December 1990

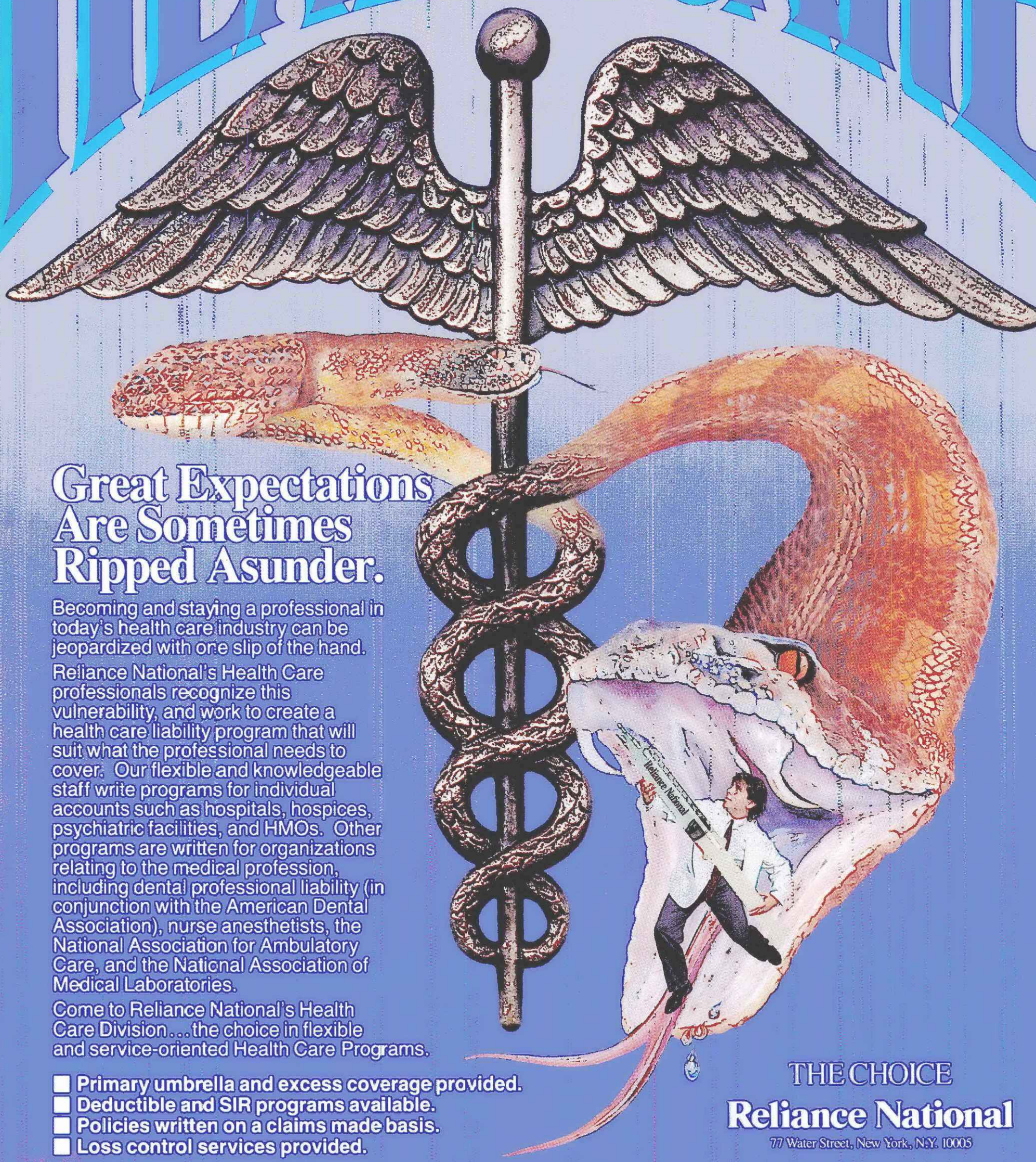
Business Insurance®

Reporting weekly for corporate risk, employee benefit and financial executives / $25.00 a copy; $75 a year

© Entire contents copyright 1989 by Crain Communications Inc. All rights reserved

1990·1991 MANAGED CARE MARKET REPORT

HEALTH CARE



Great Expectations Are Sometimes Ripped Asunder.

Becoming and staying a professional in today's health care industry can be jeopardized with one slip of the hand.

Reliance National's Health Care professionals recognize this vulnerability, and work to create a health care liability program that will suit what the professional needs to cover. Our flexible and knowledgeable staff write programs for individual accounts such as hospitals, hospices, psychiatric facilities, and HMOs. Other programs are written for organizations relating to the medical profession, including dental professional liability (in conjunction with the American Dental Association), nurse anesthetists, the National Association for Ambulatory Care, and the National Association of Medical Laboratories.

Come to Reliance National's Health Care Division . . . the choice in flexible and service-oriented Health Care Programs.

- **Primary umbrella and excess coverage provided.**
- **Deductible and SIR programs available.**
- **Policies written on a claims made basis.**
- **Loss control services provided.**

THE CHOICE

Reliance National

77 Water Street, New York, N.Y. 10005

For further information write us or call (212) 858-6308

Reliance

Reliance National
A Reliance Group Holdings Company

Reliance National underwrites through Reliance National Insurance Company, Reliance Insurance Company, Planet Insurance Company, United Pacific Insurance Company, Reliance Insurance Company of Illinois, and Reliance Insurance Company of New York.

Managed health care

HMO market: firms bigger, more flexible

By JOANNE WOJCIK

Consolidation continues in the HMO marketplace with many large health maintenance organizations joining forces to maintain profitability and gain market share.

Likewise, many small and midsized independent HMOs are forming multistate networks with other HMOs across the country.

In addition, many HMOs are offering more flexible products to enhance their attractiveness because employers, stung by health care inflation and recessionary pressures, are reducing the number of HMOs with which they contract.

By acquiring EQUICOR Inc. in what is believed to be the largest deal ever in the life/health insurance business, CIGNA Corp. significantly increased the size of its managed care operations (*BI*, Jan. 22).

At the same time that Philadelphia-based CIGNA was courting EQUICOR, Aetna Life & Casualty Corp. decided to become the sole owner of PARTNERS National Health Plans, the joint venture it had operated with Voluntary Hospitals of America Inc.

Early this year, Aetna paid $34 million for the 50% ownership stake held by VHA Enterprises (*BI*, Jan. 22).

Since then, Hartford, Conn.-based Aetna also has purchased a 20% stake in Bay Pacific Health Plan, a San Bruno, Calif.-based HMO with 105,000 enrollees.

Just recently, Humana Inc., the hospital chain and managed care giant based in Louisville, Ky., signed a letter of intent to purchase Michael Reese Hospital & Medical Center of Chicago and its HMO (*BI*, Oct. 15).

And Travelers Corp. of Hartford, Conn., is purchasing U.S. Behavioral Health, a provider of managed psychiatric and substance abuse treatment services.

Top 10 general service HMOs

Ranked by number of employees and dependents in employer groups as of June 30, 1990

Plan (Sponsor)	Employees and dependents in employer groups	Participating employer/payer groups	Tax status	Corporate headquarters
Kaiser Permanente Medical Care Program (The Permanente Medical Groups, Kaiser Foundation Hospitals, Kaiser Foundation Health Plans)	5.6 million	43,447[1]	Not for profit	Oakland, Calif.
Blue Cross & Blue Shield Plan HMOs (Blue Cross & Blue Shield Assn.)	4.8 million	N/A	Varies	Chicago
CIGNA Healthplan Inc. (CIGNA Corp.)	2 million	N/A	For profit	Hartford, Conn.
Aetna Life Insurance Co./ PARTNERS National Health Plans[2]	1.2 million	15,000	Varies	Irving, Texas
U.S. Healthcare Inc.	1.1 million	12,000	For profit	BlueBell, Pa.
Health Insurance Plan of Greater New York	830,853	5,000	Not for profit	New York
Pru Care (The Prudential Insurance Co. of America)	800,000[3]	N/A	For profit	Newark, N.J.
HealthNet	743,384	2,340	Not for profit	Woodland Hills, Calif.
FHP Healthcare	566,000	3,500	For profit	Fountain Valley, Calif.
PacifiCare Health Systems Inc.	540,000	2,560	For profit	Cypress, Calif.

[1]As of year-end 1989. [2] Names of some PARTNERS HMOs will be converted to Aetna Health Plans by 1992. [3]Estimate
Note: Humana Health Care Plans (HMO & PPO) reports 1.1 million members as of June 30, 1990

Source: *BI* survey

GRAPHIC BY JOHN J BOHORQUEZ

According to the Group Health Assn. of America, at year-end 1989 there were just 591 HMOs in the United States, a decline of 23 from 614 in 1988.

"And when CIGNA and EQUICOR consolidate, it will reduce the number of HMOs further," predicts Marsha R. Gold, GHAA director of research and analysis for the Washington, D.C.-based HMO trade group.

"HMOs are expanding via mergers and acquisitions," said John Erb, a managing consultant with A. Foster Higgins & Co. Inc. in New York. "A lot of the little ones are being swallowed up by the big ones."

Smaller HMOs are attractive acquisition targets for larger HMOs and insurers.

By purchasing an existing operation, big companies "don't have to compete to gain market share. They just retain the membership of the smaller HMO," explained Michael Kove, senior consultant and head of Western regional health strategies for The Alexander Consulting Group Inc. in San Francisco.

This competitive advantage will prompt insurers to increase their equity interests in HMOs, much like Aetna did when it assumed 100% ownership of PARTNERS, predicts Armand Bengle, a principal with Alexander Consulting Group in San Francisco.

Regional players like Harvard Community Health Plan—a

Continued on next page

More PPOs offer tighter cost controls

By LOUISE KERTESZ

Preferred provider organizations are continuing to grow by appealing to employers that want to ease workers into managed care, consultants and PPO executives say.

Traditional PPOs have not lost favor because they are more palatable to employees, since they allow more choice among providers while covering a substantial portion of out-of-network costs, consultants and PPO executives say.

Nevertheless, many PPOs are touting new developments that introduce stricter managed care into the networks, such as requiring enrollees to first visit a "gatekeeper" physician like in an HMO, and restricting enrollees to a smaller, more efficient group of providers called an "exclusive provider network" within the larger network.

In addition, several PPOs are developing specialty networks like workers compensation PPOs.

At the end of 1989, the latest figures available, about 60 million employees and dependents had access to PPOs, up 114% from about 28 million in 1987, according to the American Assn. of Preferred Provider Organizations in Chicago.

About 85% of employers with more than 20,000 workers offer PPOs, while about 81% of employers with 5,000 to 20,000 workers offer them, according to S. Edward Pickens, director of special projects for the American Managed Care & Review Assn., a Washington, D.C.-based research organization.

Formation of PPO networks has slowed in some states. Yet in others, new network formation and growth in market share continue to be "almost exponential," according to Michael Kove, a senior consultant, and Armand Bengle, a principal, with the Alexander Consulting Group in San Francisco, a unit of Alexander & Alexander Services Inc.

In Texas, for example, about 14 new PPOs formed last year, said Mr. Kove.

Nationwide, the number of people with access to PPOs is expected to continue to grow, according to Jorge Font, a managed care consultant with The Wyatt Co. in Dallas. States converting their own employee indemnity plans to PPOs will prove a major force behind the move, he said.

Many states are "regrouping and re-evaluating their managed care strategy, and a big part of their activity is direct contracting" with health care providers, he said.

Mr. Font advises states to use the leverage they enjoy from their huge state-employee populations to contract directly with providers, as some large employers have done, rather than "leasing" networks from PPO organizations. A direct-contract PPO affords more control over providers and is more cost-effective, he said.

About 15 to 20 states have direct contracts for state employees, he said, "and many more are exploring" the possibility.

An increasing number of small organizations also are setting up their own direct networks, according to Kathryn Schroer, a principal with consultant William M. Mercer Inc. in Deerfield, Ill.

At first only "mega-companies" engaged in direct contracting, but more mid-sized employers are contracting directly, she said.

Employers setting up their own networks can tailor programs to meet their specific needs and establish "more advantageous arrangements," Ms. Schroer said.

"It's a big issue" for PPO organizations, since employers setting up their own networks are "a different form of competition" for PPOs, she observed.

But Richard Maturi, vp of managed care programs at Blue Cross & Blue Shield Assn. in Chicago—the nation's largest PPO with 11.8 million members—said that he does not consider direct-contracted PPO networks to be "a mainstream trend."

Very few employers have the employee concentration and leverage to justify it, said Mr. Maturi. "Like many other products, it would not make sense for you and me to try to produce it."

At the same time employers are negotiating direct-contracted PPOs, established PPO networks are tapping a variety of sources for added growth.

For example, on Jan. 1, unionized workers in group health plans insured by Union Labor Life Insurance Co. of Washington, D.C., will begin to use the PPO network and utilization review services of Orange, Calif.-based Admar Corp.

A potential 250,000 to 400,000 people could be added to

Continued on page 8

Top 10 general service PPOs

Ranked by number of employees and dependents in employer groups as of June 30, 1990

Plan (Sponsor)	Employees and dependents in employer groups	Participating employer/payer groups	Tax status	Corporate headquarters
Blue Cross & Blue Shield Plan PPOs (Blue Cross & Blue Shield Assn.)	11.8 million	N/A	Varies	Chicago
USA Healthnet Inc. (Columbia American Corp.)	4.7 million	N/A	For profit	Phoenix
MetLife Network (Metropolitan Life Insurance Co.)	2.9 million	247	For profit	Westport, Conn.
Affordable Health Care Concepts	2.7 million	200	For profit	Sacramento, Calif.
Admar Corp.	2.7 million	27,000	For profit	Orange, Calif.
Beech Street Inc.	1.9 million	595	For profit	Irvine, Calif.
Pru Care/Prudential Plus, PruNet (The Prudential Insurance Co. of America)	1.6 million	N/A	For profit	Newark, N.J.
Travelers Preferred (The Travelers Insurance Co.)	1.4 million	4,539	For profit	Hartford, Conn.
Private Healthcare Systems Ltd.	1.3 million	N/A	For profit	Lexington, Mass.
Aetna Life Insurance Co./ PARTNERS National Health Plans[1]	1.3 million	6,400	For profit	Irving, Texas

[1] Names of PARTNERS PPOs will be converted to Aetna Plans By 1992.
Note: Humana Health Care Plans (HMO & PPO) reports 1.1 million members as of June 30, 1990

Source: *BI* survey

GRAPHIC BY JOHN J BOHORQUEZ

HMO market

Continued from previous page

Brookline, Mass.-based HMO with about 420,000 enrollees—will remain strong, but "players at the margin are going to drop out of the business," predicts Amy Knapp, vp-managed care operations for Prudential Insurance Co. of America in Roseland, N.J.

PruCare, Prudential's HMO, is the nation's seventh-largest HMO, based on its 800,000 employees and dependents (see chart).

Robert Weinstein, president of Chicago-based HMO America, agrees: "Smaller HMOs will cease to do business or become assimilated into larger operations. There will be further consolidation because to be competitive, you have to have economy of scale."

Pressure to consolidate is coming from both inside and outside the industry, according to Alan Hoops, executive vp and chief operating officer of PacifiCare Health Systems, a Cypress, Calif.-based HMO with 540,000 employees and dependents enrolled through employers at June 30.

"Employers want to reduce expenses while still maintaining some internal competition," he said. "At the same time, HMOs in many markets have reached market penetration and have to expand at their brethren's expense."

Physicians, too, are becoming frustrated dealing with the multiplicity of managed care vendors, according to Robert A. Chernow, vp in the Westport, Conn.-based managed care services group of Metropolitan Life Insurance Co. of New York.

"We have to reduce the so-called hassle factor for doctors by making the network extraordinarily user-friendly," he asserted.

By cutting back on their HMO offerings, employers are forcing the HMO market to consolidate.

Since the pioneering Allied-Signal Inc. of Morristown, N.J., established its consolidated managed care network—"Health Care Connection"—administered by CIGNA Corp. two years ago (*BI,* Feb. 22, 1988), several other employers have followed suit.

Early this year, Pacific Telesis Group became the first of the regional telephone companies to unveil a managed care network that would replace several self-insured indemnity plans and HMOs (*BI,* March 26).

PacTel was followed by Bell Atlantic Corp., which selected Prudential to implement and administer its managed care plan (*BI,* Oct. 8; April 2).

And by far the largest network was unveiled this summer when American Telephone & Telegraph Co. chose Empire Blue Cross & Blue Shield of New York, Travelers Corp. and Prudential to manage and administer its program (*BI,* July 23).

In addition, two San Francisco-based banking firms—Wells Fargo & Co. and BankAmerica Corp.—recently announced they would reduce the number of HMOs they offer.

Wells Fargo's California employees will be introduced on Jan. 1 to a self-insured managed care plan dubbed "SelectCare," which will be administered by Travelers (*BI,* April 16), while BankAmerica reduced its HMO contracts to six from 15 (*BI,* Oct. 1).

Automotive giant General Motors Corp. of Detroit, balking at proposed 1991 rates, dropped five HMOs and froze new enrollment for salaried employees at 21 others across the country (*BI,* Oct. 29).

And Xerox Corp. of Stamford, Conn., has chosen six HMOs to manage its "Healthlink" program, which will replace the 200 HMOs it now offers, according to Sharon D. Diehl, manager of benefit operations.

The California Public Employees Retirement System also is considering reducing its HMOs offerings to 12 from 19.

According to a soon-to-be released survey by Foster Higgins, 33% of employers with HMOs reduced the number they offered in 1990, up from 26% the year before.

"Most employers, in an ideal world, would like to offer one HMO," said Mr. Erb, reflecting on the Foster Higgins survey findings.

Employers are "culling their herd of HMOs," quipped Jim Braun, a consultant with The Wyatt Co. in Washington, D.C.

"They're offering maybe 30 instead of 300 HMOs" not only to reduce administrative costs, but also "to achieve leverage in premium negotiations," he explained.

It's easier for an employer with 5,000 employees, rather than 50, enrolled in a single HMO to seek adjusted community rating, he pointed out.

Under adjusted community rating, which federally qualified HMOs were permitted to apply to private employer groups under the 1988 amendments to the federal HMO act, rates can be set to reflect anticipated group experience on a prospective basis.

In addition, an employer with a larger employee group "also is in a better position to negotiate the number of benefits provided," Mr. Braun said.

"It's strictly economics," said Debbie Smith, a Wyatt consultant in Atlanta. "The larger the piece of business you have, the greater the leverage you have in negotiating price and practice."

Employers also are reducing the number of HMOs they offer "to recapture the integrity of their risk pools," according to Leonard E. Wood, senior vp-marketing for the Blue Cross & Blue Shield Assn. in Chicago. BC/BS HMOs nationwide cover 4.8 million enrollees in employer-sponsored groups, making the consolidated plans the second-largest HMO group in the nation.

Some HMOs practice shadow pricing—charging premiums slightly lower than an employer's indemnity plan—which can lure many healthy employees away from the company's self-funded indemnity plan, he explained.

In addition, "breaking up the risk pool" into several small groups "reduces its effectiveness," added Leonard Schaeffer, chairman and chief executive officer of Blue Cross of California. "If you bring everyone back into one risk pool, we can rate the entire risk."

To compete with the multistate managed care networks, many smaller HMOs are forging alliances with other similar-sized HMOs in other regions so they, too, can market themselves as part of an affiliated group.

According to the GHAA's 1989 annual HMO Industry Survey, 47% of the plans had agreements or were in the process of implementing agreements with other HMOs to address the needs of national accounts or employers that wish to offer HMO options under a single umbrella entity.

"The only way (small HMOs) are going to get a fair shake is to be large," observed Joseph Duva, a principal consultant with Ernst & Young in New York.

One of the largest and oldest of these coalitions is the HMO Group. The Brunswick, N.J.-based group recently exceeded the 3 million enrollee milestone with the admission of Health Insurance Plan, the East Coast's largest HMO system that includes Health Insurance Plan of Greater New York, HIP/Rutgers Health Plan in New Jersey and HIP Network of Florida.

Established in 1984, the HMO Group offers employers national account marketing. Its program allows multistate employers to combine HMO administration and a reciprocity program that permits vacationing or traveling enrollees of any member plan to use any other plan facilities at no additional cost.

More recently, California-based PacifiCare began organizing the HMO National Network "to provide an administrative linkage between HMOs for employers with employees in multiple markets," explained Mr. Hoops.

The network, which so far includes 25 HMOs, is designed for companies with 100 to 2,000 employees, he said. "We haven't tried to emulate or go head-to-head with the CIGNAs of the world."

Instead, HMO National Network "is made for the employer with 80% of its employees in one place, but maybe 20 or 50 employees at an outpost," said Mr. Hoops.

"Affiliation holds a lot of appeal for midsized employers," said Alexander's Mr. Bengle. "Medical care always has been and remains regionalized."

Affiliation will let companies with small groups of employees spread over many locations obtain similar coverage for all employees, agreed Mr. Kove of Alexander.

In addition, "linking-up provides a steady flow of patients" to smaller HMOs, many of which are provider-owned, Mr. Kove pointed out.

Networking "enables independent HMOs to meet the needs of larger employers," said Bob Crane, senior vp-national accounts for Kaiser Foundation Health Plans in Oakland, Calif., the nation's largest HMO with more than 5.6 million enrollees through employer groups in 13 states.

"Kaiser is never going to be everywhere. If we can work with a group model HMO in a city where our customer wants us," Kaiser will do so, he said.

For example, Kaiser and HMO Group helped form a multistate network for Bull H.N., a French computer firm with U.S. operations based in Boston. Kaiser does not operate in Massachusetts.

The HMOs also will benefit from the collaboration, according to Mr. Crane. "Health care is an evolving field. We can learn from each other," he said.

In addition to forming coalitions, many HMOs have been diversifying their product lines to remain competitive as employers grow choosier.

"The market evolves in response to anticipated demand," explained Chip Sharkey, senior vp in charge of employee benefits national marketing for CIGNA.

National networks, for instance, evolved in response to employer demand for consolidated health care financing, he said.

"All managed care operations are becoming more customer driven," agreed Wyatt's Mr. Braun.

"Payers are playing a greater role in dictating how health care should be delivered," observed Alexander's Mr. Kove.

The most prominent recent HMO product development is the emergence of the open-ended HMO, or point-of-service plan, in which enrollees are permitted to receive services from providers outside of the network but subject to a larger copayment or a deductible.

In a recent GHAA survey, 43% of HMOs indicated they would be offering an open-ended product by Jan. 1, a third of these for the first time. Another 14% plan to introduce one later in 1991.

By contrast, only 16.4% said they offered open-ended HMO products in 1989, the survey found.

"The employer wants a product that has the best combination of flexibility and cost-effectiveness," said Mr. Braun.

Open-ended plans were developed because "closed-end HMOs don't offer flexibility and indemnity plans don't have cost-effectiveness," he explained.

"At the same time employers were concerned about the number of HMOs, employees wanted more choice," said Mr. Schaeffer of Blue Cross of California, which offers two point-of-service plans: Cal-

Continued on page 4

Inside

- Employers that emphasize quality in their own products are beginning to expect the same from their managed care plans. **PAGE 6**
- Accreditation of managed care organizations will grow as companies try to distinguish themselves in an increasingly crowded and competitive market, experts predict. **PAGE 6**
- Employers believe PPOs are more successful in controlling rising health care costs than HMOs, a new *Business Insurance* survey finds. **PAGE 10**
- Frustrated with continuing cost hikes and administrative burdens, employers are demanding more effective and efficient managed care products, this week's editorial says. **PAGE 12**

Errors and omissions

The listing for Delta Dental Plan of Massachusetts was inadvertently omitted from the Massachusetts directory of PPOs. Information about the PPO can be found on page 119.

John Hancock Preferred Health Plan, incorrectly listed as HMOs in New Hampshire and New Jersey, should have been listed as a PPO in those states. Hancock operates PPOs only.

HMOs

Guide to information 14
Alabama 14
Arizona 14
Arkansas 15
California 15
Colorado 24
Connecticut 25
Delaware 28
District of Columbia 28
Florida 29
Georgia 31
Guam 32
Hawaii 32
Idaho 33
Illinois 33
Indiana 35
Iowa 36
Kansas 37
Kentucky 37
Louisiana 38
Maine 38
Maryland 38
Massachusetts 41
Michigan 42
Minnesota 44
Missouri 45
Montana 46
Nebraska 46
Nevada 47
New Hampshire 47
New Jersey 48
New Mexico 48
New York 49
North Carolina 52
North Dakota 53
Ohio 53
Oklahoma 54
Oregon 55
Pennsylvania 57
Puerto Rico 59
Rhode Island 59
South Carolina 59
South Dakota 59
Tennessee 59
Texas 62
Utah 65
Virginia 65
Washington 66
Wisconsin 67
Guide to multistate HMOs 120

PPOs

Guide to information 69
Alabama 69
Alaska 70
Arizona 70
Arkansas 72
California 72
Colorado 78
Connecticut 79
Delaware 79
District of Columbia 79
Florida 80
Georgia 82
Hawaii 84
Illinois 84
Indiana 86
Iowa 87
Kansas 88
Kentucky 89
Louisiana 89
Maine 90
Maryland 90
Massachusetts 91
Michigan 93
Minnesota 95
Mississippi 96
Missouri 96
Montana 97
Nebraska 97
Nevada 98
New Hampshire 99
New Jersey 99
New Mexico 100
New York 100
North Carolina 101
Ohio 102
Oklahoma 105
Oregon 105
Pennsylvania 106
Puerto Rico 109
Rhode Island 109
South Carolina 109
South Dakota 109
Tennessee 109
Texas 111
Utah 114
Vermont 114
Virginia 114
Washington 115
West Virginia 117
Wisconsin 118
Wyoming 119
Guide to multistate PPOs 120

Additional copies of the 1990-1991 Managed Care Market Report are available for $25 plus postage. Contact *Business Insurance,* Single Issue Sales, 965 E. Jefferson Ave., Detroit Mich. 48207; 313-446-1609 or 800-992-9970.

Vol.24, No.54—*Business Insurance* (ISSN 0007-6864) is published weekly by Crain Communications Inc., 740 N. Rush St., Chicago, Ill. 60611-2590. Second-class postage is paid at Chicago, Ill., and at additional mailing offices. Postmaster: Send address changes to *Business Insurance,* Circulation Department, 965 E. Jefferson Ave., Detroit, Mich. 48207; 800-992-9970 or 313-446-1611. Copyright 1990 by Crain Communications Inc.

Cover design by Avalon Studios

Some companies wake up earlier than others.

It may not be the eleventh hour. But if you're trying to confront the explosive growth of health care costs, it's getting late.

The problem wasn't created overnight. And it won't be solved overnight. But the earlier you attack it, the sooner you can expect to see positive results.



By combining our resources with those of EQUICOR, we have created the nation's leading employee life and health benefits company.

And one of the most extensive managed health care networks in the industry.

We can provide a menu of products and services that can help contain costs, maintain quality care and ensure employee satisfaction. In health care, dental care and life and disability plans, as well.

Of course, we'll be bigger. But more important, as we complete our integration, we'll be better. After all, we're working with a group of people who are used to waking up just as early as we are.

See one of our local representatives or fax Bob O'Brien, President, CIGNA Employee Benefits Companies: 215-523-7915.

We get paid for results.℠ CIGNA

HMO market

Continued from page 2

Care Plus and Blue Cross Plus. The open-ended HMO solves both problems at once, he said.

Metropolitan Life was among the first managed care providers to offer an open-ended network. It launched an experimental plan for The May Co. department store chain in April 1987 in Ohio, according to Mr. Chernow.

Open-ended HMOs are the "wave of the future," observed Mr. Sharkey of CIGNA, which has offered a point-of-service product for 4½ years. CIGNA's HMO is the nation's third-largest with 2 million enrollees.

"When employers offer a point-of-service product, they typically will experience three to four times as many people electing that option as they would a traditional HMO," he said.

Employees like the open-ended option because "they can continue to use their longstanding provider, albeit at a lower reimbursement rate," Mr. Sharkey said. Yet "once they elect the open-ended HMO, few go outside the network."

Only about 20% of the services delivered to Allied-Signal employees in CIGNA's point-of-service plan were outside the network, according to Mr. Sharkey.

Prudential has offered PruCare Plus, a point-of-service plan that uses experience rating, since 1986, according to Ms. Knapp.

And nine Blue Cross & Blue Shield Assn. plans offer point-of-service plans, with another 25 in development.

"By mid-1991, 40 point-of-service plans will be in operation," said Mr. Wood.

Insurers made the initial foray into point-of-service, but some HMO firms also are experimenting with the option.

PacifiCare is considering adding an open-ended product, said Mr. Hoops. "Since we own an insurance company—Columbia General of Laguna Hills, Calif.—we have the capability to offer multiple-option products."

FHP Health Care, the nation's ninth-largest HMO with 566,000 enrollees, plans to offer an open-ended product in 1991 because "that's the product of the future," according to Jim Smith, associate vp-national accounts for the Fountain Valley, Calif.-based group.

HMO America is in the final stages of developing a point-of-service program with the Hartford Insurance Group for enrollees in Chicago, Mr. Weinstein said.

The program, which is awaiting approval from the Illinois Insurance Department, will be marketed in the first quarter of 1991, he said.

Kaiser is in the second year of a pilot project in Bakersfield, Calif., in which HMO enrollees are permitted to see physicians outside of the network for primary care services only, according to Mr. Crane.

The idea was to enable new HMO enrollees to continue to use their family doctors, albeit for a larger copayment and after a deductible, he explained.

While Mr. Crane says the Bakersfield project so far is a success, Kaiser does not plan to expand the point-of-service option.

"Many employers are using point-of-service to move more employees into managed care. Why back down now when they're coming to us anyway?" he asked. ■

Maxicare says it is now healthy

Maxicare Health Plans Inc. emerges from bankruptcy a lean and fast claims-paying machine, according to Peter J. Ratican, chairman and chief executive officer of the Los Angeles-based health maintenance organization.

"We really have a competitive advantage going forward in that we don't have a tail," he said, referring to the fact that the company emerged debt-free from bankruptcy proceedings this month.

And because Maxicare is paying claims in 10 days or less—the fastest in the industry, Mr. Ratican boasts—"a lot of good-quality providers are approaching us," seeking to join the network.

Maxicare was among the six HMOs that survived recent cutbacks by BankAmerica Corp.

It also is expected to continue under contract with General Motors Corp. as the automaker reduces the number of HMOs it offers (see story, page 3).

"We're confident that the people who are in Maxicare like their Maxicare," said Mr. Ratican.

"The stigma (of bankruptcy) will go away with time," he said. "The more sophisticated the purchasers of health care, the easier our sale is, because they realize that Maxicare brings quality providers."

Once the nation's third-largest HMO with 2.4 million members, Maxicare now doesn't even make the Top 10 with 285,000 enrollees.

Losses exceeding $250 million for the first nine months of 1988 forced Maxicare to seek protection from creditors under Chapter 11 of the Federal Bankruptcy Act.

But rather than licking its wounds, Maxicare is filing applications for new products, including an open-ended HMO in California. Maxicare already offers a point-of-service product in Indiana that is underwritten by Maxicare Life & Health Insurance Inc., a St. Anns, Mo.-based unit of Maxicare.

And a new small employer plan for groups with as few as five members is designed to cost less than the large group product, according to Mr. Ratican. He declined to provide details on the product at this time.

Maxicare also recently reported its first quarterly profit in four years.

The company reported third-quarter net income of $22.1 million on total revenues of $95.5 million. This compares with a net loss of $9.8 million on revenues of $109.0 million for the comparable 1989 period.

It is the first profitable quarter for Maxicare since the third quarter of 1986, when the company reported net income of $9.1 million on total revenues of $190.9 million.

Bolstered by improving finances, Maxicare will raise rates only 10% to 15% this year, about the projected industry average, according to Mr. Ratican.

"This management is very conscious of maintaining discipline," he said.

—By Joanne Wojcik

HealthNet survives cutbacks

A back-to-basics approach to health care delivery is helping Woodland Hills, Calif.-based HealthNet keep employers satisfied, the HMO says.

The nation's eighth-largest HMO with 743,384 employees and dependents enrolled as of June 30, HealthNet has survived HMO reductions at several employers.

HealthNet was among the HMOs that San Francisco-based BankAmerica Corp. decided to keep when it slashed the number of HMOs it offered to six from 15 (*BI*, Oct. 1).

HealthNet also is among the survivors of a similar consolidation by Pacific Telesis Group of San Francisco (*BI*, March 26).

And, HealthNet is one of the 41 HMOs that Xerox Corp. has retained out of 200 as part of its recently formed managed care system, dubbed "Healthlink."

"Our primary goal is to promote wellness," Roger Greaves, HealthNet's chairman, president and chief executive officer, said of the HMO's approach to health care.

Lifestyle is the single most controllable factor in the cost of health care, he said.

"There is substantial evidence that health care costs are lower for people who eat right, avoid damaging habits like smoking and get plenty of exercise," Mr. Greaves said.

"The goal and promise of a wellness program is to encourage healthful lifestyles, thereby improving employees' well-being while reducing the risk of major illness."

And, "if the general population is healthier, then the rate of increase" in the overall cost of health services "will not be as great," Mr. Greaves predicts.

To reach this goal, HealthNet is promoting wellness not only among its employer groups, but also on billboards, on radio and even at grocery stores.

"We've screened 130,000 people for blood cholesterol at 130 Ralph's market locations," Mr. Greaves said, referring to a Los Angeles-area supermarket chain. In addition, the HMO provides healthy eating advice through in-store promotions, he said.

The name recognition HealthNet is gaining through its regional promotion appears to be increasing enrollment.

The plan gained about 50,000 new members during 1990, according to Mr. Greaves.

And because of its increasing membership, HealthNet is expanding geographically. The HMO added 12 counties in the last year, bringing its total service area to 38 counties in California.

HealthNet also increased its administrative staff to 807 from just under 600 in late 1989.

In addition, the company projects it will generate $880 million in gross revenues this year, up nearly 25% from 1989 gross revenues of $707.7 million.

Despite the increased expenses created by expansion, the company is holding premium increases at an average of just 9%—nearly 4% below the nationwide average rate increase for HMOs surveyed by the Washington, D.C.-based Group Health Assn. of America (see related story).

"We're finding a commitment to wellness makes good business sense," said Mr. Greaves. "Employers realize that all of the things that HMOs are supposed to do, we do."

—by Joanne Wojcik

Tips for paring HMO offerings

By JOANNE WOJCIK

Employers considering reducing the number of health maintenance organizations with which they contract should be careful, experts warn.

Before crossing out the HMOs with the fewest employees enrolled, employers should formulate a health care strategy, says Michael Kove, senior consultant and head of The Alexander Consulting Group Inc.'s Western regional health strategies group in San Francisco.

Companies also must set priorities, according to Jim Braun, a consultant with The Wyatt Co. in Washington, D.C. "What's stronger: the need for maximum effectiveness or the employer's desire for single administration?," he asked.

Employers prefer nationwide networks "because they're sick of administrating 57 different HMOs," explained Larry Tucker, a partner with Hewitt Associates in Santa Ana, Calif.

However, "if we've learned anything about health care, we've learned that it's local. Many of the mom and pop HMOs may be very efficient. Unfortunately, they may be getting stampeded," Mr. Tucker said. "It's tough for the smaller companies to compete."

"I hope that employers are eliminating and consolidating the right ones," he said.

Among the criteria employee benefit consultants suggest employers use when weeding out HMOs are:

- How accessible is the HMO? Are its facilities conveniently located and how quickly do employees get appointments?
- How flexible is the organization? Will it modify its benefit package to fit the employer's needs?
- Is there a visible and measurable commitment to quality throughout the organization?

Alexander Consulting Group's Mr. Kove suggests that employers provide HMOs with a "quality questionnaire."

Questions should include: How often are providers' credentials checked? How are providers selected? What controls are used? And last, but certainly not least: Who's in charge and what are his or her qualifications?

- How cost-effective is the HMO? Can it provide data to support its claims of cost savings?
- How do its premiums compare with those of other HMOs and with the employer's indemnity plan on a demographically adjusted basis?

Price is always a consideration, points out Hewitt's Mr. Tucker, but some employers are willing to pay more for an HMO with a good reputation.

- How many people are enrolled?
- What do other employers using the HMO think of it? ■

60% of HMOs profitable in 1989: Survey

By JOANNE WOJCIK

The prognosis is good for continued financial recovery among health maintenance organizations, say respondents to two recent surveys.

After hiking premiums and copayment requirements, 60% of the HMOs responding to a recent Interstudy survey recorded a profit—or surplus for non-profit plans—from HMO operations in fiscal 1989.

This is a marked improvement from 1988, when only 36% achieved a profit from HMO operations, notes "The Bottom Line 2: HMO Premiums and Profitability 1989-90," conducted by the Excelsior, Minn.-based research group.

When InterStudy asked HMOs to project their 1990 performance, nearly 90% said they expect to record a profit or surplus by year-end.

Meanwhile, 89% of the HMOs taking part in the "HMO Market Position Report," the Group Health Assn. of America's annual year-end survey, said they expect their 1990 results to be better than last year's.

In terms of overall profitability, 89% of the plans surveyed by the Washington, D.C.-based trade association said they expect a profit or surplus in 1990, up from 72% in 1989 and 57% in 1988.

"The industry has weathered the financial storm of the late 1980s and is positioned for growth throughout this decade," said GHAA President James F. Doherty.

Almost all of the 70 to 80 HMOs in financial trouble during the last decade have been turned around or sold, according to Ray Pace, president of the Dallas-based Pace Group, which specializes in rehabilitating troubled HMOs.

Even the financial woes of one-time industry giant Maxicare Health Plans Inc., which filed for protection from its creditors under Chapter 11 of the Federal Bankruptcy Act in March 1989, appear to be over (see related story).

Premium increases were cited by 93% of the InterStudy respondents and 31% of the GHAA respondents as the leading reason for HMO profitability in 1989.

A greater number of GHAA respondents—44%—said cost control measures, both specific utilization controls and cost control measures in general, were the primary reason for improved profits.

Aggressive premium hikes, which helped bring the industry back from nearly $2 billion in losses during 1986-88, are tapering off somewhat, according to the GHAA.

Premiums will rise 12.9% on average in 1991, with a range of 3% to 26%, the study found. Eighty-two percent of plans responding to the GHAA survey reported increases of 15% or less.

This compares with 1990 and 1989 premium hikes averaging 16.0% and 16.9%, respectively, the GHAA points out.

Historical experience suggests that both cyclical and market factors may continue to hold down premium increases over the next year or two, according to the GHAA.

Although split on the role premium increases have had on 1989 profitability, respondents to both surveys agreed that cost shifting to enrollees continues. Nearly 40% of the HMOs in the InterStudy survey and 40.6% of those in the GHAA poll said that copayments had increased, although neither group specified by how much.

Interstudy's findings are based on a mail survey to 590 HMOs operating July 1, 1989. Responses were received from 388, whose membership represents 81% of U.S. HMO enrollment, for a 66% response rate.

The GHAA findings are based on telephone interviews with 44 of 50 randomly selected plans representing 11.8 million enrollees, or about a third of the total HMO enrollment nationwide. ■

STRAIGHT TALK

We asked Jack Williams, the new CEO of Avesis—an ancillary managed-care benefits company formerly known as National Benefit Services—to comment on issues affecting the health care industry.

Q: Health benefit costs are going through the roof! What can be done?

A: A lot of companies will tell you, "Sure, we'll help you control costs." But very few of them can actually do it. We can. We do it by offering managed care in the area of ancillary benefits—vision, dental, hearing, pharmaceutical. For instance, if you're using another third-party pharmaceutical card program and you're *really* interested in managed care, Avesis will definitely save you money.

Q: Okay, but what about the end user?

A: Employees are getting frustrated at the way their benefit costs keep going up. Any company that can offer ancillary benefits at a lower price will offset some of that dissatisfaction. That's what we do. Our limited access PPOs have lower upfront administration fees, and reduced back-end claim costs. The bottom line is *decreased benefit costs*—and everyone comes out ahead!

Q: Is that a new idea?

A: No. We started it back in 1978! But a lot of things have changed in the marketplace—and so have we. Our new name, Avesis, is reflective of these changes.

Q: What can we expect from the new Avesis in this changing marketplace?

A: Our company is more market driven and customer sensitive. Our people are more accessible, more responsive to what customers want. And we've developed products and services for the changing environment...for example, the "graying of America."

Q: What does this demographic shift mean?

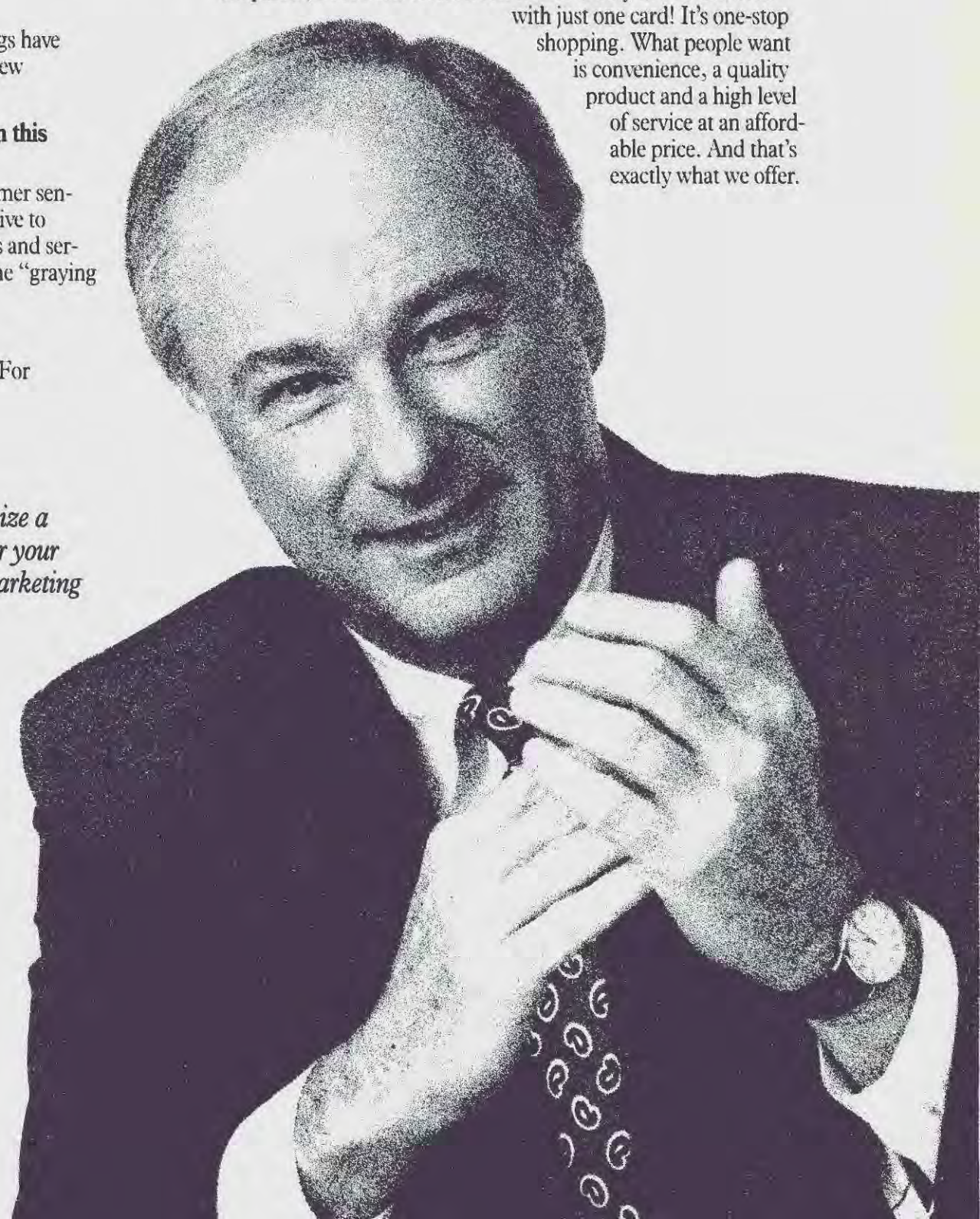
A: It means a growing need for ancillary benefits! For instance, just over 70% of the working population and 100% of persons reaching retirement age need some form of corrective vision. But fewer than 20% have vision benefits. Obviously, there's a shortfall. And if you can go to the marketplace with this benefit—at a modest cost—you've got a winner. Guaranteed!

Q: So Avesis is built around serving this need for affordable ancillary benefits?

A: Exactly. There are other companies which offer the individual components—vision, pharmacy, dental, hearing. But nobody does it all under one roof the way we do. Avesis is the only company in the U.S. that offers all these benefits on a nationwide managed care basis.

Q: And that's more convenient for your customers...

A: Precisely. You could get the individual components in different places, but Avesis offers them all...and they can be accessed with just one card! It's one-stop shopping. What people want is convenience, a quality product and a high level of service at an affordable price. And that's exactly what we offer.



For information on how Avesis can customize a managed-care ancillary benefits program for your company or clients, call Ray Drury, Chief Marketing Officer, at 1-800-522-0258.

Avēsis

INCORPORATED

4201 N. 24th Street
Phoenix, AZ 85016
602/956-7287

Employers pressing for 'quality' care

By JOANNE WOJCIK

Employers that emphasize quality in their own products are beginning to expect the same from their managed care plans, health care experts say.

Employers also want proof of managed care providers' claims about quality.

In a recent survey by the Group Health Assn. of America, a Washington, D.C.-based HMO trade group, 83% of the HMOs responding to the survey said they had received requests from employers relating to quality of care.

However, measurement of quality is subjective, at best. Experts caution that no objective criteria exist for identifying quality medical care.

"Unlike 10 years ago, employers aren't shopping price. They're looking for the best quality product," said Paul Wernick, a principal with William M. Mercer Inc. in Minneapolis.

And after RAND Corp. researchers recently concluded that up to one-third of procedures were not medically necessary, employers want "to make sure the HMO has established criteria for appropriateness of treatments," he said.

Employers also will push HMOs "to measure long-term outcome, six months, one year, maybe two years down the line," Mr. Wernick predicted.

"Employers' role has fundamentally changed from that of a third-party payer to being a purchaser," observed Jim Braun, a consultant with The Wyatt Co. in Washington, D.C. "They want to buy quality, not price. And they know they have to push to get it."

For example, employers are pressuring HMOs to do more rigorous assessments of the service they provide. Many HMOs previously were not "overly rigorous" in evaluating performance or doing on-site physician "credentialing," Mr. Braun said. Credentialing includes checking doctors' educational background, training, medical malpractice coverage, licensing, hospital staff privileges and history.

"Our major national customers are jumping on the total quality management bandwagon for their own products and services, and they expect their suppliers to do the same," said Dr. James Couch, vp-quality management for The Travelers Corp.'s managed care and employee benefits operation in Hartford, Conn.

One way HMOs can measure their effectiveness is by collecting outcome data.

"A lot of study is going on now on outcome measurements," said Robert A. Chernow, vp in the Westport, Conn.-based managed care services group of Metropolitan Life Insurance Co. of New York.

"The decade of the '90s will be focused on outcome measurements" as a way to determine quality care, he predicted.

Utilization review and claims processing systems can measure outcome, he said.

With considerable data from its indemnity and managed care programs, Metropolitan can measure and compare the frequency of treatment and types of complications involved in treatment by doctor, hospital, network and by disease, according to Mr. Chernow.

In addition to measuring the performance of HMO providers as a group, employers also are pressuring HMOs to provide them with more client-specific data.

According to a soon-to-be released study by A. Foster Higgins & Co. Inc., the percentage of HMOs providing case-specific utilization and cost data rose to 25% in 1990 from 20% in 1989.

In response to employer requests for outcome data, Prudential Insurance Co. of America has launched a pilot project in which it will study the experience of some of its larger employer clients, according to Amy Knapp, a vp at Prudential's managed care division in Roseland, N.J.

"We have been trying to develop an approach to outcome management and approached clients" seeking their cooperation in conducting the study, she said.

Details of the study are still being worked out, and its design will be completed in early 1991, she said.

But, assessing quality is difficult because "quality is a difficult thing to quantify," said Robert Weinstein, president of Chicago-based HMO America Inc.

"In health care, everybody has a different definition of what quality is all about," agreed Travelers' Dr. Couch.

Quoting from Tom Peters, co-author of "In Search of Excellence," Dr. Couch said: "Quality management isn't the process of catching someone doing something wrong; it's the process of catching someone doing something right."

To meet this end, Travelers has instituted a "total quality management program" for its managed care products. Travelers uses the same providers for its HMO and preferred provider organizations.

The Travelers quality management program consists of three components:

- Quality planning management, in which a council of employers, providers and the insurer or claims administrator decides their mutual goals and objectives.
- Quality assessment, or the process of measuring actual performance against expected performance.
- Quality improvement, in which the providers who make patients well faster and at the least expense are rewarded. In addition, their techniques are evaluated and shared with other providers in the form of clinical practice guidelines.

To further encourage providers to supply quality care, Travelers is developing a reward program for providers that have achieved a high level of performance, "like Triple-A gives hotels the five diamonds," Dr. Couch said.

These doctors within the Travelers managed care network will be publicly identified by Travelers as being truly preferred providers because of the high standard of care they deliver.

"We want to establish membership in our organization as something to strive for," he said. "This goes 10 light years beyond just being board-certified." ■

Accredited firms try to stand out in crowded field

By DEBORAH SHALOWITZ

Accreditation of health maintenance and preferred provider organizations will grow as managed care companies try to distinguish themselves in an increasingly crowded and competitive market, experts predict.

