama	35,825	100%	100%	100%	35,825
Alaska	15,800	34%	98%	33%	5,214
Arizona	64,137	96%	89%	86%	55,158
Arkansas	30,000	85%	94%	80%	24,000
California	462,472	98%	87%	86%	397,726
Colorado	50,000	75%	93%	72%	36,000
Connecticut	60,000	100%	100%	100%	60,000
Delaware	37,000	90%	90%	90%	33,300
Dist. of Columbia	33,000	NA <sup>2</sup>	NA <sup>2</sup>	NA <sup>2</sup>	NA <sup>2</sup>
Florida	163,865	100%	89%	89%	145,840
Georgia	81,699	95%	89%	84%	68,627
Hawaii	NA	NA	NA	NA	NA
Idaho	24,400	80%	99%	74%	18,056
Illinois	125,000	NA <sup>2</sup>	NA <sup>2</sup>	NA <sup>2</sup>	NA <sup>2</sup>
Indiana	35,000	100%	100%	100%	35,000
Iowa	32,000	94%	95%	89%	28,480
Kansas	38,000	99%	93%	92%	34,960
Kentucky	43,000	100%	100%	81%	34,830
Louisiana	150,000	83%	76%	63%	94,500
Maine	15,400	100%	99%	99%	15,246
Maryland	75,000	100%	92%	92%	69,000
Massachusetts	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>
Michigan	57,900	100%	100%	100%	57,900
Minnesota	53,300	91%	100%	91%	48,503
Mississippi	188,753	100%	100%	100%	188,753
Missouri	46,000	100%	100%	100%	46,000
Montana	11,680	100%	100%	100%	11,680
Nebraska	18,630	100%	76%	76%	14,159
Nevada	31,000	100%	100%	100%	31,000
New Hampshire	14,500	76%	100%	76%	11,020
New Jersey	335,700	100%	69%	69%	231,633
New Mexico	28,772	83%	92%	77%	22,154
New York	210,000	100%	100%	100%	210,000
North Carolina	90,000	100%	98%	98%	88,200
North Dakota	14,000	96%	99%	96%	13,440
Ohio	65,000	97%	90%	88%	57,200
Oklahoma	36,000	NA <sup>2</sup>	NA <sup>2</sup>	NA <sup>2</sup>	NA <sup>2</sup>
Oregon	45,000	100%	100%	100%	45,000
Pennsylvania	87,186	92%	99%	91%	79,339
Rhode Island	NA	NA	NA	NA	NA
South Carolina	185,668	NA <sup>2</sup>	NA <sup>2</sup>	NA <sup>2</sup>	NA <sup>2</sup>
South Dakota	NA	NA	NA	NA	NA
Tennessee	70,000	90%	96%	86%	60,200
Texas	NA <sup>1</sup>	100%	NA	NA	209,859
Utah	18,000	75%	93%	70%	12,600
Vermont	8,000	100%	84%	84%	6,720
Virginia	1,620	100%	80%	80%	1,296
Washington	107,000	NA <sup>2</sup>	NA <sup>2</sup>	NA <sup>2</sup>	NA <sup>2</sup>
West Virginia	70,000	100%	96%	96%	67,200
Wisconsin	70,000	100%	94%	94%	65,800
Wyoming	11,000	97%	98%	95%	10,450

## Footnotes:

NA: Data not available

<sup>1</sup> Several large states administer health benefits programs separately from the office of personnel management and therefore several state health benefits managers do not know how many workers are employed by the state. As a result, the benefit managers of these states cannot calculate eligibility and takeup as a % of all state employees.

<sup>2</sup> State plan was surveyed but requested that data not be displayed by state.