Although few employers now require accreditation, HMOs and PPOs say the kind of in-depth examination and suggestions for improvement that come from the accreditation process will benefit their organizations.

Managed care organizations generally are accredited based on their selection of providers, benefit design, range and access to services, utilization review protocols and quality assurance guidelines.

Accreditation will increase because the public demands that an organization demonstrate a commitment to quality care, said Lance Hoxie, director of ambulatory health care accreditation services for the Joint Commission on Accreditation of Healthcare Organizations in Oakbrook Terrace, Ill. The JCAHO accredits some types of HMOs under its ambulatory health care accreditation program.

"Accreditation is going to be a market advantage in the future," predicts Dr. Michael Stocker, executive vp of U.S. Healthcare Inc., a Blue Bell, Pa.-based HMO covering 1.1 million people. It shows "potential clients that we have a uniform standard of quality," he said.

Many U.S. Healthcare HMOs are in the process of being accredited by the National Committee for Quality Assurance of Washington, D.C.

Accreditation ensures that operations have "passed some minimum standard" of review, said William Goss, manager of health care programs for General Electric Co. in Fairfield, Conn. It can "narrow the work and concentration of our efforts" when reviewing organizations, he said.

Independent accreditation is "trying to give that 'Good Housekeeping' seal of approval" to HMOs that want to be more flexible than federal certification allows, noted Gino Nalli, a Wyatt Co. consultant in Washington, D.C.

It is "one step further than federal qualification," agreed Pat Richter, a consultant with Hewitt Associates in Lincolnshire, Ill.

Accreditation also offers other benefits, say the organizations.

While accreditation is "a point of distinction," it is "much more important to us internally," said Dr. Dan Dragalin, vp of health care operations and the research division of Prudential Insurance Co. of America in Roseland, N.J.

It "gives us the discipline to ensure that we would continue to have an appropriate quality assurance system," he said.

Prudential's HMO—PruCare—and its point-of-service plan—PruCare Plus—are being accredited by the National Committee for Quality Assurance, according to Dr. Dragalin. Together, the plans cover about 2 million people.

Accreditation also helped CAPP Care, a Fountain Valley, Calif.-based PPO that provides services to 610,000 people, according to Dr. Edward Zalta, chairman and chief executive officer.

The process can generate very valuable "internal use of information," Dr. Zalta said. Some staff members, for example, learned during accreditation that the network offers psychological, as well as medical, services.

The process helps an organization analyze its strengths and weaknesses, said Austin Gaines, vp of Health Choice, a Memphis, Tenn.-based PPO that provides services to 150,000 people. "We felt like the survey was an excellent way to evaluate how we were organized."

The accreditation process is a "very helpful process" that serves as a "benchmark status check," agreed Marcus Merz, president of Preferred One, a Minneapolis-based PPO that offers services to 195,000 people.

Several organizations accredit managed care firms.

In HMO accreditation, the major reviewer is the non-profit National Committee for Quality Assurance in Washington, D.C.

From its inception in 1979 until earlier this year, the committee was part of the Group Health Assn. of America, an HMO trade group. It is now independent. Funding comes from grants and fees for services, and the group plans to begin issuing accreditations in January, according to Margaret O'Kane, executive director.

Three people, including two physicians, spend two days at an HMO's headquarters, Ms. O'Kane said. Examiners base their findings on:

- Quality of care. Medical records are reviewed to see whether resources are being used appropriately and whether the organization is functioning as a system instead of as a collection of related pieces.

Accreditation is the industry's 'Good Housekeeping seal of approval,' says one consultant.

- Credentialing. They check to see whether an HMO checks the education, malpractice history and other relevant information of its doctors.
- Utilization review management. Examiners try to "make sure that the UR program is not interfering with appropriate care," Ms. O'Kane said. This includes reviewing whether the HMO bases its review decisions on current scientific standards, whether those decisions are made promptly and whether there is a good appeals mechanism, she explained.
- Preventive health services. The NCQA gives HMOs a list of preventive health measures they should be performing, such as mammographies, Pap smears, immunizations and cholesterol screenings.

HMOs are notified of their accreditation standing within six months, she said.

Effective Jan. 1, the group will issue four ratings:

- Full accreditation for three years.
- Accreditation for three years with binding recommendations. An HMO must correct certain problems that were not substantial enough to warrant withholding accreditation.
- Provisional accreditation. The HMO is accredited for 12 to 18 months and must correct certain problems. A later review will determine whether it qualifies for full accreditation.
- Not accredited.

The NCQA accreditation review costs $15,000.

The Joint Commission on the Accreditation of Healthcare Organizations accredits some types of HMOs—such as staff and group model HMOs-under its ambulatory health care accreditation program. Separate accreditation programs for hospices and managed care operations are no longer provided (*BI*, May 28).

At least two people—a physician and an administrator—are sent to an HMO's offices for at least two days to conduct the review, according to Mr. Hoxie.

Four types of JCAHO ratings are given: accreditation with commendation and accreditation with recommendations, which are both valid for three years; conditional accreditation, which is valid for six months; and not accredited.

The base charge for the review process is $3,750, with additional fees based on patient volume. HMOs receive the results within 90 days.

As of July 1, the commission had accredited 14 HMOs. As those accreditations expire, Mr. Hoxie said the HMOs can apply to be reaccredited under the ambulatory care accreditation program.

The Accreditation Assn. for Ambulatory Health Care in Skokie, Ill., also can accredit HMOs, but that is only a small part of its business, according to Christopher Damon, executive director. Fees start at $4,000 and rise for larger groups.

For PPOs, the major accrediting organization is the American Accreditation Program Inc. of Reston, Va. The organization is jointly owned by the American Assn. of Preferred Provider Organizations and MedStrategies Inc., a Reston health care consulting firm.

The group also accredits utilization review firms and individual practice association HMOs, according to Brant Kelch, president.

Its primary aim is to evaluate PPOs as business entities, Mr. Kelch said. It reviews eight areas of each network:

- Structure, including its geographic scope and breadth of health care services offered.
- Provider selection, including credentialing issues and how consistently the selection criteria are applied and reviewed.
- Payment methods and levels, including whether payment methods are competitive, equitable, flexible for purchasers and how fee increases are monitored and controlled.
- Utilization management.
- Quality assessment, including a review of the quality assurance program—staff, data generated and corrective actions.
- Management and administrative capabilities.
- Legal structure of the PPO and its contracts.
- Financial stability, including capital base.

A PPO seeking accreditation must complete a 100-page questionnaire. Two or three people—including at least one physician—visit the PPO's administrative headquarters for about one-and-a-half days, Mr. Kelch said.

To be fully accredited for two years, the PPO must meet minimum standards in all eight areas, Mr. Kelch said.

Those meeting the minimum standards in at least five areas receive a provisional accreditation valid for six months, during which time the PPO is expected to correct cited problems, he said.

PPOs failing to meet the standards in even five areas are not accredited, Mr. Kelch said.

Twenty PPOs have completed the process since the AAPI began accrediting them in September 1989, Mr. Kelch said.

About 70% were fully accredited, 20% were given provisional accreditation and 10% were not accredited, he noted. Another 20 PPOs are now in the process of being accredited, he added.

The accreditation fee is $9,000 for AAPPO members and $11,000 for non-members, plus expenses. ■



Do Alternate Delivery Systems Deliver What They Promise?

You decide to add a PPO network option to your medical plan. Then you add incentives to encourage employees to use the network.

You expect these moves to lessen medical plan costs as your employees begin using the PPO.

But many employers are quickly learning that PPO networks actually *increase* medical plan costs.

For one thing, the network providers may charge higher rates than the community. Their per diem charges may exceed actual billed charges. Or their fee schedule may cause an inadvertent price escalation.

Corroon & Black's experts analyze community data to identify provider competitiveness; evaluate networks for the services they provide employees; and design incentives to maximize the appropriate use of alternative delivery systems.

We service our clients from over 100 offices nationwide, together with the specialized research and consulting efforts of the C&B Consulting Group.

CORROON & BLACK

For a free brochure or more information
please call Tom Ucko (800) 242-2495

PPO market

Continued from page 1

Admar's PPO, said Donald Cummins, vp of sales and marketing. Admar, which has an enrollment of 2.7 million, is tied for the fourth-largest PPO with Affordable Health Care Concepts of Sacramento, Calif.

Some union plans initially will include only the hospitals in the Admar network and not the physicians, Mr. Cummins said. But more PPO services are expected to be included in future union contracts as unions come to better understand and appreciate the advantages of managed care, he added.

"Another big growth area" for PPOs is workers compensation, noted Jim Kent, chairman of the AAPPO. Mr. Kent also is executive vp and chief executive officer of Mental Health Programs Inc. in Tampa, Fla.

Several state legislatures have passed laws allowing state insurance departments to oversee the establishment of networks of health care providers serving workers compensation patients, he said.

And in states where workers compensation laws permit employers to direct an injured worker to a specific doctor, several major PPOs have begun to offer workers compensation services through existing networks or separate networks, Mr. Kent said.

In addition to treatment of workplace injuries, a number of other speciality health care services—like mental health and substance abuse treatment, dental, vision, chiropractic and home health care treatment—are being offered by PPOs, Mr. Kent said. Providing these services may entail the formation of a new network or adding these providers to an existing network, he said.

PPOs have been especially successful in offering such specialty services, consultants say.

Savings and utilization control have been most notable for PPOs in psychiatric care and substance abuse, asserted Brenda Ballard Pflaum, an associate with Mercer in Chicago.

Blue Shield of California's PPO for home health care was launched in December 1989 with a savings target of 25% (*BI,* December 1989). "It appears we're approaching that," a spokesman for Blue Shield of California said.

With more than 500 providers signed up, "85% of the home infusion therapy—that is, medication administered intravenously—that we pay for is going to contract providers," the spokesman said.

Savings are being achieved because "we had found as much as a 200% markup" for home-infusion therapy delivered by non-contract providers, he said.

Providers that join Blue Shield of California's PPO for home health care services are paid on a fee schedule.

Two recent studies by the RAND Corp. in Santa Monica, Calif., based on the experience of five employers with PPOs in California, Ohio and Florida showed that at the end of two years, the PPOs had cut per capita outpatient care cost, though the study did not furnish a specific percentage or dollar savings (*BI,* June 18).

In addition, employees using a PPO visited doctors two to four times fewer each year than those seeing non-PPO physicians. The average charges for the PPO visits were lower than those by non-member physicians in all five of the PPOs studied, according to RAND.

The PPOs studied by RAND attracted from 24% to 64% of the employees eligible to participate.

The employers studied were Hewlett-Packard Co. in Palo Alto, Calif.; Stouffer Foods Corp. and Ameritrust Corp., both in Cleveland; The Dade County Florida School Board; and The Metropolitan Dade County Government in Florida.

The studies showed that evidence is "less conclusive" that the PPOs saved money on hospital costs. But overall, the PPOs reduced medical costs for four of the five employers, according to the RAND studies.

However, another recent survey reported that some employers find that PPOs did not produce savings and, in some cases, actually increased costs.

Only 21% of employers surveyed by Mercer this year reported that their HMOs and/or PPOs lowered health costs. Thirty-four percent said health care costs rose.

Mercer's Ms. Pflaum warned that employers considering a PPO should not "jump in prematurely. The bottom line is, the jury's still out on PPOs."

Often PPOs present employers with "unrealistic projections" of savings and performance, Ms. Pflaum said.

As a result, more employers are asking for guarantees of cost savings and other performance guarantees, PPO executives and consultants say.

For example, some PPOs promise to reduce administrative fees if agreed-upon savings are not achieved. Other PPOs will contract to receive a higher fee if agreed-upon savings are achieved.

Though only 11% of all employers with PPOs have negotiated performance standards, the figure rises to 25% among employers with 10,000 or more employees, according to a soon-to-be-released A. Foster Higgins & Co. Inc. survey on health care benefits.

"A lot of employers got burned" on PPOs, said John Erb, managing consultant with Foster Higgins in New York. "Employers getting in for the first time (should) get guarantees."

In the future, "all parties" in a PPO—including the providers and payers—will likely be expected to assume some risk as well as expect a greater profit, depending on whether cost-saving targets are met, said Leslie Paskus, regional sales manager for Admar in Orange, Calif.

'A lot of employers got burned' on PPOs, says John Erb, managing consultant with Foster Higgins. 'Employers getting in for the first time (should) get guarantees.'

Another trend expected to increase in the PPO industry is the development of plans that resemble HMOs because of their stricter controls on access to health care services.

"We're going to see more blurring of the lines" between HMOs and PPOs, especially as PPOs take on more risk, said Mercer's Ms. Pflaum.

Employers are realizing that "simply getting discounts" on charges from health care providers "is not enough," said Gino Nalli, senior consultant with The Wyatt Co. in Washington, D.C.

"HMO lookalikes" are popping up among PPOs because some employers are dissatisfied with PPOs, many of which originally were "just discounted medicine," agreed Mr. Kove of Alexander Consulting.

One such lookalike is a PPO that requires enrollees to first visit a primary care physician, or gatekeeper.

Another is the exclusive provider organization, which generally requires the employee to lock into a network—a subset of the PPO's most efficient providers—for a year to receive the highest benefits. These benefits would be greater than what the employee would receive in the PPO in which the employee decides—on a service-by-service basis—whether to use the providers in the network.

More employers are "looking for PPOs that truly 'manage care,'" explained Foster Higgins' Mr. Erb.

Twenty percent of employers responding to Foster Higgins' 1990 Health Care Benefits Survey reported that they are using PPOs with a gatekeeper, double the number of employers using a gatekeeper in 1989.

"I anticipate more employers will choose the gatekeeper model next year, especially in the lean economic times we face," Mr. Erb said.

But as PPOs develop these HMO lookalikes, it is getting harder to tell a PPO from an HMO.

A PPO with a gatekeeper is very similar to an open-ended HMO in which an HMO enrollee can receive care from non-HMO providers at a higher cost of care to the enrollee.

BC/BS offers custom-designed plans with a gatekeeper structured either as a PPO or an HMO.

"We've put a number of those products on line in the past year in half a dozen states, and by mid-1991, they will be active in 25 states," Mr. Maturi said. Enrollment in the plans grew to 330,000 employees and dependents as of October, double the number enrolled in December 1989, he said.

"We expect it to really start taking off" in 1991, Mr. Maturi said.

The impetus for such plans is "quite clearly coming from the market," Mr. Maturi observed. Though larger employers originated the concept, "now mid-sized employers are more interested," he said.

Prudential Insurance Co. of America—whose PPOs are known in some markets as PruCare Plus and in other markets as Prudential Plus—uses a gatekeeper or primary physician care coordinator to manage care under its PPOs.

Together, Prudential's two PPO products rank as the seventh largest PPO in the nation with 1.6 million lives.

However, Prudential is rolling out a new PPO product on Jan. 1, according to Amy Knapp, vp of Prudential's managed medical operations in Roseland, N.J.

Its new offering, called PruNetwork, is designed only for self-insured employers who may not want a fully-managed product "but are looking for a flexible and cost-effective PPO-like product," she said.

"We decided there are different market niches," Ms. Knapp said. Some employers may not feel as much of a "financial pinch" as others, or they "may have union concerns or value benefit flexibility and plan-design options and freedom more than they value cost savings," she explained.

Thus, Prudential's new "less managed" PPO-like product rather than its gatekeeper option appeals to them, she said.

PruNetwork offers "substantial savings" compared with an indemnity plan, although those savings will fall short of those in PruCare Plus, Ms. Knapp said.

Still, PruNetwork is a "third or fourth generation PPO" because it applies extensive utilization review controls.

PruNetwork will feature "more extensive credentialing" of health care providers, based on experience gained from PruCare Plus and from PruCare HMO, the insurer's health maintenance organization.

PruNetwork was developed from a regional PPO called PruNet that operated mainly in the Southwest. Unlike the original PruNet, PruNetwork will offer enhanced utilization management procedures.

EPOs also are being set up "to compete with HMOs," said Mr. Kent of the AAPPO.

While more restrictive than a traditional PPO, an EPO offers employers and employees "a wider choice of locations and products" than an HMO, he said.

Private Healthcare Systems Ltd. of Lexington, Mass., is most excited about its new EPO and its new workers comp program.

The PPO—which is the nation's ninth largest, with 1.37 million members—began offering EPOs in Los Angeles and San Francisco last year, and four more markets are being targeted for the plans, said Michael Eule, director of partner relations at the Lexington, Mass.-based PPO.

Prudential's new offering may appeal to employers that don't feel much of a 'financial pinch' or those that 'value benefit flexibility and plan-design options and freedom more than. . .savings,' says Amy Knapp, vp-managed medical care.

"It's definitely a growth area. We're very excited about it," Mr. Eule said, adding that the new EPOs will be located in Chicago and three more California markets.

"We tried to find. . .the perfect product between" HMOs, which are viewed as too restrictive for disallowing coverage out of network, and the traditional PPO, which provides "maybe 80% coverage" out of network, explained Charles E. Goldberg, regional vp.

Private Healthcare's EPO provides 100% coverage for within-network services and 60% for out-of-network services.

Private Healthcare also boasts "tremendous growth" in its utilization review product, Mr. Eule said. By January 1991, there will be 4.6 million lives in Private Healthcare's utilization review program, up from 3.2 million in September, he projected. That number will include 1.7 million employees and dependents in the group's PPO.

Private Healthcare recently began reimbursing hospitals per diem and per case rather than through discounts off charges. That change, Mr. Eule said, should help control health care costs.

Admar also offers a custom-designed EPO that is "more cost-effective" than its PPO, although growth of the option is slow, Ms. Paskus said.

Some employers are choosing a gatekeeper for their EPO, she noted.

Admar has in the past marketed its PPOs to insurance companies that use Admar's network under their private labels. The company is changing that focus by building its own marketing and sales force to work with brokers, consultants, third-party administrators and self-insured larger employers, Mr. Cummins said.

By converting five regional service offices into "full sales and marketing offices" and directly seeking local business, "we expect significant growth in new business," he added.

Admar is expanding its services by negotiating discounts with non-network providers for procedures that cost $1,000 and more, according to Ms. Paskus. This service—an enhancement of its utilization review program called Health Watch Advantage—will appeal to employers who have some facilities in areas not served by PPO networks, she explained.

"The task is to create a network where no network exists," she said.

In a pilot program with John Alden Life Insurance Co., 52% of out-of-network claims reviewed through Health Watch Advantage were discounted, Ms. Paskus said. The service is now available nationwide, she said.

Affordable Health Care Concepts, which covers about 2.7 million lives, tying with Admar for fourth-largest PPO, is "concentrating on building a large national network" and refining and expanding its services, said Daniel Brunner, president of the Sacramento, Calif., company.

With networks in 25 states now and planned in another 20 states by the end of 1991, Affordable is "well down the road" to being in most markets, Mr. Brunner said.

"We don't buy up existing networks; we build our own," he added.

By building a national network piece by piece, Affordable can offer national employers one solution to their managed care needs, Mr. Brunner said.

With the addition of several large clients since June, and counting the large populations of federal employees and military dependents in Affordable's PPO, Affordable's base of covered employees and dependents is now "just under 5 million," Mr. Brunner said.

Affordable has "gone deeper into the provider community" to offer specialty services such as mental health and chiropractic services, he said.

Beech Street Inc., the sixth-largest PPO with about 1.9 million members, is looking to improve health care services by offering providers more assistance.

Growth-minded PPOs will have to provide better support for providers in their networks, asserts George Bregante, director of sales and marketing at Beech Street in Irvine, Calif.

To that end, Beech Street is setting up "a PPO of service vendors" for its providers, which will be in place in 1991, he said.

The "vendor PPO" will be a screened panel of vendors that physicians and hospitals can use to increase office efficiency and reduce overhead, Mr. Bregante said. Vendors would include such firms as designers of billing and other office systems, office equipment and other management services.

And, as a result of California's Proposition 103, which mandated rollbacks in auto insurance rates, Beech Street is negotiating with a national insurer to try to offer its policyholders a PPO to manage medical claims related to auto accidents. The PPO would provide utilization review services for accident claims and third-party liability claims, Mr. Bregante said.

Beech Street, which started out as a workers comp claims administrator, now derives half of its business from a workers comp PPO and half from a health care PPO.

USA Healthnet Inc. of Phoenix, the second-largest PPO with 4.7 million members, has set up a mental health network in the last three months that "will save insurance companies large sums," said Linda Anderson, president and executive director.

"We doubled our insured base over the last year," Ms. Anderson noted. ■

Today, the company announced a drastic new cost-cutting strategy. So why is everyone smiling?

Because these employees actually work for a company that recently switched to the Oxford Freedom Plan... *an innovative health plan that would actually improve their health care benefits while lowering their company's premiums!*

<u>At last- - one plan that combines the best of HMO benefits and traditional medical coverage.</u>

As companies in the metropolitan area have found, switching to the Oxford Freedom Plan is a painless way of cutting health care premiums.

In fact, our plan usually improves company morale since it gives employees an enviable choice: They can either enjoy the superior benefits of our HMO by seeing one of our 4,200 board-certified doctors. Or they can continue seeing their own doctors (or any doctor outside the Oxford network) under coverage that mirrors your company's existing plan.

But the real beauty of the Freedom Plan is that employees are never "locked" into one option or the other — they can choose Oxford or non-Oxford doctors at will — yet your company only deals with one health plan. For example, a woman can keep seeing her non-Oxford OB/GYN, but establish a new physician relationship with an Oxford pediatrician when her baby is born. Both her family and your company will benefit by substantially lowering medical expenses as a result.

OXFORD HEALTH PLANS

HELPING TO MAKE TOUGH DECISIONS A LITTLE EASIER.

<u>A domino effect — for savings that grow and grow.</u>

As word spreads about the outstanding health care Oxford doctors provide, more and more of your employees will take advantage of our cost-containing HMO program. And, of course, every time your employees save by tapping into Oxford's HMO benefits, your company saves. But, just as important, with our advanced cost management strategies, your company realizes significant savings even when employees don't use the HMO portion of the program.

The bottom line? More manageable health care premiums *and* happy employees.

So, if you'd like to reduce costs, don't cut your employees' benefits — improve them with the Oxford Freedom Plan.

Find out how much your company can save by switching to the Oxford Freedom Plan. Call (212) 599-2266 for a free quote.



More hospitals seek employer contracts

By DEBORAH SHALOWITZ

Hospitals increasingly are seeking and negotiating direct contracts with employers to provide health care services to employee groups at reduced prices, a new survey shows.

And, 34% of those without direct contracts with employers said they are considering developing them.

The survey, "Directors of Managed Care—Direct Employer Contracts Survey," was based on responses from executives in charge of managed care at government and nonprofit hospitals nationwide with more than 500 beds. The survey was conducted in the fall by Witt Associates Inc., an Oak Brook, Ill., health care consulting firm, in cooperation with *Business Insurance.*

More than half—53%—of the 96 executives responding said they contract directly with employers, up from 49.5% last year (*BI,* December 1989).

Of the respondents with direct contracts, 41% did not negotiate their first direct employer contract until either 1989 or 1990, indicating the continuing development of this phenomenon, according to the survey.

"Employers will find hospitals much more interested in them than in the past," said Allan Fine, senior associate and national director for managed care at Witt.

Furthermore, of those hospitals negotiating direct contracts for the first time in 1990, 43% were initiated by the hospital, up from 29.1% of first contracts in 1989.

Employers initiated 52% of the first contracts in 1990, down from 63.6% in 1989, while business coalitions initiated 5% of contracts in 1990, down from 7.3% the previous year.

Mercy Midlands Corp., a three-hospital system based in Omaha, Neb., initiated its first direct employer contract in July, according to Richard Cochran, coordinator of managed health care.

And Mercy Midlands hopes to initiate more such deals if it can coordinate the effort with its physician staff, Mr. Cochran added.

Some 33% of hospitals with less than $150 million in annual operating revenues have direct employer contracts, compared with 28% of hospitals with revenues of $150 million to $200 million, and 40% of hospitals with revenues exceeding $200 million.

Among the responding hospitals with direct contracts, 62% said the number of employees was important, down from 72% last year. Half the respondents—50%—said the location of the company was important, compared with 60% last year. And 30% said the type of industry of the employer was important, up from 20% last year.

Half of the respondents—50%—reduce billed charges for the employers. Only 36.1% said they used this method last year.

Discounting billed charges appeals to hospitals because it involves less risk than other methods, such as charging a per diem rate, explained Lisa Harp, director of physician and corporate relations for Hendrick Medical Center, a 464-bed hospital in Abilene, Texas. Hendrick has eight direct employer contracts, she said.

Some 15% of the respondents said they use a variety of methods to negotiate charges with employers, down from 29.5% in 1989. Another 13% said they charge a per diem rate, down from 14.8%. Other ways of negotiating charges with employers included billing based on anticipated revenues, anticipated admissions and diagnostic related groups.

St. Vincent Medical Center, a 640-bed hospital in Toledo, Ohio, has seven direct employer contracts, six of which are billed based on DRGs, said Patricia Beham, vp of managed care. The other contract includes a per diem rate. The first contract was initiated by an employer in 1989.

"The DRG system more appropriately reflects case mix" than the per diem rate, "but the per diems are simpler," she said.

Many of the hospital executives said they would establish a single "package price" for a variety of specific medical services.

The most popular category this year was cardiac care, at 77%, up from 50% in 1989. Last year's most popular category—obstetrics—came in second this year at 55%, down from 64.8% in 1989.

Other package-priced services offered include substance abuse, 52%; psychiatric care, 48%; oncology, 26%; and women's health services other than obstetrics, 23%. In every medical service category other than obstetrics, the availability of package pricing increased from last year.

The survey also found that more hospitals voluntarily are providing utilization review information to employers. Most often, however, such data either is not provided or is provided only on request.

Some 31% of hospitals said they provided UR data to employers on a voluntary and regular basis in 1990, up from 23.3% last year.

Only 2% provide the data voluntarily and on an irregular basis, down from 15% in 1989. Twenty-nine percent said they provide the data only on request, down from 33.3% last year, while 38% do not provide UR data at all, up from 28.3%.

And, hospitals are allowing more organizations to conduct utilization reviews than in previous years.

Ninety-two percent of hospitals allow insurers to conduct utilization reviews, up from 83.6% in 1989, and 86% allow utilization review firms to do the reviews, up slightly from 85.1% last year.

And, 84% allow third-party administrators to do the reviews, up from 65.7% last year, while 33% allow business coalitions to conduct reviews, more than double the 16% in 1989. Other groups account for the remainder of the reviews.

Mr. Fine noted that hospitals may be recognizing that they must be more flexible in permitting others to do utilization reviews.

Of the hospitals that do allow utilization reviews, 81% allow on-site reviews and 85% allow telephone reviews.

Other survey findings include:

- Hospitals offer a variety of services to employers, including: wellness programs, offered by 74%; in-house utilization review, offered by 57%; case management, offered by 45%; and benefits advise, offered by 36%.
- The average number of managed care contracts between hospitals and health maintenance organizations, preferred provider organizations, employers and others was 15.69 in 1990, down considerably from 19.6 contracts the year before.
- The title of the individual responsible for managed care within larger hospitals is still in considerable flux.

Twenty-one percent of the hospital executives responsible for managed care this year had the title of director of managed care, up from 16% last year; 39% had the title chief financial officer, unchanged from 1989; and 4% had the title of vp of planning or marketing, up from 2.7%. The remaining respondents had a variety of other titles.

And, directors of managed care are much more likely to contract directly with employers than chief financial officers, according to the survey.

Sixty-five percent of the directors of managed care reported having direct employer contracts, compared with 63% of those with other titles and only 35% of chief financial officers.

"The assumption is that the director of managed care or those with a variant of the title are likely to be more aggressive in pursuit of these contracts than" the chief financial officer, the report suggested.

Mr. Fine noted that it is "clearly advantageous for an employer to determine if there is a director of managed care—that is the best contact."

•

Highlights of "Director of Managed Care—Direct Employer Survey" are available free by writing Kelly Broderick, Witt Associates Inc., 1211 W. 22nd St., Suite 512, Oak Brook, Ill. 60521.

PPOs better at controlling costs: Survey

Employers believe preferred provider organizations are more successful in controlling rising health care costs than health maintenance organizations, according to a new *Business Insurance* survey.

Seventy-five percent of employers with PPOs said their PPOs have been successful in keeping health care costs under control, 13% said their PPOs were unsuccessful in managing costs, while 13% either weren't sure or didn't respond.

Among all respondents, 56% said PPOs help contain health care costs, 11% said PPOs don't contain costs and 34% weren't sure or didn't respond.

But, an overwhelming majority of employers offering HMOs to employees do not believe that the HMOs are helping them hold down health care costs.

Among employers with HMOs, 65% said the HMOs were not successful in managing their health care costs, while 29% said the HMOs were successful and 5% weren't sure.

However, the total group of survey respondents—including those not offering HMOs—was much more positive about HMOs' ability to control health care costs.

Forty-nine percent of employers, including those without HMOs, believe HMOs help to contain costs, 40% said HMOs do not contain health care costs, while 11% didn't know or didn't respond.

The survey also found that most employers believe HMOs and PPOs provide quality care but also report administrative problems—chiefly physician turnover—when they or their employees deal with HMOs.

The survey also found that few employers have contracted with their HMOs to base rates on their group experience, and employers generally are undecided as to whether state guaranty funds should be set up to cover HMOs.

And, few employers have contracts with PPOs in which the PPO will guarantee that health care costs will not exceed a predetermined amount.

These findings are based on a *BI* survey to which 96 employee benefit managers responded. Seventy-nine percent of respondents said their companies offered an HMO, but only 33% of respondents said their companies offered a PPO.

Among those with PPOs saying their plans were holding down costs, the personnel manager at a wholesaler employing 2,500 employees commented, "We offer identical benefits, but one is through a PPO and one is not. The PPO reduced costs by about 15%."

PPOs help hold down costs "by limiting the fees of providers to agreed-upon levels and channeling the employees through the PPO," said an industrial relations manager for a frozen vegetable food processor with 950 employees.

PPOs are effective at holding down costs simply "because we receive discounts on our hospital bills locally," noted the manager of personnel administration for a chemical specialities manufacturer with 420 employees.

The manager of benefits planning at an auto parts supplier with 16,000 employees suggested PPOs are effective "if you have a large workforce in the local area and have the leverage to negotiate cost savings with a managed care group."

But, the manager of employee benefits at a manufacturer with 5,000 employees stressed that PPOs can control costs "only to the extent one can continue to get a discount rate."

And other employers responding to the survey said PPOs don't do enough to monitor utilization.

"Not enough utilization control," said the manager of compensation and benefits at a manufacturer with 1,500 employees.

"Discounts alone do not change utilization," said the director of benefit administration at a manufacturer with 18,000 employees.

Of employers with PPOs, 41% reported administrative problems, while 56% reported no problems, and the remainder weren't sure or didn't know.

"Problems with providers leaving the plan, problems with claims administrator being unable to handle our plan," said the manager of employee benefits at a restaurant chain with 14,000 employees.

"Getting PPOs to sign up M.D.s in high-employee areas," said the manager of health plans at a defense/consumer electronics firm with 45,000 employees.

Meanwhile, just 10% of respondents said their PPOs included provisions in their contracts that health care costs would not increase more than a predetermined amount.

Among employers with HMOs, 65% said HMOs were not successful in managing costs.

In addition, 72% of respondents with PPOs said they did not directly contract with preferred hospitals or physician groups, while 28% did contract directly.

Of the 10 employers that responded to the question, just one employer of those contracting directly with providers did so as part of an employer coalition, while the remaining nine employers contracted individually.

The most striking survey finding is the lack of confidence employers—both those with and without HMOs—have in the ability of HMOs to help them control health care costs.

"They don't seem to manage costs. We see HMO costs going up faster than indemnity costs," said the corporate benefit manager for a manufacturer with 3,000 employees.

Many respondents complained that HMOs are attracting younger, healthier employees, while the company indemnity plan retains employees who use the most health care services.

"They skim off the younger, healthier employees," complained the benefits manager for a manufacturing firm with 3,500 employees.

"Good risks went to the HMO; others stayed in the insurance plan. Total costs went up," said the benefits coordinator of an educational institution with 6,500 employees.

Others say HMOs don't base their rates on individual employer experience but simply follow rates set by indemnity insurers.

HMOs "shadow price with cost increases geared to the trend in indemnity rates rather than actual experience," said the manager of employee benefits at a manufacturing company with 5,000 employees.

But other employers say HMOs should be able to hold down health care costs because they are designed to control utilization.

"Better control of utilization. They enhance awareness of the need to control utilization," said the manager of compensation and benefits for a heavy manufacturer with 1,500 employees.

Others say HMOs' ability to limit providers' fees to fixed amounts for each enrollee should help to control costs.

"Because of the capitated fee structure, the HMO must manage costs in order to be profitable," said the supervisor of group insurance plans at a chemical manufacturer with 2,400 employees.

Most—66% of respondents—said HMOs provide quality care to enrollees, while 21% didn't believe the quality of care was good and 5% didn't know or weren't sure.

Few employers detailed why they thought the quality of HMOs was good, but those who thought the quality was low complained that their employees weren't given adequate service.

"When you go to a doctor's office and say 'HMO,' you are shifted to a different but inefficient bureaucracy," said the benefits manager for a manufacturer with 280 employees.

"In some cases, employees going to HMOs are treated like third-class citizens," said the personnel administrator for a manufacturer with 300 employees.

Sixty-three percent of respondents with HMOs complained about HMO administrative problems, while 31% didn't report problems and 5% didn't know or didn't respond.

There is a "lack of responsiveness to employees and to us," said the benefits coordinator for a telecommunications company with 1,000 employees.

"They don't process enrollment changes in a timely manner, so employees get upset," said the benefits analyst at a bank with 800 employees.

"Long waits for routine appointments, a feeling that care is impersonal," are problems with HMOs, said the manager of employee benefits at a restaurant chain with 14,000 employees.

Most—54%—benefit managers weren't sure whether states should offer HMO guaranty funds, while 26% were opposed and 20% were in favor.

But opponents of HMO guaranty funds were especially outspoken against the concept.

"Keep government out!" said the manager of corporate benefits with a manufacturer of 4,800 employees.

"Not a state responsibility," said the director of benefits administration at a manufacturer with 20,000 employees.

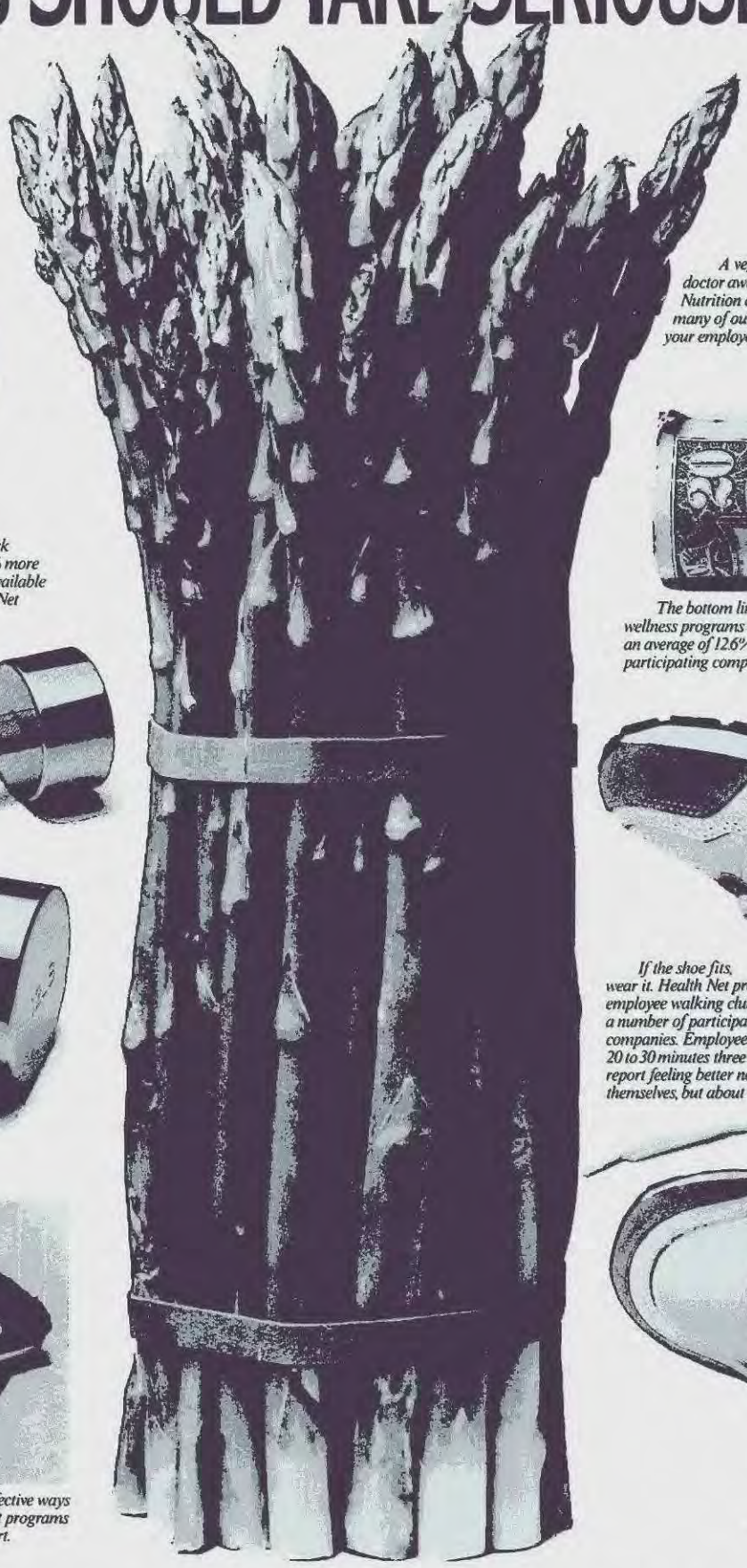
Meanwhile, 51% of employers said HMO enrollment remained stable over the last year, while 30% reported increased HMO enrollment, 16% said HMO enrollment declined and 3% weren't sure.

Twice as many employers reduced the number of HMOs they offer than added HMOs: 24% cut back on the number of HMOs while 12% increased the number of HMOs. ■

HEALTHY EMPLOYEES MAKE A HEALTHY COMPANY. AND OTHER PLATITUDES YOU SHOULD TAKE SERIOUSLY.



Butt out. On average, cigarette smokers miss work 50% more than nonsmokers and cost companies 18% more in medical claims. How-to-stop-smoking programs available at our medical groups are just one part of the Health Net employee wellness package.



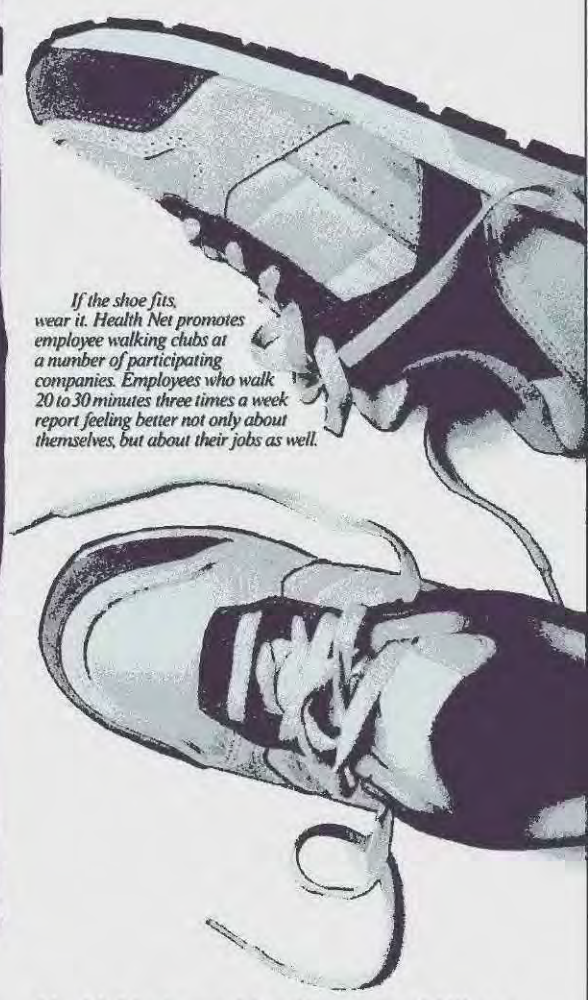
A vegetable a day keeps the doctor away. (Well, it's a start anyway.) Nutrition counseling offered through many of our medical groups can help your employees improve their diets.



The bottom line. During a two-year period, companies with wellness programs as part of their cost-containment effort saved an average of 12.6% in increased health-care costs over non-participating companies.



A little exercise goes a long way. People who regularly exercise greatly reduce their risk of heart disease, diabetes and hypertension.



If the shoe fits, wear it. Health Net promotes employee walking clubs at a number of participating companies. Employees who walk 20 to 30 minutes three times a week report feeling better not only about themselves, but about their jobs as well.



Just what the doctor ordered. One of the most effective ways to relieve stress is to simply relax. Stress management programs are an important part of the Health Net wellness effort.

How do you tell the difference between a tired cliché and an effective business strategy? A quick look at the bottom line should do. Which is why more and more business people are coming to the same conclusion.

Taking better care of your employees' health means you'll be taking better care of your company's health.

Because the fact is, during a two-year study, employee wellness programs saved companies an average of 1.3 million dollars in health-care costs. Almost $50 per employee. What's more, absenteeism decreased 22%.

That's why at Health Net, in addition to offering comprehensive coverage to take care of your employees' medical needs, we encourage companies to take advantage of our employee wellness programs. Programs that cover topics such as stress management, how to quit smoking, cholesterol reduction and, of course, exercise.

So, whether or not you decide to offer Health Net is one thing. But we would like to recommend encouraging your employees to get healthier. It's something good you can do for them. And for your company.

For more information on wellness programs in general, or Health Net in particular, call us at 1-800-522-0088.

HEALTH NET®
California's Health Plan

Opinions

Providers heed employers

EMPLOYERS INCREASINGLY are influencing the design and quality of managed health care products offered to their employees.

Frustrated with the continuing increases in health care costs and the burdens of administering group health care programs, employers are demanding more effective and efficient products.

The managed health care marketplace—including health maintenance organizations and preferred provider organizations—is responding, as we report in this special extra edition of *Business Insurance* that is published in addition to our regular weekly newsmagazine.

Employers, for example, are reducing the number of HMOs they will offer to their employees to streamline administration and to offer the most cost-effective plans. The larger the employee group an employer offers an HMO, the more leverage the employer has in negotiating premiums, especially adjusted community rating in which premiums reflect the anticipated claims experience of the group. Also, an employer with a larger employee group has more clout in negotiating the scope of benefits provided.

To retain business, many smaller HMOs are forging alliances with similar-sized HMOs in other regions of the country to offer streamlined administration to multistate employers.

And, as employers grow choosier, HMOs are diversifying their product lines to remain competitive. The most significant development among HMOs is the open-ended HMO, or point-of-service plan, in which enrollees are permitted to receive services from providers outside of the network but are subject to a larger copayment or a deductible.

More HMOs are offering a point-of-service product, because employers want it for their employees, viewing it as a good combination of flexibility and cost-effectiveness that also will attract a larger number of employees to enroll.



Meanwhile, PPOs are creating exclusive provider arrangements to try to improve cost control and quality of care and are introducing "gatekeepers" to help employees select providers.

Both HMOs and PPOs are responding to employers' concerns about quality of care, some by seeking credentialing from one of several organizations.

Employers should keep up the pressure on HMOs and PPOs to deliver efficient and high quality care.

At issue

Are you satisfied with the savings generated by your managed care programs?



Bea Rosenthal
Benefits Manager-Human Resources
ROLM Systems,
Santa Clara, Calif.

We have six HMOs and it's difficult to tell if there are significant savings. We pay a set rate and those rates are going up, although at a lower pace than our indemnity plan rates. We have no way of knowing the volume of members the HMOs are treating, but as a gut feeling, I have to believe they are better managing our employees' health.



Dr. Jacque J. Sokolov
Vp & Medical Director
Southern California Edison Co.,
Rosemead, Calif.

We are enormously satisfied. The secret to our success is the comprehensive nature of our managed care plans—including a PPO, a self-funded HMO option and in-house clinics and pharmacies. Also, we've tied preventive health to the health care premium. Since 1989, we've saved an aggregate of $55 million below what we otherwise would've spent with unmanaged health care plans.



C. Gregg Conroy
Manager-Group Insurance, Provider Service & Corporate Benefits
Champion International Corp.,
Hamilton, Ohio

No. Many of our 51 HMOs and utilization review programs fall well short of achieving the goal of delivering quality, cost-effective medical care. Where this goal has been achieved, the provider and the patient populations have worked together within a structure provided by that particular program.



Stephen Symes
Corporate Manager-Employee Benefits & Information
Sunstrand Corp.,
Rockford, Ill.

Yes, specifically as those savings relate to our participation in 'employer-sponsored' health care purchasing arrangements. The savings are about $6 for every dollar spent in extra administration and incentive payments. There are also real savings from pre-certification and large case management. I'm less sure whether HMOs produce any savings for our company.



Janet D. Collins
Chief-Employee Benefits
County of San Bernardino,
San Bernardino, Calif.

No. The two HMO plans increased 1990 rates by 16% and 23%, more than any previous year. While the self-funded indemnity plan had only a 2% increase, the PPO/utilization review firm has not continued to generate the savings experienced in 1986.



Catherine A. Corse
Assistant Vp-Employee Benefits
Barnett Banks Inc.,
Jacksonville, Fla.

On the managed indemnity side, we are very satisfied with the savings generated by programs like hospital pre-certification, utilization review, psychiatric and chemical abuse review and large claim management. Over time, however, the savings generated by such programs tend to diminish. Going forward, we recognize the need to direct more employees into HMO/PPO networks, provided such networks are self-insured.

Compiled by Christine Woolsey

Business Insurance®
Reporting weekly for corporate risk, employee benefit and financial executives

Publisher: Alfred Malecki *(New York)*

Associate Publisher/Editor: Kathryn J. McIntyre, A.R.M. *(Chicago)*
Managing Editor: James M. Burcke *(Chicago)*
Senior Editor: Jerry Geisel *(Washington)*
Assistant Managing Editor: Dave Lenckus *(Chicago)*
CHICAGO: Jeanne M. Bartels *(Graphics Editor)*, Karen Brown *(Assistant to the Editor)*, Meg Fletcher, A.R.M. *(Associate Editor)*, Sara J. Harty *(Staff Reporter)*, Mark A. Hofmann *(Associate Editor)*, Colleen Johnson *(Associate Editor)*, Nancy Johnson *(Copy Editor)*, Kathryn M. Larrabee *(Copy Editor)*, Laura Mazzuca *(Agent/Broker Topics Associate Editor)*, Sarah E. Polster *(Directory Editor)*, Roger Schillerstrom *(Editorial Cartoonist)*, Deborah Shalowitz *(Associate Editor)*, Timothy Stanton *(Copy Editor)*, Paul Winston *(Copy Desk Chief)*, Christine Woolsey *(Associate Editor)*
DALLAS: Michael Bradford *(Associate Editor)*
LONDON: Stacy Shapiro *(International Editor)*, Carolyn Aldred *(Associate Editor)*
LOS ANGELES: Joanne Wojcik *(Bureau Chief)*, Louise Kertesz *(Associate Editor)*
NEW YORK: Douglas McLeod *(Bureau Chief)*, Stacy Adler *(Associate Editor)*, Judy Greenwald *(Associate Editor)*, Michael Schachner *(Associate Editor)*
WASHINGTON: Adrienne C. Locke *(Associate Editor)*

Advertising Director: Martin J. Ross *(New York)*
Midwest Sales Manager: Robert L. Niesse *(Chicago)*
CHICAGO: Deborah D. Neale *(District Manager)*, Margaret Hikido *(District Manager/Classified Sales)*, Elmer Kerstowske *(Production Manager)*
NEW YORK: Charles A. Horvath *(District Manager)*, Jack Forrest *(District Manager)*, Kathryn Premetz *(District Manager)*, Cynthia Bykowski *(District Manager)*
LOS ANGELES: Michael J. Sharpe *(Western Advertising Manager)*

Director of Communications: Ronnie I. Drachman *(New York)*
Promotion Manager: Michele Pierson *(New York)*

EDITORIAL: Chicago: 312-649-5398; Dallas: 214-363-1066; London: 71-404-4228; Los Angeles: 213-651-3710; New York: 212-210-0140; Washington: 202-662-7200
ADVERTISING: New York: 212-210-0228; Chicago: 312-649-5276; Los Angeles: 213-651-3710
COMMUNICATIONS: New York: 212-210-0132
CIRCULATION: Detroit: 313-446-1611

Published by Crain Communications Inc., Chicago

G.D. CRAIN JR. Founder (1885-1973)
MRS. G.D. CRAIN Chairman
S.R. BERNSTEIN Chairman-executive committee
RANCE CRAIN President
KEITH E. CRAIN Vice chairman
MARY KAY CRAIN Treasurer
MERRILEE P. CRAIN Secretary
WILLIAM A. MORROW Executive Vp-operations
WILLIAM STRONG Vice president-circulation
ROBERT C. ADAMS Vice president-production
H.L. STEVENSON Corporate editor
PENELOPE A. GEISMAR Corporate communications mgr.

Published weekly at 740 Rush St., Chicago, Ill. 60611, Telex 6871241, Fax 312/280-3174, Cable CRAINCOM. Offices: 220 E. 42nd St., New York, N.Y. 10017, Telex 640207, Fax 212/210-0704, CRAIN COM NYK; 1 Northpark, East Suite 114, 8950 N. Central Expressway, Dallas, Texas, 75231, Fax 214/696-1936; Suite 814, National Press Building, Washington, D.C. 20045, Fax 202/638-3155; 6500 Wilshire Blvd., Suite 2300 Los Angeles, Calif. 90048, Fax 213/655-8157; 20-22 Bedford Row, London WC1R 4EB, England, Fax 71/430-2176. $2.00 a copy. $75 a year in U.S. Canada and all other foreign add $32 for surface mail. Europe and Middle East only add $88 for air delivery. First-class mail to U. S., add $77; to Canada add $87. Bermuda only, $157 per year expedited delivery. SHEILA GORMLEY, circulation manager. LISA RIVERS, fulfillment director. Four weeks' notice required for change of address. Send subscription correspondence to Circulation Department, Business Insurance, 965 E. Jefferson Ave., Detroit, Mich., 48207, or phone 800-992-9970 or 313-446-1611, Fax 313/446-1650. Microfilm copies are available from University Microfilms, 300 Zeeb Road, Ann Arbor, Mich. 48013. Microfiche copies available: Bell & Howell, Micro Photo Division, Old Mansfield Road, Wooster, Ohio 44691. Portions of the editorial content of this issue are available for reprint or reproduction in other media. For information and rates to reproduce in general circulation media, contact: ART MERTZ, The Crain Syndicate, 740 Rush St., Chicago, Ill. 60611, 312-649-5303. For reprints or reprint permission contact: Reprint Department, Business Insurance, 220 E. 42nd St., New York, N.Y. 10017, 212-210-0229, Fax 212/210-0704.

VBPA Member of Business Publications Audit of Circulation ABP

© 1990 The Travelers Corporation



Financial Peace of Mind.

It comes from a comprehensive managed care program that controls your costs while delivering quality health care to your employees.

The Travelers Managed Care System was specifically designed to provide quality health care for your employees while controlling your costs.

This innovative plan includes Taking Care, our unique health education program that has demonstrated a savings of 3 times the investment and helped reduce total medical visits by 17%. Also, our Utilization Management which could help your employees avoid a hospital stay entirely. And our Vocational and Rehabilitation Program which helps avoid recurrence and assists employees in returning to work quickly. All supported by a nationwide managed care network of physicians and hospitals.

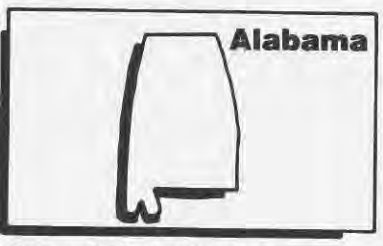
This concern for both the financial success of your business, as well as the health and welfare of your employees, is just another example of what The Travelers ultimately offers in all our products and services. Your financial peace of mind.

The Travelers Insurance Company and its Affiliates, Hartford, Connecticut 06183

The Travelers

You're better off under the Umbrella.®

Health maintenance organizations listed



Aetna Life Insurance Co./PARTNERS Health of Alabama Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Complete Health Inc./Complete Health of Alabama Inc.

2160 Highland Ave., Birmingham, Ala. 35205; 205-933-7661; fax: 205-933-0084

Operational date: March 1986.
Federally qualified.
Certified in: Alabama.
Model type: Network.
For profit.
Ownership: Complete Health Services Inc.
Staff: 609 primary physicians; 1,709 specialists; 250 administrative staff members; 20 marketing staff members; 600 patients per physician; 98% board certified physicians.
Facilities: 40 hospitals; 1,450 pharmacies; two diagnostic labs.
Service area: 38 counties in Alabama.
Locations: Three administrative sites.
Services: Standard package, including vision, psychiatric services, durable medical equipment and obstetrics/gynecology. Options include dental and substance abuse. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 2% of members are enrolled. Offers non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 270 employer/payer groups; 18,000 employees with single coverage; 20,000 employees with family coverage; 98,000 employees and dependents. Hospital stay averages 4.2 days. 82 admissions per 1,000 members.
Management reports: Provided quarterly.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing is not available.
Gross revenues: $65 million in 1989; $35 million in 1988.
Officers: William W. Featheringill, president/chief executive officer; Carole R. Zimbrolt, senior vp-operations/chief operating officer; Dr. Kenneth Burkhart, senior vp-medical affairs/medical director; A.G. Covin, vp-marketing; Joseph McSorley, chief financial officer; James Little, vp-development.

HMO-Mobile Inc.

2700 Grant St., Mobile, Ala. 36606; 205-470-5900; fax: 205-470-5939

Operational date: April 1989.
Certified in: Alabama.
Model type: IPA.
For profit.
Sponsorship: Infirmary Health Systems Inc.
Staff: 46 primary physicians; 228 specialists; 22 administrative staff members; three marketing staff members; 174 patients per physician; 70% board certified physicians.
Facilities: Six hospitals; 34 pharmacies; one diagnostic lab.
Service area: Mobile, Baldwin, Washington and Clarke counties in Alabama.
Locations: One administrative site, 15 primary care sites.
Services: Standard package, including psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 47 employer/payer groups; 1,867 employees with single coverage; 2,873 employees with family coverage; 7,954 employees and dependents. Hospital stay averages 3.4 days. 367 admissions per 1,000 members.
Management reports: Provided as requested.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $6.2 million in 1989.
Officers: R. Wayne Brannon, president; Douglas Tanner, executive director; Dr. John L. Dixon, medical director; Mike Zorn, vp; Gerald B. McAuliffe, assistant vp.

Health Maintenance Group of Birmingham

936 S. 19th St., Birmingham, Ala. 35205; 205-985-5589

Operational date: May 1977.
Model type: Group.
Sponsorship: Blue Cross & Blue Shield of Alabama.
Service area: 18 counties in Alabama.
Users: 9,335 members.

Humana Health Plan of Alabama Inc.

303 Williams Ave. S.W., Suite 121, Huntsville, Ala. 35801; 205-532-2000 or 800-841-1436; fax: 205-532-2025

Operational date: 1984.
Model type: IPA.
Officers: Rene Moret, executive director; Dr. Larry Sullivan, medical director; Janie Quinn, sales manager; Linda Baker, operations manager.
See Humana Health Care Plans under Kentucky.

Humana Health Plan of Alabama Inc.

2350 Fairlane Drive, Suite 120, Montgomery, Ala. 36116; 205-270-5544; fax: 205-277-0406

Operational date:1984.
Officers: David Lewis, executive director; Rea Jabour, sales manager; Debbie Jenkins, operations manager; Carol Saals, service representative.
See Humana Health Care Plans under Kentucky.

Southeast Health Plan

104 Inverness Center, Suite 600, Birmingham, Ala. 35243; 205-991-6000

Operational date: January 1985.
Model type: IPA.
For profit.
Sponsorship: Group of doctors, hospitals and Protective Life Insurance Co.
Staff: 600 primary physicians; 900 specialists; 140 administrative staff members; 14 marketing staff members; 90% board certified physicians.
Facilities: 30 hospitals; 200 pharmacies; one diagnostic lab.
Service area: Baldwin, Chilton, Autauga, Blount, Elmore, Jefferson, Madison, Mobile, Morgan, St. Clair, Shelby, Montgomery and Tuscaloosa counties in Alabama.
Services: Standard package, including vision, psychiatric services, and obstetrics/gynecology, but excluding prescription drugs. Options include dental, substance abuse, and durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating; adjusted community rating. Offers point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 150 employer/payer groups; 43,000 employees and dependents. Hospital stay averages 4.6 days. 350 admissions per 1,000 members.
Management reports: Provided quarterly or yearly.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $30 million in 1989; $25 million in 1988.
Officers: George Salem, chief executive officer; Nan Priest, vp/general manager/medical director; Drew Wood, vp-marketing; Tony Crow, vp-corporate development; Greg Weyandt, vp-finance.



Aetna Life Insurance Co./PARTNERS in Health Maintenance Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

CIGNA Healthplan of Arizona Inc.

11001 N. Black Canyon Highway, Suite 400, Phoenix, Ariz. 85029; 602-942-4462

Operational date: November 1972.
Federally qualified.
Certified in: Arizona.
Model type: Staff and IPA.
Staff: 513 primary physicians; 1,166 specialists; 340 patients per physician; 75% board certified physicians.
Facilities: 39 hospitals.
Service area: Maricopa, La Paz, Gila, Coconino and Apache counties in Arizona.
Locations: One administrative site, one primary care site.
Users: Hospital stay averages 4.0 days. 594 admissions per 1,000 members.
Officers: C. Wright, general manager; Dr. Z. Gerbarg, medical director; James Fitch, health services manager.
Contact: C. Wright.
See CIGNA Corp. under Connecticut.

CIGNA Healthplan of Arizona Inc.-Tucson

4907 E. Broadway, Suite 100, Tucson, Ariz. 85711; 602-571-6500

Operational date: January 1981.
Federally qualified.
Model type: IPA and staff.
Staff: 65 primary physicians; 286 specialists; 550 patients per physician; 75% board certified physicians.
Facilities: Five hospitals.
Service area: Cochise, Graham, Greenlee, Pima and Santa Cruz counties in Arizona.
Locations: One administrative site, one primary care site.
Users: Hospital stay averages 4.4 days. 31.2 admissions per 1,000 members.
Officers: Terry Nimnicht, general manager; Tamara Jo Barrick, health services manager.
Contact: Terry Nimnicht.
See CIGNA Corp. under Connecticut.

FHP Health Care

1615 S. 52nd St., Tempe, Ariz. 85281; 602-966-9252

See FHP Health Care under California.

HMO Arizona

2444 W. Las Palmaritas Drive, Phoenix, Ariz. 85021; 602-864-4252

Operational date: July 1987.
Model type: IPA.
Sponsorship: Blue Cross & Blue Shield of Arizona Inc.
Service area: Cochise, Maricopa, Pima and Santa Cruz counties in Arizona.
Users: 14,200 members.

Humana Health Plan Inc.

Anchor Centre III, 2231 E. Camelback Road, Suite 208, Phoenix, Ariz. 85016; 602-381-4300; fax: 602-381-4381

Operational date: 1984.
Federally qualified.
Model type: IPA.
Officers: Michael Seltzer, executive director; Jon Winkler, network manager; Dr. Joel Bettigole, medical director.
See Humana Health Care Plans under Kentucky.

Intergroup Prepaid Health Services of Arizona Inc.

1010 N. Finance Center Drive, Suite 100, Tucson, Ariz. 85710; 602-721-4444; fax: 602-290-7585

Operational date: November 1981.
Federally qualified.
Certified in: Arizona.
Model type: Group and IPA.
For profit.
Sponsorship: Thomas-Davis Medical Centers.
Ownership: Professional Management Group Inc.
Staff: 1,450 primary physicians; 1,100 specialists; 225 administrative staff members; 30 marketing staff members; 1,800 patients per physician; 80% board certified physicians.

Continued on next page

Guide to HMO listings

The fourth annual *Business Insurance* directory of health maintenance organizations contains 438 listings with information on HMOs.

The directory is published as an editorial service. There is no charge for HMOs to be included.

HMOs are listed alphabetically under the state in which they operate. When an HMO operating in two or more states provided consolidated figures for all HMOs within its network, the consolidated listing is footnoted. The names, addresses, telephone numbers and any additional information provided on the affiliated HMOs in each state are listed under the states serviced, with a reference to the consolidated listing.

Each listing begins with the name, address and telephone number of the HMO. Operational information follows, including **operational date, federal qualification** and **state certification.**

The **model type** of the HMO is also listed. Group models contract with independent, multispecialty physician groups. Independent practice associations (IPAs) contract with independent physicians or small, single-specialty physician groups, who are able to maintain private practices along with the HMO contract. Staff model HMOs directly employ salaried physicians to serve patients. Network models contract for services with two or more large IPAs. Mixed model HMOs are a combination of two or more model types.

The **tax status** as a for profit or not for profit HMO is listed, followed by information on the sponsorship of the HMO.

Also requested was information on **staff** and **facilities** as of June 30, 1990.

Staff information includes the number of primary physicians, number of specialists, number of administrative and marketing staff members, average number of patients per primary physician and the percentage of board certified physicians in the HMO.

The **facilities** heading contains information on the number of participating hospitals, pharmacies and diagnostic labs.

Service area follows, noting the number of locations, including administrative and primary care sites (except for IPA model HMOs.)

Information was requested on the **services** the HMO offers, including standard and optional features of coverage. Unless otherwise noted, standard services include hospitalization, laboratory, x-ray, preventive medicine, inpatient and outpatient care, periodic check-ups and prescription drugs. Who performs diagnostic testing and lab work for the HMO also is noted.

Available **rating options** and community rates as of June 30 (if provided by the HMO) are reported along with the availability of non-federally qualified programs to employers. Information on Federal Health Care Financing Administration contracts and individual enrollment (such as retirees) are also listed.

Information on **users** as of June 30 was requested, including the number of employer/payer groups contracting with the HMO; the number of employees with single coverage; the number of employees with family coverage; and the number of employees and dependents in employer groups serviced by the HMO. The average length of hospital stay by HMO members and the rate of hospital admissions per 1,000 members also were requested.

If the HMO provides **utilization reports** to payer groups, their availability is noted.

Information on **billing,** including whether the HMO provides direct billing for premiums under COBRA and whether a national accounts program with consolidated billing is available to multistate employers, is noted.

Gross revenues in 1989 and 1988, based on total premiums paid on behalf of enrollees, also were requested.

Names and titles of **officers** are listed. The name of a **contact** person for those wishing further information completes the listings.

If you wish to determine in which states multistate HMOs operate, refer to the alphabetical index of networks on page 120.

Information for the directory was gathered from responses to a *Business Insurance* questionnaire. Although every effort is made to obtain complete and accurate information, *Business Insurance* is unable to verify the information and relies on the responses of the HMOs.

Continued from previous page

Facilities: 29 hospitals; 88 pharmacies; 60 diagnostic labs.

Service area: Maricopa, Pima and Cochise counties in Arizona.

Locations: Three administrative sites.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment and obstetrics/gynecology. Options include prescription drug, substance abuse, psychiatric services and podiatry. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating by class. Does not offer point-of-service contracts. Offers non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 725 employer/payer groups; 42,200 employees with single coverage; 46,100 employees with family coverage; 197,000 employees and dependents. Hospital stay averages 4.2 days. 68 admissions per 1,000 members.

Management reports: Provided quarterly.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $150.7 million in 1989; $91.7 million in 1988.

Officers: Charles F. Barrett, president/chief executive officer; Dr. Philip E. Dew, vp-medical affairs; Scott Trenter, director-marketing, northern region; Sharyn Breck, director-marketing, southern region; Frank J. Connell, vp/chief operating officer; Carwin Peterson, vp/chief financial officer; Elizabeth McNamee, vp-northern region.

Contact: Sharyn Breck, 602-290-7550; Kevin Buron, 602-381-7877.

Lincoln National Health Plan

7776 Pointe Parkway W., Suite 100, Phoenix, Ariz. 85044; 602-431-1185

Officers: Steve Lindstrom, general manager.

See Lincoln National Health Plan under Indiana.

Lincoln National Health Plan

101 N. Wilmot, Suite 600, Tucson, Ariz. 85711; 602-571-0841

Officers: Steve Lindstrom, general manager.

See Lincoln National Health Plan under Indiana.

MetLife Healthcare Network of Arizona Inc.

1314 N. Third St., Suite 300, Phoenix, Ariz. 85004-1751; 602-252-3846

Operational date: July 1985.
Certified in: Arizona.
Model type: IPA.
For profit.
Sponsorship: Metropolitan Life Insurance Co.
Staff: 670 primary physicians; 1,100 specialists.
Facilities: 34 hospitals; pharmacies; diagnostic labs.
Service area: Arizona.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental. Diagnostic testing and lab work performed by contract with independent facilities.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Management reports: Provided.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: J.C. Hulsey, president; K. Garast, vp.



United Health Care Plan

P.O. Box 657, Bull Shoals, Ark. 72642; 501-431-5558

Operational date: June 1985.
Certified in: Arkansas.
Model type: Mixed.
For profit.
Ownership: Bull Shoals Community Hospital & Clinic Inc.
Staff: Four primary physicians; six specialists; five administrative staff members; two marketing staff members; 250 patients per physician; 80% board certified physicians.
Facilities: One hospital; one diagnostic lab.
Service area: Marion and Baxter counties in Arkansas.
Locations: One administrative site, one primary care site.
Services: Standard package including vision, substance abuse, psychiatric services and durable medical equipment but excluding prescription drugs. Options include obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO facilities.
Rating options: Community rating: $105 single, $275 family per month; offers point-of-service contracts, 100% of members are enrolled.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 10 employer/payer groups; 350 employees with single coverage; 50 employees with family coverage; 500 employees and dependents.
Management reports: Provided annually.
Officers: Dr. L.A. Kelley, president/medical director; W.H. Von Nessen, executive director; A. Hughes, vp; K. Wunderlich, finance director.



AVP Vision Plans

155 Du Bois St., Santa Cruz, Calif. 95060; 800-443-4994 or 408-425-0989; fax; 408-458-1934

Operational date: September 1986.
Certified in: California.
For profit.
Ownership: Optics East Inc.
Staff: 635 primary physicians; 45 ophthalmologists; nine administrative staff members; eight marketing staff members; 16 patients per physician; 45% board certified physicians.
Facilities: Two optical lens labs.
Service area: California.
Locations: One administrative site.
Services: Standard package includes vision only. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Offers point-of-service contracts, 100% of members are enrolled. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 178 employer/payer groups.
Management reports: Provided as requested.
Billing: Does not provide direct billing for premiums under COBRA.
Officers: Stephen Shaw, president; D.K. Kim, executive director; Robert Greenley, medical director; John Curva, marketing director.

Continued on page 18

AH, THE SIMPLICITY OF MANAGED HEALTH CARE.



Introducing MaxCare™ – The Future-Ready AS/400 System That Keeps It All Running Smoothly. It's not easy balancing day-to-day plan administration while you're moving as fast as you can towards true managed care. Quite the opposite. That's why we created MaxCare, the most advanced AS/400™ managed care claims and administration system ever developed. ■ This powerful new system combines administration, claims, flexible benefits, word processing, report writing and even imaging modules, built around an SAA-compliant relational database. And its managed care functionality and technical platform are so far ahead of other systems that you'll be able to rely on MaxCare for years to come. ■ For more information call Tracy Cobb at 404-952-7854, or write to Computations Inc., 2500 WindyRidge Parkway, Marietta, GA 30067.

COMPUTATIONS

POWERFUL IDEAS AT WORK.

© 1990, Computations Inc.

There's more than one

We go to great lengths to get our members to complain. Because if there's ever a problem with one of our provider networks, we want to hear about it. That's why our National Quality Management Program includes surveys of members across the country. We ask them if they like the way our managed care programs are administered. Was the nurse polite? Or, how long did they have to wait to see their doctor. Whatever the problems are, we'll work to solve them.



way to listen to a patient.

We operate behind the scenes, too. Our programs include selecting doctors with appropriate credentials. Promoting the safety and cleanliness of their facilities. And reviewing medical procedures to determine which ones are effective.

And which are not. Why do we go to all this trouble? Because we believe managed care is more than just managing costs. It's managing quality.

Blue Cross®
Blue Shield®

® Registered marks Blue Cross & Blue Shield Association.

Continued from page 15

Aetna Life Insurance Co./Aetna Health Programs of California

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Aetna Life Insurance Co./PARTNERS Health of Southern California

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Bay Pacific Health Plan

1111 Bayhill Drive, Suite 300, San Bruno, Calif. 94066; 415-952-2005; fax: 415-871-9144

Operational date: March 1979.
Federally qualified.
Certified in: California.
Model type: IPA.
For profit.
Ownership: 16 corporations in California.
Staff: 1,025 primary physicians; 1,954 specialists; 251 administrative staff members; 24 marketing staff members; 102 patients per physician; 72% board certified physicians.
Facilities: 28 hospitals; 300 pharmacies; 26 diagnostic labs.
Service area: San Mateo, San Francisco, Marin, Santa Clara, Contra Costa and Alameda counties in California.
Locations: One administrative site.
Services: Standard package, including psychiatric services, durable medical equipment and obstetrics/gynecology but excluding prescription drugs. Options include prescription drugs and substance abuse. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Users: 755 employer/payer groups; 23,713 employees with single coverage; 25,766 employees with family coverage; 105,391 employees and dependents. Hospital stay averages 4.3 days. 71 admissions per 1,000 members.
Management reports: Provided semi-annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $102.6 million in 1989; $81.1 million in 1988.
Officers: Jay Gellert, president/chief executive officer; Paul Swenson, senior vp/chief operating officer; Dr. Joseph Cook, senior vp/medical director; Dirk deLange, vp-marketing; Sheryl Jaeger, vp-operations; Denise Hanson, vp-administration; Same Leader, vp-management information systems; Jay Harris, senior vp/chief financial officer.

The Blue Shield HMO

Two N. Point, San Francisco, Calif. 94133; 415-445-5000; fax: 415-445-5273

Operational date: June 1988.
Certified in: California.
Model type: Mixed network: IPA and group.
Not for profit.
Ownership: Blue Shield of California.
Staff: 968 primary physicians; 3,469 specialists; 3,513 staff members; 211 marketing staff members; six patients per physician; 76% board certified physicians.
Facilities: 41 hospitals; 4,701 pharmacies.
Service area: Alameda, Contra Costa, Los Angeles, Placer, Sacramento, San Francisco, San Mateo, Santa Clara; parts of Placer, Solano and Yolo counties in California.
Locations: One administrative site.
Services: Standard package, including durable medical equipment, podiatry, obstetrics/gynecology, short-term rehabilitation, outpatient psychiatric, detoxification, home health care and hospice, but excluding prescription drug. Options include vision, dental, inpatient substance abuse and inpatient psychiatric services. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Experience rating. Offers point-of-service contracts.
Enrollment options: Does not contract with the Federal HealthCare Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 124 employer/payer groups; 1,859 employees with single coverage; 1,287 employees with family coverage; 6,000 employees and dependents. Hospital stay averages 4.2 days. 215 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Charles W. Stewart, president; Thomas C. Paton, chairman/chief executive officer; Dr. Wade Aubry, medical director; Joseph Tyszkiewicz, senior vp-marketing; Robert C. Nickel, senior vp.

If We Put a Man on the Moon,



Why Can't We Manage Health Care Costs?

We can. We do! At MM&D we've assembled a team of nationally respected leaders in designing quality, cost-effective managed care. We provide customized managed care planning, direct provider contracting, thorough assessment of managed care programs, innovative medical management approaches and effective employee communication.

Our hands-on, multi-product experience has produced significant savings. Our consultants are expert contract negotiators for all managed care products, with national experience in over 60 cities.

At MM&D, our solutions go beyond the obvious. We know that managed care programs must be meticulously engineered, grounded in a full understanding of provider network construction, provider reimbursement, medical management methods and administrative systems.

And we've taken the lead in applying many of the same solutions—selective provider contracting, negotiation of competitive medical prices and utilization controls—to reduce costs for flexible benefits, workers' compensation and retiree health benefits.

If your health care costs have gone into orbit, write Angelo M. Masciantonio, Vice President, MM&D Managed Care Services, One First Avenue, Conshohocken, PA 19428, or call 215-834-2110.

Together, we'll make sure all systems are go.

The Managed Care Specialists.

MM&D
MILLER MASON & DICKENSON

Innovation In Employee Benefit Consulting for 30 Years

Chicago, IL • Conshohocken, PA • Houston, TX • Los Angeles, CA • New York, NY • Oakland, CA • Palo Alto, CA • St. Louis, MO

CaliforniaCare

21555 Oxnard St., Woodland Hills, Calif. 91367; 818-703-2602; fax: 818-712-6623

Operational date: 1986.
Certified in: California.
Model type: Mixed network: group and IPA.
Not for profit.
Ownership: Blue Cross of California.
Staff: 2,453 primary physicians; 3,970 specialists; 75 CaliforniaCare administrative staff members; 122 Blue Cross of California marketing staff members; standard does not exceed 2,000 patients per physician-varies by physician office; 98% board qualified physicians.
Facilities: 169 hospitals; 4,008 pharmacies.
Service area: 26 counties in California.
Locations: 230 administrative sites.
Services: Standard package, including substance abuse, psychiatric services, podiatry, and obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, vision, dental, durable medical equipment. Diagnostic testing or lab work performed by contract with independent facilities.
Rating options: Partially experience rated. Offers point-of-service contracts, 1% of members are enrolled.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Users: 2,500 employer/payer groups; 98,721 employees with single coverage; 59,995 employees with family coverage; 295,763 employees and dependents. Hospital stay averages 4.4 days. 48 admissions per 1,000 members.
Management reports: Provided on a quarterly or annual basis.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $215,039 in 1989; $125,697 in 1988.
Officers: Leonard D Schaeffer, chairman; Bernard Crowley, vp/executive director; Dr. Steve Posar, medical director; David Pincus, vp-marketing; Ken Woerman, chief financial officer.

California Dental Health Plan

14471 Chambers Road, Tustin, Calif. 92680; 714-731-4751; fax: 714-832-9867

Operational date: 1977.
Certified in: Hawaii, California, Colorado.
Model type: IPA.
For profit.
Staff: 600 primary physicians; 300 specialists; 100 administrative staff members; 30 marketing staff members; 700 patients per physician, 100% board certified physicians.

Continued on next page

Continued from previous page

Service area: Hawaii, California and Colorado.

Locations: Four administrative sites.

Services: Standard package includes vision and dental only. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 4,000 employer/payer groups; 120,000 employees with single coverage; 120,000 employees with family coverage; 400,000 employees and dependents.

Management reports: Provided as requested.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: James R. Lindsey, president; Robert Schur, executive director; Dr. D.E. Fitzgerald, medical director; Joy Brown, marketing director.

California Psychological Health Plan

5750 Wilshire Blvd., Suite 490, Los Angeles, Calif. 90036; 213-965-4870; fax: 213-937-9688

Operational date: 1976.
Certified in: California.
Model type: Network.
Not for profit.

Staff: 100 primary physicians; more than 600 psychologists; 22 administrative staff members; three marketing staff members.

Facilities: Approximately 50 hospitals.

Service area: California.

Locations: One administrative site.

Services: Standard package includes substance abuse, psychiatric, but excludes hospitalization, laboratory, x-ray, preventive medicine, periodic check-ups and prescription drugs.

Rating options: Community rating: $24 family per month; community rating by class; adjusted community rating. Offers point-of-service contracts, 85% of members are enrolled.

Enrollment options: Individual enrollment is not allowed.

Users: 75 employer/payer groups; 5,000 employees with single coverage; 95,000 employees with family coverage; 220,000 employees and dependents. Hospital stay averages 15.7 days for psychiatric, 12.2 days for substance abuse. Five admissions per 1,000 members.

Management reports: Provided quarterly.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $5.8 million in 1989; $4.8 million in 1988.

Officers: Diana Seeb, executive director; Dr. Spencer Eth, medical director; Robert L. Belichick, marketing director.

CareAmerica Health Plans

20520 Nordhoff St., Chatsworth, Calif. 91311; 818-407-2222; fax: 818-407-2336

Operational date: January 1986.
Certified in: California.
Model type: IPA and Group.
For profit.
Ownership: Unihealth America.

Staff: 1,083 primary physicians; 5,416 specialists; 200 administrative staff members; 30 marketing staff members; 113 patients per physician; 75% board certified physicians.

Facilities: 56 hospitals.

Service area: Ventura, Los Angeles, Orange, Riverside and San Bernardino counties in California.

Locations: Three administrative sites.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs and vision. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Offers point-of-service contracts, 5% of members are enrolled.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 1,989 employer/payer groups; 38,520 employees with single coverage; 23,014 employees with family coverage; 116,478 employees and dependents. Hospital stay averages 3.8 days. 76.3 admissions per 1,000 members.

Management reports: Provided monthly or quarterly upon request.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing is not available.

Gross revenues: $73.6 million in 1989; $27.1 million in 1988.

Officers: Larry D. Gray, president/chief executive officer; Dr. Arthur M. Southam, executive vp/chief operating officer; Dr. Julius Bartoli, medical director; Kandis I. Larkey, vp-marketing/sales.

Contact: Rick Dale, manager-government and regulatory affairs.

CIGNA Healthplan Inc.

505 N. Brand Blvd., Suite 500, Glendale, Calif. 91203; 818-500-7000

Operational date: November 1985.
Federally qualified.
Model type: IPA.

Staff: 75% board certified physicians.

Service area: Los Angeles, Orange, Riverside, San Bernardino and Ventura counties in California.

Locations: One administrative site.

Officers: Chan Wheeler, general manager; Dr. Louis Filiatrault, medical director.

See CIGNA Corp. under Connecticut.

CIGNA Healthplan of Northern California Inc.

1999 Harris St., Suite 100, Oakland, Calif. 94612; 412-273-8400

Operational date: August 1987.
Federal qualification pending.
Certified in: California.
Model type: IPA.

Staff: 304 primary physicians; 1,160 specialists; 25 patients per physician; 75% board certified physicians.

Facilities: 28 hospitals.

Service area: Sonoma, Marin, Contra Costa, San Mateo, Alameda, Santa Clara and San Francisco counties in California.

Locations: One administrative site.

Users: Hospital stay averages 4.4 days. 61 admissions per 1,000 members.

Officers: Nina Auger, general manager; Dr. Gifford Boyce-Smith, medical director.

Contact: Nina Auger.

See CIGNA Corp. under Connecticut.

CIGNA Healthplan of Southern California Inc.

5703 Oberlin Drive, San Diego, Calif. 92121; 619-546-4279

Operational date: 1983.
Federally qualified.
Certified in: California.
Model type: IPA.

Staff: 293 primary physicians; 1,003 specialists; 135 patients per physician; 75% board certified physicians.

Facilities: 15 hospitals.

Service area: San Diego and Imperial counties in California.

Locations: One administrative site.

Users: Hospital stay averages 4.2 days. 75 admissions per 1,000 members.

Officers: Lyman Dennis, general manager; Dr. J. Sim Tan, medical director; Judy Stenson, health services manager.

Contact: Lyman Dennis.

See CIGNA Corp. under Connecticut.

Coast Health Plan

5150 El Camino Real, Suite C-10, Los Altos, Calif. 94022; 415-967-5217; fax: 415-969-4695

Operational date: August 1987.
Certified in: California.
Model type: IPA.
Not for profit.
Sponsorship: El Camino Hospital District.
Ownership: Preferred Administrators Inc.

Staff: 177 primary physicians; 246 specialists; 40 administrative staff members; four marketing staff members; 90% board certified physicians.

Facilities: Five hospitals; two pharmacy chains; 25 diagnostic labs.

Service area: Santa Clara, Southern San Mateo counties in California.

Locations: One administrative primary care site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs and employee assistance program. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 80 employer/payer groups; 675 employees with single coverage; 396 employees with family coverage; 2,200 employees and dependents. Hospital stay averages 3.6 days. 121 admissions per 1,000 members.

Management reports: Provided monthly.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $3.1 million in 1989; $1.6 million in 1988.

Officers: Denise L. Shull, president/chief executive officer; Dr. Lawrence A. William, medical director; Bebe Hoppe, vp-marketing; Neilson S. Buchanan, chairman; Dr. Larry H. Kretchmar, vice chairman; Randall D. Frakes, vp; Armando Bautista, assistant treasurer.

FHP Health Care*

9900 Talbert Ave., Fountain Valley, Calif. 92708; 714-963-7233; fax: 714-968-7159

Operational date: 1961.
Federally qualified.
Certified in: Arizona, California, Guam, New Mexico, Utah.
Model types: Group, IPA, staff, network.
For profit.
Ownership: FHP International Corp.

Staff: 2,000 primary physicians; 3,000 specialists; 7,500 administrative staff members; 500 marketing staff members; 400 patients per physician; 98% board certified physicians.

Facilities: 85 hospitals; 120 pharmacies; 60 diagnostic labs.

Service area: Los Angeles, Orange, Riverside, San Diego, San Bernardino and Ventura counties in California; Maricopa, Pinal and Pima counties in Arizona; Salt Lake, Utah, Weber, Davis, Summit, Wasatch and Tooele counties in Utah; Bernalillo, Valencia, Dandoval, Santa Fe counties in New Mexico; Guam.

Locations: Ten administrative sites, 49 staff model medical centers.

Services: Standard package, including substance abuse, psychiatric services, obstetrics/gynecology. Options include experimental procedures, vision, dental, durable medical equipment, podiatry, indemnity/life insurance, PPO, workers compensation, retiree health plan. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $110 single, $275 family; community rating by class; adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 3,500 employer/payer groups; 320,000 employees with single coverage; 80,000 employees with family coverage; 566,000employees and dependents. Hospital stay averages three days.

Management reports: Provided quarterly.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $699.1 million in 1989; $503.5 million in 1988.

Officers: W.W. Price III, president/chief executive officer; Pat Vitacolonna, executive vp/chief operating officer; Dr. Gary Goldstein, vp-medical affairs; Tom Anderson, vp-marketing; Alfred F. Schmid, vp-sales; Dr. Robert Gumbiner, chairman.

Contact: Regina Lightner, assistant vp-sales.

* Figures are corporate, including all HMOs sponsored by FHP International Corp.

FHP Health Care

18000 Studebaker Road, Cerritos, Calif. 90701; 213-809-5399

See FHP Health Care under California.

Freedom Plan Inc.

201 N. Salsipuedes, Suite 206, Santa Barbara, Calif.; 805-564-0072; 805-564-4167

Operational date: January 1988.
Certified in: California.
Model type: IPA.
For profit.
Sponsorship: California Preferred Providers Inc., Goleta Valley Hospital; United Healthcare Corp.

Staff: 100 primary physicians; 170 specialists; 24 administrative staff members; five marketing staff members; 75% board certified physicians.

Facilities: Seven hospitals; 25 pharmacies; five diagnostic labs.

Service area: Santa Barbara County in California.

Locations: One administrative site.

Services: Standard package, including outpatient substance abuse, outpatient psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental, infertility benefits, inpatient mental health, inpatient substance abuse, and chiropractic. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating. Does not offers point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 215 employer/payer groups; 2,749 employees with single coverage; 1,512 employees with family coverage; 8,250 employees and dependents. Hospital stay averages 3.8 days. 36 admissions per 1,000 members.

Management reports: Provided.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $2.9 million in 1989; $604,379 in 1988.

Officers: Leeba R. Lessin, chief executive officer; Dr. Robert McGinnis, medical director; Steve Van Wart, marketing director; Larry Keller, finance director; Martha Smith, provider relations director.

Golden West Dental & Vision Plan

888 W. Ventura Blvd., Suite 7, Camarillo, Calif. 93010; 805-987-8941; fax: 805-987-6110

Operational date: 1974.
Certified in: California.
Model type: Network.
For profit.

Staff: 550 dental providers; 175 specialists; 11 administrative staff members; 10 marketing staff members; 140 patients per physician; 100% board certified physicians.

Service area: California, Nevada, Arizona, Washington, Oregon, Illinois, New Mexico, Colorado, Nebraska, Kansas and Georgia.

Locations: Three administrative sites.

Services: Standard package includes vision and dental services only.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 1% of members are enrolled. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 680 employer/payer groups; 35,000 employees with single coverage; 38,000 employees with family coverage; 79,000 employees and dependents in employer groups.

Management reports: Provided annually.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing is not available.

Gross revenues: $4.4 million in 1989; $3.2 million in 1988.

Officers: Karl Lehmann, president; Daphne Becker, chief financial officer ; Jeff Petron, dental director; William H. Ayres Jr., marketing director; Troy Becker, controller; Candee Bolyog, administrator; James Fuhrman, service manager; Charles Simmons, programmer.

HEALS

155 Grand Ave., Oakland, Calif. 94612; 415-465-9600; fax: 415-465-1333

Operational date: July 1981.
Federally qualified.
Certified in: California.
Model type: IPA.
For profit.
Ownership: HEALS IPA, Alta Bates Hospital and Merritt-Peralta Medical Group.

Staff: 469 primary physicians; 902 specialists; 187 administrative staff members; 28 marketing staff members; 191 patients per physician.

Facilities: 25 hospitals; 92 pharmacies; eight diagnostic labs.

Service area: Alameda, Contra Costa, Marin, San Francisco, San Mateo and Solano counties in California.

Locations: One administrative site.

Services: Standard package, including psychiatric services, podiatry and obstetrics/gynecology, but excluding prescription drugs. Options include substance abuse, durable medical equipment, vision and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 396 employer/payer groups; 17,597 employees with single coverage; 23,486 employees with family coverage; 92,107 employees and dependents. Hospital stay averages 4.9 days. 64 admissions per 1,000 members.

Management reports: Not provided.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing is not available.

Gross revenues: $82.3 million in 1989; $60.2 million in 1988.

Officers: Walt Woodbury, president; Bill Popik, medical director; Michael D'Hoostelaere, marketing director; Frank Wentworth, chief financial officer; Kathy Newton, vp-operations; Bill Marr, vp-information services.

Contact: Michael D'Hoostelaere.

Health Net

21600 Oxnard St., Suite 1700, Woodland Hills, Calif. 91367; 818-719-6776; fax: 818-719-6992

Operational date: February 1979.
Federally qualified.
Certified in: California.
Model type: Network and IPA.
Not for profit.

Staff: 4,882 primary physicians; 9,561 specialists; 743 administrative staff members; 133 marketing staff members; 154 patients per physician; 76.7% board certified physicians.

Facilities: 250 hospitals; 1,285 pharmacies.

Continued on next page

Continued from previous page

Service area: 38 counties in California.

Locations: 13 administrative sites.

Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include vision, dental, prescription drugs, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Does not offer point-of-service contracts. Offers non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 2,340 employer/payer groups; 156,430 employees with single coverage; 434,922 employees with family coverage; 743,384 employees and dependents. Hospital stay averages 4.25 days. 54 admissions per 1,000 members.

Management reports: Provided annually, semiannually and upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Roger Greaves, president/chairman/chief executive officer; Dr. Leonard W. Knapp, vp/medical director; Rita Duarte, vp-sales/marketing; Maureen Celusta, associate vp-marketing; Jerry Cooper, senior vp-finance; Beverly Fittipaldo, vp-administration; Naomi Furukawa, associate vp-administration; Ken Lewis, vp-operations; Henry Loubet, executive director-northern region; Robert Navarro, associate vp-provider services; John Rue, controller/associate vp-finance; Brian C. Smith, vp-new corporate ventures; Mary Pat Yatsko, vp-provider services.

The Health Plan of America

505 S. Main St., Suite 300, Orange, Calif. 92668; 714-972-9200; fax: 714-550-4650

Operational date: December 1979.
Federally qualified.
Certified in: California.
Model type: IPA.
Not for profit.
Ownership: St. Joseph Health System.

Staff: 1,702 primary physicians; 5,607 specialists; 158 administrative staff members; 18 marketing staff members; 61 patients per physician; 95% board certified physicians.

Facilities: 98 hospitals; 2,000 pharmacies; two diagnostic lab companies with 130 drawing stations.

Service area: 38 counties in California.

Locations: Seven administrative sites.

Services: Standard package, including psychiatric services, podiatry, obstetrics/gynecology but excluding prescription drugs. Options include prescription drug, vision, substance abuse, durable medical equipment, hearing aids, prosthetic devices, hospice. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $116.56 single, $314.72 family. community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 850 employer/payer groups; 22,849 employees with single coverage; 25,962 employees with family coverage; 104,300 employees and dependents. Hospital stay averages 4.4 days. 68 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $84 million in 1989; $76 million in 1988.

Officers: Lawrence N. Kugelman, president/chief executive officer; Dr. John H. Austin, executive vp/medical director; David M. Horn, executive vp/marketing director; Eleanor V. Brewer, senior vp-corporate services; Donna J. Rockenbach, senior vp/chief financial officer.

Health Plan of the Redwoods

3033 Cleveland Ave., Santa Rosa, Calif. 95403; 707-544-2273; in Northern California: 800-248-2070; fax: 707-544-0312

Operational date: March 1980.
Federally qualified.
Certified in: California.
Model type: IPA.
Not for profit.
Sponsorship: Sonoma County Medical Assn.

Staff: 250 primary physicians; 550 specialists; 55 administrative staff members; 12 marketing staff members; patients per physician varies; more than 95% board certified physicians.

Facilities: 11 hospitals; approximately 200 pharmacies.

Service area: Sonoma, Marin; portions of Mendocino and Lake counties in California.

Locations: One administrative site.

Services: Standard package, including psychiatric services, podiatry, and obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision and durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating varies; community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 1,200 employer/payer groups; 13,982 employees with single coverage; 18,296 employees with family coverage; 71,167 employees and dependents.

Management reports: Provided as negotiated.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $62.6 million in 1989; $41.4 million in 1988.

Officers: Dr. Peter Shapiro, president; John Baxter, executive director; Dr. Brad Lundborg, medical director; Chuck Gardner, marketing director; Heather Brandeburg, operations director; Andrea Michelsen, health services director.

Contact: Chuck Gardner, marketing director.

Inter Valley Health Plan

300 S. Park Ave., Suite 300, Pomona, Calif. 91766; 714-623-6333; fax: 714-622-2907

Operational date: July 1979.
Federally qualified.
Certified in: California.
Model type: IPA.
Not for profit.
Sponsorship: Pomona Valley Hospital Medical Center.

Staff: 341 primary physicians; 1,289 specialists; 92 administrative staff members; seven marketing staff members; 102 patients per physician; 95% board certified physicians.

Facilities: 22 hospitals; 160 pharmacies; 29 diagnostic labs.

Service area: East Los Angeles, Riverside and San Bernardino counties in California.

Locations: Two administrative sites.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Users: 359 employer/payer groups; 6,159 employees with single coverage; 3,653 employees with family coverage; 26,158 employees and dependents. Hospital stay averages 2.97 days. 64.76 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing is not available.

Gross revenues: $58.9 million in 1989; $45.3 million in 1988.

Officers: James Taylor, president; Dr. Alexander Bokor, medical director; C. Lawrence Thomas, marketing director; Donald McCain, vp-finance.

Kaiser Foundation Health Plan Inc.-Northern California Region.

1950 Franklin St., Oakland, Calif. 94612; 415-987-1000; fax: 415-987-2486

Operational date: September 1945.
Federally qualified.
Model type: Group.
Not for profit.
Sponsorship: The Permanente Medical Group Inc. and Kaiser Permanente Medical Care Program.

Staff: As of March 31, 1990: 3,037 physicians; 24,277 non-physician staff members; 58 marketing staff members; 788 members per physician; 80% board certified physicians.

Facilities: 17 hospitals; 76 pharmacies; 58 diagnostic labs.

Service area: 22 counties in California.

Enrollment Options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.

Users: 13,891 employer/payer groups; 391,556 employees with single coverage; 546,055 employees with family coverage; 2,090,570 employees with dependents.

Gross revenues: $2 billion in 1989; $1.7 billion in 1988.

Officers: David Pockell, regional manger; Dr. Bruce Sams, medical director; Mark Hellender, health plan manager.

See Kaiser Permanente Medical Care Program under California.

Kaiser Foundation Health Plan Inc.-Southern California Region

393 E. Walnut, Walnut Center, Pasedena, Calif. 91188; 818-405-5000; 818-405-6882

Operational date: September 1945.
Federally qualified.
Model type: Group.
Not for profit.
Sponsorship: Southern California Permanente Medical Group.
Ownership: Kaiser Permanente Medical Care Program.

Staff: 2,850 physicians; 26,894 non-physician staff members; 71 marketing staff members; 788 members per physician; 81% board certified physicians.

Facilities: 12 hospitals; 76 pharmacies; 15 diagnostic labs.

Service area: Los Angeles, Orange, Riverside, San Bernardino and San Diego and portions of Ventura and Kern counties in California.

Locations: One administrative site, 145 primary care sites.

Rating options: Adjusted community rating: $101.16-$286.48; Bakersfield area: $98.43-$278.76. Offers point-of-service contracts in Bakersfield area; does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 8,249 employer/payer groups; 350,994 employees with single coverage; 496,032 employees with family coverage; 1,945,325 employees and dependents.

Gross revenues: $2 billion in 1989; $1.6 billion in 1988.

Officers: Hugh Jones, regional manager; Dr. Frank E. Murray, medical director; L. Jerome Ashford, health plan manager.

See Kaiser Permanente Medical Care Program under California.

Kaiser Permanente Medical Care Program

One Kaiser Plaza, Oakland, Calif. 94612; 415-271-5910; fax: 415-271-6495

Operational date: 1945.
Federally qualified.
Certified in: California, Colorado, Connecticut, District of Columbia, Georgia, Hawaii, Kansas, Maryland, Massachusetts, Missouri, New York, North Carolina, Ohio, Oregon, Texas, Virgina, and Washington.
Model type: Group.
Not for profit.
Sponsorship: The Permanente Medical Groups, Kaiser Foundation Hospitals, Kaiser Foundation Health Plans.
Ownership: Kaiser Permanente Medical Care Program.

Staff: 7,852 physicians; 67,627 non-physician staff members; 296 marketing staff members; 820 members per physician; 79% board certified physicians.

Facilities: 94 hospitals; 382 pharmacies; 206 diagnostic labs.

Service area: California, Colorado, Connecticut, District of Columbia, Georgia, Hawaii, Kansas, Maryland, Massachusetts, Missouri, New York, North Carolina, Ohio, Oregon, Texas, Virginia, Washington.

Locations: 17 administrative sites, 799 primary care sites.

Services: Standard package, including vision, substance abuse, psychiatric services, obstetrics/gynecology; physical, occupational and speech therapy; hemodialysis, skilled nursing facility and home health services. Options included are outpatient prescription drug, dental, durable medical equipment. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: community rating by class; adjusted community rating. Offers point-of-service contracts, less than 1% of members are enrolled. Offers non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 43,447 employer/payer groups; 1.1 million employees with single coverage; 1.4 million employees with family coverage; 5.6 million employees and dependents. Hospital stay averages five days. 75 discharges per 1,000 members.

Management reports: Provided quarterly, annually or upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $5.4 billion in 1989; $4.4 billion in 1988.

Officers: James Vohs, chairman/chief executive officer; Dr. David Lawrence, chief operating officer; Wayne Moon, president.

* Figures are corporate including information from all Kaiser HMOs.

Lincoln National Health Plan

1920 Main St., Suite 850, Irvine, Calif. 92714; 714-251-0441

Officers: Terry Bayer, general manager; Dennis McCarthy, regional manager.

See Lincoln National Health Plan under Indiana.

Lincoln National Health Plan

2655 Camino del Rio N., Suite 300, San Diego, Calif. 92108; 619-299-803 or 800-999-8033

Officers: Terry Bayer, general manager; Jim O'Rourke, regional manager.

See Lincoln National Health Plan under Indiana.

Lincoln National Health Plan

21800 Oxnard St., Suite 600, Woodland Hills, Calif. 91367; 818-716-7033

Officers: Terry Bayer, general manager; Tom Seinger, regional manager.

See Lincoln National Health Plan under Indiana.

Managed Care Systems Inc.

3626 Fair Oaks Blvd., Suite 300, Sacramento, Calif. 95864; 916-482-3295; fax: 916-482-0501

Operational date: November 1986.
Model type: IPA.
For profit.
Staff: 100 primary physicians; 500 specialists; 25 administrative staff members; three marketing staff members; 3,000 patients per physician; 85% board certified physicians.

Facilities: Nine hospitals; two chain pharmacies; one diagnostic lab.

Service area: Sacramento, Placer, El Dorado and Nevada counties in California.

Locations: One administrative site.

Services: Standard package, including psychiatric services, podiatry and obstetrics/gynecology, but excluding prescription drugs. Options include prescription drug, vision, dental, substance abuse and durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Management reports: Provided monthly.

Officers: Karen F. Taranto, president; Dr. Philip J. Reilly, medical director.

Maxicare California

5250 W. Century Blvd., Los Angeles, Calif. 90045; 213-568-9000; fax: 213-417-4048

Operational date: August 1972.
Federally qualified.
Certified in: California.
Model type: IPA and Network.
For profit.
Ownership: Maxicare Health Plans Inc.

Staff: Approximately 2,765 primary physicians; approximately 6,071 specialists; 87 administrative staff members; 24 marketing staff members; approximately 60 patients per physician; 90%-95% board certified physicians.

Facilities: 245 hospitals, several chains of pharmacies.

Service area: 16 counties is California.

Locations: Four administrative sites.

Services: Standard package, including vision, substance abuse, durable medical equipment, podiatry. Options include dental and psychiatric services. Diagnostic testing and lab work performed by the medical group or by referral with independent facilities.

Rating options: Adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 690 employer/payer groups; 22,935 employees with single coverage; 31,629 employees with family coverage; 124,588 employees and dependents. Hospital stay averages 3.5 days. 79 admissions per 1,000 members.

Management reports: Provided annually.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $209.7 million in 1989; $364.4 million in 1988.

Officers: John Southworth, president; Jack Horn, executive director; Dr. William Weil, medical doctor; John Fetch, marketing director, Debbie Lampariello, consumer services director; Mary Beth Corrado, administrative services director; Mark Dashiell, director-operations Northern California.

Contact: Marketing Department, 213-568-9000, ext. 3000.

MetLife Healthcare Network of California

4500 E. Pacific Coast Highway, Suite 600, Long Beach, Calif. 90804; 213-498-5200

Operational date: June 1986.
Certified in: California.
Model type: IPA.
For profit.
Sponsorship: Metropolitan Life Insurance Co.