**TABLE 2: PREMIUM INCREASES AND MONTHLY SINGLE AND FAMILY PREMIUMS  
IN STATE EMPLOYEE HEALTH PLANS**

State Name	Annual Premium Increase (2001-2002)	Monthly Single Premium	Monthly Family Premium
Alabama	11.3%	\$445	\$609
Alaska	11.0%	\$635	\$635
Arizona	15.0%	\$261	\$651
Arkansas	10.5%	\$273	\$804
California	8.3%	\$219	\$569
Colorado	25.0%	\$216	\$686
Connecticut	12.3%	\$298	\$805
Delaware	8.0%	\$292	\$747
Dist. of Columbia	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>
Florida	15.0%	\$258	\$584
Georgia	-1.3%	\$290	\$546
Hawaii	NA	NA	NA
Idaho	12.0%	\$398	\$446
Illinois	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>
Indiana	19.1%	\$323	\$835
Iowa	8.3%	\$306	\$721
Kansas	15.2%	\$293	\$789
Kentucky	14.0%	\$288	\$720
Louisiana	15.6%	\$282	\$573
Maine	14.0%	\$456	\$1,110
Maryland	3.9%	\$223	\$565
Massachusetts	11.0%	\$596	\$596
Michigan	5.5%	\$293	\$809
Minnesota	NA	\$256	\$754
Mississippi	8.0%	\$205	\$530
Missouri	18.4%	\$317	\$1,022
Montana	9.0%	\$291	\$429
Nebraska	4.5%	\$296	\$1,051
Nevada	20.0%	NA	NA
New Hampshire	16.0%	\$313	\$845
New Jersey	17.3%	\$256	\$659
New Mexico	13.0%	\$235	\$645
New York	11.5%	\$290	\$671
North Carolina	30.0%	\$239	\$598
North Dakota	8.0%	\$190	\$470
Ohio	16.7%	\$227	\$617
Oklahoma	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>
Oregon	26.0%	\$405	\$631
Pennsylvania	8.3%	\$170	\$430
Rhode Island	NA	NA	NA
South Carolina	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>
South Dakota	NA	NA	NA
Tennessee	26.8%	\$287	\$715
Texas	13.6%	\$233	\$675
Utah	NA	NA	NA
Vermont	5.0%	\$334	\$919
Virginia	6.5%	\$296	\$799
Washington	NA <sup>1</sup>	NA <sup>1</sup>	NA
West Virginia	11.0%	\$268	\$594
Wisconsin	13.4%	\$319	\$784
Wyoming	38.0%	\$279	\$644

NA: Data not available

<sup>1</sup> State Plan was surveyed but requested that data not be displayed by state.

**TABLE 3: WORKER CONTRIBUTIONS FOR SINGLE AND FAMILY COVERAGE TO STATE EMPLOYEE HEALTH PLAN**

State	Monthly Contribution for Single Coverage	Monthly Contribution for Family Coverage	Percent Contribution for Single Coverage	Percent Contribution for Family Coverage
Alabama	\$0	\$164	0%	30%
Alaska	\$60	\$60	9%	9%
Arizona	\$56	\$287	21%	44%
Arkansas	\$75	\$270	27%	34%
California	\$29	\$75	13%	13%
Colorado	\$64	\$213	30%	31%
Connecticut	\$18	\$123	6%	15%
Delaware	\$18	\$52	6%	7%
Dist. of Columbia	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>
Florida	\$37	\$134	14%	23%
Georgia	\$60	\$163	21%	30%
Hawaii	NA	NA	NA	NA
Idaho	\$8	\$57	2%	13%
Illinois	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>
Indiana	\$17	\$43	5%	5%
Iowa	\$0	\$141	0%	20%
Kansas	\$18	\$331	6%	42%
Kentucky	\$54	\$486	19%	67%
Louisiana	\$120	\$241	43%	42%
Maine	\$0	\$262	0%	24%
Maryland	\$39	\$97	17%	17%
Massachusetts	\$89	\$89	15%	15%
Michigan	\$20	\$56	7%	7%
Minnesota	\$0	\$51	0%	7%
Mississippi	\$0	\$325	0%	61%
Missouri	NA	NA	NA	NA
Montana	0 <sup>a</sup>	0 <sup>a</sup>	0%	0%
Nebraska	\$62	\$221	21%	21%
Nevada	\$0	\$275	0%	NA
New Hampshire	\$0	\$0	0%	0%
New Jersey	\$27	\$68	10%	10%
New Mexico	\$54	\$120	23%	19%
New York	\$18	\$75	6%	11%
North Carolina	\$0	\$365	0%	61%
North Dakota	\$0	\$0	0%	0%
Ohio	\$27	\$74	12%	12%
Oklahoma	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>
Oregon	\$0	\$0	0%	0%
Pennsylvania	\$0	\$0	0%	0%
Rhode Island	NA	NA	NA	NA
South Carolina	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>
South Dakota	NA	NA	NA	NA
Tennessee	\$51	\$127	18%	18%
Texas	\$0	\$263	0%	39%
Utah	\$5	\$14	NA <sup>b</sup>	NA <sup>b</sup>
Vermont	\$67	\$184	20%	20%
Virginia	\$22	\$242	7%	30%
Washington	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA
West Virginia	\$19	\$72	7%	12%
Wisconsin	\$4	\$10	1%	1%
Wyoming	\$0	\$282	0%	44%