Staff: 1,500 primary physicians; 5,150 specialists.

Facilities: 81 hospitals.

Service area: Alameda, Santa Clara, San Mateo, San Francisco, Contra Costa, Orange, San Bernardino, Riverside, Los Angeles and Ventura counties in California.

Continued on next page

Continued from previous page

Locations: Two administrative sites.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental. Diagnostic testing and lab work performed by contract with independent facilities.

Enrollment options: Individual enrollment not allowed.

Management reports: Not provided.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: James Hulsey, chief executive officer.

PacifiCare Health Systems Inc.*

5995 Plaza Drive, Cypress, Calif. 90630; 714-952-1121; fax: 714-220-3666

Operational date: 1978.
Federally qualified.
Model type: Mixed.
For profit.

Staff: 2,000 primary physicians; 8,400 specialists; 1,375 administrative staff members; 225 marketing staff members; 100% board certified or board eligible physicians.

Facilities: 240 hospitals; 1,075 pharmacies.

Service area: Los Angeles, Orange, Riverside, San Bernardino, San Diego and Ventura counties in California; Tulsa, Creek, Rogers, Wagoner, Oklahoma, Cleveland, Canadian, Grady, Kingfisher, Lincoln, McClain, Pottawatomie and Seminole counties in Oklahoma; Bexar County in Texas; Clackamas, Columbia, Marion, Multnomah, Washington and Yam Hill counties in Oregon.

Locations: Eight administrative sites.

Services: Standard package, including podiatry and obstetrics/gynecology but excluding prescription drug. Options include vision, dental, substance abuse, psychiatric services, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 2,560 employer/payer groups; 101,000 employees with single coverage; 130,000 employees with family coverage; 540,000 employees and dependents. Hospital stay averages 3.8 days. 55 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $646.2 million in 1989; $424.9 million in 1988.

Officers: Terry Hartshorn, president/chief executive officer; Allan Hoops, chief operating officer; Hal Hylton, vp-marketing/development; Wayne Lowell, chief financial officer; John Siefker, senior vp.

* Figures are corporate, including all HMOs sponsored by PacifiCare Health Systems Inc.

PacifiCare of California

5796 Corporate Ave., Cypress, Calif. 90630; 714-952-1121

Officers: Richard Lipeles, president; Dr. James Moffat, medical director; Michael Lombardi, vp-marketing; David Barr, vp-finance.

See PacifiCare Health Systems Inc. corporate listing under California.

Private Medical-Care Inc.

5122 Katella Ave., Suite 206, Los Alamitos, Calif. 90720; 213-493-6661; 714-978-6624

Operational date: 1968.
Certified in: Arizona, California, Colorado, Florida, Georgia, Illinois, Minnesota, New Mexico, Tennessee, Texas and Utah.
Model type: IPA.
Not for profit.
Ownership: Delta Dental Plan of California.

Staff: 928 dentists; 408 specialists; 116 administrative staff members; 26 marketing staff members; patients per dentist varies.

Service area: Arizona, California, Colorado, Florida, Georgia, Illinois, Minnesota, New Mexico, Tennessee, Texas and Utah.

Locations: Four administrative sites.

Services: Standard package includes dental only.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.

Enrollment options: Individual enrollment allowed.

Users: 750 employer/payer groups; 420,000 employees and dependents.

Management reports: Provided quarterly, semi-annually or annually.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $39.7 million in 1989; $35 million in 1988.

Officers: James P. Moon, president; Dr. Steven Bull, vp-professional relations; Bill Jones, marketing director-Delta Dental Plan of California; Randy Brecher, vp-finance/operations; Marilyn Masters, vp-research.

Contact: Bill Jones, Delta Dental Plan of California, P.O. Box 7736, San Francisco Calif. 94120; 415-972-8301.

Prudential Health Plan of California Inc.

5800 Canoga Ave., Woodland Hills, Calif. 91367; 818-712-5399; fax: 818-992-2474

Operational date: July 1990.
Certified in: California.
Model type: Group and IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.

Staff: 2,585 primary physicians; 6,663 specialists; 77 administrative staff members; 59 patients per physician; 81% board certified physicians.

Facilities: 104 hospitals; 11 pharmacy chains; 61 diagnostic labs.

Service area: 15 counties in California.

Locations: Four administrative sites.

Services: Standard package, including durable medical equipment, podiatry, obstetrics/gynecology but excluding prescription drug. Options include prescription drug, dental, substance abuse, psychiatric services. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 93% of members are enrolled.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 51,078 employees with single coverage; 38,644 employees with family coverage; 172,176 employees and dependents. Hospital stay averages 4.4 days. 61 admissions per 1,000 members.

Management reports: Provided to clients only.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Kathleen S. Swenson, president; Cheryl Pope, Sharon Olson, Rick Badger and Kathy Emmons, executive directors; Jeff Kamil, medical director; Robert Clendenin, marketing director; David Carlson, chief financial officer; Margo Bruich, director-underwriting.

Ross-Loos Medical Group

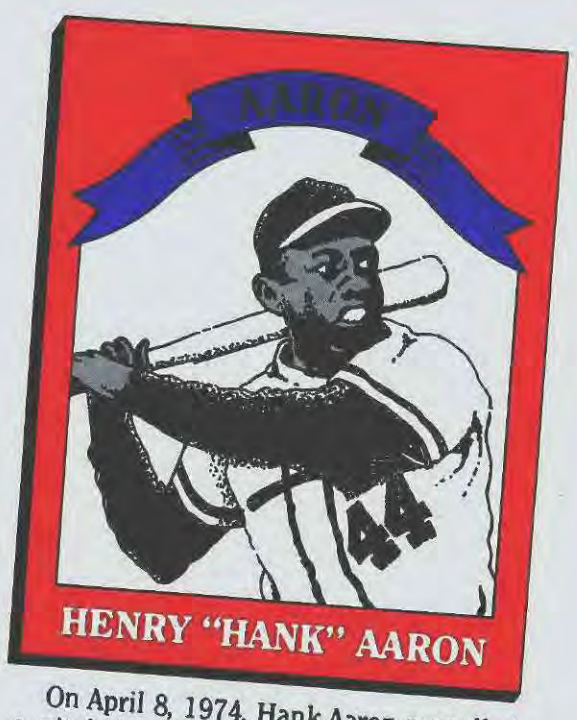
505 N. Brand Blvd., Suite 500, Glendale, Calif. 91203; 818-500-7000

Operational date: 1971.
Model type: Staff.
Staff: 972 primary physicians;

Continued on page 24



During his 22-year career, Babe Ruth hit a home run every 11.76 times he came to bat and led the league in that category 12 times. By the time he retired in 1935, he had hit 714 home runs — a record that was to stand for nearly 40 years.



On April 8, 1974, Hank Aaron propelled a pitch by Al Downing out of Atlanta's County Stadium to break Babe's record. Aaron went on to hit another 40 before retiring in 1976 with a total of 755 home runs.

PERFORMANCE COUNTS!

- We are the largest independent PPO.
- We offer a national network.
- We are not controlled by any insurance company or hospital chain.
- We represent multiple insurance carriers and multi-state employers.
- We customize our provider panels to meet each client's particular needs.
- We afford both providers and patients from coast to coast the greatest freedom of choice when utilizing healthcare resources.

And so it is with USA Healthnet's performance. **If we don't save you money on health costs, you do NOT have to pay us.** Other PPO's guarantee nothing and charge huge up-front fees. **We guarantee savings and only get paid after we have performed!**

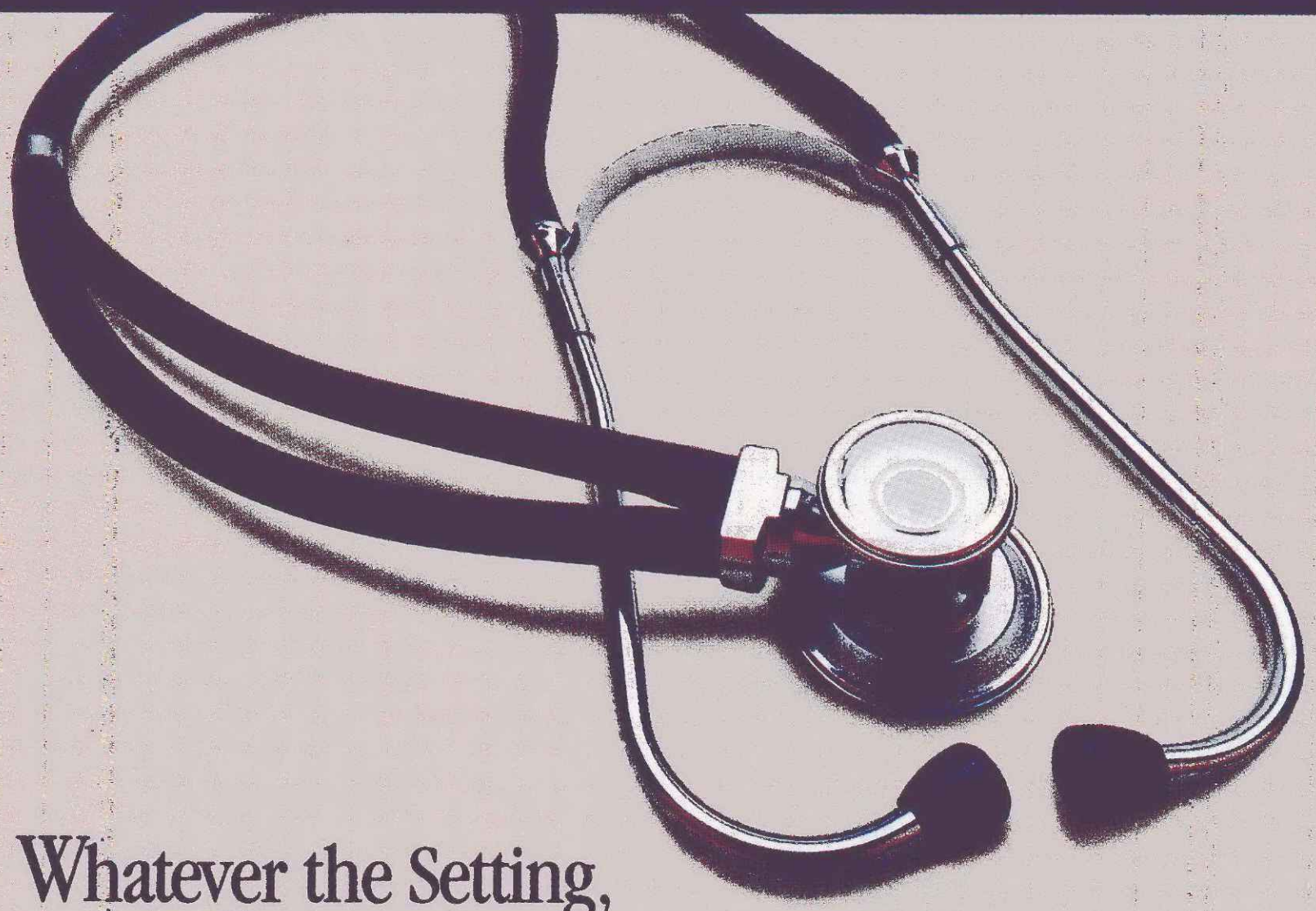
With all the talk about controlling rising health costs, shouldn't you talk to the company that performs?

You'll find that PERFORMANCE COUNTS!

usa healthnet inc.

7301 North 16th Street, Suite 201
Phoenix, Arizona 85020
(800) 354-2464

One Solution for Utilization *and*



Whatever the Setting, Our Utilization Management System Doesn't Miss a Beat.

Keeping a step ahead is vital to our customers' success. So, we listen carefully to the pulse of managed care trends.

This approach enables us to deliver innovative solutions that help reduce costs and improve care. Therefore, as new health care opportunities develop, Erisco customers can respond in a heartbeat.

Take CertiFacts, our comprehensive utilization management system. It consolidates precertification, concurrent stay review, discharge planning and outpatient review. All in a single system.

That means, now you can precertify and review independent outpatient services. Psychiatry, substance abuse, physical therapy, chiropractic, surgery, and more are all easily managed.

In addition, with CertiFacts' case management capabilities, you can monitor one or all phases of an entire episode of care. Whatever the clinical setting, your utilization management program won't miss a beat.

At the heart of CertiFacts is an extensive expert-knowledge database. It includes normative clinical data for more than 10,000 procedures and diagnoses, updated regularly as medical criteria change.

This helps medical reviewers respond quickly and effectively to individual health problems. They can better assess patient needs, advise less costly treatment alternatives, and refer appropriate providers.

What's more, you can adjudicate health claims automatically in accordance with utilization decisions. That's because we integrate claims processing with utilization management.

Because when it comes to serving our customers, there is no limit.

To find out how CertiFacts can keep you a beat ahead of the competition, call or write:

1700 Broadway
New York, NY 10019
(212) 765-8500

Erisco

IBM Business Partner

D&B a company of The Dun & Bradstreet Corporation

Claims Management. Erisco.



To Improve Upon the Best Claims Management System, We Applied Logic.

Innovation requires an open mind. At Erisco, this philosophy leads us to explore new cost-saving opportunities in health benefit management.

Take ClaimFacts, our comprehensive health claims management system. It handles all the requirements of today's managed care benefit plans. It's simple to use. And installation is fast and easy.

However, we thought ClaimFacts could be even better. So we took the next logical step. Now ClaimFacts integrates claim processing with medical claim editing. That means you'll save time and reduce cost while you improve productivity.

ClinicaLogic Makes ClaimFacts Smart.

We think you'll be impressed. The fact is, ClinicaLogic cuts claim costs dramatically by eliminating unnecessary medical payments. It's fully integrated with ClaimFacts. And ClinicaLogic examines claims automatically *before disbursement,* correcting "unbundled" procedures, inappropriate fees and coding errors.

ClinicaLogic is backed by an expert staff of board-certified physicians. Their combined clinical experience forms an expert-knowledge database, updated regularly as medical criteria change.

All this makes ClinicaLogic the most comprehensive claims editor available today.

We Designed ClaimFacts with Flexibility in Mind.

ClaimFacts accommodates the requirements of insurance carriers, TPAs, corporations, Taft-Hartleys, associations, and HMOs.

And, since all Erisco managed care systems work together, you can easily link utilization management and group administration to claim processing.

Because when it comes to serving our customers, there is no limit.

Make the Intelligent Choice.

To learn how ClaimFacts will help you contain costs and work smarter, call or write:

Erisco
1700 Broadway
New York, NY 10019-5905
(212) 765-8500.

Erisco

IBM Business Partner

a company of
The Dun & Bradstreet Corporation

Continued from previous page
2,906 specialists.
Facilities: 53 hospitals.
Service area: Los Angeles, Orange and San Bernardino counties in California.
Locations: One administrative site, one primary care site.
Officers: Bert Wagner, general manager; Dr. James Bowerman, medical director.
See CIGNA Corp. listing under Connecticut.

TakeCare Health Plan

2300 Clayton Road, 10th Floor, Concord, Calif. 94524; 800-635-2273; 415-246-1490

Operational date: March 1978.
Federally qualified.
Certified in: California.
Model type: Network.
For profit.
Service area: 25 counties in California.
Locations: Seven administrative sites.
Services: Standard package, including experimental procedures, psychiatric services, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, vision care, substance abuse, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts, does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Officers: R. Judd Jessup, president; Dr. Gerard Sarnat, vp-medical affairs; Robert L. Fahlman, vp-marketing; Dennis L. Gates, vp-finance; Curtis Terry, vp-health services.
Contact: Robert L. Fahlman.

Travelers Health Network-Fresno

770 E. Shaw, Suite 326, Fresno, Calif. 93710; 209-225-6667

Operational date: September 1985.
Federally qualified.
Certified in: California.
Model type: IPA.
For profit.
Sponsorship: Travelers Corp.
Staff: 56 primary physicians; 158 specialists; five administrative staff members; three marketing staff members; 84% board certified physicians.
Facilities: Six hospitals; 18 pharmacies; 16 diagnostic labs.
Service area: Madera County in California.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing or lab work performed by contract with independent facilities.
Rating options: Community rating; community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 21 employer/payer groups. Hospital stay averages 2.1 days. 51.1 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing not available.
Officers: Michael Gaffney, president; Ann Carder, executive director; Dr. Paul Norwood, medical director; Mary Richard, marketing director; Emery Dameron, regional vp; Dr. David Epstein, regional medical director.

Travelers Health Network-Sacramento

501 J. St., Suite 206, Sacramento, Calif. 95814; 916-443-6667

Operational date: September 1985.
Federally qualified.
Certified in: California.
Model type: IPA.
For profit.
Sponsorship: Travelers Corp.
Staff: 109 primary physicians; 494 specialists; 17 administrative staff members; 76% board certified physicians.
Facilities: Six hospitals; 25 pharmacies; 16 diagnostic labs.
Service area: Nevada, Placer, Yolo, El Dorado and Sacramento counties in California.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating; community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 50 employer/payer groups; Hospital stay averages 3.4 days. 64 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing not available.
Officers: Michael Gaffney, president; Ann Carder, executive director; Dr. Dennis Collins, medical director; Mary Richard, marketing director; Emery Dameron, regional vp; Dr. David Epstein, regional medical director.

VIP Health Plan

500 Esplanade Drive, Suite 400, Oxnard, Calif. 93030; 805-988-0277; 805-988-1359

Operational date: September 1982.
Federally qualified.
Certified in: California.
Model type: IPA.
For profit.
Ownership: Century Medicorp.
Staff: 190 primary physicians; 205 specialists; 41 administrative staff members; three marketing staff members; 155 patients per physician; 100% board certified physicians.
Facilities: 11 hospitals; nine diagnostic labs.
Service area: Ventura County in California.
Locations: One administrative site.
Services: Standard package, including outpatient substance abuse, outpatient psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, vision, dental, chiropractic, inpatient mental health and substance abuse. Diagnostic testing or lab work performed by contract with independent facilities.
Rating options: Community rating: $121.88 single, $292.27 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 138 employer/payer groups; 5,286 employees with single coverage; 7,393 employees with family coverage; 29,548 employees and dependents. Hospital stay averages 2.9 days. 9.1 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $24.8 million in 1989; $15.1 million in 1988.
Officers: Thomas A. Diaz, president; Dr. Gerald Zaid, medical director; Lisa D. Shippy, marketing manager; Donald M. Comstock, chief financial officer; Dr. Jacob Y. Terner, chief executive officer.



Aetna Life Insurance Co./PARTNERS Health of Colorado Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See AETNA Life Insurance Co. under Texas.

CIGNA Healthplan of Colorado Inc.

950 S. Cherry St., Denver, Colo. 80222; 303-782-9101

Operational date: 1986.
Federally qualified.
Model type: IPA.
Staff: 278 primary physicians; 1,196 specialists; 85 patients per physician. 75% board certified physicians.
Facilities: 16 hospitals; 157 pharmacies.
Service area: Boulder, Adams, Arapahoe and Douglas counties in Colorado.
Locations: One administrative site, one primary care site.
Users: Hospital stay averages 4.0 days. 62.5 admissions per 1,000 members.
Officers: James Cameron, general manager; Dr. David Berenbeim, medical director; K. Geis, health services manager.
Contact: James Cameron.
See CIGNA Corp. under Connecticut.

Comprecare Inc.

12100 E. Iliff Ave., Suite 200, P.O. Box 441170, Aurora, Colo. 80044; 303-695-6685; fax: 303-751-4432

Operational date: November 1974.
Certified in: Colorado.
Model type: IPA.
For profit.
Ownership: American Medical International.
Staff: 690 primary physicians; 1,259 specialists; 262 administrative staff members; 23 marketing staff members; 245 patients per primary physician.
Facilities: 19 hospitals; 210 pharmacies; one diagnostic lab.
Service area: 15 counties in Colorado.
Locations: Three administrative sites.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, and short-term occupational, physical and speech therapy, but excluding prescription drugs. Options include dental, eye wear and health education programs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class; adjusted community rating. Offers point-of-service contracts, 6.5% of members are enrolled. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 465 employer/payer groups; 27,006 employees with single coverage; 39,354 employees with family coverage; 156,239 employees and dependents. Hospital stay averages 5.2 days. 83 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $179.3 million in 1989; $150.2 million in 1988.
Officers: Eric D. Sipf, president/chief executive officer; Dr. Val C. Dean, vp/medical director; Greg Huls and Dick Zane, vps-finance; Dick Zane, vp-operations.
Contact: Charles Gaughan.

HMO Colorado

700 Broadway, Denver, Colo. 80203; 303-831-4114; fax: 303-831-6428

Operational date: January 1980.
Federally qualified.
Certified in: Colorado.
Model type: Mixed: medical groups and independent physicians.
For profit.
Sponsorship: Blue Cross & Blue Shield of Colorado.
Ownership: General Health Corp.
Staff: 300 primary physicians; 2,100 specialists; 178 administrative staff members; 50 marketing staff members; 150 patients per physician.
Facilities: 40 hospitals; one pharmacy chain; four diagnostic labs.
Service area: 22 counties in Colorado.
Locations: Four administrative sites, 178 primary care sites.
Services: Standard package, including vision, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, dental and substance abuse services. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 900 employer/payer groups; 15,584 employees with single coverage; 13,800 employees with family coverage; 60,782 employees and dependents. Hospital stay averages 5.1 days. 302.6 admissions per 1,000 members.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: James R. Ludwig, president; Dr. Terry Sullivan, medical director; John Chenier, vp-sales.

Health Network of Colorado Springs

320 N. Academy, Suite 300, Colorado Springs, Colo. 80909; 719-475-5025; fax: 719-475-5004

Operational date: April 1986.
Federally qualified.
Certified in: Colorado.
Model type: IPA.
For profit.
Ownership: Physicians Network of Colorado Springs.
Staff: 59 primary physicians; 119 specialists; 32 administrative staff members; four marketing staff members; 89% board certified physicians.
Facilities: One hospital; one pharmacy; one diagnostic lab.
Service area: El Paso, Teller, portions of Fremont, Park County South and Elbert counties in Colorado.
Locations: One administrative site.
Services: Standard package, including vision, psychiatric services, durable medical equipment and obstetrics/gynecology but excluding prescription drugs. Options include dental, substance abuse and prescription drug programs. Diagnostic testing and lab work performed by the HMO facilities.
Rating options: Community rating: $95.71-$107.80 single, $245.52-$276.52 family; does not offer point-of-service contracts. Offers non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 132 employer/payer groups; 2,612 employees with single coverage; 4,390 employees with family coverage; 18,280 employees and dependents. Hospital stay averages 3.4 days. 6.5 admissions a month per 1,000 members.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing is not available.
Gross revenues: $6.6 million in 1989; $5.9 million in 1988.
Officers: Ron Burnside, president/executive director; Dr. David Wolf, medical director; Mark Steider, marketing director; Dr. Nathan Birghtwell, Dr. Richard Evans, Dr. Donald Gazibara, Dr. Warren Goldstein and K. Patrick McCaffery, director.
Contact: Vickie Endsley, marketing assistant.

Humana Health Plan Inc.

3900 E. Mexico Ave., Suite 800, Denver, Colo. 80210; 303-691-6990 or 303-691-6988; fax: 303-694-6105

Operational Date: 1985.
Model Type: IPA.
Officers: James Cameron, executive director; Ellen Marshall, operations manager; Dr. Scott Gilmer, medical director.
See Humana Health Care Plans under Kentucky.

Kaiser Foundation Health Plan of Colorado

10350 E. Dakota Ave., Denver, Colo. 80231-1314; 303-344-7200; 303-344-7290

Operational date: July 1969.
Federally qualified.
Sponsorship: Colorado Permanente Medical Group P.C.
Ownership: Kaiser Permanente Medical Care Program.
Staff: 300 physicians; 1,607 non-physician staff; 14 marketing staff; 796 members per physician; 87% board certified physicians.
Facilities: Four hospitals; nine pharmacies; 11 diagnostic labs.
Service area: Boulder, Denver and portions of Adams, Arapahoe, Clear Creek, Douglas, Gilpin, Grand, Jefferson, Larimer, Park, and Weld counties in Colorado.
Rating options: Adjusted community rating: $85.46-$246.98. Does not offer non-federally qualified programs to employers.
Users: 2,211 employer/payer groups; 40,287 employees with single coverage; 48,681 employees with family coverage; 196,322 employees and dependents.
Gross revenues: $178 million in 1989; $137 million in 1988.
Officers: Christopher Binkley, regional manager; Dr. Toby Cole, medical director.
See Kaiser Pernamente Medical Program under California.

Lincoln National Health Plan

5725 Mark Dabling Blvd., Suite 240 Colorado Springs, Colo. 80919; 719-548-8700

Officers: Stephen O'Dell, general manager; Michael Fulk, regional manager.
See Lincoln National Health Plan under Indiana.

Lincoln National Health Plan

4582 S. Ulster St., Suite 1102 Denver, Colo. 80237; 303-850-5407

Officers: Stephen O'Dell, general manager; Michael Fulk, regional manager.
See Lincoln National Health Plan under Indiana.

Lincoln National Health Plan

2627 Redwing Road, Suite 120, Fort Collins, Colo. 80526; 303-223-9898
Officers: Stephen O'Dell, general manager; Michael Fulk, regional manager.
See Lincoln National Health Plan under Indiana.

Lincoln National Health Plan

720 N. Main, Suite 200, Pueblo, Colo. 81003; 719-542-2685

Officers: Stephen O'Dell, general manager; Michael Fulk, regional manager.
See Lincoln National Health Plan under Indiana.

MetLife HealthCare Network-Colorado

1512 Larimer St., Bridge Level, Denver, Colo. 80202; 303-659-5331

Operational date: April 1986.
Certified in: Colorado.
Model type: IPA.
For profit.
Sponsorship: Metropolitan Life Insurance Co.
Staff: 600 primary physicians; 1,150 specialists.
Facilities: 20 hospitals.
Service area: Adams, Arapahoe, Boulder, Denver, El Paso, Jefferson, Larimar, Pueblo, Teller and Weld counties in Colorado.
Locations: One administrative site.
Rating options: By class, experience rating.

Continued on next page

Continued from previous page

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Management reports: Provided.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Roger Friend, president/chief executive officer.



Aetna Life Insurance Co./PARTNERS Health Plan of Southern New England

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See AETNA Life Insurance Co. under Texas.

CIGNA Corp.*

Hartford, Conn. 06106; 203-726-6904

Operational date: Varies by location; see individual listings.
Federally qualified.
Certified in: 25 states.
Model type: Group, IPA, staff.
For profit.
Ownership: CIGNA Corp.
Staff: Primary physicians, specialists and patients per physician varies by location; at least one administrative staff member per site; at least one marketing staff member per site; 75% board certified physicians.
Facilities: Number of hospitals varies by location; see individual listings.
Service area: Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Kansas, Louisiana, Maryland, Massachusetts, Missouri, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington. See individual listings for counties serviced.
Locations: One administrative site and one primary care site per location.
Services: Standard package, including experimental procedures, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, skilled nursing, short-term rehabilitation, physical therapy, but excluding prescription drugs. Options include prescription drugs, vision, external prosthesis, hearing care. Diagnostic testing and lab work performed by the HMO.
Rating options: Community rating, community rating by class, adjusted community rating. Offers point-of-service contracts. Some locations offer non-federally qualified programs to employers; see individual listings.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 2 million employees and dependents in employer groups. Average hospital stay depends on location. Rate of admissions per 1,000 members depends on location.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: See individual listings.

* Figures are corporate, including all HMOs sponsored by CIGNA Corp. See individual listings under CIGNA Healthplan and EQUICOR Healthplan.

CIGNA Healthplan of Connecticut

2 Riverview Square, Hartford, Conn. 06109; 203-289-7990

Operational date: June 1986.
Model type: IPA.
Staff: 475 primary physicians; 919 specialists; 75% board certified physicians.
Facilities: 12 hospitals.
Service area: Tolland and Hartford counties in Connecticut.
Locations: One administrative site.
Rating options: The HMO offers non-federally qualified programs to employers.
Users: Hospital stay averages five days. 74 admissions per 1,000 members.
Officers: Tom Boyajy, general manager; Dr. Michael Cebrik, medical director.
Contact: Michael Cebrik.
See CIGNA Corp. listing under Connecticut.

Community Health Care Plan

221 Whitney Ave., New Haven, Conn. 06511; 203-773-8309; fax: 203-787-5917

Operational date: 1971.
Federally qualified.
Certified in: Connecticut.
Model type: Staff.
Not for profit.
Ownership: Affiliated with Blue Cross & Blue Shield of Connecticut.
Staff: 62 primary physicians; more than 150 specialists; 82 administrative staff members; 14 marketing staff members; one physician per 1000 members; 95% board certified physicians.
Facilities: 15 hospitals; nine pharmacies; one diagnostic lab.
Service area: New Haven, Fairfield, portions of Middlesex and Hartford counties.

Locations: Seven administrative sites, 10 primary care sites.
Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include experimental procedures, prescription drugs, vision, dental and durable medical equipment. Diagnostic testing or lab work performed in the HMO's facilities and by contract with independent facilities.
Rating options: Community rating: $184.43 single, $442.62 family; community rating by class. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 1,200 employer/payer groups; 15,707 employees with single coverage; 11,825 employees with family coverage; 53,615 employees and dependents. Hospital stay averages 6.6 days. 106.7 medical admissions per 1,000 members. 64.3 surgical admissions per 1,000 members.

Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $106.6 million in 1989; $88.9 million in 1988.
Officers: John A. Nelson, chief executive officer; Carl J. Maleri, chief operating officer; Dr. Robert E. Scalettar, vp-clinical affairs; Robert Lesko, vp-marketing; Salvatore Catardi, vp-finance; Donald Ingails, vp-public relations.

ConnectiCare Inc.

10 Waterside Drive, Farmington, Conn. 06032; 203-674-5700; fax: 203-674-5728

Operational date: April 1982.
Federally qualified.
Certified in: Connecticut.
Model type: IPA.
Not for profit.
Staff: Approximately 500 primary physicians; approximately 800 specialists; 150 administrative staff members; 15 marketing staff members; 100 patients per physician; 80% board certified physicians.
Facilities: Eight hospitals; 19 diagnostic labs.
Service area: Hartford, Tolland, Middlesex and parts of Litchfield counties in Connecticut.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology and home health. Options include vision.

Continued on page 28

EMPLOYEE BENEFITS BULLETIN:
CNA OFFERS YOU AN OUTSTANDING ENROLLMENT RECORD

Your employees will be as convinced as you are about the benefits of CNA's Group Long Term Care Plan.

CNA has been a leading provider of long term care coverage for more than 25 years. During that time, we've established a record of achieving high participation in voluntary group programs. In fact, one of our groups more than doubled any publicly available initial enrollment percentage for group long term care!

The long term care policy from the CNA Insurance Companies is available to groups as small as 500 employees. It offers outstanding flexibility in terms of type of care, benefit limits and individuals covered. Details are spelled out in a comprehensive communications package tailored to your enrollment needs.

CNA is one of the few major property/casualty groups to earn the highest ratings from the top four financial rating services.* So you know we'll be here to help your employees long after they've signed up.

For more information, call Lynn Clark at 312-822-2005. *A.M. Best, Standard & Poor's, Moody's, Duff & Phelps



CNA
For All the Commitments You Make®

Group Benefits from CNA: Life & Health • AD&D • Vision • Dental • LTD • Flexible Benefits Programs • Pensions • Long Term Care • Managed Care
Coverage is underwritten by Continental Casualty Company, one of the CNA Insurance Companies/CNA Plaza/Chicago, IL 60685.

WE'RE NOT ASKING YOU TO SWALLOW THIS.



© 1990 ITT Hartford Insurance Group, Hartford, CT 06115

If your doctor prescribed a pill before diagnosing your condition, you'd get a new doctor.

Yet health care insurers make such prescriptions every day. And, usually, their plans are swallowed whole.

Unfortunately, this can lead to some costly side effects.

At The Hartford, we don't recommend a health care plan until we make a thorough analysis.

Of your market. Your type of business. What your employees need. And, just as important, what they don't.

This way, we can tailor a plan to meet the needs of *your* business, not ours.

We start with a careful examination of all the managed care networks in a given market to determine which one is best. One immediate advantage is that all cost containment efforts are managed at the local level.

The Hartford then expands these efforts with specialized programs, including large case management and psychiatric review.

The result is a health care plan that focuses on containing overall costs, not just prices.

And it works. In fact, in the 32 markets we currently service, we've been able to reduce our cost trends for managed care clients by as much as 6%.

If your health care plan has been a bitter pill to swallow, call us in the morning.

The Hartford's managed care networks are marketed in the locations listed below. For more information, check this issue's Directory Listing. Or, call your local broker, consultant or Hartford Group Representative.



ITT HARTFORD

Bakersfield, Fresno, Los Angeles, Sacramento, San Diego, San Francisco, Washington D.C., Daytona, Ft. Lauderdale, Jacksonville, Miami, Orlando, Tampa/St. Petersburg, Atlanta, Kansas City (KS), Baltimore, Kansas City (MO), Minneapolis/St. Paul, Charlotte, Southern NJ, Cincinnati/Dayton, Portland(OR), Philadelphia, Nashville, Austin, Corpus Christi, Dallas/Ft. Worth, El Paso, Rio Grande Valley, Houston, San Antonio, Seattle/Tacoma.

Continued from page 25
Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $142.57 single, $356.42 family; community rating by class. Offers point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 320 employer/payer groups; 17,494 employees with single coverage; 24,740 employees with family coverage; 97,000 employees and dependents. Hospital stay averages 4.7 days. 69.1 admissions per 1,000 members.

Management reports: Provided annually upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $83.7 million in 1989; $61 million in 1988.

Officers: William F. Pierce Jr., president; Charles Kuchenbrod, executive vp; Dr. Alan Spiro, medical director; James Claffey, vp-marketing; Paul Rubin, vp-finance/administration; Diane Vigneau, vp-health services.

Constitution HealthCare Inc.

370 Bassett Road, North Haven, Conn. 06473-4200; 203-234-2011; fax: 203-985-7030

Operational date: May 1978.
Federally qualified.
Certified in: Connecticut.
Model type: IPA.
Not for profit.
Sponsorship: Blue Cross & Blue Shield of Connecticut.

Staff: 1,423 primary physicians; 2,077 specialists; 141 administrative staff members; 28 marketing staff members; 100% board certified or board eligible physicians.

Facilities: 24 hospitals; four diagnostic labs.

Service area: New Haven, Hartford, Tolland, Middlesex and portions of Fairfield, Litchfield, Windham, New London counties in Connecticut.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs and vision. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 1,336 employer/payer groups; 20,745 employees with single coverage; 42,036 employees with family coverage; 114,728 employees and dependents. Hospital stay averages 5.6 days. 82 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $71.8 million in 1989; $64.9 million in 1988.

Officers: Anthony J. Martin, president/chief executive officer/chairman; Ralph Ricciardi, executive vp-sales/service; Dr. Gerald Russo and Dr. Robert Rogusa, medical directors; Alex Ungerleider, marketing director; Jack Gioglio, vp-sales; Albert Mignone, vp-operations; Robert D. Butler, chief financial officer; Barbara Bradow, vp-planning/development.

Kaiser Foundation Health Plan-Northeast Region

76 Batterson Park Road, Farmington, Conn. 06034-4011; 203-678-6000; fax: 203-678-6140

Operational date: June 1979.
Federally qualified.
Sponsorship: Northeast Permanente Medical Groups.
Ownership: Kaiser Permanente Medical Care Program.

Staff: 84 physicians; 786 non-physician staff members; 28 marketing staff members; 1,337 members per physician; 95% board certified physicians.

Facilities: Seven hospitals; 11 pharmacies; 14 diagnostic labs.

Service area: Hartford and Fairfield counties and the towns of Vernon, Bolton, Cromwell and Middletown in Connecticut. Westchester County in New York. Franklin, Hampden and Hampshire counties in Massachusetts.

Rating options: Community rating: Hartford area, $117.20-$316.44. Stamford area, $117.20-$316.44; New York area, $120.44-325.18; Massachusetts area, $115.86-314.41. Does not offer non-federally qualified programs to employers.

Users: 2,010 employer/payer groups; 22,427 employees with single coverage; 22,633 employees with family coverage; 95,342 employees and dependents.

Gross revenues: $100 million in 1989; $78 million in 1988.

Officers: Michael Dudley, regional manager; Dr. R. Simi Lyss, medical director.

See Kaiser Permanente Medical Care Program under California.

M.D. Health Plan

6 Devine St., North Haven, Conn. 06473; 203-776-5759; fax: 203-230-0045

Operational date: October 1987.
Certified in: Connecticut.
Model type: IPA.
For profit.
Sponsorship: Group of doctors.
Ownership: M.D. Enterprises of Connecticut.

Staff: 1,075 primary physicians; 1,441 specialists; 60 administrative staff members; 17 marketing staff members.

Facilities: 36 hospitals; 1,700 pharmacies; 62 diagnostic labs.

Service area: Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham counties in Connecticut.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include vision and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Offers point-of-service contracts, 5% of members are enrolled.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 2,100 employer/payer groups; 9,169 employees with single coverage; 13,415 employees with family coverage; 35,999 employees and dependents. Hospital stay averages 4.7 days. 90.2 admissions per 1,000 members.

Management reports: Provided quarterly.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $19.8 million in 1989; $4.9 million in 1988.

Officers: Douglas Hayward, president/chief executive officer; Dr. Guy Van Syckle, medical director; John Gilchrist, vp-marketing.

Oxford Health Plans Inc.*

320 Post Road, Darien, Conn. 06820; 203-656-1442; fax: 203-444-6222

Operational date: November 1986.
Federally qualified.
Certified in: New York, New Jersey.
Model type: IPA.
For profit.

Staff: 1,642 primary physicians; 2,858 specialists; 140 administrative staff members; 46 marketing staff members; 60 patients per physician; 100% board certified physicians.

Facilities: 32 hospitals; 1,862 pharmacies; 26 diagnostic labs.

Service area: Fairfield, Conn.; Rockland, Westchester, Nassau, Suffolk, Bronx, New York, Queens, Kings and Richmond in New York; all of New Jersey.

Locations: Three administrative sites.

Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental and durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $130 single, $344 family. Offers point-of-service contracts, 60% of members are enrolled. Offers non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 836 employer/payer groups; 29,000 employees with single coverage; 15,000 employees with family coverage; 59,000 employees and dependents. Hospital stay averages 4.6 days. 76 admissions per 1,000 members.

Management reports: Provided quarterly.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $42 million in 1989; $70 million in 1988.

Officers: Stephen F. Wiggins, president; Ben Safirstein, medical director; Dianne Laurent, marketing director.

Contact: Dianne Laurent.

* Figures are corporate, including all HMOs sponsored by Oxford Health Plans Inc.

Physicians Health Services of Connecticut Inc.

120 Hawley Lane, Trumbull, Conn. 06611-5313; 203-381-6400 or in Connecticut, 800-848-4747; fax: 203-381-6690

Operational date: September 1977.
Federally qualified.
Certified in: Connecticut.
Model type: IPA.
For profit.
Ownership: PHS Inc.

Staff: 848 primary physicians; 1,339 specialists; eight administrative staff members; 19 marketing staff members; 146 patients per physician.

Facilities: 17 hospitals; 464 pharmacies; 50 diagnostic labs.

Service area: Fairfield, Litchfield, Middlesex, New Haven, New London, Windham. portions of Hartford and Tolland counties in Connecticut.

Locations: Six administrative sites.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include vision, dental and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: western Connecticut, $151.64 single, $391.78 family; eastern Connecticut, $138.49 single, $357.81 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 1,500 employer/payer groups as of December 1989; 22,900 employees with single coverage; 29,815 employees with family coverage; 119,255 employees and dependents. Hospital stay averages 6.1 days. 85 admissions per 1,000 members.

Management reports: Provided.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing is not available.

Gross revenues: $166.8 million in 1989; $119.4 million in 1988.

Officers: Michael E. Herbert, president; Robert L. Natt, senior vp; Dr. Richard O'Connor, medical director; Robin Deitrick, marketing director; Neil M. Kroke, vp-finance; Lauren Casalveri, vp-member relations; Laura Pasquale, vp-operations; Marty Katz, vp-management information systems; Amy Rich, vp-professional relations.

Prudential Health Plan of Connecticut Inc.

301 Merritt 7, Norwalk, Conn. 06851; 203-849-1800; fax: 203-849-8387

Operational date: October 1988.
Federally qualified: 1989.
Certified in: Connecticut.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.

Staff: 177 primary physicians; 227 specialists; 12 administrative staff members; three marketing staff members; 15 patients per physician; 79% board certified physicians.

Facilities: Seven hospitals; 202 pharmacies; four diagnostic labs.

Service area: Fairfield, New Haven, Middlesex, portions of Litchfield counties in Connecticut.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating, community rating by class. Offers point-of-service contracts.

Enrollment options: Does not offer non-federally qualified programs to employers; does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 40 employer/payer groups; 2,604 employees and dependents. Hospital stay averages 4.2 days. 60 admissions per 1,000 members.

Management reports: Provided as requested.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $1.3 million in 1989.

Officers: William P. Link, president; William S. Marino, vp/chief operating officer; John J. Tobin, medical director; John Gailbraith, marketing director.

Contact: Kerry Haselton.

Suburban Health Plan Inc.

680 Bridgeport Ave., Shelton, Conn. 06484; 203-926-8882; fax: 203-925-1202

Operational date: February 1988.
Certified in: Connecticut.
Model type: IPA.
For profit.
Ownership: Griffin Health Services Corp.

Staff: 44 primary physicians; 74 specialists; three administrative staff members; two marketing staff members; 64% board certified physicians.

Facilities: One hospital; chain of pharmacies; two diagnostic labs.

Service area: Portions of New Haven, Litchfield, Fairfield counties in Connecticut.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include vision and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $138 single, $355 family; community rating by class. Offers point-of-service contracts, 59% of members are enrolled.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 80 employer/payer groups; 2,000 employees and dependents. Hospital stay averages 5.4 days. 330 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $2.3 million in 1989; $1.6 million in 1988.

Officers: Theresa Atwood, executive director; Dr. Kenneth Schwartz, medical director; Terri Guidone, marketing director; Barbara Liba, operations director; Diana Trembley, finance director.

U.S. Healthcare Inc. (a Connecticut Corp.)

Trap Falls Center, 2 Trap Falls Road, Shelton, Conn. 06484; 203-929-2575

See U.S. Healthcare Inc. corporate listing under Pennsylvania.



CIGNA Healthplan of Delaware Inc.

100 Stevens Dr., Suite 300, Lester, Pa. 19113; 215-595-3000

Operational date: May 1985.
Federally qualified.
Certified in: Delaware.
Model type: IPA.

Staff: 126 primary physicians; 368 specialists; 110 patients per physician; 75% board certified physicians.

Facilities: Nine hospitals.

Service area: Wilmington, New Castle, Kent, Sussex counties in Delaware.

Users: Hospital stay averages 4.8 days. 81 admissions per 1,000 members.

Officers: Leo Carey, general manager; Dr. Norman Scott, medical director.

Contact: Leo Carey.

See CIGNA Corp. under Connecticut.

The HMO of Delaware Inc.

200 Hygeia Drive, P.O. Box 6008, Neward, Del. 19713; 302-421-2466

Operational date: August 1983.
Model type: Staff.
Sponsorship: Blue Cross & Blue Shield of Delaware Inc.
Service area: New Castle County in Delaware.
Users: 21,575 members.

Total Health Plus

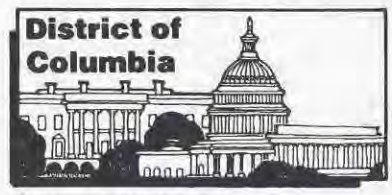
One Brandywine Gateway, Wilmington, Del. 19801; 302-421-3222

Operational date: January 1986.
Model type: IPA.
Sponsorship: Blue Cross & Blue Shield of Delaware Inc.
Service area: Kent, New Castle and Sussex counties in Delaware.
Users: 36,413 members.

U.S. Healthcare Inc. (a Delaware Corp.)

P.O. Box 1965, Wilmington, Del. 19850; 215-628-4800

See U.S. Healthcare Inc. corporate listing under Pennsylvania.



Aetna Life Insurance Co./Aetna Health Plans of the Mid-Atlantic Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See AETNA Life Insurance Co. under Texas.

CapitalCare Inc.

1921 Gallows Road, Tysons Corner, Va. 22180; 703-761-5400;

Operational date: March 1985.
Federally qualified.
Model type: IPA.
Sponsorship: Blue Cross & Blue Shield of the National Capital Area.
Service area: District of Columbia; Anne Arundel, Frederick, Howard, Montgomery, Prince George's, Northern Charles counties in Maryland; Arlington, Fairfax, Loudoun, Prince William counties and cities of Alexandria and Fairfax in Virginia.
Users: 69,418 members.

Continued on next page

Continued from previous page

Group Health Assn.

4301 Connecticut Ave. N.W., Washington, D.C. 20008; 202-364-2000 or 202-966-4357; fax: 202-364-7587

Operational date: November 1937.
Federally qualified.
Certified in: Virginia, Maryland, the District of Columbia.
Model type: Staff.
Not for profit.
Staff: 130 primary physicians; 435 specialists; 911 non-clinical staff members; 20 marketing staff members; 80% board certified physicians.
Facilities: Eight hospitals; 200 pharmacies; 12 diagnostic labs.
Service area: District of Columbia; Howard, Montgomery, Prince Georges and northern Charles counties in Maryland; Arlington, Fairfax, Loudon, Prince William counties in Virginia.
Locations: One administrative site, 12 primary care sites.
Services: Standard package, including substance abuse, psychiatric services, obstetrics/gynecology. Options include prescription drug, dental. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $102.50 single, $285.50 family; community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 1,200 employer/payer groups; 41,382 employees with single coverage; 35,910 employees with family coverage; 155,00 employees and dependents. Hospital stay averages 5.5 days. 91 admissions per 1,000 members.
Management reports: Provided to groups of 50 or more.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $169.7 million in 1989; $152.9 million in 1988.
Officers: Robert P. Pfotenhauer, president/chief executive officer; Dr. Turner Bledsoe, medical director; Thomas W. Issacs, marketing director; Oliver Crump, director patient care services; Theodore Weinberg, chief financial officer.

Kaiser Foundation Health Plan of the Mid-Atlantic States Inc.

4200 Wisconsin Ave. N.W. Washington, D.C. 20016; 202-364-3300; fax: 202-364-6788

Operational date: November 1972.
Federally qualified.
Sponsorship: Capital Area Permanente Medical Group D.C..
Ownership: Kaiser Permanente Medical Care Program.
Staff: 338 physicians; 1,053 non-physician staff members; 26 marketing staff members; 842 member per physician; 74% board certified physicians.
Facilities: Seven hospitals; 16 pharmacies; 15 diagnostic labs.
Service area: District of Columbia; Baltimore, Carroll, Harford, Howard, Montgomery, Prince George's counties, portions of Anne Arundel County, and the city of Baltimore in Maryland. Arlington, Fairfax, Loudon, Prince William counties and the cities of Alexandria, Fairfax, Falls Church, Mamassas and Mamassas Park in Virginia.
Ratings: Adjusted community rating: Washington D.C. area, $105.85-$296.38; Baltimore area: $94.53-$264.69. Does not offer non-federally qualified programs to employers.
Users: As of year-end 1989: approximately 2,700 employer/payer groups; 55,305 employees with single coverage; 62,610 employees with family coverage; 263,202 employees and dependents.
Gross revenues: $248 million in 1989; $177 million in 1988.
Officers: Alan Silverstone, regional manager; Dr. Martin Bauman, medical director; Gary Fernandez, health plan manager.
See Kaiser Permanente Medical Care Program under California.

Lincoln National Health Plan

7200 Wisconsin Ave., Suite 800, Bethesda, Md. 20814; 301-986-0222

Officers: William Young, general manager; Thomas Reichenbach, regional manager.
See Lincoln National Health Plan under Indiana.

PruCare of Washington, D.C.

4600 East-West Highway, Eighth Floor, Bethesda, Md. 20814; 301-913-2020; fax: 301-913-5300

Operational date: January 1990.
Certified in: Maryland, Virginia, District of Columbia.
Model type: IPA.
For profit.
Ownership: Prudential Insurance Co. of America.
Staff: 477 primary physicians; 869 specialists; 32 administrative staff members; 24 marketing staff members; 2.7 patients per physician; 96% board certified physicians.
Facilities: 18 hospitals; two pharmacy chains; two diagnostic labs.
Service area: Washington D.C.; Montgomery, Prince George, Frederick counties in Maryland; Fairfax, Arlington, Loudoun, Prince William counties and city of Alexandria in Virginia.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, emergency room, convalescent nursing home, home heath care, hospice care, private duty nursing, chemo/radiation therapy, rehabilitative services, ambulance, but excluding prescription drugs. Options include prescription drugs, vision, dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Users: 382 employees with single coverage; 283 employees with family coverage; 1,296 employees and dependents. Hospital stay averages 3.8 days. 84 admissions per 1,000 members.
Management reports: Provided annually or upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: William P. Link, president-group operations; Richard Meyer, director-health care management; Dr. Alphonso H. Janoski, medical director; Patrick Geraghty, director-group marketing.

The George Washington University Health Plan

1901 Pennsylvania Ave. N.W., Suite 600, Washington, D.C. 20006; 202-416-0400; fax: 202-296-7348

Operational date: 1972.
Federally qualified.
Certified in: Maryland, Virginia, Washington, D.C.
Model type: Group, IPA, network.
Not for profit.
Ownership: The George Washington University.
Staff: 60 primary physicians; 350 specialists; 15 marketing staff members; 93% board certified physicians.
Facilities: Seven hospitals; three chains of pharmacies; three diagnostic labs.
Service area: Washington, D.C.; Montgomery and Prince George's counties in Maryland; Alexandria, Arlington, Fairfax, Prince William, Loudoun counties in Virginia; Fairfax, Manassas, Falls Church cities in Virginia.
Locations: One administrative site, four primary care sites.
Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, dental, durable medical equipment. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating; community rating by class; adjusted community rating. Does not offer point-of-service contracts. Offers non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 700 employer/payer groups; 45,909 employees and dependents.
Management reports: Provided upon request.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $46.9 million in 1989.
Officers: Dr. L. Thompson Bowles, president; Dr. John E. Oh, chief executive director; Dr. Neeraj Kannal, medical director; Robert Landrum, marketing director.
Contact: Christopher Doherty, marketing coordinator, 202-416-0460.



Aetna Life Insurance Co./PARTNERS Health Plan of Florida Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Anthem Health Plans of Florida Inc.

1301 Gulf Life Drive, Suite 520, Jacksonville, Fla. 32207; 904-348-2800; fax: 904-346-3059

Operational date: March 1987.
Certified in: Florida.
Model type: IPA.
For profit.
Ownership: Anthem Group Services Corp.
Staff: 396 primary physicians; 915 specialists; number of patients per physician varies; 90% board certified physicians.
Facilities: 39 hospitals; eight pharmacies; one diagnostic lab.
Service area: Alachua, Broward, Clay, Duval, Hillsborough, Orange, Palm Beach, Pinellas, Seminole, Volusia counties in Florida.
Locations: One administrative site.
Services: Standard package, including durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include substance abuse, psychiatric services, prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 15 employer/payer groups; 8,508 employees and dependents. Hospital stay varies by group.
Management reports: Provided monthly, quarterly or annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Howard L. Korn, president; Ann F. Dehgan, executive director; Dr. James T. Menges, medical director; John J. Emerson, marketing director.
Contact: Ann F. Dehgan.

Capital Health Plan

2140 Centerville Place, Tallahassee, Fla. 32308; 904-386-3161

Operational date: June 1982.
Federally qualified.
Model type: Mixed network.
Sponsorship: Blue Cross & Blue Shield of Florida Inc.
Service area: Greater Tallahassee including Gadsden, Jefferson, Leon and Wakulla counties in Florida.
Users: 41,767 members.

CIGNA Healthplan of Florida Inc.

1101 N. Destiny Road, Maitland, Fla. 32751; 407-660-1344

Operational date: January 1984.
Federally qualified.
Certified in: Florida.
Model type: IPA and staff.
Staff: 73 primary physicians; 288 specialists; 500 patients per physician; 75% board certified physicians.
Facilities: Three hospitals; 44 pharmacies.
Service area: Lake, Orange, Seminole, Volusia, Osceola counties in Florida.
Officers: Micael Subasic, general manager; Dr. William Hammill, medical director.
Contact: Michael Subasic.
See CIGNA Corp. under Connecticut.

CIGNA Healthplan of Florida Inc.

2502 Rocky Points Road, Suite 901, Tampa, Fla. 33607; 813-884-2400

Operational date: July 1981.
Federally qualified.
Certified in: Florida.
Model type: IPA, staff.
Staff: 51 primary physicians; 281 specialists; 770 patients per physician; 75% board certified physicians.
Facilities: Nine hospitals.
Service area: Hillsborough, Pinellas and Pasco counties in Florida.
Users: Hospital stay averages four days. 55 admissions per 1,000 members.
Officers: Bradley Arms, general manager; Dr. L. Ash-Jackson, medical director.
Contact: Bradley Arms.
See CIGNA Corp. under Connecticut.

CIGNA Healthplan of South Florida Inc.

15,600 N.W. 67th Ave., Suite 361, Miami Lakes, Fla. 33014; 305-826-6200

Operational date: July 1974.
Federally qualified.
Certified in: Florida.
Model type: IPA.
Staff: 158 primary physicians; 473 specialists; 180 patients per physician; 75% board certified physicians.
Facilities: 29 hospitals.
Service area: Palm Beach, Broward and Dade counties in Florida.
Users: Hospital stay averages 4.7 days. 78 admissions per 1,000 members.
Officers: Robert Harris, general manager; Dr. Eugene Komrad, medical director.
Contact: Robert Harris.
See CIGNA Corp. under Connecticut.

Family Health Plan Inc.

7975 Miami Lakes Drive, Suite 300, Miami Lakes, Fla. 33016; 305-364-8100; fax: 305-364-8130

Operational date: September 1986.
Certified in: Florida.
Model type: IPA.
For profit.
Sponsorship: American Medical International Inc.
Staff: 213 primary physicians; 1,111 specialists; 100 administrative staff members; 25 marketing staff members; 15 patients per physician; 60% board certified physicians.
Facilities: 29 hospitals; 264 pharmacies; 41 diagnostic labs.
Service area: Dade and Broward counties in Florida.
Locations: One administrative site, one primary care site.
Services: Standard package, including vision, podiatry, obstetrics/gynecology. Options include experimental procedures, dental, substance abuse, psychiatric services. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts.
Enrollment options: Individual enrollment allowed.
Users: 250 employer/payer groups; 8,400 employees with single coverage. Hospital stay averages 2.5 days. 368 admissions per 1,000 members.
Management reports: Provided semi-annually.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $26.3 million in 1989.
Officers: Christopher Adams, president; Robert Oller, medical director; Janis Holman, marketing director; Darlene Farmer, chief operating officer; Warren Carmichael, chief financial officer.
Contact: Paul Allen, vp-marketing.

Florida 1st Health Plan Inc.

1201 1st St. S., Winter Haven, Fla. 33880; P.O. Box 9126, Winter Haven, Fla. 33883-9126; 813-293-0785; fax: 813-297-9095

Operational date: February 1986.
Certified in: Florida.
Model type: IPA.
For profit.
Staff: 58 primary physicians; 207 specialists; six administrative staff members; two marketing staff members; 129 patients per physician; 83% board certified physicians.
Facilities: 11 hospitals; 122 pharmacies; six diagnostic labs.
Service area: Polk, Highlands and Hardee counties in Florida.
Locations: One administrative site.
Services: Standard package, including psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugd, vision, substance abuse. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 56 employer/payer groups; 3,621 employees with single coverage; 3,129 employees with family coverage; 13,241 employees and dependents. Hospital stay averages 5.3 days.
Management reports: Provided annually upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $10.6 million in 1989; $8.3 million in 1988.
Officers: John J. Torti, president/chief executive officer; Andrew F. Bach, executive vp-operations/finance; Dr. James D. Morgan, medical director; Carrie H. Marshall, vp-marketing/member services; Mary A. Anthony, vp-claims department; Donald Marryshow, vp-information services.

HIP Network of Florida Inc.

1895 W. Commercial Blvd., Suite 120, Fort Lauderdale, Fla. 33309; 305-491-9055; 305-493-9587

Operational date: December 1986.
Certified in: Florida.
Model type: IPA, network.
Not for profit.
Ownership: HIP of New York.
Staff: 375 primary physicians; 996 specialists; 14 administrative staff members; 12 marketing staff members; 48 patients per physician; 95% board certified physicians.
Facilities: 30 hospitals; 221 pharmacies; 2 diagnostic labs.
Service area: Dade, Broward and Palm Beach counties in Florida.
Locations: One administrative site.
Services: Standard package, including durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental, substance abuse, psychiatric services. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $110.45 single, $309.59 family. Does not offer point-of-service contracts.

Continued on next page

Continued from previous page

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 178 employer/payer groups; 6,685 employees with single coverage; 3,789 employees with family coverage; 18,474 employees and dependents. Hospital stay averages seven days. 78.8 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available upon request.

Gross revenues: $17.2 million in 1989; $25.9 million in 1988.

Officers: Warren D. Stowell, president; Dr. Robert W. Fleigelman, medical director; Samuel H. Torchia Jr., marketing director; Robyn J. Rice, director-medical operations; Michael Paleos, director-finance; Judy Kohn, director-provider relations.

Contact: Denise F. Sabot.

Health Options Inc. (Central Florida Region)

3191 Maguire Blvd., Suite 200, Orlando, Fla. 32803

Operational date: September 1985.
Federally qualified.
Model type: IPA.
Sponsorship: Blue Cross & Blue Shield of Florida Inc.
Service area: Brevard, Osceola, Orange, Polk, Seminole counties in Florida.

Health Options Inc. (Northeast Florida Region)

8665 Baypine Road, Suite 300, Jacksonville, Fla. 32256; 904-731-7967

Operational date: October 1984.
Federally qualified.
Model type: IPA.
Sponsorship: Blue Cross & Blue Shield of Florida Inc.
Service area: Duval, St. Johns, Clay, Baker, Nassau, Alachua, Gillchrist, Levy, Putman, Bradfor, Union counties in Florida.

Health Options Inc.-Pensacola

2190 Airport Blvd., Suite 3000, Pensacola, Fla. 32504

Operational date: August 1985.
Federally qualified.
Model type: IPA.
Sponsorship: Blue Cross & Blue Shield of Florida Inc.
Service area: Escambia and Santa Rosa counties in Florida.

Health Options Inc. (South Florida Region)

3303 W. Commercial Blvd., Suite 110, Fort Lauderdale, Fla. 33309

Operational date: February 1980.
Federally qualified.
Model type: IPA.
Sponsorship:.
Ownership: Blue Cross & Blue Shield of Florida Inc.
Service area: Palm Beach, Dade, southern Broward counties in Florida.

Health Options Inc. (West Central Florida Region)

1715 N. Westshore Blvd., Suite 400, Tampa, Fla. 33607; 813-289-8222

Operational date: November 1985.
Federally qualified.
Model type: IPA.
Sponsorship: Blue Cross & Blue Shield of Florida Inc.
Service area: Hillsborough, Pasco, Pinellas, Sarasota and Manatee counties in Florida.

Humana Medical Plan Inc.

1901 S. Congress Ave., Suite 201, Boyton Beach, Fla. 33426; 407-738-3065; fax: 407-738-3007

Operational Date: 1987.
Officers: Ronald J. Berding, executive director; Robert P. Wieckert, director-sales; Scott Prescott, sales manager.
See Humana Health Care Plans under Kentucky.

Humana Medical Plan Inc.

1060 Maitland Center, Suite 300, Maitland, Fla. 32751; 407-872-6000; fax: 407-423-3720

Operational date: 1987.
Federally qualified.
Model type: IPA.
Officers: John O'Dea, executive director; Sue Kahn, associate executive director; Dick Wheeler and Becky Chambers, sales managers; Linda Dee Taylor, operations manager.
Contact: Dick Wheeler/Becky Chambers.
See Humana Health Care Plans under Kentucky.

Humana Medical Plan Inc.

1505 N.W. 167th St., Miami, Fla. 33169; 305-623-2100; fax: 305-624-3392

Operational date: 1987.
Federally qualified.
Model type: Group.
Officers: Ronald J. Berding, executive director; Robert P. Wieckert, director-sales; D. Richard Austin, sales manager; Dr. William F. Bennett, medical director.
See Humana Health Care Plans under Kentucky.

Humana Medical Plan Inc.

Reflections Executive Office Center, 780 W. Granada Blvd., Suite 100, Ormond Beach, Fla. 32174; 904-676-1850; fax: 904-676-1805

Operational date: 1987.
Federally qualified.
Model type: IPA.
Officers: Michael Brouthers, executive director; Dr. Ernest Cook, medical director; Richard K. Wheeler, director-sales; Bill Capehart and Nancy Bovard, sales managers.
See Humana Health Care Plans under Kentucky

Humana Medical Plan Inc.

5701 W. Sunrise Blvd., 2nd Floor, Plantation, Fla. 33313; 305-321-7711; fax: 305-321-7864

Officers: Bert Polacek, sales manager; Ronald J. Berding, executive director; Robert P. Weickert, director-sales.
See Humana Health Care Plans under Kentucky.

Humana Medical Plan Inc.

The Lincoln Center, 5401 W. Kennedy Blvd., Suite 800, Tampa, Fla. 33609; 813-286-8829 or 813-287-6202; fax: 813-286-1870

Operational date: 1986.
Federally qualified.
Model type: Network.
Officers: Jerry W. Anderson, executive director; W. Fred Wheeler, director-marketing; Dr. Herb Pegues II, medical director.
See Humana Health Care Plans under Kentucky.

JMH Health Plan

1611 N.W. 12 Ave., Miami, Fla. 33136; 305-549-6502; fax: 305-545-5212

Operational date: August 1985.
Certified in: Florida.
Model type: Staff and network.
Not for profit.
Ownership: Jackson Memorial Hospital.
Staff: 78 primary physicians; 1,250 specialists; 40 administrative staff members; eight marketing staff members; seven patients per physician; 80% board certified physicians.
Facilities: Three hospitals; two pharmacies; one diagnostic lab.
Service area: Dade County in Florida.
Locations: One administrative site, thirteen primary care sites.
Services: Standard package, including durable medical equipment, podiatry, obstetrics/gynecology, chiropractic services, but excluding prescription drugs. Options include prescription drugs, vision, dental, substance abuse, psychiatric services. Diagnostic testing and lab work performed by the HMO.
Rating options: Community rating by class. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: One employer/payer group; 57 employees with single coverage; 97 employees with family coverage; 218 employees and dependents. Hospital stay averages 3.5 days.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Officers: Sandy Sears, president; Paul Marineau, executive director; Dr. David Nohr, medical director; Ruben Shaw Jr., marketing director; Emmanuel Ardouin.

Medical Center Health Plan Inc.

P.O. Box 11037, Pensacola, Fla. 32524; 904-484-4000; 904-478-7042

Operational date: August 1985.
Certified in: Florida and Alabama.
Model type: Network.
For profit.
Ownership: Medical Center Clinic, P.A.
Staff: 145 primary physicians; 188 specialists; 36 administrative staff members; four marketing staff members; 116 patients per physician; 100% board certified physicians.
Facilities: 17 hospitals; 89 pharmacies; three diagnostic labs.
Service area: Escambia, Okaloosa, Santa Rosa and Walton counties in Florida; Baldwin, Monroe, Escambia and Covington counties in Alabama.
Locations: One administrative site.
Services: Standard package, including podiatry and obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, substance abuse, psychiatric services, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $103 single, $270 family; community rating by class; adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Users: 85 employer/payer groups; 3,856 employees with single coverage; 4,220 employees with family coverage; 17,325 employees and dependents. Hospital stay averages 4.9 days. 76 admissions per 1,000 members.
Management reports: Provided quarterly.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $21.4 million in 1989; $19.5 million in 1988.
Officers: John D. Davis, executive director; Dr. Frank Pettyjohn, medical director; Chuck Trinchitella, marketing director; Russell Mohawk, chief financial officer/chief operating officer.
Contact: Russell Mohawk.

MetLife HealthCare Network of Florida Inc.

2600 Lake Lucien Drive, Suite 300, Maitland, Fla. 32751-7446; 407-660-0444

Operational date: January 1986.
Federally qualified.
Certified in: Florida.
Model type: IPA.
For profit.
Sponsorship: Metropolitan Life Insurance Co.
Staff: 1,800 primary physicians; 3,250 specialists.
Facilities: 68 hospitals.
Service area: 24 counties in Florida.
Locations: Six administrative sites.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental.
Rating options: Community rating by class.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Michael Jaeger, president; John Hollkamp, vp.

Oral Health Services of Florida Inc.

5775 N. W. Blue Lagoon Dr., Suite 400 Miami, Fla. 33126; 305-262-1333; fax: 305-262-6119.

Operational date: 1979.
Licensed in: Florida.
Model type: IPA.
Staff: 600 primary dentists; 50 administrative staff members; 11 marketing staff members; 640 patients per dentist.
Service area: 28 counties in Florida.
Locations: Three administrative sites, 250 primary care sites.
Services: Dental only.
Rating options: Community rating by class. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 628 employer/payer groups; 176,000 employees with single coverage; 137,000 employees with family coverage; 400,000 employees and dependents.
Management reports: Provided monthly.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $12 million in 1989; nine million in 1988.
Officers: Henry Tie Shue, executive director; Marisella Palacios, marketing director.

PruCare Health Care Plan Inc.

2301 Lucien Way, Suite 230, Maitland, Fla. 32751; 407-875-6600; fax: 407-660-0552

Operational date: January 1984.
Federally qualified.
Certified in: Florida.
Model type: Group.
For profit.
Ownership: Prudential Insurance Co. of America.
Staff: 38 primary physicians; 160 specialists; 60 administrative staff members; 12 marketing staff members; 1,158 patients per physician; 100% board certified physicians.
Facilities: One hospital; six pharmacies; one diagnostic lab.
Service area: Orange, Seminole, Osceola and Volusia counties in Florida.
Locations: One administrative site, six primary care sites.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision. Diagnostic testing and lab work performed by the HMO.
Rating options: Community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 218 employer/payer groups; 10,432 employees with single coverage; 9,490 employees with family coverage; 44,000 employees and dependents. Hospital stay averages 4.3 days. 60 admissions per 1,000 members.
Management reports: Not provided.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $10.4 million in 1989; $7.5 million in 1988.
Officers: Andrew Crooks, president; Dr. Edward Lowenstein, medical director; John Joiner, marketing director.

PruCare of Jacksonville

841 Prudential Drive, 12th Floor, Jacksonville, Fla. 32207; 904-391-3415; fax: 904-391-5921

Operational date: August 1984.
Federally qualified.
Certified in: Florida.
Model type: Group.
For profit.
Ownership: Prudential Insurance Co. of America.
Staff: 73 primary physicians; 100 specialists; 32 administrative staff members; eight marketing staff members; 713 patients per physician; 85% board certified physicians.
Facilities: Three hospitals; nine pharmacies; two diagnostic labs.
Service area: Baker, Clay, Duval, Nassau and St. John's counties in Florida.
Locations: One administrative site, 25 primary care sites.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating; community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 72 employer/payer groups; 37,300 employees and dependents. Hospital stay averages 4.1 days. 78 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: C. Richard Cook, executive director; Dr. William Moore, medical director; Christopher P. Wilson, marketing director.

PruCare of Tampa Bay

3450 W. Busch Blvd., Suite 245, Tampa, Fla. 33629; 813-932-1977; fax: 813-931-4188

Operational date: July 1985.
Federally qualified.
Certified in: Florida.
Model type: IPA.
For profit.
Ownership: Prudential Insurance Co. of America.
Staff: 115 primary physicians; 410 specialists; 35 administrative staff members; eight marketing staff members; 127 patients per physician; 86% board certified physicians.
Facilities: 22 hospitals; 61 pharmacies; six diagnostic labs.
Service area: Hillsborough, Pinellas and Pasco counties in Florida.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, durable medical equipment, podiatry, obstetrics/gynecology. Options include psychiatric services. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Users: 65 employer/payer groups; 14,604 employees and dependents. Hospital stay averages 4.3 days. 75 admissions per 1,000 members.
Management reports: Provided quarterly or annually to groups with more than 100 enrolled employees.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Jeffrey J. Kovaleski, executive director; Dr. Robert Neuhardt, medical director; Timothy R. Keener, marketing director.

Prudential Healthcare System of Florida

5900 N. Andrews Ave., Suite 1000, Fort Lauderdale, Fla. 33309; 305-492-8244; fax: 305-492-0194

Operational date: May 1987.
Federally qualified.
Certified in: Florida.
Model type: IPA.
For profit.
Sponsorship: Prudential Insurance Co. of America.
Staff: 483 primary physicians; 723 specialists; 50 administrative staff members; eight marketing staff members; 41 patients per physician; 90% board certified physicians.
Facilities: 15 hospitals; 55 pharmacies.
Service area: Dade, Broward and Palm Beach counties in Florida.
Locations: One administrative site, 1,302 primary care sites.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, emergency care, rehabilitative services, laboratory testing, home health, skilled nursing, hospice and ambulance. Options include vision, dental. Psychiatric, dental, vision, prescription drug available on an unbundled basis. Diagnostic testing and

Continued on next page

Continued from previous page
lab work performed by contract with independent facilities.

Rating options: Community rating; community rating by class; adjusted community rating. Offers point-of-service contracts, 70% of members are enrolled. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 280 employer/payer groups; 19,760 employees and dependents. Hospital stay averages four days.

Management reports: Provided.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Christopher D. Sims, director group operations; David A. George, regional vp-southern group operations; Dr. Francis Cesarano, medical director; John C. Detwiler, regional group manager.

Contact: John C. Detwiler.



Aetna Life Insurance Co./PARTNERS Health Plan of Georgia Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

CIGNA Healthplan of Atlanta Inc.

1360 Peachtree St., N.E., Suite 1300, Atlanta, Ga. 30309; 404-881-9779

Operational date: January 1982.
Federally qualified.
Certified in: Georgia.
For profit.
Model type: IPA.
Staff: 151 primary physicians; 1,154 specialists; 300 patients per physician; 75% board certified physicians.
Facilities: 36 hospitals; seven pharmacies.
Service area: 17 counties in Georgia.
Users: Hospital stay averages 4.5 days. 87 admissions per 1,000 members.
Officers: Dr. Jeffrey Ackerman, general manager; William Tatum, medical director; Judy Hadjian, health services manager.
Contact: Dr. Jeffrey Ackerman.
See CIGNA Corp. under Connecticut.

Crawford Support Systems Inc.

2502 Chamblee-Tucker Rd., Suite 104, Atlanta, Ga. 30341; 404-936-0380; fax: 404-454-8197

Operational date: February 1990.
Staff: Two specialists; three administrative staff members; one marketing staff member.
Facilities: Eight hospitals; one diagnostic labs.
Service area: Georgia, Alabama, Tennessee.
Locations: One administrative site.
Services: Standard services include substance abuse only, with inpatient and outpatient options. Diagnostic testing and lab work performed by contract with independent facilities.
Officers: James E. Crawford, president; Richard Brown, executive director; Glenn N. Souders, marketing director.

HMO Georgia Inc.

3350 Peachtree Road. N.E. Atlanta, Ga. 30326; 404-842-8400; 404-842-8010

Operational date: July 1986.
Certified in: Georgia.
Model type: IPA.
For profit.
Sponsorship: Blue Cross & Blue Shield of Georgia.
Staff: 143 primary physicians; 905 specialists; 20 administrative staff members; six marketing staff members; 60 patients per physician.
Facilities: 23 hospitals; one pharmacy chain; 23 hospital outpatient labs plus one independent laboratory.
Service area: 52 counties in Georgia.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental. Diagnostic testing or lab work performed by contract with independent facilities.
Rating options: Adjusted community rating; experience rating. Offers point-of-service contracts, 60% of members are enrolled.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 51 employer/payer groups; 1,882 employees with single coverage; 1,779 employees with family coverage; 7,800 employees and dependents. Hospital stay averages 4.4 days. 89.1 admissions per 1,000 members.
Management reports: Provided bi-annually.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Robert W. Maynard, chief executive officer/president; Thomas E. Garner, vp; Dr. Thomas E. Hamilton, medical director; Brenda Joiner, director-marketing; Debra Rader, director-finance.

Kaiser Foundation Health Plan of Georgia

3355 Lenox Road, N.E. Suite 1000, Atlanta, Ga. 30326; 404-233-0555; fax: 404-233-0485

Operational date: October 1985.
Federally qualified.
Sponsorship: The Southeast Permanente Medical Group Inc.
Ownership: Kaiser Permanente Medical Care Program.
Staff: 82 primary physicians; 686 non-physician staff members; eight marketing staff members; 1,546 patients per physician; 91% board certified physicians.
Facilities: 11 hospitals; 110 pharmacies; 13 diagnostic labs.
Service area: 19 counties in Georgia.
Rating options: Adjusted community rating; $92.74-$259.67. Does not offer non-federally qualified programs to employers.
Users: 560 employer/payer groups; 20,064 employees with single coverage; 29,424 employees with family coverage; 116,817 employees and dependents.
Gross revenues: $93 million in 1989; $35 million in 1988.
Officers: Edgar T. Carlson, regional manager; Dr. J. Harper Gaston, medical director; Ronald Hostettler, health plan manager.

MetLife HealthCare Network of Georgia Inc.

47 Perimeter Center E., Suite 650, Atlanta, Ga. 30346; 404-396-0208

Operational date: July 1987.
Model type: IPA.
For profit.
Sponsorship: Metropolitan Life Insurance Co.
Staff: 205 primary physicians; 480 specialists.
Facilities: 15 hospitals.
Service area: 13 counties in Georgia.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, experience rating.

Continued on next page



When you choose the new Maxicare for your company, you'll get the kind of quality care you expect: a wide selection of respected physicians located close to where your employees work or live, no deductibles to satisfy, no maximums to limit benefits, well-baby care, and many education programs to assure your employees and their families continuing good health.

For more information, contact your broker or Maxicare direct.

The New Maxicare™

MORE RESPONSIVE TO YOUR COMPANY'S HEALTH CARE NEEDS.

©1990 Maxicare

Continued from previous page

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Management reports: Provided.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Michael Jaeger, president; John Hollkamp, chief operating officer.

Prepaid Dental Plan/American Prepaid Professional Services

P.O. Box 566757, Atlanta, Ga. 30356; 404-998-8936; fax: 404-998-6871

Operational date: 1978.
Certified in: Florida, Georgia, Ohio.
For profit.
Staff: 790 dental specialists.
Service area: Florida, Georgia and Ohio.
Locations: Four administrative sites.
Services: Standard services includes dental only.
Rating options: Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Officers: C. Steve Collins, president; Robert Pofundi, marketing director.
Contact: Robert Pofundi.

PruCare of Atlanta

3100 Cumberland Circle, Suite 1200, Atlanta, Ga. 30339; 404-965-8010; fax: 404-933-6880

Operational date: May 1981.
Federally qualified.
Certified in: Georgia.
Model type: Group model with supplemental IPA network.
For profit.
Ownership: Prudential Insurance Co. of America.
Staff: 59 primary physicians; 225 specialists; 53 administrative staff members; seven marketing staff members; 678 patients per physician; 100% board certified physicians.
Facilities: Nine hospitals; 26 pharmacies; six diagnostic labs.
Service area: 20 counties in Georgia.
Locations: One administrative site, six primary care sites.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 225 employer/payer groups; 8,907 employees with single coverage; 10,044 employees with family coverage; 40,583 employees and dependents. Hospital stay averages 4.5 days. 299 admissions per 1,000 members.
Management reports: Provided quarterly or as negotiated.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.



FHP Health Care

P.O. Box 6578, Tamuning, Guam 96911; 671-646-7826 or 671-646-7828

See FHP Health Care under California.

Guam Memorial Health Plan

142 W. Seaton Blvd., Agana, Guam 96910; 671-472-4647; fax: 671-477-1784

Operational date: 1978.
Certified in: Guam, Commonwealth of Northern Marianas, Republic of Belau.
Model type: IPA.
Not for profit.
Staff: 38 primary physicians; 20 specialists; five administrative staff members; two marketing staff members; 684 patients per physician; 100% board certified physicians.
Facilities: 22 hospitals; 15 pharmacies; two diagnostic labs.
Service area: Guam, Commonwealth of the Northern Marianas, Republic of Belau, Republic of the Marshall Islands, Federated States of Micronesia.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Offers point-of-service contracts, 100% of members are enrolled.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 500 employer/payer groups; 5,000 employees with single coverage; 11,000 employees with family coverage; 26,000 employees and dependents. Hospital stay averages 3.7 days. 9.8 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $19.5 million in 1989; $23.6 million in 1988.
Officers: Frank B. Rosario, president/executive director; Dr. Ruben Basilio, medical director; James W. Gillan, marketing director.



Health Plan Hawaii

818 Keeaumoku St., Honolulu, Hawaii 96814; 808-944-2481

Operational date: July 1981.
Federally qualified.
Model type: Mixed network.
Sponsorship: Hawaii Medical Service Assn.
Service area: Honolulu, Kauai, Maui, Hilo, Kona counties in Hawaii.
Users: 18,009 members.

Kaiser Foundation Health Plan Inc.-Hawaii Region

711 Kapiolani Blvd., Honolulu, Hawaii 96813; 808-834-5333; fax: 808-529-5300

Operational date: 1958.
Federally qualified.
Sponsorship: Hawaii Permanente Medical Group Inc.
Ownership: Kaiser Permanente Medical Care Program.
Staff: 243 physicians; 2,091 non-physicians staff members; 11 marketing staff members; 732 patients per physician; 88% board certified physicians.
Facilities: Four hospitals; 11 pharmacies; one diagnostic lab.
Service area: The islands of Oahu, Maui, portions of Hawaii.
Ratings options: Community rating; $77.22-$231.66. Offers non-federally qualified programs for members.
Users: 6,667 employer/payer groups; 47,520 employees with single coverage; 37,213 employees with family coverage; 163,239 employees and dependents.
Gross revenues: $131 million in 1989; $108 million in 1988.
Officers: Daniel Wagster, regional manager; Dr. William Dung, medical director; David Dunlap, health plan manager.

Continued on next page

How to contain the spiraling costs of prescription drugs.

This year, Americans will spend more than $40 billion on prescription drugs.

By 1995, that figure could double.

With costs rising so quickly, companies are looking for ways to ensure that they're getting the most value for their prescription drug benefit dollars.

Unfortunately, traditional cost containment methods that rely on controlling isolated elements of the prescription drug care delivery system have not produced meaningful savings.

But they have raised concerns about quality and appropriateness of care.

At PCS, we know the only effective way to contain prescription drug costs without compromising quality is to manage all of the elements at once.

That's why we've developed the nation's first and only fully integrated managed care system for prescription drugs.

Our managed care system is built around the nation's largest network of participating pharmacies. Linked together by a proprietary point-of-sale electronic information system that



Continued from previous page



Idaho Preferred Healthcare

P.O. Box 8262 Boise, Idaho 83707; 208-345-4550; fax: 208-336-6311

Operational date: November 1990.
Certified in: Idaho.
Not for profit.
Sponsorship: Blue Cross of Idaho Health Service Inc.
Staff: As of Nov. 1, 1990: 151 primary physicians; 50% board certified physicians.
Facilities: 96 pharmacies; one diagnostic labs.
Service area: Ada and Canyon counties in Idaho.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental, vision. Diagnostic testing or lab work performed by contract with independent facilities.
Rating Options: Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Officers: David L. Barnett, president; Dr. Clayton Morgan, medical director; Richard M. Armstrong, senior vice president of marketing; Carol Rosebrock, manager.

Lincoln National Health Plan

300 Mallard Drive, Suite 220, Boise, Idaho 83706; 208-343-3330
Officers: Steve O'Dell, general manager; Richard Roller, executive director.
See Lincoln National Health Plan under Indiana.



Aetna Life Insurance Co./Aetna Healthcare Programs Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940
See Aetna Life Insurance Co. under Texas.

Carle Care

102 E. Main St., Suite 200, Urbana, Ill. 61801; 217-337-8000; fax: 217-337-8008

Operational date: December 1979.
Federally qualified.
Certified in: Illinois.
Model type: Network.
For profit.
Ownership: Carle Clinic Assn.
Staff: 95 primary physicians; 110 specialists; 10 administrative staff members; four marketing staff members; 90% board certified physicians.
Facilities: Six hospitals; 80 pharmacies; two diagnostic labs.
Service area: 15 counties in Illinois.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include dental, prescription drugs. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Individual enrollment allowed.
Users: 320 employer/payer groups; 16,621 employees with single coverage; 15,950 employees with family coverage; 65,421 employees and dependents. Hospital stay averages 4.3 days. 146 admissions per 1,000 members.
Management reports: Provided quarterly.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $79 million in 1989; $63 million in 1988.
Officers: Dr. Harlon J. Failor, president; C. Carlton King, executive director; Dr. Robert C. Parker Jr., medical director; Richard D. Busey, marketing director.

Chicago HMO Ltd./HMO America-Indiana Inc.

540 N. LaSalle St., Chicago, Ill. 60610; 312-751-4460; 219-738-2786; fax: 312-751-7399

Operational date: CHMO: May 1976; HMOAAI: January 1986.
Federally qualified.
Certified in: Illinois and Indiana.
Model type: Group and network.
For profit.
Ownership: HMO America Inc.
Staff: Approximately 1,900 primary physicians; 3,200 specialists; 34 administrative staff members; 29 marketing staff members; 108 patients per physician; 75% board certified physicians.
Facilities: 95 hospitals; 450 pharmacies.
Service area: Cook, DuPage, Kane, Lake, McHenry and Will counties in Illinois; Lake, LaPorte, Porter counties in Indiana; Kenosha county in Wisconsin.
Locations: One administrative site.
Services: Standard package, including vision, limited dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include extended dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating; community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 1,066 employer/payer groups; 26,469 employees with single coverage; 27,362 employees with family coverage; 121,196 employees and dependents. Hospital stay averages 4.4 (CHMO); 6.9 (HMOAI) days. 95 (CHMO); 71.2 (HMOAI) admissions per 1,000 members.
Management reports: Provided quarterly.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $137.9 million in 1989; $104.7 million in 1988.
Officers: Dr. Robert J. Weinstein, president; Judith K. Brown, executive director; Dr. Mitchell J. Trubitt, medical director; Bob Brodell, marketing director; Clement Horne, chief financial officer; Dr. Charles R. Kelly, vp; Arthur Adelman, secretary/treasurer.

CIGNA Healthplan of Illinois Inc.

1700 Higgins Road, Des Plaines, Ill. 60018; 312-699-5600

Operational date: June 1988.
Federally qualified.
Model type: IPA.
Staff: 871 primary physicians; 2,017 specialists; 40 patients per physician; 75% board certified physicians.
Facilities: 40 hospitals.
Service area: McHenry, Lake, Kane, DuPage, Cook, and Will counties in Illinois and Lake county in Indiana.
Users: Hospital stay averages 4.2 days. 67 admissions per 1,000 members.

Continued on next page

keeps track of every PCS-related prescription by every physician for every plan member.

This provider network gives us the management control to ensure that every prescription is clinically consistent. Economically reasonable. And conveniently available.



We've employed prospective and concurrent drug utilization reviews to alert pharmacists to potential adverse drug reactions before a prescription is dispensed. And to identify patterns of excessive use by patients and over-prescribing by physicians.

And we've consulted with thousands of companies. Recommending substantial cost saving programs tailored to their specific needs.

Only PCS has the pharmacy network, the information system, the cost sharing incentives and the clinical expertise needed to manage prescription drug benefits.

If you want to get the most value for your prescription drug benefit dollars, contact PCS at 9501 East Shea Boulevard, Scottsdale, AZ 85260-6719. 1-800-223-7745.

Together we'll design a prescription drug care benefit plan that will keep both your costs and your concerns from continuing their upward spiral.

PCS
Managing Prescription Drug Costs.
By Managing Prescription Drug Care.

Continued from previous page

Officers: Dr. Ernest Weis, executive director; William Tatum, medical director.

Contact: Dr. Ernest Weis.

See CIGNA Corp. under Connecticut.

Compass Health Care Plans

310 S. Michigan Ave., Chicago, Ill. 60604; 312-294-0200; fax: 312-294-5826

Operational date: 1984.
Certified in: Illinois.
Model type: IPA.
Not for profit.
Staff: 800 primary physicians; 1,200 specialists; five administrative staff members; 18 marketing staff members; 15-20 patients per physician; 95% board certified physicians.
Facilities: 27 hospitals; chain of pharmacies.
Service area: Cook, DuPage, Will, Kane, and McHenry counties in Illinois.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include vision, dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 145 employer/payer groups.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA.
Officers: Dan Schuh, president; Aldo Giacchino, chief executive officer; Dr. John Keifer, medical director; Gail Hernosz, vp-marketing; John Harter, chief financial officer; Karen Paul, vp-medical services delivery.

Dental Network of America

Two TransAm Plaza Drive, Oak Brook Terrace, Ill. 60181; 708-691-1133; fax: 708-495-0575

Certified in: Illinois, Ohio, Indiana, New York, West Virginia, Maryland, District of Columbia, California, Colorado, Deleware, Iowa, Michigan, Minnesota, Nebraska, Oregon, Pennsylvania, Tennessee.
Model type: Network.
Not for profit.
Sponsorship: Blue Cross & Blue Shield.
Staff: 4,911 primary physicians; 116 patients per physician.
Locations: One administrative location.
Services: Standard services include dental only.
Rating options: Community rating; community rating by class; adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Individual enrollment not allowed.
Users: 2,700 employer/payer groups.
Management reports: Provided quarterly.
Billing: National accounts program with consolidated billing available.
Officers: James O. Webb, president; Dr. Van Nelimark, dental director; Skip Gray, vp-marketing director.
Contact: Sally Griffin, 708-691-1133, ext. 237.

HMO Illinois

233 N. Michigan Ave., Chicago Ill. 60601; 312-938-6000; fax: 312-938-5722

Operational date: June 1977.
Certified in: Illinois.
Model type: Group and IPA.
Not for profit.
Ownership: Blue Cross & Blue Shield of Illinois.
Staff: 2,239 primary physicians; 4,542 specialists; 30 marketing staff members; 17 patients per physician; 85% board certified physicians.
Facilities: 4,500 pharmacies.
Service area: 43 counties in Illinois; Lake, Porter counties in Indiana.
Locations: Eight administrative sites.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 788 employer/payer groups; 56,128 employees with single coverage; 72,180 employees with family coverage; 307,584 employees and dependents. Hospital stay averages 5.4 days. 75.2 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $300.8 million in 1989; $262.6 million in 1988.
Officers: S. Martin Hickman, president; Robert H. Halaska, senior vp-marketing; Dr. Arnold Widen, medical director; Frank Nicholson, vp-provider contracts.

Health Chicago Inc.

950 Warrenville Road, Lisle, Ill. 60532; 708-964-6200; fax: 708-964-8904

Operational date: October 1984.
Federally qualified.
Certified in: Illinois, Indiana.
Model type: IPA.
For profit.
Sponsorship: Hospitals.
Ownership: Ingalls Memorial Hospital.
Staff: 785 primary physicians; 2,200 specialists; 180 administrative staff members; 30 marketing staff members; 100 patients per physician; 80% board certified physicians.
Facilities: 36 hospitals; two pharmacy chains and 140 independent pharmacies; eight diagnostic labs.
Service area: Cook, DuPage, Lake, Will and McHenry counties in Illinois; Lake, Porter and LaPorte counties in Indiana.
Locations: One administrative site.
Services: Standard package, including vision, limited substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, dental, substance abuse rehabilitation, prescription eyewear. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $116.26 single, $327.88 family; community rating by class. Offers point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 1,148 employer/payer groups; 55,000 employees and dependents. Hospital stay averages 4.3 days. 82 admissions per 1,000 members.
Management reports: Provided on request.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $83.4 million in 1989; $96.8 million in 1988.
Officers: Norman J. Beles, president/chief executive officer; Raymond J. Kostelc, executive vp/chief financial officer; Drs. Wayne E. Mathy, Suhail Ghattas and David V. Webber, medical directors; Dan J. Fox, vp-marketing; Edward J. Brennan, John F. Doddy, John R. Lestina, Patricia A. Moldovan, Donald B. Smallwood.

Health Plan of Central Illinois Inc.

207 Main St., Peoria, Ill. 61602; 309-676-2300; fax: 309-676-4010

Operational date: March 1983.
Certified in: Illinois.
Model type: IPA.
For profit.
Staff: 150 primary physicians; 140 specialists; six administrative staff members; two marketing staff members; 180 patients per physician; 100% board certified physicians.
Facilities: Four hospitals; 180 pharmacies. two diagnostic labs.
Service area: 37 counties in Illinois.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding preventive medicine. Options include experimental procedures and preventive medicine. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 62 employer/payer groups; 2,900 employees with single coverage; 8,100 employees with family coverage; 27,000 employees and dependents. Hospital stay averages 5.7 days. 395 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $38 million in 1989; $38.7 million in 1988.
Officers: David W. Meister Jr., president; Gerald Landgraf, executive director; Fred Z. White, medical director; Daniel Franklin, marketing director, Marshall Heinold, vp-finance.
Contact: Marshall Heinold.

Lincoln National/Great Lakes Health Plan

747 E. 22nd St., Suite 100 Lombard, Ill. 60148; 708-916-8400; 10 S. Riverside Plaza, Suite 810, Chicago. Ill. 60606; 312-207-1221

Officers: Dr. John Blank, general manager; Peter Anderson, regional manager.

See Lincoln National Health Plan under Indiana.

Maxicare Illinois

150 N. Michigan Ave., Third Floor, Chicago Ill. 60601; 312-220-9830; fax: 312-220-9196

Operational date: November 1979.
Federally qualified.
Model type: Group and IPA.
For profit.
Ownership: Maxicare Health Plans.
Staff: 958 primary physicians; 4,210 specialists; 45 administrative staff members; seven marketing staff members; 24 patients per physician; 80% board certified physicians.
Facilities: 68 hospitals; 450 pharmacies.
Service area: 15 counties in Illinois.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, family planning, allergy test/procedures, therapeutic injections, immunizations and inoculations, but excluding prescription drug. Options include prescription drug and dental. Diagnostic testing or lab work performed by the HMO and by independent facilities.
Rating options: Community rating: $130.39 single, $357.75 family per month. Does not offer point-of-service contracts.
Enrollment options: Does not offer non-federally qualified programs to employers. Does not contract with the Federal HealthCare Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 650 employer/payer groups; 5,625 employees with single coverage; 7,224 employees with family coverage; 30,811 employees and dependents. Hospital stay averages 3.7 days. 79 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $62.9 million in 1989; $96.4 million in 1988.
Officers: John Frederick Southworth, president; Sandra Stevenson, executive director; Dr. Gerald Silverstein, medical director; Patricia Ferguson, marketing director; Jill Helm, director-medical services.

Med-Connect HMO of Illinois Inc.

15 Salt Creek Lane, Suite 115, Hinsdale, Ill. 60521; 708-850-2310; fax: 708-850-9804

Operational date: September 1989.
Certified in: Illinois.
Model type: Network.
For profit.
Ownership: Illinois Managed Health Care Systems Inc.
Staff: 353 primary physicians; 1,123 specialists; nine administrative staff members; 85% board certified physicians.
Facilities: 27 hospitals.
Service area: Cook, DuPage, Kane and Lake counties.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: Four employer/payer groups; 53 employees with single coverage; 41 employees with family coverage; 211 employees and dependents. Hospital stay averages 5.2 days.
Management reports: Provided quarterly.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $26,373 in 1989.
Officers: Daniel R. Schuh, president.
Contact: Karen V. Rocco.

MetLife HealthCare Network of Illinois Inc.

1375 E. Woodfield Road, Suite 110, Schaumburg, Ill. 60173; 708-619-2222

Operational date: September 1986.
Certified in: Illinois.
Model type: IPA.
For profit.
Sponsorship: Metropolitan Life Insurance Co.
Staff: 1,015 primary physicians; 2,260 specialists.
Facilities: 57 hospitals.
Service area: Cook, DuPage, Kane, Kendall, Lake, McHenry, Rock Island counties in Illinois.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class, experience rating.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Management reports: Provided.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Charles Stark, president; Virgil Marsh, vp-operations.

Michael Reese Health Plan*

2555 S. Dr. Martin Luther King Drive, Chicago Ill. 60616; 312-808-3810; fax: 312-842-2496

Operational date: July 1972.
Federally qualified.
Certified in: Illinois and Indiana.
Model type: Staff.
Not for profit.
Ownership: Michael Reese Hospital & Medical Center.
Staff: 182 primary physicians; 504 specialists; 698 administrative staff members; 33 marketing staff members; 1,800 patients per physician; 93% board certified physicians.
Facilities: 15 hospitals; 250 pharmacies; four diagnostic labs.
Service area: Cook, DuPage, Lake, and Will counties in Illinois.
Locations: One administrative site, 20 primary care sites.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, eyeglasses/contact lenses allowance. Options include dental. Diagnostic testing or lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $107-$122 single, $287-$315 family; community rating by class. Does not offer point-of-service contracts.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 720 employer/payer groups; 218,945 employees and dependents. Hospital stay averages 4.1 days. 84.9 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $256.9 million in 1989; $213.2 million in 1988.
Officers: Barry Averill, president/chief executive officer; Dr. Jess Boyer, medical director; Andrea Stallworth, vp-marketing/development; Patrick Brady, executive vp; Diane Millikan, vp-finance; Peggy Stevens, vp-health center administration; Patricia White, vp-nursing/allied health services; Robert Currie, vp-strategic planning/market research; Ira Rosenberg, vp-business development.

* Acquisition by Humana Inc. pending.

Multicare HMO

400 W. Erie, Suite 400, Chicago, Ill. 60610; 312-664-0035; fax: 312-664-8017

Operational date: April 1984.
Certified in: Illinois.
Model type: Group.
For profit.
Staff: Approximately 400 primary physicians; 15 administrative staff members; four marketing staff members.
Facilities: 27 hospitals; three pharmacies.
Service area: Cook, Lake, DuPage, Will, McHenry counties in Illinois.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include vision, dental, prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 6,100 employees and dependents.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Officers: Dr. Peter E. Friedell, president; Ronald Coleman, executive director; Dr. Jere Freidheim, medical director; Ronald Coleman, marketing director.
Contact: Barnett Schultz.

PruCare of Illinois

Columbia Centre II, 9450 Bryn Mawr, Rosemount, Ill. 60018; 312-671-8700; fax: 312-671-6958

Operational date: June 1981.
Federally qualified.
Certified in: Illinois.
Model type: Group.
For profit.

Continued on next page

Continued from previous page

Ownership: Prudential Insurance Co. of America.

Staff: 1,127 primary physicians; 3,382 specialists; 105 administrative staff members; 61 marketing staff members; 23 patients per physician; 60% board certified physicians.

Facilities: 53 hospitals; more than 250 pharmacies.

Service area: Cook, Lake, Dupage, McHenry, Kane, Will and DeKalb counties in Illinois.

Locations: One administrative site.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, ambulance, physical therapy, occupational therapy, speech therapy, nursing home, home health care, hospice care. Options include dental. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Individual enrollment may be allowed.

Users: 240 employer/payer groups; 25,699 employees and dependents. Hospital stay averages 4.4 days. 73.3 admissions per 1,000 members.

Management reports: Provided annually, semi-annually or quarterly.

Officers: William Link, president; Dr. Henry Hollander, medical director; Michael Dooley, marketing director.

Contact: Scott Serota, vp.

Rush Anchor HMO

33 E. Congress Parkway, Chicago, Ill.; 312-347-3440; fax: 312-347-4500

Operational date: 1971.
Federally qualified.
Certified in: Illinois and Indiana.
Model type: Staff.
Not for profit.
Sponsorship: Rush Presbyterian-St. Luke's Health Plans.

Staff: 2,000 primary physicians; 600 specialists; 300 administrative staff members; 30 marketing staff members; 1,000 patients per physician; 80% board certified physicians.

Facilities: 33 hospitals; 200 pharmacies; 18 diagnostic labs.

Service area: Cook, Kane, Dupage, Lake, Will counties in Illinois; Lake, Porter counties in Indiana.

Locations: Two administrative sites, 16 primary care sites.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment and obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $110.00 single, $325.00 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 2,000 employer/payer groups; 29,00 employees with single coverage; 37,000 employees with family coverage; 140,000 employees and dependents. Hospital stay averages 2.3 days. 350 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $155 million in 1989; $131 million in 1988.

Officers: Truman Esmond, president; Dr. Pat McCreary, medical director; Charlie Nelson, marketing director.

Share Health Plan of Illinois Inc.

One Pierce Place, Suite 600, Itasca, Ill. 60143; 708-250-3200; fax: 708-250-9772

Operational date: February 1984.
Federally qualified.
Certified in: Illinois.
Model type: Network and IPA.
For profit.
Ownership: United HealthCare Corp.

Staff: 450 primary physicians; 1,500 specialists; 80 administrative staff members; 15 marketing staff members; 144 patients per physician; 95% board certified physicians.

Facilities: 39 hospitals; 215 pharmacies.

Service area: Will, Cook, Lake, DuPage, McHenry and Kane counties in Illinois.

Locations: Two administrative sites.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include experimental procedures, prescription drugs, vision, dental. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Offers point-of-service contracts, 2% of members are enrolled. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 400 employer/payer groups; 30,000 employees and dependents. Hospital stay averages 4.3 days. 75 admissions per 1,000 members.

Management reports: Provided annually or upon request.

Billing: Provides direct billing for premiums under COBRA.

Officers: John G. Ruther, president/chief executive officer; Dr. Mervin Shalowitz, vp/medical director; Dave Gotsch, vp-sales.

Contact: Dave Gotsch.



Aetna Life Insurance Co./PARTNERS Health Plans of Indiana Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Farm Bureau Insurance Managed Care Plan Inc.

3737 N. Meridian St., Suite 201, Indianapolis, Ind. 46208; 317-921-3740; fax: 317-921-3745

Operational date: September 1986.
Certified in: Indiana.
Model type: IPA.
For profit.
Ownership: United Farm Bureau Family Life Insurance Co.

Staff: 578 primary physicians; 1,002 specialists; 32 administrative staff members; three marketing staff members; 25 patients per physician.

Facilities: 36 hospitals; four pharmacies; 11 diagnostic labs.

Service area: Indiana.

Continued on next page



A promise to keep a long stay in the hospital from becoming a financial injury.