NA: Data not available

<sup>1</sup> State Plan was surveyed but requested that data not be displayed by state<sup>a</sup> State offers a set contribution for all employees equal to an active worker's cost of enrolling in the most popular plan. In Montana, the state contributes \$290 to health coverage for single workers and \$281 for family coverage. Contributions to family coverage are somewhat lower due to a higher cost of dental coverage for family coverage which is subtracted from the overall defined contribution which covers dental insurance and a minimal life insurance policy.<sup>b</sup> While Utah provided worker contribution data, monthly premium data and COBRA rates were not available.



**TABLE 4: PLAN CHOICE AMONG STATE EMPLOYEE HEALTH PLANS**

State	Total Number of Plans Offered	Plan with Largest number of Enrollees
Alabama	1 Plan	PPO
Alaska	1 Plan	Conventional
Arizona	3 or More Plans	HMO
Arkansas	3 or More Plans	HMO
California	3 or More Plans	HMO
Colorado	3 or More Plans	HMO
Connecticut	3 or More Plans	HMO
Delaware	3 or More Plans	HMO
Dist. of Columbia	NA <sup>1</sup>	NA <sup>1</sup>
Florida	3 or More Plans	PPO
Georgia	3 or More Plans	PPO
Hawaii	NA	NA
Idaho	3 or More Plans	PPO
Illinois	NA <sup>1</sup>	NA <sup>1</sup>
Indiana	3 or More Plans	HMO
Iowa	3 or More Plans	Conventional
Kansas	3 or More Plans	PPO
Kentucky	3 or More Plans	POS
Louisiana	3 or More Plans	PPO
Maine	1 Plan	POS
Maryland	3 or More Plans	PPO, POS
Massachusetts	3 or More Plans	PPO, POS
Michigan	3 or More Plans	Conventional
Minnesota	1 Plan	HMO
Mississippi	1 Plan	PPO
Missouri	3 or More Plans	Conventional
Montana	3 or More Plans	PPO
Nebraska	3 or More Plans	PPO
Nevada	3 or More Plans	POS
New Hampshire	2 Plans	HMO
New Jersey	3 or More Plans	POS
New Mexico	3 or More Plans	HMO
New York	3 or More Plans	PPO
North Carolina	1 Plan	PPO
North Dakota	2 Plans	PPO
Ohio	3 or More Plans	HMO
Oklahoma	NA <sup>1</sup>	NA <sup>1</sup>
Oregon	3 or More Plans	PPO
Pennsylvania	3 or More Plans	Conventional
Rhode Island	NA	NA
South Carolina	NA <sup>1</sup>	NA <sup>1</sup>
South Dakota	NA	NA
Tennessee	3 or More Plans	PPO
Texas	3 or More Plans	POS
Utah	3 or More Plans	PPO
Vermont	3 or More Plans	POS
Virginia	3 or More Plans	POS
Washington	NA <sup>1</sup>	NA <sup>1</sup>
West Virginia	3 or More Plans	PPO
Wisconsin	3 or More Plans	HMO
Wyoming	1 Plan	PPO

NA: Data not available

<sup>1</sup> State Plan was surveyed but requested that data not be displayed by state.