A promise to make concern for their loved ones go beyond "How's the family?"

A promise that the end of a career won't be the end of a comfortable lifestyle.

When the people who work for you give so much, they're keeping a promise. That's why it's important for you to keep your promises to them. We can help.

MassMutual

We help you keep your promises.℠

©1989 Massachusetts Mutual Life Insurance Co., Springfield, MA 01111

Continued from previous page

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, but excluding prescription drugs which is an option. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Does not offer point-of-service contracts.

Enrollment options: Individual enrollment not allowed.

Users: 76 employer/payer groups; 15,257 employees and dependents. Hospital stay averages 4.7 days. 387 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $11.3 million in 1989.

Officers: Andrew C. Johnston, president; Dr. Frank Lloyd, medical director; Alice Kroll, vp; Patricia Roberts, secretary.

Health Maintenance of Indiana Inc.

333 N. Alabama St., Suite 300, Indianapolis, Ind. 46204-2102

Operational date: July 1983.
Federally qualified.
Model type: Mixed network.
Sponsorship: Blue Cross & Blue Shield of Indiana.
Service area: 78 counties in Indiana; Berrien County in Michigan; Butler County in Ohio.
Users: 47,752 members.

Health Resources Inc.

420 N.W. Fifth St., Suite 1-C, Evansville, Ind. 47708; 812-424-1444; fax: 812-428-6725

Operational date: March 1987.
Certified in: Indiana and Kentucky.
Model type: IPA.
For profit.
Staff: 250 primary dentists; 50 specialists; five administrative staff members; one marketing staff member.
Service area: 20 counties in Indiana; Breckinridge, Caldwell, Daviess, Henderson, Hopkins, Logan, Murtlenburg, Ohio and Union counties in Kentucky.
Locations: One administrative site.
Services: Include dental only.
Rating options: Adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Individual enrollment not allowed.
Users: 185 employer/payer groups; 7,500 employees and dependents.
Management reports: Provided monthly.
Billing: Provides direct billing for premiums under COBRA.
Officers: Dr. Edward L. Fritz, president; Paul Posthauer, marketing director.

Humana Health Care Plans

9300 Shelbyville Road, Suite 700, Louisville, Ky. 40222; 502-423-1355; fax: 502-423-4580

Operational date: 1988.
Model type: IPA.
Officers: Vicky Hatfield, executive director; Jim Moser, sales manager; Brenda Luckett, operations director.
See Humana Health Care Plans under Kentucky.

Key Health Plan

333 N. Alabama, Indianapolis, Ind. 46204; 317-262-4557; fax: 317-262-4697

Operational date: June 1983.
Federally qualified.
Certified in: Indiana.
Model type: IPA.
For profit.
Ownership: The Associated Group-Blue Cross & Blue Shield of Indiana.
Staff: 441 primary physicians; 1,239 specialists; 100 administrative staff members; seven marketing staff members; 95 patients per physician; 95% board certified physicians.
Facilities: 51 hospitals; 550 pharmacies; one diagnostic lab.
Locations: One administrative location.
Service area: 78 counties in Indiana.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, experimental procedures, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include vision, dental and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 45 employer/payer groups; 5,601 employees with single coverage; 10,776 employees with family coverage; 42,202 employees and dependents. Hospital stay averages 4.1 days; 80 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $72.4 million in 1989; $116.1 million in 1988.
Officers: John D. Cuny, president; Dr. Lowell Weiner, acting medical director; David W. Anderson, marketing director.

Lincoln National Health Plan

11595 N. Meridian St., Carmel, Ind. 46032; 317-573-6680

Officers: Fran Prescott, general manager; Don Titcomb, regional manager.
See Lincoln National Health Plan corporate listing under Indiana.

Lincoln National Health Plan*

1300 S. Clinton St., P.O. Box 2266, Fort Wayne, Ind. 46801; 219-455-2000; fax: 219-455-7655

Model type: Group, IPA, network and mixed.
For profit.
Sponsorship: Lincoln National Life Insurance Co. and Lincoln National Administrative Services Corp.
Staff: 4,500 primary physicians; 15,250 specialists.
Facilities: 450 hospitals.
Service area: Network operates in Arizona, California, Colorado, District of Columbia, Idaho, Indiana, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, Missouri, North Carolina, Nebraska, Ohio, Pennsylvania, Virginia, and Wyoming.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Users: Approximately 500,000 members.
Management reports: Provided.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: John P. Cole, chief executive officer; Stephen K. Goldstone, senior vp; Kevin F. Hickey, senior vp.

* Figures are corporate, including all Lincoln National Health Plan HMOs sponsored by Lincoln National Life Insurance Co. and Lincoln National Administrative Services Corp.

Lincoln National Health Plan

409 E. Cook Road, Suite 100, Fort Wayne, Ind. 46825; 219-455-3350

Officers: Fran Prescott, general manager; John Shumlas, regional manager.
See Lincoln National Health Plan corporate listing under Indiana.

Lincoln National Health Plan

105 Jefferson Centre, Suite 500, 105 Jefferson Blvd., South Bend, Ind. 46601; 219-232-3065

Officers: Fran Prescott, general manager; Dennis Fisher, sales manager.
See Lincoln National Health Plan corporate listing under Indiana.

Maxicare Indiana

9480 Priority Way W. Drive, Indianapolis, Ind. 46240; 317-844-5775; fax: 317-574-0713

Operational date: 1973.
Federally qualified.
Certified in: Indiana.
Model type: Group, IPA, staff.
For profit.
Ownership: Maxicare Health Plans.
Staff: 229 primary physicians; three administrative staff members; 11 marketing staff members; 360 patients per physician; 80% board certified physicians.
Facilities: 13 hospitals; 3 pharmacy chains.
Service area: 28 counties in Indiana.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Adjusted community rating. Offers point-of-service contracts, 1.4% of members are enrolled. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 393 employer/payer groups; 24,582 employees with single coverage; 17,054 employees with family coverage; 82,523 employees and dependents. Hospital stay averages 4.4 days. 111.9 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Peter Ratican, chief executive officer; Thomas Klages, executive director; Dr. James Hilz, medical director; Dijuana Lewis, marketing director; Donna Epps, director-operations; Ann Bly, director-consumer affairs.

Physicians' Health Network

One Riverfront Place, Suite 400, Evansville, Ind. 47732; 812-465-6000; fax: 812-465-6014

Operational date: May 1985.
Federally qualified.
Certified in: Indiana.
Model type: IPA.
For profit.
Sponsorship: Group of physicians.
Ownership: Group of physicians, Blue Cross & Blue Shield of Indiana.
Staff: 139 primary physicians; 169 specialists; six administrative staff members; 12 marketing staff members; 140 patients per physician; 72% board certified physicians.
Facilities: Five hospitals; 10 pharmacies and a chain; 10 diagnostic labs.
Service area: Vanderburgh, Knox, Daviess, Warrick, Dubois, Pike, Spencer, Posey, Gibson counties in Indiana.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Does not offer point-of-service contracts. Offers non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 198 employer/payer groups; 3,775 employees with single coverage; 5,598 employees with family coverage; 21,687 employees and dependents. Hospital stay averages 3.4 days. 400 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $20.1 million in 1989; $18.4 million in 1988.
Officers: Russell Sherlock, acting president/chief executive officer; Dr. Ralph Carlson, medical director; Russell Sherlock, vp-sales/marketing; Martin Miracle, vp-finance; Carol Frame-Kelsey, vp-operations; Claudia Raven, vp-medical services.



Care Choices

Suite 401, Terra Centre, 600 4th St., Sioux City, Iowa 57101; 712-252-2344; fax: 712-252-3111

Operational date: July 1987.
Certified in: Iowa, Nebraska, South Dakota.
Model type: IPA.
Not for profit.
Ownership: Mercy Alternative.
Staff: 72 primary physicians; 100 specialists; 12 administrative staff members; two marketing staff members; 100 patients per physician; 90% board certified physicians.
Facilities: Five hospitals; 20 pharmacies; two diagnostic labs.
Service area: Cherokee, Ida, Manona, Plymouth, Sioux and Woodbury counties in Iowa; Dakota, Dixon, Thurston counties in Nebraska; Clay and Union counties in South Dakota.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 37 employer/payer groups; 800 employees with single coverage; 1,685 employees with family coverage; 6,750 employees and dependents. Hospital stay averages 4.2 days. 92 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: National accounts program with consolidated billing available.
Gross revenues: $4.2 million in 1989; $1.9 million in 1988.
Officers: Patrick Aberle, executive director; Dr. Stanley Bloustine, medical director; Rona Berinobis, marketing director; Karen Pederson.
Contact: Patrick Aberle.

Heritage National Healthplan

11 Corporate E., 1910 Kimberly Road, Davenport, Iowa 52807; 319-344-4400; fax: 319-344-4486

Operational date: April 1985.
Certified in: Iowa, Illinois, Tennessee, Wisconsin.
Model type: IPA.
For profit.
Ownership: Deere & Co.
Staff: 3,100 primary physicians and specialists; 420 staff members.
Facilities: 61 hospitals; 886 pharmacies.
Service area: 31 counties in Iowa; 25 counties in Tennessee; Lee, Scott, Washington counties in Virginia; Crawford, Grant, Iowa, Lafayette, Dane, Green, Jefferson, Rock, Walwork, Dodge, Fond du Lac counties in Wisconsin; 28 counties in Illinois.
Locations: 15 administrative sites.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental, chiropractic, hearing aid. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 200 employer/payer groups; 16,704 employees with single coverage; 52,688 employees with family coverage; 177,000 employees and dependents. Hospital stay averages 4.9 days. 82 admissions per 1,000 members.
Management reports: Provided quarterly.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: G. Michael Hammes, president; Regis D. Rulifeen, vp; Dr. Stephen B. Sidwell, medical director; George N. Dellos, marketing director; Richard R. Detwiler, vp/treasurer.

Medical Associates HMO

230 CyCare Plaza, Dubuque, Iowa 52001; 319-556-8070 or 800-747-8900; fax: 319-556-5134

Operational date: July 1982.
Federally qualified.
Certified in: Iowa, Illinois, Wisconsin.
Model type: Group.
For profit.
Ownership: Medical Associates Clinic P.C.
Staff: 96 primary physicians; 37 specialists; eight administrative staff members; two marketing staff members; 98% board certified physicians.
Facilities: 17 hospitals; 105 pharmacies.
Service area: Dubuque, Clayton, Delaware, Jones, Jackson counties in Iowa. JoDaviess County in Illinois. Grant, Iowa, Lafayette, Crawford counties in Wisconsin.
Locations: One administrative site, 30 primary care sites.
Services: Standard package, including vision, psychiatric services, durable medical equipment, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, substance abuse and podiatry. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $110 single, $280 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 240 employer/payer groups; 3,119 employees with single coverage; 7,152 employees with family coverage; 28,948 employees and dependents. Hospital stay averages 4.6 days.
Management reports: Provided upon request.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $34.6 million in 1989; $29.6 million in 1988.
Officers: Lawrence E. Cremer, executive director; Dr. Robert A. Pfaff, medical director; Terry Kane, marketing director.

Share Health Plan of Iowa

2700 Westown Parkway, Suite 200, West Des Moines, Iowa 50265; 515-225-1234; fax: 515-225-2486

Operational date: July 1983.
Federally qualified.
Certified in: Iowa.
Model type: Network.
For profit.
Ownership: United HealthCare Corp.
Staff: 83 primary physicians; 365 specialists; 30 administrative staff members; six marketing staff members; 300 patients per physician; 100% board certified or board eligible physicians.
Facilities: Eight hospitals; 19 pharmacies; five diagnostic labs.
Service area: Warren and Polk

Continued on next page

Continued from previous page
counties in Iowa.

Locations: One administrative site, 39 primary care sites.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include experimental procedures, dental services. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 165 employer/payer groups; 4,969 employees with single coverage; 17,420 employees with family coverage; 22,389 employees and dependents. Hospital stay averages 4.2 days.

Management reports: Provided quarterly..

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $35.1 million in 1989; $30.6 million in 1988.

Officers: D. Michael Elliott, president/chief executive officer; Dr. Don C. Green, medical director.

Total Health Network of Iowa

P.O. Box 7270, 636 Grand Ave., Des Moines, Iowa 50309; 515-245-5025

Operational date: December 1984.
Model type: IPA.
Sponsorship: Blue Cross & Blue Shield of Iowa.
Service area: 42 counties in Iowa.
Users: 23,187 members.

Kansas

CIGNA Healthplan of Kansas City Inc.

9225 Indian Creek Parkway, 32 Corporate Woods, Suite 700, Overland Park, Kan. 66210; 913-451-9389

Operational date: July 1986.
Certified in: Kansas.
Model type: IPA.
Staff: 447 primary physicians; 812 specialists; 105 patients per physician; 75% board certified physicians.
Facilities: 22 hospitals; 163 pharmacies.
Service area: Leavenworth, Wyandote, Douglas, Johnson, Franklin and Miami counties in Kansas; Platte, Clay, Ray, Jackson and Cass counties in Missouri.
Users: Hospital stay averages 4.3 days. 85 admissions per 1,000 members.
Officers: Joy Haug, general manager.
See CIGNA Corp. under Connecticut.

EQUICOR Healthplan Inc.

200 S. Sante Fe, Salina, Kan. 67401; 913-823-6015

Operational date: November 1983.
Federally qualified.
Certified in: Kansas.
Model type: IPA.
Staff: 11 primary physicians; 100% board certified physicians.
Facilities: Two hospitals.
Service area: Saline, Ottawa, Lincoln, Ellsworth, Dickinson and McPherson counties in Kansas.
Users: Hospital stay averages 4.5 days. 323 admissions per 1,000 members.
Contact: Ann Headrick.
See CIGNA Corp. under Connecticut.

EQUICOR Healthplan Inc.

2959 N. Rock Road, Wichita, Kan. 67226; 316-636-1152

Operational date: July 1981.
Model type: IPA.
Staff: 173 primary physicians; 85% board certified physicians.
Facilities: Seven hospitals.
Service area: Butler, Sedgwick and Sumner counties in Kansas.
Users: Hospital stay averages 3.9 days. 49 admissions per 1,000 members.
Contact: Gary Williams.
See CIGNA Corp. under Connecticut.

HMO Kansas

1133 Topeka Blvd., Topeka, Kan. 66629; 913-233-2751

Operational date: 1984.
Certified in: Kansas.
Model type: IPA.
Not for profit.
Ownership: Blue Cross & Blue Shield of Kansas.
Staff: 341 primary physicians; 1,700 specialists; 57 administrative staff members; 136 marketing staff members; 128 patients per physician; 67.7% board certified physicians.
Facilities: 51 hospitals; 525 pharmacies; 48 diagnostic labs.
Service area: 30 counties in Kansas.
Locations: 10 administrative sites.
Services: Standard package, including dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include vision and prescription drugs. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 450 employer/payer groups; 11,938 employees with single coverage; 11,544 employees with family coverage; 52,053 employees and dependents. Hospital stay averages 3.7 days. 98 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Thomas L. Miller, president; James P. Rhoads, medical director; Andrew C. Corbin, marketing director; William F. Gloy, chief operating officer.

Kaiser Foundation Health Plan of Kansas City Inc.

6900 Squibb Road, Suite 201, Shawnee Mission, Kan. 66202; 913-722-8400; fax: 913-469-1026

Operational date: January 1983.
Federally qualified.
Sponsorship: Permanente Medical Group of Mid America P.A.
Ownership: Kaiser Permanente Medical Care Program.
Staff: 33 physicians; 272 non-physician staff members; seven marketing staff members; 1,310 patients per physician; 78% board certified physicians.
Facilities: One hospital; six pharmacies; seven diagnostic labs.
Service area: Johnson, Leavenworth and Wyandott counties in Kansas; Cass, Clay, Jackson and Platte counties in Missouri.
Rating options: Adjusted community rating: Missouri area, $98.33-$294.99; Kansas area, $99.54-$298.61. Does not offer non-federally qualified programs to employers.
Users: As of year-end 1989: 338 employer/payer groups; 8,419 employees with single coverage; 8,070 employees with family coverage; 34,636 employees and dependents.
Gross revenues: $26 million in 1989; $14 million in 1988.
Officers: Andrew Dubill, regional manager; Dr. Ian Leverton, medical director; Donald Cooke, health plan manager.
See Kaiser Permanente Medical Care Program under California.

Lincoln National Health Plan

7400 College Blvd. Suite 210, Overland Park, Kan. 66210; 913-345-2240

Officers: Steve Coburn, general manager; Rob Noel, regional manager.
See Lincoln National Health Plan under Indiana.

MetLife Healthcare Network-Kansas City Inc.

Building 9, Suite 185, 9200 Indian Creek Parkway, Overland Park, Kan. 66210-2012; 913-451-5656
Operational date: December 1986.
Certified in: Missouri and Kansas.
Model type: IPA.
For profit.
Sponsorship: Metropolitan Life Insurance Co.
Staff: 350 primary physicians; 600 specialists.
Facilities: 13 hospitals.
Service area: Jackson, Johnson and Wyandotte counties in Kansas; Cass, Clay and Platte counties in Missouri.
Services: Standard package, including professional services, but excluding prescription drugs. Options include prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; experience rating.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Management reports: Not provided.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Charles Stark, president; Barbara Buenemann, chief operating officer.

Kentucky

Alternative Health Delivery Systems Inc.

P.O. Box 23705, Louisville, Ky. 40223; 502-423-2227; fax: 502-423-6979
Operational date: 1986.
Certified in: Kentucky.
Model type: IPA.
For profit.
Ownership: Southeastern United Corp. and a group of hospitals.
Staff: 292 primary physicians; 684 specialists; five administrative staff members; 80% board certified physicians.
Facilities: 11 hospitals; 55 pharmacies; three diagnostic labs.
Service area: 14 counties in Kentucky; Clark, Floyd and Harrison counties in Indiana.
Locations: One administrative site.
Services: Standard package, including psychiatric services, durable medical equipment, obstetrics/gynecology, pregnancy dependents, immunizations, well baby care and office visits, but excluding prescription drugs. Options include prescription drugs, vision and substance abuse. Diagnostic testing performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Users: 170 employer/payer groups; 36,100 employees and dependents. Hospital stay averages 3.7 days. 82 admissions per 1,000 members.
Management reports: Provided.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $31 million in 1989; $17.4 million in 1988.
Officers: Steve Linehan, president; Katherine W. Gilchrist, executive director; Dr. Robert G. Pope, medical director; Michael L. Henke, marketing director.

HMO Kentucky Inc.

P.O. Box 23795, Louisville, Ky. 40223; 502-423-2880; fax: 502-423-6993

Federally qualified.
Certified in: Kentucky and Indiana.
Model type: IPA.
For profit.
Sponsorship: Blue Cross & Blue Shield of Kentucky Inc.
Ownership: Southeastern United Corp.
Staff: 442 primary physicians; 2,550 specialists; four administrative staff members; approximately 75% board certified physicians.
Facilities: 10 pharmacies; one diagnostic lab.
Service area: 48 counties in Kentucky.
Locations: One administrative site.
Services: Standard package, including psychiatric services, durable medical equipment and obstetrics/gynecology, but excluding prescription drug. Options include vision, substance abuse and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts. Offers non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 163 employer/payer groups; 7,649 employees with single coverage; 11,261 employees with family coverage; 45,867 employees and dependents. 100 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Does not provide direct billing for premiums under COBRA.
Officers: Sharon Tolliver, executive director.

HealthWise of Kentucky Ltd.

489 E. Main St., Lexington, Ky. 40507; 606-259-1771 or 800-543-8339; fax: 606-253-3488

Operational date: March 1986.
Certified in: Kentucky.
Model type: IPA.
For profit.
Ownership: Commonwealth Physicians Service Corp.
Staff: 187 primary physicians; 385 specialists; 36 administrative staff members; six marketing staff members; 185 patients per physician; 95% board certified physicians.
Facilities: 26 hospitals; 137 pharmacies; 21 diagnostic labs.
Service area: 29 counties in Kentucky.
Locations: Two administrative sites.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, but excluding prescription drugs. Options include vision and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 98 employer/payer groups; 12,299 employees with single coverage; 6,018 employees with family coverage; 34,628 employees and dependents. Hospital stay averages 4.5 days. 79 admissions per 1,000 members.
Management reports: Provided as needed.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing is not available.
Gross revenues: $24.9 million in 1989; $10.4 million in 1988.
Officers: Belinda Cox, acting executive director; Dr. T. Allen Woodward, medical director; Dan Atherton, director-marketing/sales.

Humana Care Plan Inc.

101 Prosperous Place, Suite 300, Lexington, Ky. 40509; 606-254-2731; fax: 606-263-1488

Operational date: 1988.
Federally qualified.
Model type: Group.
Officers: Betty Chowning, executive director; Kathy Congleton, sales manager; Dr. Timothy Costitch, medical director.
See Humana Health Care Plans corporate listing under Kentucky.

Humana Care Plan Inc.

9300 Shelbyville Road, Suite 700, Louisville, Ky. 40222; 502-423-1355; fax: 502-423-4580

Operational date: 1988.
Federally qualified.
Model type: Staff and IPA.
Officers: Vicky Hatfield, associate executive director; Jim Moser, sales manager.
See Humana Health Care Plans corporate listing under Kentucky.

Humana Health Care Plans*

500 W. Main St./Humana Building, Louisville, Ky. 40201; 502-580-1000; fax: 502-580-4106

For profit.
Sponsorship: Humana Inc.
Services: Standard package, including durable medical equipment and obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental, psychiatric services.
Rating options: Does not offer point-of-service contracts.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 1.1 million members.
Management reports: Provided.
Billing: National accounts program with consolidated billing available.
Officers: Wayne T. Smith, president-healthcare division.
* Figures are corporate for all HMOs and PPOs sponsored by Humana Inc.

Humana Health Plan Inc.

101 Prosperous Place, Suite 300, Lexington, Ky. 40509; 606-254-2731; fax: 606-263-1488

Operational date: 1984.
Model type: IPA.
Officers: Betty Chowning, executive director; Kathy Congleton, sales manager; Dr. Timothy Costitch, medical director.
See Humana Health Care Plans corporate listing under Kentucky.

Humana Health Plan Inc.

9300 Shelbyville Road, Suite 700, Louisville, Ky. 40222; 502-423-1355; fax: 502-423-4580

Operational date: 1983.
Model type: IPA.
Officers: Vicki Hatfield, associate executive director; Jim Moser, sales manager.
See Humana Health Care Plans corporate listing under Kentucky.

MetLife HealthCare Network Kentucky Inc.

10509 Timberwood Circle, Suite 200, Louisville, Ky. 40223-5301; 502-339-8481

Operational date: December 1985.
Certified in: Kentucky and Indiana.
Model type: IPA.
For profit.
Sponsorship: Metropolitan Life Insurance Co.
Staff: 465 primary physicians; 808 specialists.
Facilities: 25 hospitals.
Service area: 28 counties in Kentucky. Clark, Floyd, Harrison, Lake and Porter counties in Indiana.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include vision, dental and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; experience rating.
Enrollment options: Does not contract with the Federal Health

Continued on next page

Continued from previous page
Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Management reports: Provided monthly, quarterly or semi-annually.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Charles Stark, president; Michael Kleinman, vp.



Aetna Life Insurance Co./PARTNERS Health Plan of Louisiana Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

CIGNA Healthplan of Louisiana Inc.

8550 United Plaza Blvd., Baton Rouge, La. 70809; 504-922-4260

Operational date: March 1986.
Federally qualified.
Model type: IPA.

Staff: 149 primary physicians; 440 specialists; 155 patients per physician; 75% board certified physicians.

Facilities: 16 hospitals.

Service area: Bienville, Bossier, Caddo, Clairborne, DeSoto, Natchitoches, Red River, Sabine and Webster parishes in Louisiana.

Users: Hospital stay averages 4.4 days. 81 admissions per 1,000 members.

Officers: Jack Rohfritch, president; Dr. D.M. Thompson Jr., medical director.

Contact: Jack Rohfritch.

See CIGNA Corp. under Connecticut.

CIGNA Healthplan of Northern Louisiana Inc.

6424 Youree Drive, Suite 200, Shreveport, La. 71105; 318-798-4700

Operational date: September 1985.
Federally qualified.
Model type: Group and IPA.

Staff: 31 primary physicians; 51 specialists; 620 patients per physician; 75% board certified physicians.

Facilities: Nine hospitals; 29 pharmacies.

Service area: Bossier, Caddo, Webster, Clairborne and Bienville parishes in Louisiana.

Users: Hospital stay averages three days. 80 admissions per 1,000 members.

Officers: Jack Rohfritch, president; Chuck Neff, general manager; Dr. Charles Knight Sr., medical director.

Contact: Jack Rohfritch.

See CIGNA Corp. under Connecticut.

Gulf South Health Plans Inc.

5615 Corporate Blvd., Suite 4, Baton Rouge, La. 70808; 504-927-7212; fax: 504-922-9241

Operational date: 1986.
Certified in: Louisiana.
Model type: IPA.
For profit.
Ownership: General Health Inc.

Staff: 141 primary physicians; 290 specialists; 284 specialists available for referral; 60 administrative staff members; eight marketing staff members; 135 patients per physician; 90% board certified physicians.

Facilities: 10 hospitals; more than 100 pharmacies; five diagnostic labs.

Service area: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, West Baton Rouge and West Feliciana parishes in Louisiana.

Locations: One administrative site.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Offers point-of-service contracts, 48% of members are enrolled.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 85 employer/payer groups; 13,108 employees with single coverage; 7,058 employees with family coverage; 20,166 employees and dependents. Hospital stay averages 3.8 days. 70 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $15.3 million in 1989; $7.4 million in 1988.

Officers: Tom Sawyer, president; Patrick Powers, executive director; Dwight Brower, medical director; Charles D. Calvi Jr., senior vp-marketing; Jack Walker, finance/administration.

Contact: Charles D. Calvi Jr., senior vp-marketing.

Maxicare Louisiana Inc.

3850 N. Causeway Blvd. Suite 990; 504-836-2022; 504-835-0493

Operational date: January 1985.
Federally qualified: 1985.
Certified in: Louisiana.
Model type: IPA.
For profit.
Sponsorship: Maxicare Health Plans.

Staff: 120 primary physicians; 180 specialists; six administrative staff members; four marketing staff members; 116 patients per physician; 98% board certified physicians.

Facilities: Four hospitals; 54 pharmacies; one diagnostic lab.

Service area: Jefferson, Orleans, St. Bernard, Plaquemines, St. Tammany, St. John the Baptist, and St. Charles parishes in Louisiana.

Locations: One administrative site, 13 primary care sites.

Services: Standard package, including podiatry, obstetrics/gynecology, preventive dental services, but excluding prescription drug. Options include experimental procedures, prescription drug, vision, dental, substance abuse, psychiatric services and durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating; community rating by class; adjusted community rating. Offers point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 100 employer/payer groups; 5,644 employees with single coverage; 12,137 employees with family coverage; 20,593 employees and dependents. Hospital stay averages 4.3 days. 370-non-Medicare admissions per 1,000 members and 445 admissions with Medicare.

Management reports: Provided on a semi-annually basis or as requested.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $35.7 million in 1989; $47.9 million in 1988.

Officers: Peter Ratican, president; David Giles, executive director; Dr. J. Patterson, medical director; Alan M. Preston, marketing director.

Ochsner Health Plan

1761 Physicians Park Drive, Baton Rouge, La. 70816; 504-756-4500; fax: 504-753-5421

Operational date: August 1986.
Federally qualified.
Certified in: Louisiana.
Model type: Group.
For profit.
Ownership: Ochsner Clinic and Ochsner Medical Foundation.

Staff: 19 primary physicians; 55 specialists; 20 administrative staff members; three marketing staff members; 1,266 patients per physician; 96% board certified physicians.

Facilities: Four hospitals; 16 pharmacies; two diagnostic labs.

Service area: East Baton Rouge, West Baton Rouge, Livingston, Ascension, and portions of Iberville, East Feliciana, West Feliciana and Tangipahoa parishes in Louisiana.

Locations: One administrative site.

Services: Standard package, including psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental, substance abuse. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 99 employer/payer groups; 2,196 employees with single coverage; 3,466 employees with family coverage; 19,709 total members.

Management reports: Provided quarterly.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $17.8 million in 1989; $14.1 million in 1988.

Officers: William H. Townsend, president; Dr. S. Lee Guice III, medical director; Robert T. Bauch, marketing director; Ronald V. Yarbrough, chief operating officer.

Travelers Health Network-New Orleans

Galleria One, Suite 2100, Galleria Blvd., Metairie, La. 70001; 504-836-5555

Operational date: July 1985.
Federally qualified.
Certified in: Louisiana.
Model type: IPA.
For profit.
Sponsorship: Travelers Corp.

Staff: 130 primary physicians; 382 specialists; 29 administrative staff members; 90% board certified physicians.

Facilities: 11 hospitals; 40 pharmacies; 19 diagnostic labs.

Service area: Orleans, Jefferson, St. Bernard, St. John the Baptist, St. Charles and St. Tammany parishes in Louisiana.

Locations: One administrative site.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating; community rating by class; adjusted community rating. Does not offer point-of-service contracts; does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 82 employer/payer groups. Hospital stay averages 4.2 days. 79.8 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Officers: Michael Gaffney, president; Gayle George, executive director; Dr. Frank Barham, medical director; William Noonan, marketing director; Skip Creasey, regional vp; Dr. Richard Norgaard, regional medical director.



HMO Maine

110 Free St., P.O. Box 8883, Portland, Maine 04101; 207-856-6196

Operational date: December 1985.
Federally qualified.
Model type: IPA.
Sponsorship: Blue Cross & Blue Shield of Maine.

Service area: Franklin, Kennebec, Sagadahoc, Androscoggin and York counties in Maine; parts of Cumberland, Lincoln, Oxford, Somerset and Waldo counties in Maine.

Users: 12,989 members.

HealthSource Maine

30 U.S. Route One, Yarmouth, Maine 04096; 207-846-6430 or 800-642-5551; fax: 207-846-4164

Operational date: March 1987.
Federally qualified.
Certified in: Maine.
Model type: IPA.
For profit.
Sponsorship: Group of doctors.

Staff: 181 primary physicians; 371 specialists; 22 administrative staff members; five marketing staff members; 49 patients per physician; 85% board certified physicians.

Facilities: 13 hospitals; 163 pharmacies; seven diagnostic labs.

Service area: Maine.

Locations: One administrative site.

Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include durable medical equipment and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $146.12 single, $365.30 family; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 95 employer/payer groups; 1,897 employees with single coverage; 2,120 employees with family coverage; 9,005 employees and dependents. Hospital stay averages 4.5 days. 345 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $6.9 million in 1989; $4 million in 1988.

Officers: Dr. David W. Schall, president; Richard M. White, executive director; Dr. Peter McGuire, medical director; Nancy R. Connelie, marketing director; Patricia Austin, director-health services; Jeffrey A. Bland, director-operations.

Lincoln National Health Plan

75 John Roberts Road, Suite 1C South Portland, Maine 04106; 207-773-6994

Officers: Max Powell, general manager; Dan Peternell, regional manager.

See Lincoln National Health Plan under Indiana.



Aetna Life Insurance Co./Aetna Health Plans of the Mid-Atlantic Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

CareFirst

100 S. Charles St., Baltimore, Md. 21201; 301-528-7000; fax: 301-528-7016

Operational date: 1978.
Federally qualified.
Certified in: Maryland and Washington, D.C.
Model type: Group and staff.
For profit.
Ownership: HealthCare Corp. of America.

Staff: 115 primary physicians; more than 828 specialists; 155 administrative staff members; 16 marketing staff members; 1,500 patients per physician; 96% board certified physicians.

Facilities: 34 hospitals; 1,200 pharmacies.

Service area: Anne Arundel, Baltimore, Calvert, Carroll, Cecil, Frederick, Harford, Montgomery, Prince Georges, Queen Anne's and St. Mary's counties in Maryland; District of Columbia.

Locations: One administrative site.

Services: Standard package including vision, substance abuse, psychiatric services, obstetrics/gynecology, hospice, emergency care, but excluding prescription drug. Options include dental, prescription drug and durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating; community rating by class; adjusted community rating. Does not offer point-of-service contract. Offers non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 1,275 employer/payer groups; 20,549 employees with single coverage; 16,201 employees with family coverage; 99,109 employees and dependents. Hospital stay averages 4.3 days. 73.7 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $95.9 million in 1989; $77.3 million in 1988.

Officers: David D. Wolf, president; Dr. Jose Martinez, medical director; Richard A. Capizzi, marketing director; Gary R. Gordon, chief operating officer.

Contact: Marketing department, 301-528-7009.

CIGNA Healthplan of Mid-Atlantic Inc.

9700 Patuxent Woods Drive, Columbia, Md. 21046; 301-720-5800

Operational date: December 1986.
Federally qualified.
Certified in: Maryland.
Model type: IPA.

Staff: 450 primary physicians; 1,370 specialists; 115 patients per physician; 75% board certified physicians.

Facilities: 26 hospitals.

Service area: Anne Arundel, Baltimore, Carroll, Harford, Howard, Clavert, Charles, Frederick, Montgomery, Prince Georges counties in Maryland; District of Columbia; Alexandria, Falls Church, Fairfax, Arlington, Loudoun, Prince William, Stafford counties in Virginia.

Users: Hospital stay averages 4.2 days. 64.8 admissions per 1,000 members.

Officers: Bruce Sturm, general manager; Dr. James Springrose, medical director; Sharon Stewart, health services/provider affairs.

Contact: Bruce Sturm.

See CIGNA Corp. under Connecticut.

Columbia-FreeState Health System

Two Knoll N. Drive, Columbia, Md. 21045; or 10626 York Road, Cockeysville, Md. 21030; 301-539-8622

Operational date: March 1969.
Federally qualified.
Model type: Mixed network.
Sponsorship: Blue Cross & Blue Shield of Maryland Inc.

Service area: Baltimore metropolitan area; Anne Arundel, Baltimore, Calvert, Carroll, Cecil, Frederick, Harford, Howard, Montgomery, Prince Georges, Queen Anne and Washington counties in Maryland; Adams, Franklin and York counties in Pennsylvania; Berkeley and Jefferson counties in West Virginia; portions of the District of Columbia.

Users: 176,400 members.

Continued on next page

Continued from previous page

Delmarva Health Plan Inc.

106 Marlboro Road, Easton, Md. 21601; 301-822-7223; fax: 301-822-8152

Operational date: 1982.
Certified in: Maryland.
Model type: IPA.
For profit.
Sponsorship: Group of doctors and hospitals.
Staff: 112 primary physicians; 318 specialists; two administrative staff members; four marketing staff members; 183 patients per physician; 90% board certified physicians.
Facilities: Seven hospitals.
Service area: Caroline, Cecil, Dorchester, Kent, Queen Anne, Somerset, Talbot, Wicomico and Worcester counties in Maryland.
Locations: One administrative site.
Services: Standard package, including psychiatric services, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, vision, dental, substance abuse. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Users: Hospital stay averages 3.6 days. 349 admissions per 1,000 members.
Management reports: Provided quarterly.
Billing: Provides direct billing for premiums under COBRA.
Officers: Dr. Theophane Loughery, president; George Duerre, executive director; Dr. R. Wroth, medical director; Richard Prettyman, marketing director; Richard Moore, chief financial officer.

Dental Benefit Providers Inc.

7200 Wisconsin Ave., Suite 800, Bethesda, Md. 20814; 301-654-6900; fax: 301-986-7965

Operational date: January 1984.
Model type: IPA.
For profit.
Staff: 1,000 dentists; 500 dental specialists; 150 administrative staff members; 10 marketing staff members; 100% board certified practitioners.
Service area: Maryland, District of Columbia, Virginia, Massachusetts, Ohio, Illinois, Colorado, California, Alabama, Texas, New York, Connecticut, Georgia and Iowa.
Locations: Three administrative sites.
Services: Standard package includes dental only.
Rating options: Offers point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 240 employer/payer groups; 700,000 employees and dependents.
Management reports: Provided quarterly.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $13 million in 1989; $9 million in 1988.
Officers: Dr. Ralph Roxman, president; Edward Murphy, chief executive officer; Dr. Carlton Gong, vp-operations/dental director; Frank Erwin, marketing director; Guy Hunt, vp-marketing/sales.
Contact: Guy Hunt.

HealthPlus Inc.

7601 Ora Glen Drive, Suite 200, Greenbelt, Md. 20770; 301-441-1600; fax: 301-441-3559

Operational date: September 1978.
Federally qualified.
Certified in: Maryland, Virginia and District of Columbia.
Model type: IPA.
For profit.
Ownership: Sanus Corp. Health Systems and New York Life Insurance Co.
Staff: 640 primary physicians; 1,600 specialists; 156 administrative staff members; 18 marketing staff members; 215 patients per physician; 78% board certified physicians.
Facilities: 40 hospitals; four pharmacy chains; one diagnostic lab with 25 sites.
Service area: Prince Georges, Montgomery, Charles, Calvert, Anne Arundel, Baltimore, Frederick, Carroll, Harford and Howard counties in Maryland; Arlington, Fairfax, Falls Church, Loudoun, Prince William, Alexandria, Stafford, Spotsylvania, Westmoreland, Fauquier and King George counties in Virginia; Washington, D.C.
Locations: Three administrative sites.
Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, vision, dental and durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class. Offers point-of-service contracts, 15% of members are enrolled. Offers non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 1,019 employer/payer groups; 28,455 employees with single coverage; 34,617 employees with family coverage; 136,304 employees and dependents. Hospital stay averages 4.4 days. 76 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Provides direct billing under COBRA. National accounts program with consolidated billing is available.
Gross Revenues: $105.8 million in 1989, $80.5 million in 1988.
Officers: Jeff D. Emerson, chief executive officer; Dr. David Anders, medical director; Joan Harp, marketing director; Virginia M. Dollard, chief operating officer; Nannette G. Henderson, chief financial officer.

Johns Hopkins Health Plan

2800 N. Charles St., Baltimore, Md. 21218; 301-554-7060; fax: 301-554-7440

Operational date: 1984.
Federally qualified.
Certified in: Maryland and Washington, D.C.
Model type: Mixed.
Not for profit.
Sponsorship: Johns Hopkins Health System.
Staff: 200 primary physicians; 1,800 specialists; 250 administrative staff members; 26 marketing staff members; 97% board certified.
Facilities: 27 hospitals, 445 pharmacies, one diagnostic lab with multiple sites.
Service area: Baltimore, Anne Arundel, Carroll, Cecil, Frederick, Harford, Howard, Montgomery, Prince Georges, Washington counties and the city of Baltimore in Maryland; Washington, D.C.
Locations: One administrative site, eight primary group sites.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include dental and prescription drug. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $101.29 single, $273.46 family; community rating by class; adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: Approximately 650 employer/payer groups; 38,073 employees with single coverage; 55,997 employees and dependents. 385 admissions per 1,000 members.
Management reports: Provided quarterly.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $63.2 million in 1989; $39.5 million in 1988.
Officers: Barbara B. Hill, presi-

Continued on next page



This simple device can work miracles on your retiree health care costs.

If you have to deal with the rising costs of employee benefits every day, we may have some good news for you. We offer a choice of health care plans that can reduce the premiums you and your Medicare-eligible retirees are currently paying and can raise the benefits for everybody—employer and retirees alike.

All it takes is one fast call to Humana® to find out about them.

These Humana plans are extremely cost competitive and offer guaranteed issue with no medical questions or "pre-existing condition" waiting periods.

Call John Poole today to find out more about how you can provide your retirees with the health care protection they've earned and the Medicare cost savings your company deserves.

John Poole
Humana Corporate Headquarters
502 580-1932

Humana®
Health Care Plans

Offered by Humana Insurance Company and Humana Care Plan, Inc.

GH-1087 ©Humana Inc. 1990 11/90

Continued from previous page
dent; Ancelmo E. Lopes, executive director/vp-operations; Dr. William Pawluk, vp-medical affairs; Debbie L. Origer, vp-marketing; Glen Steinbach, vp-finance; Jayn Osler, vp-research/development.

Contact: DemeAnn Kotselas, 301-554-7243.

Lincoln National Health Plan

9690 Deereco Road, Suite 310, Timonium, Md. 21093; 301-561-9300

Officers: William Young, general manager; Robert Shenkus, regional director.

See Lincoln National Health Plan under Indiana.

M.D. Individual Practice Assn.

4 Taft Court, Rockville, Md. 20850; 800-544-2853; 301-762-5728

Operational date: January 1981.
Federally qualified.
Certified in: Maryland, Virginia and District of Columbia.
Model type: IPA.
For profit.
Ownership: Mid Atlantic Medical Services Inc.
Staff: 873 primary physicians; 3,460 specialists; 25 administrative staff members; 60 marketing staff members; 222 patients per physician; 89.5% board certified physicians.
Facilities: 72 hospitals; 601 pharmacies; 45 diagnostic drawing sites.
Service area: District of Columbia; Maryland; Alexandria, Falls Church, Fredericksburg and Richmond cities and Accomack, Arlington, Caroline, Fairfax, Hanover, Henrico, Goochland, Loudoun, Northampton, Prince William and Stafford counties in Virginia.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include dental and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class; adjusted community rating. Offers point-of-service contracts, 20% of members are enrolled. Offers non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 925 employer/payer groups; 39,697 employees with single coverage; 43,922 employees with family coverage; 188,630 employees and dependents. Hospital stay averages 4.3 days. 319 admissions per 1,000 members.
Management reports: Provided quarterly upon request.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $117.1 million in 1989; $92.8 million in 1988.
Officers: Steven B. Griffin, president; Dr. Eric R. Baugh, medical director; George T. Jochum, chief executive officer; Joseph L. Guarriello, chief financial officer; Leon Kaplan, chief operating officer.

Optimum Choice Inc.

4 Taft Court, Rockville, Md. 20850; 301-294-5100 or 800-638-8898; fax: 301-309-9061

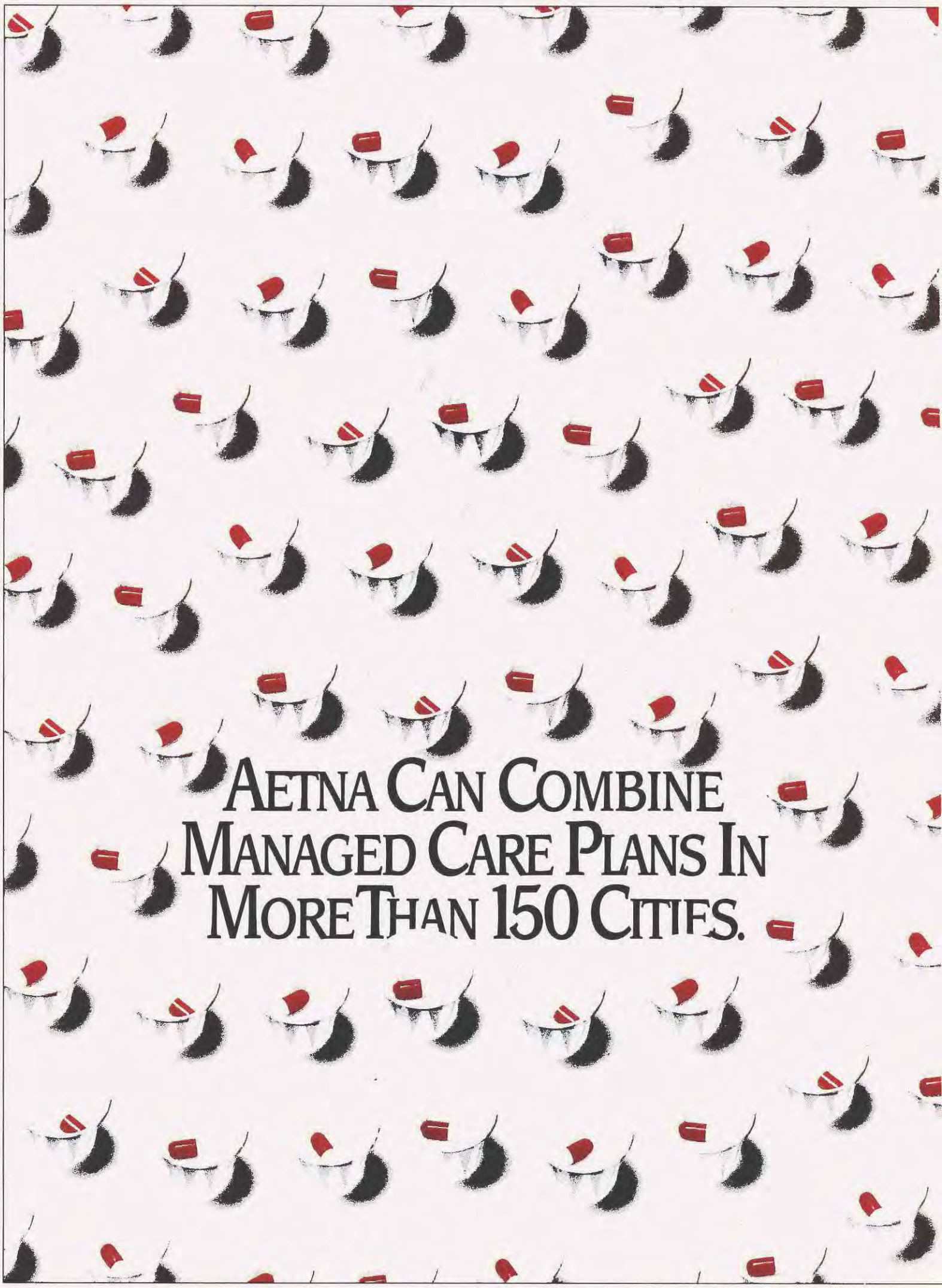
Operational date: November 1981.
Federally qualified.
Certified in: Maryland; Washington, D.C.; Virginia.
Model type: IPA.
For profit.
Ownership: Mid-Atlantic Medical Services Inc.
Staff: 1,177 primary physicians; 4,068 specialists; 327 administrative staff members; 21 marketing staff members; 187 patients per physician; 85% board certified physicians.
Facilities: 70 hospitals; 650 pharmacies; one diagnostic lab with 44 locations.
Service area: Maryland; northern Virginia; Washington, D.C.
Locations: Seven administrative sites.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health care, emergency care, ultrasound services, but excluding prescription drug. Options include prescription drug, dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $92.94 single, $252.14 family; community rating by class; adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 1,700 employer/payer groups; Hospital stay averages 4.3 days. 73 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $116.8 million in 1989; $91.9 million in 1988.
Officers: Steve Griffen, president-M.D. Individual Practice Assn.; George Jochum, president; Dr. Eric Baugh, vp-medical affairs; Joseph L. Couarriello, chief financial officer; Leon Kaplan, chief operating officer; Charlie Johnston, executive vp.

Potomac Health

100 S. Charles St., Baltimore, Md. 21201; 301-528-7000; fax: 301-528-7016

Operational date: August 1988.
Certified in: Maryland.
Model type: Group and staff.
For profit.
Ownership: HealthCare Corp. of America.
Staff: 139 primary physicians; more than 900 specialists; 155 administrative staff members; 16 marketing staff members; 1,500 patients per physician; 96% board certified physicians.
Facilities: 22 hospitals; 720 pharmacies.
Service area: Anne Arundel, Baltimore, Carroll, Frederick, Harford, Howard, Montgomery, Prince Georges counties and Baltimore City in Maryland.
Locations: One administrative site, 24 primary care sites.
Services: Standard package, including vision, substance abuse, psychiatric services, hospice, emergency care and obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, dental, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Continued on next page



Continued from previous page

Rating options: Community rating, community rating by class; adjusted community rating.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 159 employer/payer groups. 2,286 employees with single coverage; 2,610 employees with family coverage; 13,979 employees and dependents. Hospital stay averages 4.7 days. 63.5 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $5.6 million in 1989.

Officers: David D. Wolf, president; Dr. Jose Martinez, medical director; Richard A. Capizzi, marketing director; Gary R. Gordon, chief operating officer.

Contact: Marketing department, 301-528-7009.

PruCare of Baltimore

300 E. Lombard St., Baltimore, Md. 21202; 301-783-2900; fax: 301-783-0012

Operational date: January 1990.

Certified in: Maryland.

Model type: IPA.

For profit.

Ownership: The Prudential Insurance Co.

Service area: Baltimore, Howard, Harford, Anne Arundel, Carroll counties and Baltimore city in Maryland.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology but excluding prescription drugs. Options include experimental procedures, prescription drugs, vision, dental, psychiatric services, podiatry, institutes of quality. Diagnostic testing and lab work performed by contract with independent facilities.

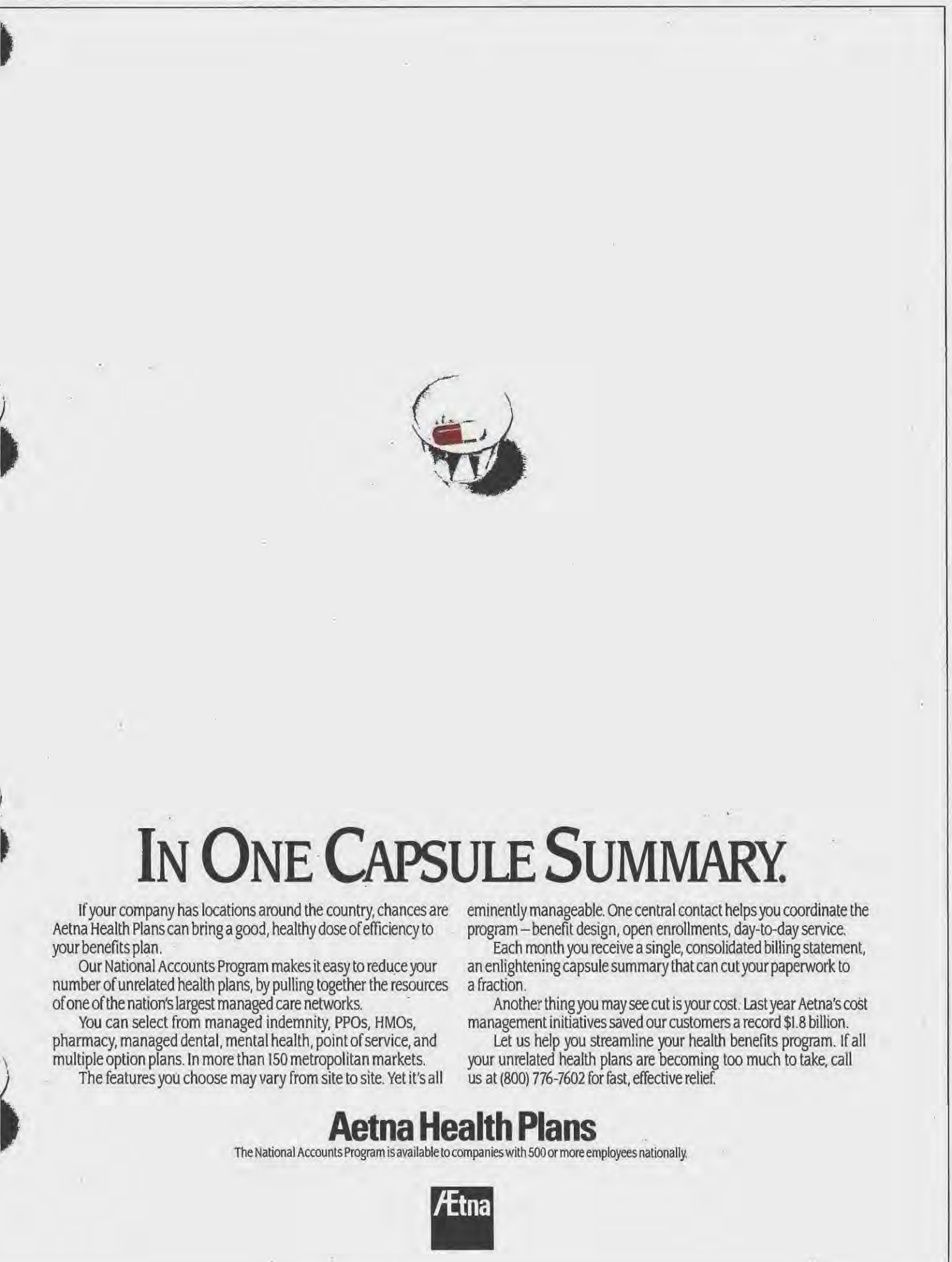
Rating options: Community rating, community rating by class; adjusted community rating. Also offers point-of-service contracts.

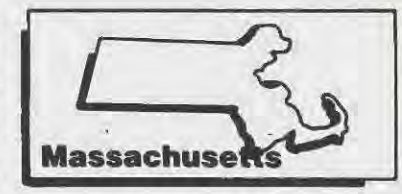
Enrollment options: The HMO does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: William P. Link, president; David Coulter, director-health care services; Dr. David Solomon, medical director; Larry Marable, marketing director.





Bay State Health Care Inc.

101 Main St., Cambridge, Mass. 02142; 617-499-6600; fax: 617-499-6686

Operational date: May 1979.
Certified in: Massachusetts.
Model type: IPA and network.
Not for profit.

Staff: 1,950 primary physicians; 3,250 specialists; 580 administrative staff members; 60 marketing staff members; 100% board certified or board eligible physicians.

Facilities: 65 hospitals; 800 pharmacies.

Service area: Eastern Massachusetts, including Worcester, Plymouth, Bristol, Norfolk, Suffolk, Essex and Middlesex counties.

Locations: Two administrative sites.

Services: Standard package, including vision, preventive dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $148 single, $399 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 4,200 employer/payer groups; 78,016 employees with single coverage; 68,701 employees with family coverage; 315,000 employees and dependents. Hospital stay averages 4.8 days. 436 hospital days per 1,000 members.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing is not available.

Gross revenues: $370.6 million in 1989; $281.3 million in 1988.

Officers: Joseph C. Hoffman, president; Dr. Eugene Abramson, medical director; William J. Mazza, vp-sales; Patricia E. Pilz, executive vp; John S. Ward, executive vp.

Berkshire Health Plan

395 South St., Pittsfield, Mass. 01201; 413-499-4009

Operational date: October 1984.
Model type: IPA.
Sponsorship: Blue Cross & Blue Shield of Massachusetts Inc.
Service area: Hampshire, Franklin and Berkshire counties in Western Massachusetts.
Users: 31,172 members.

CIGNA Healthplan of Massachusetts Inc.

1350 Main St., 15th Floor, Springfield, Mass. 01103; 413-735-1560

Operational date: October 1987.
Federally qualified.
Model type: IPA.
Staff: 144 primary physicians; 369 specialists; 270 patients per physician; 75% board certified physicians.
Facilities: Nine hospitals; 43 pharmacies.
Service area: Worcester and Hampden counties in Massachusetts.
Users: Hospital stay averages 4.2 days. 75 admissions per 1,000 members.
Officers: Tim Fitzgerald, general manager; Rosario Nata, medical director; M. Nicholl, health services manager.
Contact: Tim Fitzgerald.
See CIGNA Corp. under Connecticut.

Harvard Community Health Plan Inc.

10 Brookline Place W., Brookline, Mass. 02146; 617-431-1070; fax: 617-235-6437

Operational date: October 1969.

Continued on next page

Continued from previous page

Federally qualified.
Certified in: Massachusetts, New Hampshire and Vermont.
Model type: Group and staff.
Not for profit.
Staff: 426 primary physicians; 1,087 specialists; 806 administrative staff members; 80 marketing staff members; 1,164 patients per physician; 85% board certified physicians.
Facilities: 47 hospitals; 220 pharmacies; 12 diagnostic labs.
Service area: Essex, Middlesex, Suffolk, Norfolk, Plymouth and parts of Bristol, Berkshire, Franklin and Worcester counties in Massachusetts; Rockingham and Hillsboro counties in New Hampshire.
Locations: Four administrative sites, 39 primary care sites.
Services: Standard package, including substance abuse, psychiatric services, obstetrics/gynecology but excluding prescription drugs. Options include prescription drugs, vision, durable medical equipment, podiatry. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $137.51 single, $369.89 family; community rating by class. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 4,731 employer/payer groups; 142,510 employees with single coverage; 81,252 employees with family coverage; 419,606 employees and dependents. Hospital stay averages 5.12 days. 70 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing not available.
Gross revenues: $530.1 million in 1989; $427.1 million in 1988.
Officers: Thomas O. Pyle, president/chief executive officer; Daniel O. Anderson, chief operating officer; Dr. John Ludden, medical director; George P. Russell, vp-marketing; Glenn Hackbarth, senior vp; Miles Coverdale, vp/chief financial officer.
Contact: George P. Russell, 27 Mica Lane, Wellesley, Mass. 02181; 617-431-1070.

Lahey Clinic-Blue Cross & Blue Shield Health Maintenance Plan

One Alewife Center, Cambridge, Mass. 02140; 800-448-2992

Operational date: October 1980.
Model type: Group.
Sponsorship: Blue Cross & Blue Shield of Massachusetts Inc.
Service area: Bristol, Essex, Hillsborough, Middlesex, Norfolk, Rockingham and Suffolk counties in Massachusetts.
Users: 24,884 members.

Medical East Community Health Plan

99 Derby St., Suite 100, Hingham, Mass. 02043-4228; 617-740-6100; fax: 617-740-6116

Operational date: 1982.
Federally qualified.
Certified in: Massachusetts.
Model type: Group and staff.
Not for profit.
Ownership: Blue Cross & Blue Shield of Massachusetts.
Staff: 92 primary physicians; 392 specialists; 396 administrative staff members; 24 marketing staff members; 1,000 patients per primary care physician; 89% board certified physicians.
Facilities: 30 hospitals.
Service area: Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, Worcester counties in Massachusetts; New Hampshire.
Locations: Nine administrative sites, eight primary care sites.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, emergency services, ambulance, short-term rehabilitative services. Options include dental. Diagnostic testing and lab work performed by HMO facilities and by contract with independent facilities.
Rating options: Community rating: $146.44 single, $386.60 family; community rating by class; adjusted community rating. Offers point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 4,257 employer/payer groups; 22,327 employees with single coverage; 15,533 employees with family coverage; 75,096 employees and dependents. Hospital stay averages 4.4 days. 10.8 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $125.9 million in 1989; $96.3 million in 1988.
Officers: Ronald K. Davy, executive director; Dr. Frank W. Schultz, medical director; James Kane III, marketing director.
Contact: Susan M. DeAmicis, 617-740-6109.

Medical West Community Health Plan

360 Birnie Ave., Springfield, Mass. 01107; 413-747-1280; fax: 413-747-1212

Operational date: January 1979.
Federally qualified.
Certified in: Massachusetts.
Model type: Staff.
Not for profit.
Ownership: Blue Cross & Blue Shield of Mass.
Staff: 62 primary physicians; 51 specialists; six administrative staff members; 10 marketing staff members; 1,436 patients per physician; 95% board certified physicians.
Facilities: Three hospitals; three pharmacies; three diagnostic labs.
Service area: Hampden and portions of Hampshire counties in Massachusetts.
Locations: One administrative site, three primary care sites.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO.
Rating options: Community rating: $127.52 single, $343.84 family; Offers point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 2,200 employer/payer groups; 14,278 employees with single coverage; 13,521 employees with family coverage; 59,904 employees and dependents. Hospital stay averages 4.7 days. 71.3 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $84.2 million in 1989; $71.9 million in 1988.
Officers: William A. Schlag, president/chief executive officer; Ronald L. Hemmelgarn, vp/regional executive director; Dr. John A. Collins, vp/regional medical director; James F. Conlon, regional director.

MetLife HealthCare Network of Massachusetts

120 Royall St., Canton, Mass. 02021; 617-821-2620

Operational date: March 1987.
Certified in: Massachusetts.
Model type: IPA.
For profit.
Sponsorship: Metropolitan Life Insurance Co.
Staff: 440 primary physicians; 1,300 specialists.
Facilities: 33 hospitals.
Service area: Middlesex, Suffolk, Plymouth, Bristol, Essex and Norfolk counties in Massachusetts.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision and dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Michael Jaeger, president; Sheila O'Connor, chief operating officer.

Montachusett Health Plan

Leominster Plaza, 285 Central St., Leominster, Mass. 01453; 508-534-4100

Operational date: February 1984.
Model type: IPA.
Sponsorship: Blue Cross & Blue Shield of Massachusetts Inc.
Service area: Chesire, Hillsborough, Middlesex and Worcester counties in Massachusetts.
Users: 8,549 members.

North Shore Health Plan

One Alewife Center, Cambridge, Mass. 02140; 617-956-3749

Operational date: May 1985.
Model type: IPA.
Sponsorship: Blue Cross & Blue Shield of Massachusetts Inc.
Service area: Essex, Middlesex and Suffolk counties in Massachusetts.
Users: 10,532 members.

Pilgrim Health Care Inc.

10 Accord Executive Drive, P.O. Box 9102, Norwell, Mass. 02061; 800-742-8326; fax: 617-982-9668

Operational date: April 1981.
Federally qualified.
Certified in: Massachusetts and Rhode Island.
Model type: IPA.
Not for profit.
Sponsorship: Pilgrim Foundation.
Staff: 1,051 primary physicians; 1,184 specialists; 353 administrative staff members; 49 marketing staff members: 139 patients per physician; 100% board certified or board eligible physicians.
Facilities: 70 hospitals: 345 pharmacies; 24 diagnostic labs.
Service area: Barnstable, Bristol, Middlesex, Norfolk, Suffolk, Dukes, Nantucket, Plymouth, Essex and Worcester counties in Massachusetts; Providence, Newport, Bristol, Kent and Washington counties in Rhode Island.
Locations: Two administrative locations.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, preventive dental, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs and dental services. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $139.49 single, $362.69 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 3,643 employer/payer groups; 30,167 employees with single coverage; 36,236 employees with family coverage; 143,495 employees and dependents. Hospital stay averages 4.3 days. 83.4 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $137.1 million in 1989; $77.4 million in 1988.
Officers: Dr. Edward A. Pollard, president; Allan Greenberg, chief executive officer; Dr. Paul Reich, medical director; Patricia Callahan, vp; Leslie Sutherland, treasurer; Glen Johnson, secretary; Dr. Gilbert Shapiro, vp.

U.S. Healthcare Inc. (a Massachusetts Corp.)

Reservoir Place, 1601 Trapelo Road, Waltham, Mass. 02154; 617-893-1660

See U.S. Healthcare Inc. corporate listing under Pennsylvania.



Aetna Life Insurance Co./Butterworth Health Plan

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Blue Care Network, Great Lakes

611 Cascade W. Parkway, S.E., Grand Rapids, Mich. 49506; 616-957-5057; fax: 616-957-3476

Operational date: March 1982.
Federally qualified.
Certified in: Michigan.
Model type: Network.
Not for profit.
Sponsorship: Blue Cross Blue Shield of Michigan.
Staff: 436 primary physicians; 528 specialists; 210 administrative staff members; 21 marketing staff members; 300 patients per physician; 75% board certified physicians.
Facilities: 43 hospitals; 325 pharmacies; one diagnostic lab provider.
Service area: 49 counties in Michigan.
Locations: Five administrative sites, 222 primary care sites.
Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 976 employer/payer groups; 12,977 employees with single coverage; 19,772 employees with family coverage; 108,874 employees and dependents. Hospital stay averages 4.7 days. 61 admissions per 1,000 members.
Management reports: Provided as requested.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $120.5 million in 1989; $122.5 million in 1988.
Officers: Glenn McAdams, chairman; Robert Smedes, executive director; Dr. Steven Baker, medical director; Kim Kelly, corporate marketing manager; Gordon Gebbens, treasurer; Sherri Veele, secretary.

Blue Care Network-Health Central

1403 S. Creyts Road, Lansing, Mich. 48917; 517-322-8000; fax: 517-322-8015

Operational date: September 1977.
Federally qualified.
Certified in: Michigan.
Model type: Staff and network.
Not for profit.
Ownership: Michigan Blue Cross & Blue Shield.
Staff: 124 primary physicians; 107 specialists; 58 administrative staff members; 25 marketing staff members; 750 patients per physician; 95% board certified physicians.
Facilities: 10 hospitals; 12 diagnostic labs.
Service area: Ingham, Eaton, Livingston and Clinton counties in Michigan.
Locations: One administrative site, three primary care sites.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $104.14 single, $270.75 family; Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 707 employer/payer groups; 8,883 employees with single coverage; 16,101 employees with family coverage. Hospital stay averages 4.7 days. 64 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $78.4 million in 1989; $65.2 million in 1988.
Officers: Richard Whitmer, president-Blue Cross & Blue Shield of Michigan; Lee Lich, executive director; Dr. Geoffrey Linz, medical director; Robert Heintz, marketing director; Joe Pirch, director-administration/treasurer; Deanna Kramp, director-health care services; Dr. David Grondin, dental director.
Contact: Pat Devlin.

Blue Care Network of East Michigan

4200 Fashion Square Blvd., Saginaw, Mich. 48603; 517-791-3200; fax: 517-791-3237

Operational date: December 1975.
Federally qualified.
Certified in: Michigan.
Model type: Staff and network.
Not for profit.
Ownership: Blue Cross & Blue Shield of Michigan.
Staff: 213 primary physicians; 283 specialists; 24 administrative staff members; 13 marketing staff members; 325 patients per physician; 79.4% board certified physicians.
Facilities: 18 hospitals; 101 pharmacies; five diagnostic labs.
Service area: Arenac, Bay, Genesee, Gratiot, Isabella, Lapeer, Saginaw, Shiawassee, Tuscola counties in Michigan.
Locations: One administrative site, three primary care sites.
Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental, durable medical equipment. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 7,459 employees with single coverage; 13,853 employees with family coverage; 60,336 employees and dependents. Hospital stay averages 4.8 days. 75.7 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $83.4 million in 1989; $81.9 million in 1988.
Officers: Arnold C. Dufort, executive director; Dr. C. Richard Gumpper, medical director; Michael G. Curdy, marketing director; Kevin J. Klobucar, director-finance.

Blue Care Network of Southeast Michigan

27000 W. 11 Mile, Southfield, Mich. 48085; 313-354-7450; fax: 313-352-6615

Operational date: May 1981.
Federally qualified.
Certified in: Michigan.
Model type: IPA.
Not for profit.
Ownership: Blue Cross & Blue Shield of Michigan.

Continued on next page

Continued from previous page

Staff: 535 primary physicians; 700 specialists; 168 administrative staff members; 10 sales staff members; 187 patients per physician; 75% board certified primary physicians.

Facilities: 47 hospitals; 450 pharmacies.

Service area: Monroe, Wayne, Oakland, Macomb and Washentaw counties in Michigan.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology but excluding outpatient. Options include outpatient, experimental procedures, vision, dental, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $131.65 single, $327.94 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 813 employer/payer groups; 20,142 employees with single coverage; 26,585 employees with family coverage; 111,185 employees and dependents. Hospital stay averages 5.6 days. 385 admissions per 1,000 members.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $137 million in 1989; $169 million in 1988.

Officers: Janet B. Ofodile, executive director; Dr. Joseph Schirle, medical director; Norma J. Hollis, marketing director; Marilyn Ogg, finance director; Gary Gray, operations director.

DENCAP Dental Plans-Dental Maintenance Organization

7600 Second Ave., Detroit, Mich. 48202-2402; 313-972-1400

Operational date: September 1984.

Certified in: Michigan.

Model type: IPA.

For profit.

Staff: 180 primary physicians; 40 specialists; eight administrative staff members; 14 marketing staff members; 96 patients per physician; 100% board certified physicians.

Service area: Wayne, Oakland, Macoms, Washtinan, Genesee, Livingston, Ingram, Kalamazoo, St. Joseph, Cass and Van Buren counties in Michigan.

Locations: One administrative site.

Services: Dental only.

Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 92 employer/payer groups; 15,000 employees and dependents.

Management reports: Provided quarterly.

Officers: Joseph T. Lentine, president; Dr. James Feldman, medical director; James Gresham, marketing director.

Contact: Joseph T. Lentine.

DeltaCare

Delta Dental Plan of Michigan, P.O. Box 30416, Lansing, Mich. 48909; 517-349-6000; fax: 517-349-6047

Operational date: 1987.

Model type: IPA.

Not for profit.

Sponsorship: Delta Dental Plan of Michigan.

Staff: 173 dentists; 15 specialists.

Service area: Michigan.

Locations: Two administrative sites.

Services: Standard package includes dental only.

Rating options: Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: Five employer/payer groups; 11,300 employees and dependents.

Management reports: Provided.

Officers: Delta Dental Plan of Michigan: Patrick P. Gribben Jr., president; E. Craig Lesley; C. Richard Seitz, senior vp-marketing/external affairs.

Contact: E. Craig Lesley.

Grand Valley Health Plan

4550 Cascade Road, S.E., Grand Rapids, Mich. 49506-3635; 616-949-2410; fax: 616-949-4978

Operational date: 1982.

Certified in: Michigan.

Model type: Group and staff.

For profit.

Staff: Seven primary physicians; 119 specialists; 32 administrative staff members; six marketing staff members; 2,740 patients per physician; 100% board certified physicians.

Facilities: Three hospitals.

Service area: Kent and portions of Allegan, Ottawa counties in Michigan.

Locations: One administrative site, six primary care sites.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, vision, dental. Diagnostic testing and lab work performed by the HMO.

Rating options: Community rating by class. Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Users: 177 direct employer/payer groups direct; 3,088 employees with single coverage; 4,631 employees with family coverage. Hospital stay averages 3.98 days; 309.6 admissions per 1,000 members.

Management reports: Provided by request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $14.7 million in 1989; $11.8 million in 1988.

Officers: Roland Palmer, president; Dr. James Kerby, medical director; Thomas F. Ferraro, marketing director.

Contact: Susan Owens, marketing secretary.

M-Care

3601 Plymouth Road, Ann Arbor, Mich. 48105; 313-747-8700; fax: 313-747-7152

Operational date: September 1986.

Certified in: Michigan.

Model type: Network.

Not for profit.

Ownership: The University of Michigan.

Staff: 220 primary physicians; 750 specialists; 55 administrative staff members; five marketing staff members; 154 patients per physician; 94% board certified physicians.

Facilities: 19 hospitals; 21 diagnostic labs.

Service area: Livingston, Oakland, Macomb, Washtenaw, parts of Wayne counties in Michigan.

Locations: One administrative site, 406 primary care sites.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, but excluding prescription drugs. Options include vision and prescription drugs. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating. Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: Approximately 350 employer/payer groups; 6,433 employees with single coverage; 8,909 employees with family coverage; 33,953 employees and dependents. Hospital stay averages 4.3 days. 71 admissions per 1,000 members.

Continued on next page

MANAGED CARE INNOVATORS

AUTOMATED PROCEDURE REVIEW



"Nurse Reviewers shouldn't be asked to make medical judgments on the appropriateness of a diagnosis or treatment setting. Our automated system helps them do what they do best: identify the 10% to 25% of questionable procedures that require referral to a physician."

—DAVID W. FAGELL, M.D.
Asst. Medical Director For Surgical Review
Peer Review Analysis, Inc.

Our innovative procedure review software, called *Auto-PREP*, offers clinical criteria sets for over fifty frequently performed diagnostic and surgical procedures. Through a series of Yes and No answers, a Nurse Reviewer can quickly determine whether to approve a planned procedure or refer the case to a physician reviewer.

Consider these features:

- ☐ Comprehensive nurse and physician review criteria developed by medical specialty panels
- ☐ User friendly, easy to learn software
- ☐ Standard DOS PC or PC network compatibility
- ☐ On-line pop-up HELP screens including a medical glossary
- ☐ Complete, instant, time-stamped documentation

The major benefits? Efficient identification of inappropriate procedures. Increased review productivity. Improved review turnaround time. Reduced liability exposure. Enhanced quality control.

Find out more about how our new *Auto-PREP* software, our comprehensive Patient Review Program, and our Independent Physician Review service can meet your managed care goals. Call or write for details.

Peer Review Analysis, Inc.
Cost-effective strategies for quality healthcare.

380 Pleasant Street,
Malden, MA 02148
(617) 322-6400

© 1990. Peer Review Analysis, Inc.

Continued from previous page

Management reports: Provided annually upon request.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $26.5 million in 1989; $15.8 million in 1988.

Officers: Peter W. Roberts, president; Dr. Herbert Sloan, medical director; Jeanette B. Trefzer, marketing director; Ernest E. Humbert, director-finance; Sharyn Eby, director-provider development; Karl T. Wizinsky, director-operations.

Contact: Jan Trefzer, director-marketing and member service.

MIDA Dental Plans Inc.

2000 Town Center, Suite 2200, Southfield, Mich. 48075; 313-353-6410; fax: 313-358-3092

Operational date: 1981.
Certified in: Michigan, Ohio, Kentucky, Missouri, Indiana, Delaware, Maryland, Virginia, Pennsylvania, Georgia, District of Columbia, California, Massachusetts.
Model type: IPA.
For profit.

Staff: 1,145 primary physicians; 1,114 specialists; 120 administrative staff members; three marketing staff members; 304 patients per physician; 100% board certified physicians.

Service area: Michigan, Ohio, Kentucky, Missouri, Indiana, Delaware, Maryland, Virginia, Pennsylvania, Georgia, California, Massachusetts, District of Columbia.

Locations: Nine administrative sites.

Services: Standard package includes dental only.

Rating options: Community rating, adjusted community rating. Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 723,000 employees and dependents in employer groups.

Management reports: Provided monthly, quarterly or annually.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Dr. Walter Knysz Jr., president; Dr. Stephen Patterson, medical director; Tamara Jacobs, marketing director.

Contact: Tamara Jacobs.

OmniCare Health Plan

7650 Second Ave., Detroit, Mich. 48202; 313-873-2800; fax: 313-871-6081

Operational date: December 1973.
Federally qualified.
Certified in: Michigan.
Model type: IPA.
Not for profit.
Sponsorship: United American Health Care Corp.

Staff: 650 primary physicians; 850 specialists; 130 administrative staff members; 25 marketing staff members; 140 patients per physician; 90% board certified or eligible physicians.

Facilities: 47 hospitals; 525 pharmacies.

Service area: Wayne, Oakland, Macomb and Monroe counties in Michigan.

Locations: Two administrative sites.

Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $130.85 single, $320.59 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 550 employer/payer groups; 7,502 employees with single coverage; 12,140 employees with family coverage; 48,454 employees and dependents. Hospital stay averages 5.1 days. 65 admissions per 1,000 members.

Management reports: Provided annually or upon request.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $41.1 million in 1989; $32.3 million in 1988.

Officers: Ronald R. Dobbins, president; Dr. Julius V. Combs, chief executive officer; Dr. Hills Howard Jr., medical director; Milan W. Popovich, marketing director; Bobby L. Jones, senior executive vp.

Physicians Health Plan Inc.

P.O. Box 40798, Lansing, Mich. 48901-7998; 517-484-7700; fax: 517-482-8053

Operational date: March 1981.
Federally qualified.
Certified in: Michigan.
Model type: IPA.
Not for profit.
Sponsorship: Sparrow Hospital, Hackley Hospital, Bronson Methodist.

Staff: 626 primary physicians; 974 specialists; six administrative staff members; 16 marketing staff members; 209 patients per physician.

Facilities: 33 hospitals; 331 pharmacies; 42 diagnostic labs.

Service area: Oceana, Muskegon, Newaygo and portions of Ottawa counties in Michigan.

Locations: Four administrative sites.

Services: Standard package, including substance abuse, psychiatric services, experimental procedures, durable medical equipment and obstetrics/gynecology, but excluding prescription drugs. Options include vision, dental and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 749 employer/payer groups; 15,417 employees with single coverage; 31,300 employees with family coverage; 120,588 employees and dependents. Hospital stay averages 4.5 days. 22.8 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: James M. Savage, president; Doug Lottes, vp-sales.

SelectCare HMO

363 W. Big Beaver Road, Troy, Mich. 48084; 313-528-1090; fax: 313-689-8413

Operational date: September 1977.
Federally qualified.
Certified in: Michigan.
Model type: Mixed.
For profit.
Ownership: SelectCare Inc.

Staff: 300 primary physicians as of March 1990; more than 600 specialists; more than 300 administrative staff members; 29 marketing staff members; 200 patients per physician; 90% board certified physicians.

Facilities: 12 hospitals; 400 pharmacies.

Service area: Wayne, Oakland, MaComb, portions of Livingston, Washtenaw and St. Clair counties in Michigan.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include vision, prescription drugs, durable medical equipment. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $109.14 single, $279.39 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: More than 600 employer/payer groups; 15,415 employees with single coverage; 13,434 employees with family coverage; 40,732 employees and dependents as of October 1990. Hospital stay averages 4.9 days. 60 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $82.7 million in 1989; $59.1 million in 1988.

Officers: Barry K. Martins, president/chief executive officer; Dr. Douglas R. Woll, senior vp/chief medical officer; Tlanda McDonald, vp-marketing; Maria Szymanski, senior vp/chief financial officer; Mark Bertolini, senior vp/chief operating officer; Kyle Fitzpatrick, vp-client services; John Gajewski, vp-management information systems.



Aetna Life Insurance Co./Medcenters Health Care Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Blue Plus

3535 Blue Cross Road, P.O. Box 64179, St. Paul, Minn. 55164; 612-456-8000

Operational date: September 1974.
Federally qualified.
Model type: Mixed.
Sponsorship: Blue Cross & Blue Shield of Minnesota.
Service area: 53 counties in Minnesota.
Users: 160,080 members.

Group Health Inc.

2829 University Ave. S.E., Minneapolis, Minn. 55414; 612-623-8400; fax: 612-623-8560

Operational date: August 1957.
Federally qualified.
Certified in: Minnesota.
Model type: Staff.
Not for profit.

Staff: 296 primary physicians; 125 specialists; 535 administrative staff members; 18 marketing staff members; 1,399 patients per physician; 96% board certified physicians.

Facilities: 24 hospitals; 80 pharmacies; 22 diagnostic labs.

Service area: Hennepin, Ramsey, Washington, Anoka, Scott, Dakota, Carver, Chisago, Isanti, Rice, Wright, Sherburne and portions of Mille Lacs counties in Minnesota; Pierce and St. Croix counties in Wisconsin.

Locations: One administrative site, 54 primary care sites.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO facilities and by contract with independent facilities.

Rating options: Community rating: $109.97 single, $313.72 family; community rating by class; adjusted community rating. Offers point-of-service contracts, 23% of members are enrolled. Offers non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 762 employer/payer groups; 74,724 employees with single coverage; 60,782 employees with family coverage; 278,909 employees and dependents. Hospital stay averages 5.3 days. 82.2 admissions per 1,000 members.

Management reports: Provided semi-annually.

Billing: Provides direct billing for premiums under COBRA. A national accounts program with consolidated billing is available.

Gross revenues: $306.7 million in 1989; $232.4 million in 1988.

Officers: George C. Halvorson, president; Edward J. Dirkswager Jr., chief administrative officer; Dr. Paul J. Brat, medical director; Roger M. Swenson, chief marketing officer; Dr. Craig W. Ammundson, dental director; Earl K. Beitzel, vp/chief financial officer; Linda K. Ellwein, vp-medical contracting/affiliated clinic operations; L. Paul Hammonds, vp-clinic operations; Jan Malcorm, vp-public affairs/policy; Kathleen F. Young, corporate counsel.

Mayo Health Plan

21 1st St. S.W., Rochester, Minn. 55902; 507-284-8274; fax: 507-284-0528

Operational date: July 1986.
Certified in: Minnesota.
Model type: IPA.
Not for profit.
Sponsorship: Mayo Foundation.

Staff: 1,085 primary physicians; 1,042 specialists; five administrative staff members; five marketing staff members; 100% board certified physicians.

Facilities: 17 hospitals; 134 pharmacies.

Service area: Olmsted, Wabasha, Dodge, Mower, Fillmore, Winona, Goodhue, Rice, Dakota, Steele, Waseca and Houston counties.

Locations: One administrative site.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 24 employer/payer groups; 895 employees with single coverage; 984 employees with family coverage; 4,504 employees and dependents. Hospital stay averages 5.3 days. 590 admissions per 1,000 members.

Management reports: Provided quarterly and upon request.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $6.1 million in 1989; $4.1 million in 1988.

Officers: Ronald R. Anderson, executive director; Dr. Emilio R. Giuliani, medical director; William H. Carroll, marketing director; Steve L. Knudson, finance director; Kathleen Kelly, operations director.

Contact: William H. Carroll.

NWNL Health Network Inc.

1295 Bandana Blvd. N., Suite 220, St. Paul, Minn. 55108; 612-647-0305; fax: 612-647-1940

Operational date: August 1984.
Certified in: Minnesota.
Model type: Network.
Not for profit.
Ownership: Northwestern National Life Insurance Co.

Staff: 1,151 primary physicians; 891 specialists; five marketing staff members; 12 patients per physician; 99% board certified physicians.

Facilities: 19 hospitals; 171 pharmacies; five diagnostic labs.

Service area: Dakota, Scott, Carver, Hennepin, Ramsey, Washington and Anoka counties in Minnesota.

Locations: One administrative site.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Options include experimental procedures, dental, podiatry. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating; community rating by class; adjusted community rating. Offers point-of-service contracts, 97% of members are enrolled. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 72 employer/payer groups; 3,688 employees with single coverage; 2,545 employees with family coverage; 13,000 employees and dependents. Hospital stay averages 3.3 days.

Management reports: Provided annually or upon request.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $3.8 million in 1989; $1.7 million in 1988.

Officers: James D. Lauer, president; Dr. Bryan Warren, medical director; Daniel Boos, marketing director; Peggy Liedholm, vp-operations; Cecelia Manlove, vp-health services; Mike Cornelison, controller.

Continued on next page

1990 1991
Business Insurance
DIRECTORY
of Corporate Buyers of Insurance, Benefit Plans and Risk Management Services

The *1990/91 Directory* is updated and expanded — it includes information on more than 13,000 executives from over 2,100 companies of all sizes located throughout the U.S. Plus vital statistics on all companies listed include:
- primary type of business
- sales or assets
- number of employees
- name and title of CFO
- names and titles of executives directly responsible for: employee benefits; pension/retirement plans; personnel; risk and insurance management; property/casualty insurance; international employee benefits and/or risk management

Order the *1990/91 Business Insurance Directory of Corporate Buyers* today — gain access to the executives who are directly responsible for the purchase of commercial insurance, employee benefits and risk management.

To order your copy phone: 313-446-1623.
For tape sales or information call: 313-446-1625.
Or, complete the coupon and mail to:
Business Insurance Directory
Single Copy Sales
965 East Jefferson Avenue
Detroit, MI 48207

Reserve _____ copies
$85 each (15% discount when you order 5 or more). All orders must be prepaid.
Make check payable to:
Business Insurance Directory
Total enclosed: $_____
or charge my ☐ Visa ☐ Mastercard ☐ American Express ☐ Optima
Account # _____
Exp. Date _____
Signature _____
print name _____
title _____
company _____
address _____
city state zip
phone _____

Continued from previous page

Physicians Health Plan of Minnesota

5601 Smetana Drive, Minneapolis, Minn. 55440; 612-930-1200; 612-936-1200; fax: 612-936-6858

Operational date: 1975.
Certified in: Minnesota.
Model type: IPA.
Not for profit.
Staff: 2,303 primary physicians; 1,606 specialists; 243 administrative staff members; 65 marketing staff members.
Facilities: 83 hospitals; 605 pharmacies; 13 diagnostic labs.
Service area: 37 counties in Minnesota.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating; community rating by class; adjusted community rating. Offers point-of-service contracts, 56% of members are enrolled.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 2,981 employer/payer groups; Hospital stay averages 4.1 days. 67.43 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $379.2 million in 1989; $361.4 million in 1988.
Officers: P. Robert Larson, president/chief operating officer; K. James Ehlen, chief executive officer; Dr. Allan J. Chernou, medical director; Arnold B. Hebert Jr., vp-sales/marketing; Joanne R. Sigstad, vp-medical management; James W. Eppel, vp-network services.
Contact: Peter W. Fish, manager-public relations.

Share Health Plan

3600 W. 80th St., Suite 700, Bloomington, Minn. 55431; 612-830-3166; fax: 612-830-4489

Operational date: 1974.
Certified in: Minnesota.
Model type: Group.
Not for profit.
Staff: 515 primary physicians; approximately 1,700 specialists; 145 administrative staff members; 29 marketing staff members; 275 patients per physician; 85% board certified physicians.
Facilities: 27 hospitals; 171 pharmacies.
Service area: Anoka, Carver, Chisago, Dakota, Goodhue, Hennepin, Ramsey, Scott, Washington, portions of St. Louis counties in Minnesota; St. Croix and portions of Pierce and Polk counties in Wisconsin.
Locations: One administrative site and 70 primary care sites.
Services: Standard package including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drug and dental. Diagnostic testing and lab work performed by the HMO.
Rating options: Community rating by class. Offers point-of-service contracts, less than 5% of members are enrolled.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: Approximately 1,550 employer/payer groups; 67,886 employees with single coverage; 22,462 employees with family coverage; 140,779 employees and dependents. Hospital stay averages 4.8 days. 124.1 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross Revenues: $246.1 million in 1989; $271.3 million in 1988.
Officers: Ted Labedz, chief executive officer; Drs. Ed Spenney and Del Nelson, medical directors; John D. Tadich, vp-sales; Pamela Shaw, vp-finance/administration; Allen Miller, vp.
Contact: Andy Fabian.



Aetna Life Insurance Co./ The Medical Center Health Plan

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Blue-Care Inc.

2301 Main St., Kansas City, Mo. 64108; 816-395-3777; fax: 816-395-3571

Operational date: January 1989.
Certified in: Kansas and Missouri.
Model type: IPA.
Not for profit.
Ownership: Blue Cross & Blue Shield of Kansas City.
Staff: 130 primary physicians; 1,000 specialists; 38 patients per physician; 80% board certified physicians.
Facilities: 10 hospitals; 170 pharmacies; three diagnostic labs.
Service area: Jackson, Clay, Platte, Cass counties in Missouri; Wyandotte, Johnson counties in Kansas.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include vision, dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 1,075 employees with single coverage; 1,224 employees with family coverage; 4,896 employees and dependents. Hospital stay averages 4 days. 355 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $2.3 million in 1989.
Officers: Richard P. Krecker, president; Larry K. Chastain, executive director; Diane L. James, marketing director.

CarePlus of Missouri Inc.

P.O. Box 8, Rolla, Mo. 65401; 314-364-0900; fax: 314-364-1687

Operational date: September 1986.
Certified in: Missouri.
Model type: IPA.
For profit.
Staff: 100 primary physicians; more than 500 specialists; eight administrative staff members; four marketing staff members; 75-100 patients per physician; 95% board certified physicians.
Facilities: 14 hospitals; 40 pharmacies; one diagnostic lab.
Service area: 18 counties in Missouri.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts, 100% of members are enrolled.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 1,782 employer/payer groups; 1,627 employees with single coverage; 56 employees with family coverage; 7,549 employees and dependents. Hospital stay averages 3.4 days. 269 admissions per 1,000 members.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $4.8 million in 1989; $1.8 million in 1988.
Officers: Charles A. James, president; Karen A. Brayer, executive director; Dr. James Criscione, medical director; David Sims, marketing director.

CIGNA Healthplan of St. Louis Inc.

8182 Maryland Drive, Suite 301, Clayton, Mo. 63146; 314-726-7834

Operational date: January 1986.
Federally qualified.
Model type: IPA.
Staff: 328 primary physicians; 1,330 specialists; 75 patients per physician; 75% board certified physicians.
Facilities: 17 hospitals; 63 pharmacies.
Service area: St. Charles, St. Louis, Franklin, Jefferson, Madison, St. Claire and Monroe counties in Missouri.
Users: Hospital stay averages 4.7 days. 76 admissions per 1,000 members.
Officers: Dennis Edmonds, general manager; Dr. D. Yantz, medical director; K. Onesko, health services manager.
Contact: Dennis Edmonds.
See CIGNA Corp. under Connecticut.

Group Health Plan

11475 Olde Cabin Road, St. Louis, Mo. 63141; 314-993-5955; fax:314-993-5479

Operational date: 1982.
Federally qualified.
Certified in: Missouri, Illinois.
Model type: Staff, group, network.
For profit.
Ownership: Coventry Corp.
Staff: 108 primary physicians; 192 specialists; 200 administrative staff members; 25 marketing staff members; 73% board certified physicians.
Facilities: 10 hospitals; 29 pharmacies.
Service area: St. Charles, Jefferson, Franklin, Saint Genevieve, Crawford, Gasconade and Warren counties in Missouri; Clinton, Jersey, Madison, Monroe, St. Clair and part of Macoupin counties in Illinois; the city of St. Louis.
Locations: One administrative site, 14 primary care sites.
Services: Standard package including vision, dental, substance abuse, psychiatric services, podiatry and obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs and durable medical equipment. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating by class; modified experience rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 490 employer/payer groups; 18,993 employees with non-Medicare single coverage; 19,853 employees with family coverage; 88,080 employees and dependents. Hospital stay averages 4.6 days. 79.2 admissions per 1,000.
Management reports: Provided upon request.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $115.4 million in 1989; $66 million in 1988.
Officers: Mark H. Tabak, president; George Schneider, chief financial/administrative officer; Dr. Debbie Zimmerman, assistant medical director; Doug Haaland, vp-marketing/sales.
Contact: Shari Shane.

HMO Missouri Inc.

4444 Forest Park Blvd., St. Louis, Mo. 63108; 314-289-6201

Operational date: January 1988.
Federally qualified.
Model type: IPA.
Sponsorship: Blue Cross & Blue Shield of Missouri.
Service area: The city of St. Louis; Franklin, Jefferson, St Louis counties in Missouri.
Users: 34,565 members.

Lincoln National Health Plan

600 Emerson Road, Suite 300, St. Louis, Mo. 63141; 314-991-3938

Officers: Steve Coburn, general manager; Rob Noel, regional director; Allen Van Fossen, sales manager.
See Lincoln National Health Plan under Indiana.

MetLife HealthCare Network-St. Louis

14500 S. Outer 40, St. Louis, Mo. 63017; 314-542-1400

Operational date: January 1969.
Certified in: Missouri and Illinois.
Model type: IPA.
For profit.
Sponsorship: Metropolitan Life Insurance Co.
Staff: 471 primary physicians; 1,350 specialists.
Facilities: 22 hospitals.
Service area: City of St. Louis; Franklin, Jefferson, St. Charles and St. Louis counties in Missouri; Jersey, Macoupin, Madison, Monroe and St. Clair counties in Illinois.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, vision and dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; experience rating.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Charles Stark, president; Barbara Buenemann, chief operating officer.

Physicians Health Plan of Greater St. Louis Inc.

77 Westport Plaza, Suite 500, St. Louis, Mo. 63146; 314-275-7000; fax: 314-542-1155

Operational date: April 1986.
Federally qualified.
Certified in: Missouri.
Model type: IPA.
For profit.
Ownership: United HealthCare Corp.
Staff: 1,600 primary physicians; 1,200 specialists; 35 administrative staff members; seven marketing staff members; 100% board certified physicians.
Facilities: 25 hospitals; 139 pharmacies; seven diagnostic labs.
Service area: City of St. Louis; St. Louis, St. Charles, Franklin and Jefferson counties in Missouri; St. Clair and Madison counties in Illinois.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Offers non-federally qualified programs to employers.
Enrollment options: Individual enrollment is not allowed.
Users: Hospital stay averages 4-5 days. 217 admissions per 1,000 members.
Officers: Michael F. Neidorff, chief executive officer; Dr. Joseph Drozda Jr., medical director; Linda Huber, manager-sales.

Prime Health Kansas Inc.

10450 Holmes, Suite 330, Kansas City, Mo. 64131; 816-941-8900; fax: 816-941-8630

Operational date: 1976.
Officers: Robert F. Rasmussen, executive director; Dr. Bruce Barter, medical director; Laurie Rockhill, sales manager.
See Humana Health Care Plans under Kentucky.

PruCare of Kansas City

1300 E. 104th St., Suite 320, Kansas City, Mo. 64131; 816-941-4500; fax: 816-941-9272

Operational date: 1986.
Model type: IPA.
For profit.
Sponsorship: The Prudential Insurance Co. of America.
Staff: 303 primary physicians; 238 specialists; 30 administrative staff members; 11 marketing staff members; 125-200 patients per physician; 70% board certified physicians.
Facilities: 11 hospitals; 56 pharmacies; three diagnostic labs.
Service area: Johnson, Leavenworth, Miami and Wyandotte counties in Kansas; Cass, Clay, Jackson and Platte counties in Missouri.
Locations: One administrative site.
Services: Standard package, including substance abuse treatment, psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology, but excluding prescription drugs. Options include vision, dental and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class. Does not offer point-of-service contracts.
Enrollment options: The HMO does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Sanus Health Plan

P.O. Box 27379, St. Louis, Mo. 63141-1779; 314-434-6114; fax: 314-434-8461

Operational date: July 1985.
Federally qualified.
Certified in: Missouri and Illinois.
Model type: IPA.
For profit.
Ownership: General American, Sanus Corp. and McDonnell Douglas Corp.
Staff: 584 primary physicians; 1,703 specialists; 160 administrative staff members; 13 marketing staff members; 150 patients per physician; 75% board certified physicians.
Facilities: 32 hospitals; 107 pharmacies; 34 diagnostic labs.
Service area: 14 counties and the city of St. Louis in Missouri; Bond, Calhoun, Clinton, Greene, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph and St. Clair counties in Illinois.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision and dental services. Diagnostic testing and lab work are performed by contract with independent facilities.
Rating options: Community rating; community rating by class; adjusted community rating. Offers point-of-service contracts, 3% of members are enrolled. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 400 employer/payer groups; 14,738 employees with single coverage; 24,208 employees with family coverage; 98,254 employees and dependents. Hospital stay averages 3.8 days. 315.4 admissions per 1,000 members.
Management reports: Provided annally or semi-annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $97.8 million in 1989; $78 million in 1988.
Officers: Michael Hogan, president; Barrett Toan, executive director; Gary Hawkins, marketing director; Jerry Hansen, deputy director; Brenda Haalboom, finance director.
Contact: Rosalind Bronsen.

Continued on next page

Continued from previous page

Total Health Care Inc.

2301 Main St., Kansas City, Mo. 64108; 816-395-3777; fax: 816-395-3571

Operational date: October 1981.
Federally qualified.
Certified in: Missouri and Kansas.
Model type: IPA.
Not for profit.
Ownership: Blue Cross & Blue Shield of Kansas City.
Staff: 270 primary physicians; 1,000 specialists; 177 patients per physician; 80% board certified physicians.
Facilities: 16 hospitals; 170 pharmacies; three diagnostic labs.
Service area: Jackson, Clay, Platte and Cass counties in Missouri; Johnson and Wyandotte counties in Kansas.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental services. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts; does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 194 employer/payer groups; 16,598 employees with single coverage; 10,862 employees with family coverage; 47,878 employees and dependents. Hospital stay averages 4.9 days. 441 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $84.5 million in 1989; $94.8 million in 1988.
Officers: Richard P. Krecker, president; Larry K. Chastain, executive director; Diane L. James, marketing director.



HMO Montana

P.O. Box 8004, Helena, Mont. 59601; 406-444-8250

Operational date: March 1987.
Certified in: Montana.
Model type: IPA.
Not for profit.
Ownership: Blue Cross & Blue Shield of Montana.
Staff: 60 primary physicians; 10 administrative staff members; 100 patients per physician; 95% board certified physicians.
Facilities: 65 pharmacies.
Service area: Lewis, Clark, Missoula, Cascade, Meagher, Flathead, Park, Broadwater, Cake, Ravalii counties in Montana.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology.
Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 75 employer/payer groups; 6,000 employees and dependents. Hospital stay averages 3 days. 286 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $1.7 million in 1989; $1 million in 1988.
Officers: Alan Lain, chief executive officer-Blue Cross & Blue Shield of Montana.; Randy Cline, vp-alternative delivery systems; Dr. James Crichton, medical director; Lee Shannon, director-sales; James Myers, manager.
Contact: James Myers.



Exclusive Healthcare Inc.

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-978-2700; fax: 402-978-2274

Operational date: April 1988.
Certified in: Nebraska, Missouri, Colorado.
Model type: IPA.
For profit.
Ownership: The Mutual of Omaha Cos.
Staff: 205 primary physicians; 1,050 specialists; 30 administrative staff members; two marketing staff members; 69 patients per physician; 100% board certified physicians.
Facilities: 21 hospitals; chain of pharmacies; 25 diagnostic labs.
Service area: Douglas and Sarpy counties in Nebraska; 16 counties in Missouri; Denver, Jefferson, Douglas, Arapahoe and Adams counties in Colorado.
Locations: Three administrative sites.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 42 employer/payer groups; 2,490 employees with single coverage; 3,495 employees with family coverage; 14,300 employees and dependents. Hospital stay averages 4.3 days. 45 admissions per 1,000 members.
Management reports: Provided quarterly or upon request.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $6.2 million in 1989; $580,000 in 1988.
Officers: Dick Easley, president; Wes Wilhem, medical director; Les Swick, marketing director; M. Jane Huerter; Michael Jareske, Delmer Huff.
Contact: Steven Mencke, 402-978-5991.

HMO Nebraska Inc.

2421 S. 73rd St., Omaha, Neb. 68124; 402-392-2800

Operational date: September 1985.
Federally qualified.
Model type: IPA.
Sponsorship: Blue Cross & Blue Shield of Nebraska.
Service area: 26 counties in Nebraska; Fremont, Harrison, Mills, Pottawattamie and Shelby counties in Iowa.
Users: 19,887 members.

Share Health Plan of Nebraska

300 Blackstone Centre, 302 S. 36th St., Omaha, Neb. 68131; 402-345-9900; fax: 402-345-7904

Operational date: October 1984.
Federally qualified.
Model type: IPA.
For profit.
Ownership: United Healthcare Corp.
Staff: 83 primary physicians; 432 specialists; 54 administrative staff members; seven marketing staff members; 350 patients per physician; approximately 95% board certified physicians.
Facilities: Eight hospitals; 160 pharmacies; two diagnostic labs.
Service area: Dodge, Douglas, Washington, Sarpy counties in Nebraska; Pottawattamie County in Iowa.
Locations: One administrative site.

Continued on next page



Lincoln National Life Insurance Company, Lincoln National Administrative Services Corporation, Affiliates of Lincoln National Corporation.

Continued from previous page

Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 328 employer/payer groups; 4,093 employees with single coverage; 5,763 employees with family coverage; 23,882 employees and dependents. Hospital stay averages 4 days.

Management reports: Provided as needed.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: John M. Braasch, president/chief executive officer.



Hospital Health Plan

400 S. Wells Ave., Reno, Nev. 89502; 702-329-0101; fax: 702-329-3723

Operational date: February 1988.
Federally qualified.
Certified in: Nevada.
Model type: Network.
Not for profit.
Ownership: Washoe Health System.