**TABLE 5: COST-SHARING FORMULAS FOR PRESCRIPTION DRUGS IN STATE EMPLOYEE HEALTH PLANS**

State Name	Tiered Cost Sharing?	Copay for Generic Drugs	Copay for Preferred Drugs (brand name drugs with no generic substitute)	Copay for Non-Preferred Drugs (brand name drugs with a generic substitute)
Alabama	Three Tier	\$5	\$15	\$35
Alaska	Two Tier	\$5	\$10	\$10
Arizona	Three Tier	\$10	\$20	\$40
Arkansas	Three Tier	\$10	\$25	\$50
California	Three Tier	\$5	\$15	\$30
Colorado	Three Tier	\$15	\$25	\$40
Connecticut	Two Tier	\$3	\$6	\$6
Delaware	Three Tier	\$8	\$15	\$40
Dist. of Columbia	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>
Florida	Three Tier	\$7	\$20	\$35
Georgia	Three Tier	\$10	\$20	\$35
Hawaii	NA	NA	NA	NA
Idaho	Three Tier	\$12	\$18	\$40
Illinois	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>
Indiana	Three Tier	\$5	\$10	\$20
Iowa	Three Tier	\$5	\$15	\$30
Kansas	NA	NA	NA	NA
Kentucky	Three Tier	\$10	\$15	\$30
Louisiana	Same	NA	NA	NA
Maine	Two Tier	\$10	\$20	\$20
Maryland	Three Tier	\$3	\$5	\$10
Massachusetts	Three Tier	\$7	\$20	\$40
Michigan	Two Tier	\$7	\$12	\$12
Minnesota	Two Tier	\$12	\$25	\$25
Mississippi	Three Tier	\$10	\$25	\$35
Missouri	Three Tier	\$3	\$20	\$35
Montana	Three Tier	\$8	\$16	\$24
Nebraska	Two Tier	\$10	\$15	\$15
Nevada	Three Tier	\$5	\$22	\$40
New Hampshire	Two Tier	\$2	\$6	\$6
New Jersey	Three Tier	\$2	\$6	\$9
New Mexico	Three Tier	NA	\$20	\$28
New York	Three Tier	\$3	\$15	\$20
North Carolina	Three Tier	\$10	\$25	\$35
North Dakota	Three Tier	\$5	\$15	\$25
Ohio	Three Tier	\$5	\$10	\$15
Oklahoma	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>
Oregon	Three Tier	\$10	\$15	\$25
Pennsylvania <sup>2</sup>	Same	\$6	\$6	\$16
Rhode Island	NA	NA	NA	NA
South Carolina	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>
South Dakota	NA	NA	NA	NA
Tennessee	Three Tier	\$5	\$15	\$20
Texas	Three Tier	\$5	\$20	\$35
Utah	Two Tier	NA	NA	NA
Vermont	Same	NA	NA	NA
Virginia	Same	\$21	\$21	\$21
Washington	NA <sup>1</sup>	NA	NA	NA
West Virginia	Three Tier	\$6	\$16	\$28
Wisconsin	Two Tier	\$5	\$10	\$10
Wyoming	Three Tier	\$10	\$20	\$40

NA: Data not available

<sup>1</sup> State Plan was surveyed but requested that data not be displayed by state.<sup>2</sup> Pennsylvania's plan requires an average copayment of \$6 and coinsurance of 15%.