Staff: 66 primary physicians; 172 specialists; 43 administrative staff members; seven marketing staff members; 404 patients per physician; 72% board certified physicians.

Facilities: Eight hospitals; 26 pharmacies; nine diagnostic labs.

Service area: Washoe, Douglas, Humboldt, Lander, Eureka, Elko, Lyon, Pershing, Churchill, Mineral, Storey counties and Carson City in Nevada.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drug, vision, dental. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 208 employer/payer groups; 9,263 employees with single coverage; 3,405 employees with family coverage; 26,686 employees and dependents. Hospital stay averages 3.2 days. 378 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $15.4 million in 1989, $139,414 in 1988.

Officers: James A. Lamb, president; Allan E. Hanssen, vp/chief operating officer; Dr. Robert K. Myles, medical director; Chip Porter, director-sales/marketing; Sandor Vincze, director-finance/treasurer.

Contact: Shelley Farrell, sales representative.

Humana Health Plan Inc.

3107 S. Maryland Parkway, Las Vegas, Nev. 89109; 702-737-7211; fax: 702-791-5826

Operational date: 1985.
Model type: IPA.
Officers: Maureen Cash, executive director; John Grady, sales manager; Linda Leeson, operations manager; Dr. Leon Dantzig, medical director.

See Humana Health Care Plans under Kentucky.



John Hancock Preferred Health Plan—New Hampshire

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Healthsource New Hampshire

P.O. Box 2041, Donovan St. Extended., Concord, N.H. 03302-2041; 603-225-5077 or 800-531-3121; fax: 603-225-7621

Operational date: November 1985.
Federally qualified.
Certified in: New Hampshire, Massachusetts.
Model type: IPA.
For profit.
Sponsorship: Healthsource Inc.

Staff: 287 primary physicians; 593 specialists; 120 administrative staff members; 14 marketing staff members.

Facilities: 24 hospitals; 275 pharmacies; nine diagnostic labs.

Service area: Hillsborough, Strafford, Merrimack, Belknap, Sullivan, Cheshire, Rockingham counties in New Hampshire; Essex, Middlesex, Worcester counties in Massachusetts.

Locations: One administrative site.

Services: Standard package, including psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, substance abuse. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $148.19 single, $407.52 family; adjusted community rating. Does not offer point-of-service contracts. Offers non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 322 employer/payer groups; 6,862 employees with single coverage; 9,839 employees with family coverage; 39,110 employees and dependents. Hospital stay averages 4.2 days. 85.3 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $45.4 million in 1989; $39.5 million in 1988.

Officers: Dr. Norman C. Payson, president-Healthsource Inc.; Sally W. Crawford, executive director; Dr. John Argue, medical director; Donna K. Lencki, vp-marketing; Beth Mauck, vp-managed care; Lisa Swenson, chief operating officer.

Contact: Donna K. Lencki, vp-marketing.

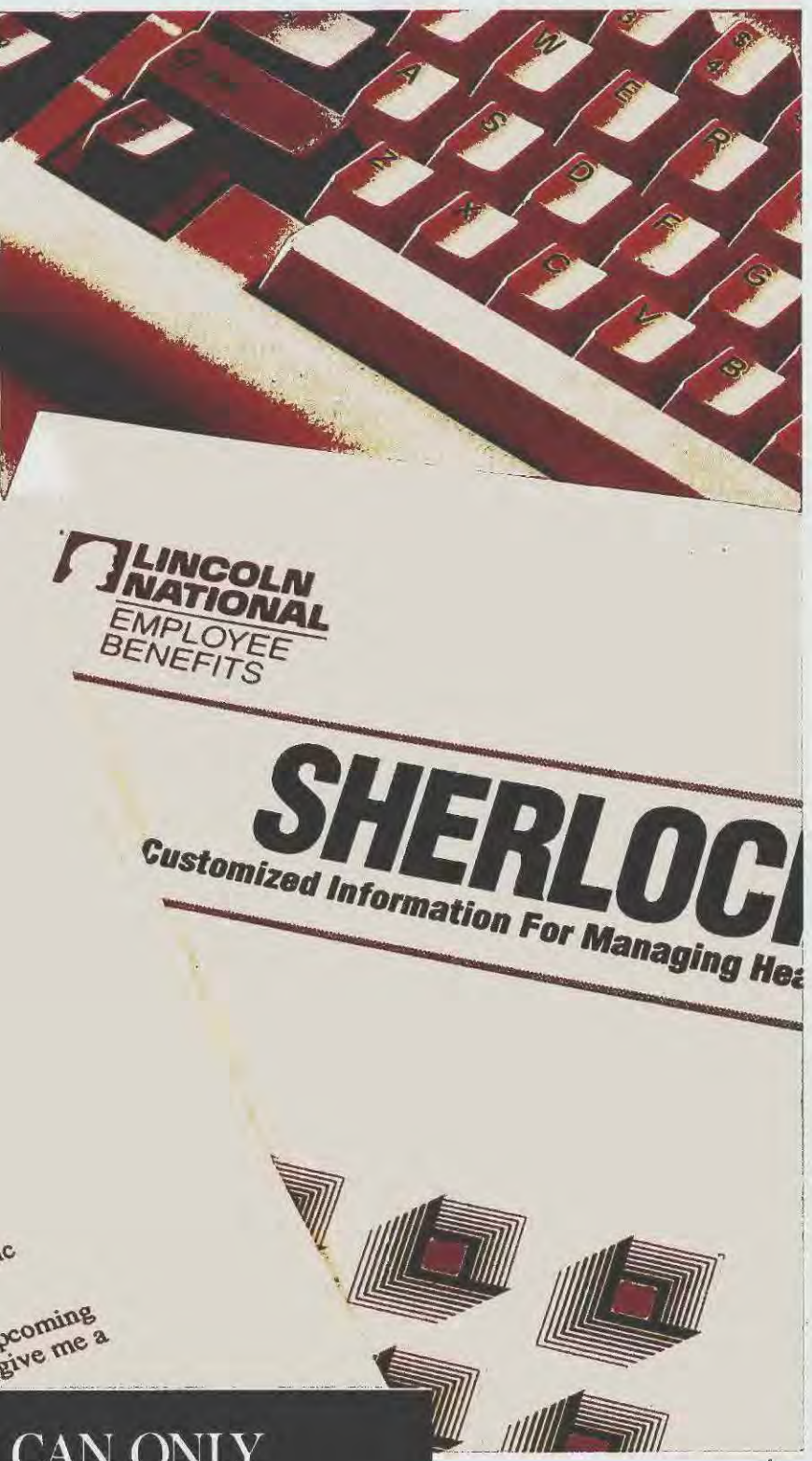
Matthew Thornton Health Plan

589 W. Hollis St., P.O. Box 2028, Nashua, N.H. 03061-2028; 603-883-2800; fax: 603-886-3392

Operational date: July 1971.
Federally qualified.
Model type: Group.
Not for profit.
Ownership: Dartmouth Hitchcock Medical Center.

Staff: 183 primary physicians; 147 specialists; 132 administrative staff members; 12 marketing staff members; 100% board certified physicians.

Continued on next page



Managed care is the phrase you hear a lot around insurance circles these days. But without real management, managed care is just a phrase.

There's one health benefits company, however, that has a special capability to help you cost-effectively manage care.

The company is Lincoln National. And what separates us from so many other carriers is not so much the plans we offer, because everybody has plans. The extra element we provide is timely, accurate information. On things like employee utilization. Work related illnesses. Care patterns. The information you need to effectively manage your health care.

As part of the nation's 7th largest insurance holding company, we're committed to leadership in managed health care. A commitment we've demonstrated by developing management information capabilities like StatLinc, specially designed for statistical analysis of claims experience. Sherlock, which provides customized managed care reporting. EZ-Inquiry, a program that lets you access company health care information on your own personal computer.

And we're working on new capabilities that will provide even greater advances in managing and integrating health care information.

If all of this sounds a bit high-tech, there's a simpler way to look at it. It's just a smart way to manage care.

For more information on better managing health care information, contact your broker. Or call your local Lincoln National Employee Benefits office.

LINCOLN NATIONAL
EMPLOYEE BENEFITS

Integrated managed care. ***The future is here.***

Continued from previous page

Facilities: Eight hospitals; 55 pharmacies; one diagnostic lab.

Service area: Hillsborough, Cheshire, Merrimack, and parts of Sullivan, Belknap, Rockingham counties in New Hampshire; Middlesex County in Massachusetts.

Locations: One administrative site, 13 primary care sites.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, but excluding prescription drug, which is an option. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 877 employer/payer groups; 11,622 employees with single coverage; 16,791 employees with family coverage; 68,106 employees and dependents. Hospital stay averages 4.2 days. 82 admissions per 1,000 members.

Management reports: Provided annually or upon request.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $76.9 million in 1989; $66.1 million in 1988.

Officers: Martha H. Marsh, president/chief executive officer; Dr. Loren N. Vorlicky, senior vp-medical affairs; Phil Schalet, vp-marketing; Kenneth J. Gale, vp-information services; Betsy J. Fraventhal, vp-planning; Karen M. Reed, vp-human resources; Spencer E. Boyer Jr., vp-health services.

Contact: Bill Burtis, manager-public affairs.

New Jersey

Aetna Life Insurance Co./Aetna Health Plans of New Jersey Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

CIGNA Healthplan of Southern New Jersey Inc.

100 Stevens Drive, Suite 300, Lester, Pa. 19113; 215-595-3000

Operational date: December 1985.
Federally qualified.
Certified in: Pennsylvania.
Model type: IPA.
Staff: 366 primary physicians; 750 specialists; 55 patients per physician; 75% board certified physicians.
Facilities: 25 hospitals.
Service area: Mercer, Burlington, Ocean, Camden, Gloucester, Salem, Atlantic, Cumberland and Cape May counties in New Jersey.
Users: Hospital stay averages 4.8 days. 75 admissions per 1,000 members.
Officers: Leo Carey, general manager; Dr. Norman Scott, medical director.
Contact: Leo Carey.

Flagship Health Systems Inc.

959 Route 46, Parsippany, N.J. 07054; 201-334-6300; fax: 201-334-2535

Operational date: 1985.
Certified in: New Jersey.
Model type: IPA.
Certified in: New Jersey.
For profit.
Ownership: Delta Dental Plan of New Jersey.
Staff: 110 primary physicians; 174 specialists; six administrative staff members; 14 marketing staff members; 123 patients per primary physician.
Service area: New Jersey.
Locations: One administrative site.
Services: Standard package includes dental only.
Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 85 employer/payer groups; 13,529 employees and dependents.
Management reports: Not provided.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $479,222 in 1989; $900,135 in 1988.
Officers: James Oxford, president; Douglas Smyth, marketing director.

HIP/Rutgers Health Plan

1 Worlds Fair Drive, Somerset, N.J. 08873; 201-560-9898; fax: 201-469-8171

Operational date: 1989.
Federally qualified.
Certified in: New Jersey.
Model type: Group.
Ownership: The Health Insurance Plan of Greater New York.
Staff: 163 primary physicians; 365 referral specialists; 137 administrative staff members; 41 marketing staff members; 180 patients per physician; 75% board certified physicians.
Facilities: 13 hospitals; 94 pharmacies; 13 diagnostic labs.
Service area: 14 counties in New Jersey.
Locations: Two administrative sites, 46 primary care sites.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating. Does not offer point-of-service contracts.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 4,043 employer/payer groups; 35,771 employees with single coverage; 40,133 employees with family coverage; 169,016 employees and dependents. Hospital stay averages 6.9 days. 85 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Roger W. Birnbaum, chief executive officer; Dr. Paul R. Lenz, medical director-Central New Jersey Medical Group; Dr. Martin Gold, medical director-Garden State Medical Group; Susan M. Hart, vp-marketing/corporate sales; Marc M. Stein, vp-finance/administration.
Contact: Debora Chiu, 201-469-5228.

John Hancock Preferred Health Plan—New Jersey

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Health Maintenance Organization of New Jersey Inc./U.S. Healthcare

S. 61 Paramus Road, Paramus, N.J. 07652; 201-843-6200; Metropolitan Executive Towers, 1 Meadowlands Plaza, Suite 800, East Rutherford, N.J. 07073; 201-804-5330

See U.S. Healthcare Inc. corporate listing under Pennsylvania.

Medigroup Inc.

14 Commerce Drive, Cranford, N.J. 07016; 201-272-7775; fax: 201-272-9454

Operational date: 1973.
Certified in: New Jersey.
Model type: Staff and network.
For profit.
Sponsorship: Blue Cross & Blue Shield of New Jersey.
Staff: 925 primary physicians; 2,051 specialists; 231 administrative and marketing staff members; 82 patients per physician; 95% board certified physicians.
Facilities: 91 hospitals; one diagnostic labs.
Service area: New Jersey.
Locations: Four administrative sites, two primary care sites.
Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include prescription drug, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 720 employer/payer groups; 11,256 employees with single coverage; 19,135 employees with family coverage; 75,677 employees and dependents. Hospital stay averages 5.1 days. 86 admissions per 1,000 members.
Management reports: Provided as requested.
Billing: Does not provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $61.7 million in 1989; $42.8 million in 1988.
Officers: Kathleen P. Passantino, president/executive director; Stephen Kardos, medical director; Donald D. Senkewicz, director-finance/rating/support services.
Contact: Donald D. Senkewicz.

MetLife Healthcare Network-New Jersey

365 W. Passaic St., Rochelle Park, N.J. 07662; 201-587-2750

Operational date: May 1987.
Certified in: New Jersey.
Model type: IPA.
For profit.
Sponsorship: Metropolitan Life Insurance Co.
Staff: 380 primary physicians; 645 specialists.
Facilities: 13 hospitals.
Service area: Bergen, Hudson, Essex, Morris, Monmouth, Middlesex, Mercer, Somerset, Union, Passaic counties in New Jersey.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, vision, dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Management reports: Provided.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Michael Jaeger, president; John Poland, vp-operations.

PruCare of New Jersey

1 Campus Drive, Parsippany, N.J. 07054; 800-422-7399 or 201-631-2000; fax: 201-631-7892

Operational date: September 1977.
Federally qualified.
Certified in: New Jersey.
Model type: IPA.
For profit.
Ownership: Prudential Insurance Co. of America.
Staff: 1,273 primary physicians; 1,653 specialists; 389 administrative staff members; 68 marketing staff members; 120 patients per physician; 95% board certified physicians.
Facilities: 47 hospitals; seven pharmacy chains; nine diagnostic labs.
Service area: 19 counties in New Jersey.
Locations: Two administrative sites.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include dental and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Users: 31,616 employees and dependents. Hospital stay averages 4.6 days. 93 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: William Link, president; Raymond C. Allen Jr., vp; Rhonda Stock, Valerie Williams, executive directors; Drs. Jonathan Kaplan and Philip Mercer, medical directors; Shelley Molnar and Justin Fiedler, marketing directors.

Total Health of New Jersey

250 W. 34th St., New York, N.Y. 10019; 212-290-1911

Operational date: March 1988.
Model type: IPA.
For profit.
Staff: 308 primary physicians; 619 specialists; 3.1 patients per physician; 75% board certified physicians.
Facilities: 56 hospitals.
Service area: Sussex, Passaic, Bergen, Warren, Morris, Essex, Hudson, Union, Jersey City, Somerset, Hunterdon, Middlesex and Monmouth counties in New Jersey.
Rating options: Offers non-federally qualified programs to employers.
Users: Hospital stay averages 4.9 days. 53 admissions per 1,000 members.
Contact: Craig Metz.

See CIGNA Corp. listing under Connecticut.

New Mexico

EQUICOR Healthplan Inc.

5301 Central Ave., N.E., Albuquerque, N.M. 87108; 505-262-7574

Operational date: January 1972.
Federally qualified.
Model type: Staff.
Staff: 59 primary physicians; 183 specialists; 75% board certified physicians.
Facilities: One hospital.
Service area: City of Albuquerque in New Mexico.
Rating options: Offers non-federally qualified programs to employers.
Officers: Dr. Ken Osgood, medical director.

See CIGNA Corp. listing under Connecticut.

FHP Health Care

4300 San Mateo N.E., Albuquerque, N.M. 87110; 505-881-7900

See FHP Health Care under California.

Firstsource Inc.

12800 Indian School Road N.E., Albuquerque, N.M. 87112; 505-291-6902; fax: 505-275-2511

Operational date: September 1985.
Federally qualified.
Certified in: New Mexico.
Model type: IPA.
For profit.
Ownership: New Mexico Blue Cross & Blue Shield.

Continued on next page

Your life just got easier!

If you're not seeing Business Insurance every week — or are merely catching a dated pass-along copy now and then...you're missing important news and new developments in corporate risk and employee benefits management. Risky!

Make sure you have the business insurance news you need.

ENTER YOUR SUBSCRIPTION TO BUSINESS INSURANCE TODAY!

It will make your life a lot easier.

CALL TOLL-FREE on 1-800-992-9970. Fax your order in on 1-313-446-1650. Use the card in this issue, or if it's gone, use the coupon below.

Business Insurance gives you total news coverage of loss prevention, risk financing and benefit management. Every week. Annual subscription (52 issues) in U.S. dollars.

(Check here:)	Surface Mail	By Air
USA	☐ $75	☐ $152
Canada	☐ $107	☐ $162
Bermuda (air only)		☐ $157
United Kingdom		☐ $163 or £105
Europe/Middle East		☐ $163
All other foreign	☐ $107	Rates on request

☐ new subscription. ☐ renewal. ☐ payment enclosed.
☐ bill me. ☐ bill company.
☐ Please send information on your special 20%-off group rate for five or more subscriptions.

name (please print)
title telephone
company
nature of business
☐ business or ☐ home address
city state/country zip/postal code
☐ I prefer not to receive information or advertising by mail from companies not affiliated with Crain Communications.

Mail to: Business Insurance, Circulation Dept., 965 E. Jefferson Ave., Detroit, MI 48207 4COU9

Continued from previous page

Staff: 155 primary physicians; 480 specialists; 85% board certified physicians.

Facilities: 10 hospitals; 26 pharmacies; 9 diagnostic labs.

Service area: Bernalillo, Los Alamos, Mora, Rio Arriba, San Miguel, Sandoval, Santa Fe, Socorro, Torrance and Valencia counties in New Mexico.

Locations: One administrative site.

Services: Standard package, including limited psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, vision, dental, substance abuse, extended psychiatric services. Diagnostic testing performed by contract with independent facilities.

Rating options: Community rating: $119.99 single, $309.57 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Users: 43 employer/payer groups; 1,550 employees with single coverage; 10,500 employees with family coverage. Hospital stay averages 4.3 days. 306 admissions per 1,000 members.

Management reports: Provided.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Tom Levin, president; Blair Christensen, executive director; Dr. John Koster, medical director; William Jeffries, vp-sales.

Health Plus of New Mexico Inc.

7500 Jefferson, N.E., Courtyard II, Albuquerque, N.M. 87109; P.O. Box 27489, Albuquerque, N.M. 87125; 505-823-0700; fax: 505-823-0718

Operational date: March 1986.
Federally qualified.
Certified in: New Mexico.
Model type: IPA.
For profit.

Ownership: Presbyterian Healthcare Services.

Staff: 137 primary physicians; 433 specialists; 92 administrative staff members; 12 marketing staff members; 300 patients per physician; 100% board certified physicians.

Facilities: 10 hospitals; 33 pharmacies; 17 diagnostic labs.

Service area: Bernalillo, Valencia, Sandoval, Socorro, Santa Fe, Rio Arriba.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, emergency care, physical therapy, occupational therapy, speech therapy, home health care. Options include vision, dental. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Offers point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 375 employer/payer groups; 6,064 employees with single coverage; 5,775 employees with family coverage; 25,169 employees and dependents. Hospital stay averages 4.1 days. 80.9 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $27 million in 1989; $22.7 million in 1988.

Officers: Robert L. Simmons, president; Billie M. Peterman, chief operating officer; Dr. Neil I. Kaminsky, medical director; J.J. Parsons, marketing director; Richard G. Stracqualursi, director-management information systems; Carol A. Hinton, director-operations; Mary M. Roskom, manager-utilization review/quality assurance.



Aetna Life Insurance Co./Aetna Health Plans of New York Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8950

See Aetna Life Insurance Co. under Texas.

BlueCare Plus

Utica Business Park, 12 Rhoads Drive, Utica, N.Y. 13501; 315-798-4395; 800-722-7884; fax: 315-797-4298

Operational date: November 1986.
Certified in: New York.
Model type: IPA.
Not for profit.
Ownership: Blue Cross & Blue Shield of Utica-Watertown Inc.

Staff: 226 primary physicians; 450 specialists; seven administrative staff members; five marketing staff members; 66 patients per physician; 75% board certified physicians.

Facilities: 30 hospitals; 178 pharmacies; 38 diagnostic labs.

Service area: Oneida, Madison, Herkimer, Chenango, Delaware, Otsego, Oswego, Fulton and Montgomery counties.

Services: Standard package, including substance abuse, psychiatric services, obstetrics/gynecology but excluding prescription drugs. Options include prescription drugs, vision, dental, substance abuse, psychiatric services. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $133.31 single, $331.46 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.

Users: 221 employer/payer groups; 2,511 employees with single coverage; 2,631 employees with family coverage; 13,075 employees and dependents. Hospital stay averages 3.5 days. 409 admissions per 1,000 members.

Management reports: Not provided.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $12.9 million in 1989; $7.3 million in 1988.

Officers: Robert McLaughlin, president/executive director; Dr. Fel Davies, medical director; Peter Falzarine, marketing director; Lawrence Calabrese, vp-underwriting/marketing; Robert Brown, vp-finance.

Blue Choice

150 E. Main St., Rochester, N.Y. 14647; 716-454-1700; fax: 716-238-4400

Operational date: January 1985.
Model type: IPA.
Not for profit.
Ownership: Blue Cross & Blue Shield of the Rochester Area.

Staff: 665 primary physicians; 1,519 specialists; 135 administrative staff members; 46 marketing staff members; 366 Blue Choice patients per physician; 76% board certified physicians.

Facilities: 21 hospitals; 950 pharmacies; 17 diagnostic labs.

Service area: Monroe, Livingston, Ontario, Yates, Wayne and Seneca counties in New York.

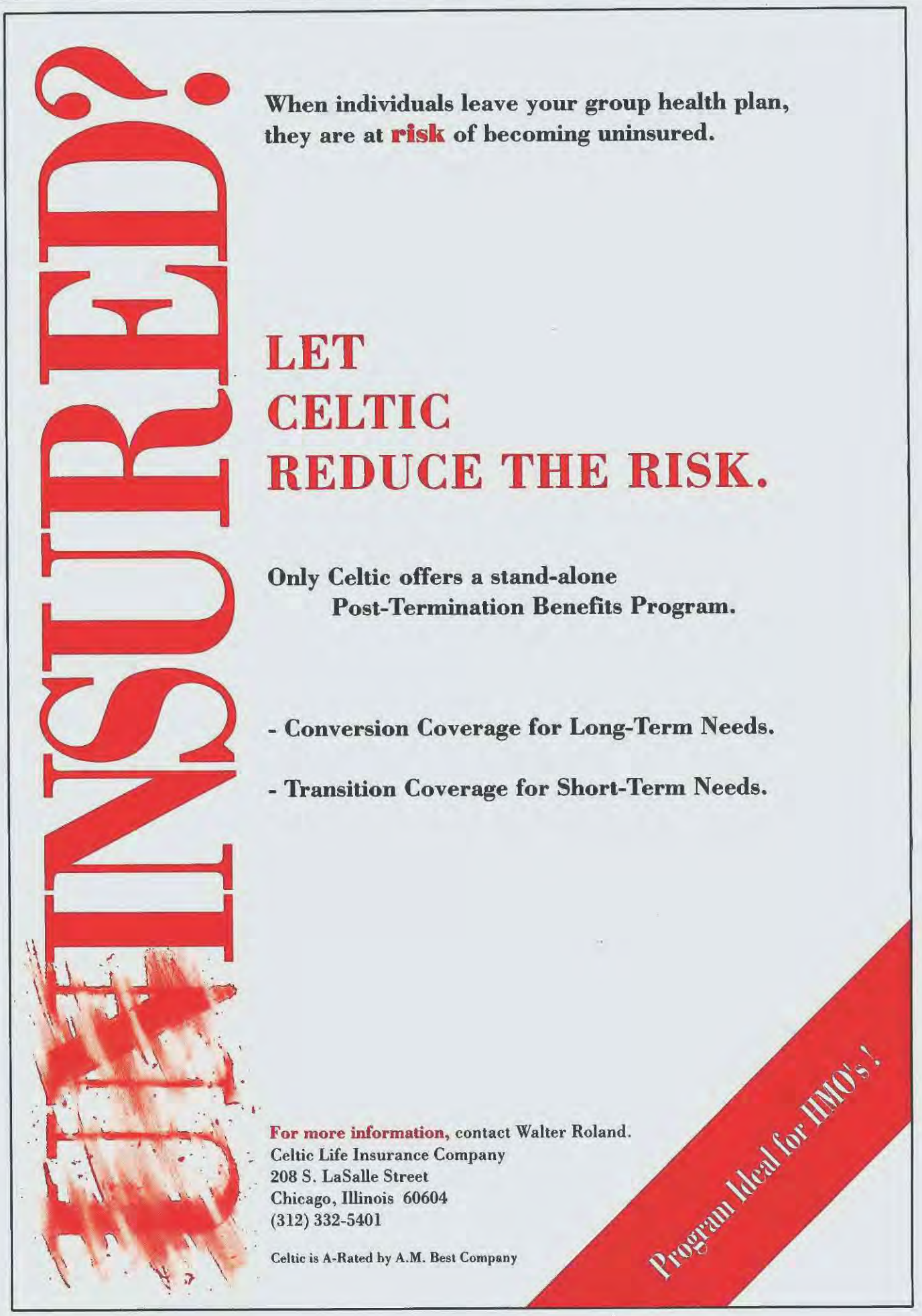
Locations: One administrative site.

Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drug, which is an option. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating, $85.75 single, $227.24 family. Does not offer point-of-service contracts.

Enrollment options: Contracts with the Federal Health Care Financing Admtion to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Continued on next page



Continued from previous page

Users: 53,278 employees with single coverage; 69,635 employees with family coverage; 284,052 employees and dependents. Hospital stay averages 4.2 days. 89 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $224.9 million in 1989; $168.7 million in 1988.

Officers: Howard Berman, chief executive officer; Cleve Killingsworth, senior vp; Dr. Joseph Stankaitis, medical director; Kevin Magee, vp-marketing; Peter Wood, vp-Blue Choice.

Capital District Physicians' Health Plan

5 Washington Square, Albany, N.Y. 12205; 518-452-1941; fax:518-452-0003

Operational date: April 1984.
Model type: IPA.
Not for profit.
Sponsorship: Group of doctors.

Staff: 274 participating primary physicians; 600 specialists; 20 administrative staff members; nine marketing staff members; 341 members per primary physician; 84% board certified.

Facilities: 10 hospitals, one pharmacy chain; five diagnostic labs.

Service area: Albany, Rensselaer, Columbia, southern Saratoga counties in New York.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, hospice, home health care, skilled nursing facility, emergency, but excluding prescription drug, which is an option. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $103.48 single, $279.40 family. Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 737 employer/payer groups; 20,338 employees with single coverage; 22,349 employees with family coverage; 93,524 employees and dependents. Hospital stay averages 3.9 days. 76 admissions per 1,000 members.

Management reports: Provided annually upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $79 million in 1989; $59.9 million in 1988.

Officers: Dr. John Carter, president; Vincent G. Portelli, executive director; Dr. Seth N. Blumberg, medical director; John R. Brannon, marketing director; Pam Wilkes, director-health care services; Diane Bergman, director-internal operations.

ChoiceCare Long Island

50 Charles Lindbergh Blvd., Uniondale, N.Y. 11553; 516-222-1460; fax: 516-222-0665

Operational date: January 1986.
Certified in: New York.
Model type: IPA.
Not for profit.
Sponsorship: Joint venture between Winthrop University Hospital, Mineola, and Health Care Plan.

Staff: 335 primary physicians; 406 specialists; 48 administrative staff members; 13 marketing staff members; 66 patients per physician; 80% board certified physicians.

Facilities: One diagnostic lab.

Service area: Queens, Nassau and Suffolk counties in New York.

Locations: One administrative site.

Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, dental, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $113.41 single, $294.87 family. Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 234 employer/payer groups; 3,442 employees with single coverage; 6,738 employees with family coverage; 22,387 employees and dependents. Hospital stay averages 4.2 days. 98 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $18.4 million in 1989; $11.6 million in 1988.

Officers: Dr. Arthur R. Goshin, president; David S. Reynolds, executive director; Dr. Robert Goldberger, medical director; Thomas D. Delaney, marketing director.

Contact: Thomas D. Delaney.

Community Blue, the HMO of Blue Cross of Western New York Inc.

1901 Main St., Buffalo, N.Y. 14208; 716-884-2800; fax: 716-887-8614

Operational date: August 1985.
Certified in: New York.
Model type: IPA.
Not for profit.
Sponsorship: Blue Cross of Western New York Inc.

Staff: 874 primary physicians; 841 specialists; 202 administrative staff members; 18 marketing staff members; 145 patients per physician; 70% board certified physicians.

Facilities: 37 hospitals; chain of pharmacies; 34 diagnostic labs.

Service area: Allegany, Cattaraugus, Chautauqua, Erie, Genessee, Niagara, Orleans, Wyoming counties in New York.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, hospice care, but excluding prescription drug. Options include prescription drug, dental, additional mental health and substance abuse rehabilitation care, skilled nursing facility care, generic prescription drug program. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $92.82 single, $250.61 family. Does not offer point of service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 1,200 employer/payer groups; 14,870 employees with single coverage; 33,615 employees with family coverage; 128,245 employees and dependents. Hospital stay averages 4.71 days. 95.4 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $123.7 million in 1989; $101.3 million in 1988.

Officers: Francis E. Hayes, president; Richard A. Villari, vp; Jay Gould, director-operations; Dr. Charles W. Pruet, medical director; Lisbeth L. Walls, marketing director.

Contact: Jay Gould, 716-887-8760.

Community Health Plan

1201 Troy Schenectady Road, Latham, N.Y. 12110; 518-783-1864; fax: 518-785-1109

Operational date: January 1977.
Federally qualified.
Certified in: New York, Vermont, Massachussetts, Ohio.
Model type: Mixed.
Not for profit.

Staff: 649 primary physicians; 2,067 specialists; 450 administrative staff members; 53 marketing staff members; 97% board certified physicians.

Facilities: 69 hospitals; nine pharmacies; four diagnostic labs.

Service area: Berkshire, Franklin and Hampshire counties in Massachusetts; 20 counties in New York; 20 counties in Ohio and surrounding counties in Kentucky; 11 counties in Vermont.

Locations: One administrative site.

Services: Standard package, including vision, substance abuse, psychiatric services, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drug, dental, substance abuse, psychiatric services, durable medical equipment. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $110.43 single, $292.45 family. Does not currently offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 4,695 employer/payer groups; 33,328 employees with single coverage; 37,707 employees with family coverage; 175,131 employees and dependents. Hospital stay averages 4.9 days. 380 admissions per 1,000 members.

Management reports: Provided annually upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $173 million in 1989; $135.2 million in 1988.

Officers: Mr. John Baackes, president; Alden T. Doolittle, vp/executive director; Dr. Stanley Kilty, medical director; Maureen West, marketing director; Warren Paley, chairman; David Whitaker, treasurer.

Empire Blue Cross & Blue Shield

622 Third Ave., New York, N.Y. 10017; 212-490-4141 or 212-490-6868

Operational date: 1973.
Certified in: New York.
Model type: IPA.
Not for profit.
Sponsorship: Empire Blue Cross & Blue Shield.

Staff: 1,700 primary physicians; 2,500 specialists; 300 administrative staff members; 77 patients per physician; 90% board certified physicians.

Facilities: 2,400 hospitals; 4,000 pharmacies; 30 diagnostic labs.

Service area: 27 counties in New York.

Locations: Two administrative sites.

Services: Standard package, including experimental procedures, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating class. Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 185,000 employees and dependents.

Management reports: Provided annually.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: A.A. Cardone, chairman/chief executive officer; Donald Morckower, chief operating officer.

Foundation Health Plan

344 S. Warren St., Syracuse, N.Y. 13221; 315-424-3840; fax: 315-424-4922

Operational date: January 1985.
Certified in: New York.
Model type: IPA.
For profit.
Ownership: Blue Cross & Blue Shield of Central New York Inc.

Staff: 90 primary physicians; 150 specialists; 15 administrative staff members; four marketing staff; 205 patients per physician; 90% board certified physicians.

Facilities: Three hospitals; 50 pharmacies; one diagnostic lab.

Service area: Broome, Tioga, parts of Cortland and Delaware counties in New York; Bradford and Susquehanna counties in Pennsylvania.

Locations: Two administrative sites.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $133.58 single, $356.90 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.

Users: 140 employer/payer groups; 5,550 employees with single coverage; 12,950 employees with family coverage; 18,500 employees and dependents. Hospital stay averages 4.7 days. 490 admissions per 1,000 members.

Management reports: Provided quarterly or as requested.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $24 million in 1989; $12.8 million in 1988.

Officers: George W. Manton, president; Michael J. McLean, vp-IPA operations; Dr. Edward Cox, medical director; James N. Jerose, senior vp-marketing.

Group Health

150 E. Main St., Gateway Centre, Rochester, N.Y. 14647; 716-454-1700; fax: 716-238-4400

Operational date: August 1973.
Certified in: New York.
Model type: Group.
Not for profit.
Ownership: Blue Cross & Blue Shield of the Rochester Area.

Staff: 40 primary physicians; 11 specialists; 12 administrative staff members; 25 sales staff members; 1,800-2,200 patients per physician; 96% board certified physicians.

Facilities: Six hospitals.

Service area: Monroe, Wayne, Livingston and Ontario counties in New York.

Locations: One administrative site and four primary care sites.

Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include durable medical equipment and prescription drugs. Diagnostic testing and lab work performed by the HMO facilities.

Rating options: Community rating: $90.09 single, $240.04 family. Does not offer point-of-service contracts.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 2,000 employer/payer groups; 6,654 employees with single coverage; 8,107 employees with family coverage; 33,885 employees and dependents. Hospital stay averages 4.6 days. 313.3 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $28.4 million in 1989; $22.9 million in 1988.

Officers: Howard Berman, president; Margaret Montaglione, vp/chief operating officer; Dr. Mervyn Weerasinghe, medical director.

Health Insurance Plan of Greater New York

220 W. 58 St., New York, N.Y. 10019; 212-956-8000; fax: 212-582-9635

Operational date: December 1978.
Certified in: New York.
Model type: Group.
Not for profit.

Staff: 583 primary physicians; 1,037 specialists; 750 administrative staff members; 100 marketing staff members; 1,500 patients per physician; 75% board certified physicians.

Facilities: 23 hospitals; 1,500 pharmacies; 60 diagnostic labs.

Service area: Greater New York City area; Nassau, Suffolk and Westchester counties in New York.

Locations: One administrative site, 55 health care sites.

Services: Standard package, including vision, substance abuse, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, dental services. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $97.28 single, $262.57 family; Does not offer point-of-service contracts.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 5,000 employer/payer groups; 244,351 employees with single coverage; 208,013 employees with family coverage; 830,853 employees and dependents. Hospital stay averages 6.4 days. 60.5 admissions per 1,000 members.

Management reports: Not provided.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $879,502 in 1989; $679,678 in 1988.

Officers: Anthony Watson, president; Stephen Lewis, senior vp-corporate affairs; Dr. Jesse Jampol, medical director; Victoria Wicks, senior vp-marketing; Bernard Neeck, chief financial officer; Maxine Fass, general counsel; Victor Rondina, senior vp-operations.

Contact: HIP Marketing, 212-373-5400.

Independent Health/ Western New York

777 International Drive, Buffalo, N.Y. 14221; 716-631-3001; fax: 716-631-0430

Operational date: February 1980.
Federally qualified.
Certified in: New York.
Model type: IPA.
Not for profit.

Staff: 661 primary physicians; 927 specialists; 162 administrative staff members; 11 marketing staff members; 200 patients per physician; 64.4% board certified physicians.

Facilities: 28 hospitals; 310 pharmacies; 49 diagnostic labs.

Service area: Erie, Niagara, Allegany, Cattaraugus, Chautauqua, Orleans, Wyoming, Genesee counties in New York.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, vision, dental, substance abuse, psychiatric services. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $81.46 single, $220.35 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 1,400 employer/payer groups; 23,500 employees with single coverage; 35,250 employees with family coverage; 34,692 employees and dependents.

Management reports: Provided quarterly.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing is not available.

Gross revenues: $104 million in 1989; $81 million in 1988.

Officers: Frank Colantuono, president; Dr. Robert Kohn, medical

Continued on next page

Continued from previous page
director; Jack L. Hoerner, marketing director; William McHugh, executive vp.

Contact: John David Smith, corporate director-development.

Independent Prepaid Health Plan

344 S. Warren St., Syracuse, N.Y. 13221; 315-424-3840; fax:315-424-4922

Operational date: January 1986.
Certified in: New York.
Model type: IPA.
For profit.
Ownership: Blue Cross & Blue Shield of Central New York Inc.
Staff: 155 primary physicians; 535 specialists; 15 administrative staff members; five marketing staff; 119 patients per physician; 90% board certified physicians.
Facilities: Seven hospitals; 70 participating pharmacies; five diagnostics lab.
Service area: Oswego and Onondaga counties, parts of Madison, Cayuga and Cortland counties in New York.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include vision, substance abuse and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $133.44 single, $353.48 family. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Users: 320 employer/payer groups; 5,400 employees with single coverage; 12,600 employees with family coverage; 18,000 employees and dependents. Hospital stay averages 4.2 days. 375 admissions per 1,000 members.
Management reports: Provided as requested.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $27.8 million in 1989; $12.3 million in 1988.
Officers: George W. Manton, president; Michael J. McLean, vp-IPA operations; Dr. Bruce Chamberlain, medical director; James N. Jerose, marketing director.

MetLife Health Care Network-New York Inc.

1983 Marcus Ave., Suite 240, Lake Success, N.Y. 11042-1016; 516-326-5111

Operational date: 1987.
Certified in: New York.
Model type: IPA.
For profit.
Sponsorship: Metropolitan Life Insurance Co.
Staff: 985 primary physicians; 1,840 specialists.
Facilities: 43 hospitals.
Service area: New York, Richmond, Kings, Queens, Bronx, Nassau, Suffolk and Westchester counties in New York; Mercer, Bergen, Morris, Passaic, Hudson, Union, Somerset, Middlesex, Monmouth and Essex counties in New Jersey.
Services: Standard package, excluding prescription drug. Options include prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Michael Daeger, president; John Poland, vp-operations.

Mohawk Valley Physicians' Health Plan Inc.

111 Liberty St., Schenectady, N.Y. 12305; 518-370-4793; fax:518-370-0830

Operational date: July 1983.
Federally qualified.
Certified in: New York.
Model type: IPA.
Not for profit.
Staff: 618 primary physicians; 1,154 specialists; 120 administrative staff members; 10 marketing staff members; 150 patients per physician; 77% board certified physicians.
Facilities: 34 hospitals; more than 2,000 pharmacies; 13 diagnostic labs.
Service area: 17 counties in New York.
Locations: Three administrative sites.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, but excluding prescription drugs. Options include vision and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $106.84 single, $267.24 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 909 employer/payer groups; 15,788 employees with single coverage; 23,462 employees with family coverage; 95,067 employees and dependents.Hospital stay averages 4.5 days. 411 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $1.8 million in 1989, $273,953 in 1988.
Officers: David W. Oliker, president; Dr. Franklyn C. Hayford, medical director; Mary Bianchi, marketing director; R. Bruce Bickford, operations director; Linda Hutchins, health services director; Joseph Doherty, finance director; Dorothy Hartpence, member services director.

Oxford Health Plans Inc.

521 Fifth Ave., New York, N.Y. 10175; 212-793-3455; fax:212-599-3552

See Oxford Health Plans Inc. under Connecticut.

Physicians Health Services of New York Inc.

Crosswest Office Center, 399 Knollwood Road, Suite 212, White Plains, N.Y. 10603-1914; 914-682-8006 or 800-732-5357; fax: 914-682-5692

Operational date: September 1987.
Federally qualified.
Certified in: New York.
Model type: IPA.
For profit.
Ownership: PHS Inc.
Staff: 268 primary physicians; 550 specialists; four administrative staff members; 21.8 patients per physician.
Facilities: Eight hospitals; 13 pharmacies; 13 diagnostic labs.
Service area: Westchester County in New York.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include dental, prescription drugs and vision. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $133.96 single, $346.83 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: As of December 1990, 1,500 employer/payer groups; 2,173 employees with single coverage; 1,925 employees with family coverage; 8,349 employees and dependents. Hospital stay averages 5.7 days. 64 admissions per 1,000 members.
Management reports: Provided.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $5.6 million in 1989; $1.6 million in 1988.
Officers: Philip J. Passantino, president; Dr. Al Sheehy, medical director.

Preferred Care

259 Monroe Ave., Rochester, N.Y. 14607; 716-325-3920; fax: 716-325-3122

Operational date: November 1979.
Federally qualified.
Certified in: New York.
Model type: IPA.
Not for profit.
Staff: 575 primary physicians; 925 specialists; 180 administrative staff members; 13 marketing staff members; 260 patients per physician; 100% board certified physicians.

Continued on next page

WE'LL TAKE CARE OF YOUR HEALTH PLAN,



WHEREVER YOUR BUSINESS TAKES YOU.

Nothing beats the security of a Blue Cross and Blue Shield card. Until now, you may have felt Blue Cross service and value were available only within a particular state.

Thanks to Southern Marketing Network, multistate employers – and the consultants who serve them – can enjoy consistent claims administration and reporting, combined with the local strengths of Blue Cross.

Combining Our Strengths for You

We guarantee consistent claims processing and reporting across state lines. Thanks to state-of-the-art centralized claims processing management, you'll enjoy one point of accountability for all your health coverage transactions. Whether your company is insured or self-insured, our product and funding mechanism flexibility will meet your unique needs.

Putting Local Clout to Work for You

Blue Cross and Blue Shield companies are local companies, each with its own extensive knowledge of insurance, administration, service and physician and hospital behavior. Your company benefits from locally-negotiated medical prices, local preferred medical and health maintenance organization networks and local personal service. Our second-to-none ability to manage care – and costs – may be universal in nature, but it's just as local as your own neighborhood doctor's office.

The Card That Works Everywhere

Today's Blue Cross offers nationwide service ... the ticket is the famous card in every employee's pocket. Wherever you go, the card means access to care. And Southern Marketing Network is your ticket to the largest HMO and PPO networks and individual case management system in the nation.

SOUTHERN MARKETING NETWORK
Benefits Administration Services

We'd like to tell you more. Call one of these Southern Marketing Network leaders today:
Florida: Tom Albright, 904/791-8338 • Georgia: Mark Shaughnessy, 404/842-8480 • North Carolina: Roger Philyaw, 919/490-2372 • South Carolina: Don Nystrom, 803/788-0222
Or Write: **Southern Marketing Network • P.O. Box 4445 • Atlanta, GA 30302-4445**

Continued from previous page

Facilities: 22 hospitals; three diagnostic labs.

Service area: Monroe, Ontario, Yates, Wyoming, Wayne, Livingston, Orleans, Genesee and Seneca counties in New York.

Locations: One administrative site.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include substance abuse, psychiatric services, prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $88.68 single, $226.39 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 1,263 employer/payer groups; 29,471 employees with single coverage; 36,273 employees with family coverage; 152,000 employees and dependents. Hospital stay averages 4.3 days. 50 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $129.7 million in 1989; $90.8 million in 1988.

Officers: John Urban, president; Joseph Bernheim, vp-medical director; John H. Dabolt III, vp-marketing; Kathleen Dahl, vp-human resources; Diane Soehner, vp-administrative services; Mary Moynihan, vp-medical services.

Prepaid Health Plan

8278 Willett Parkway,
Baldwinsville, N.Y. 13027;
315-638-2133; fax: 315-635-4685

Operational date: March 1977.
Federally qualified.
Certified in: New York.
Model type: Group.
Not for profit.
Ownership: Health Services Medical Corp. of Central New York Inc.

Staff: 43 primary physicians; 345 specialists; 1,093 patients per physician; 100% board certified primary physicians.

Facilities: Four hospitals; seven pharmacies; one diagnostic lab.

Service area: Onondaga and parts of Cayuga, Madison and Oswego counties in New York.

Locations: One administrative site; six primary care sites.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include vision, dental, substance abuse, prescription drug. Diagnostic testing and lab work performed by the HMO.

Rating options: Community rating: $112.74 single, $242.39 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 383 employer/payer groups; 7,187 employees with single coverage; 2,233 employees with family coverage; 9,944 employees and dependents. Hospital stay averages 4.4 days. 68.9 admissions per 1,000 members.

Management reports: Provided annually to some groups.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $48 million in 1989; $51.1 million in 1988.

Officers: Frederick F. Yanni Jr., president; Robert S. Wilkinson, executive director; Dr. Jeffrey Sneider, medical director; James N. Jerose, senior vp-marketing.

Prepaid Health Plan/Slocum-Dickson Medical Network

8278 Willett Pkwy., Baldwinsville, N.Y. 13027; 315-638-2133; fax:315-635-4685

Operational date: November 1987.
Certified in: New York.
Model type: Network.
Not for profit.
Ownership: Health Services Medical Corp. of Central New York Inc.

Staff: 27 primary physicians; 55 specialists; 130 patients per physician; 80% board certified physicians.

Facilities: Six hospitals.

Service area: Oneida, Herkimer, eastern Madison counties in New York.

Locations: Two administrative sites, one primary care site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, vision, substance abuse. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $105.16 single, $288.99 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 72 employer/payer groups; as of year-end 1989: 518 employees with single coverage, 39 employees with family coverage, 604 employees and dependents. Hospital stay averages 2.4 days. 183.7 admissions per 1,000 members.

Management reports: Not provided.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $48 million in 1989; $51.1 million in 1988.

Officers: Frederick F. Yanni Jr., president; Robert S. Wilkinson, executive director; Dr. Sidney Blatt, medical director; James N. Jerose, senior vp-marketing.

Prudential Health Care Plan of New York Inc.

Federal Plaza II, 140 Fell Court,
Hauppauge, N.Y. 11788;
516-232-1943; fax: 516-232-2181

Operational date: December 1987.
Federally qualified.
Certified in: New York.
Model type: IPA.
For profit.
Sponsorship: The Prudential Insurance Co. of America.

Staff: 966 primary physicians; 1,317 specialists; 53 administrative staff members; eight marketing staff members; 36 patients per physician; 81.3% board certified physicians.

Facilities: 28 hospitals; 622 pharmacies; seven diagnostic labs.

Service area: Kings, Queens, Richmond, Bronx, New York, Westchester, Rockland, Dutchess, Orange, Putnam, Ulster, Nassau, Suffolk counties in New York.

Locations: Three administrative sites.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating, community rating by class. Offers point-of-service contracts. The HMO does not offer non-federally qualified programs to employers.

Enrollment options: The HMO does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 182 employer/payer groups; 34,935 employees and dependents. Hospital stay averages 5.3 days. 36 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $20.9 million in 1989; $4.3 million in 1988.

Officers: Samuel H. Havens, president; William J. Marino, vp/chief operating officer; Dr. Stanley J. Kramer, medical director; Louis Cella, vp-marketing director.

Contact: Kerry Haselton, associate manager: 516-232-0079.

Sanus Health Plan of Greater New York/New Jersey

75-20 Astoria Blvd., Jackson Heights, N.Y. 11370;
718-899-5200; fax: 718-397-7026

Operational date: 1986.
Federally qualified.
Certified in: New York and New Jersey.
Model type: IPA.
For profit.
Ownership: Sanus Corp. Health System.

Staff: 673 primary physicians; 1,386 specialists; 88 administrative staff members; 16 marketing staff members; 39 patients per physician; 77% board certified physicians.

Facilities: 79 hospitals; 511 pharmacies; two diagnostic labs.

Service area: Bronx, Brooklyn, Manhattan, Queens, Staten Island, Nassau, Organe, Rockland, Suffolk, Westchester and Putnam counties in New York; Bergen, Essex, Hudson, Morris, Passaic and Union counties in New Jersey.

Locations: Two administrative sites.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include vision, dental, psychiatric services, substance abuse and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $85.58 single, $221.27 family; community rating by class; adjusted community rating. Offers point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 600 employer/payer groups; 11,343 employees with single coverage; 10,036 employees with family coverage; 42,884 employees and dependents. Hospital stay averages 4.3 days. 84 admissions per 1,000 members.

Management reports: Not provided.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $23.4 million in 1989; $7.9 million in 1988.

Officers: Joseph T. Lynaugh, president; Victor E. Botnick, executive director; Drs. Richard Rubin, Scott Cooper and Joel Sender, medical directors; Jim Kerr, deputy executive director; M. J. Celmer, chief financial officer.

Contact: Jim Kerr.

Total Health of New York

One Penn Plaza, 6th Floor, 250 W. 34th St., New York, N.Y. 10019;
212-290-1911

Operational date: April 1985.
Federally qualified.
Certified in: New York.
Model type: IPA.
For profit.

Staff: 1,275 primary physicians; 1,776 specialists; 93% board certified physicians.

Service area: Bronx, Brooklyn, Manhattan, Queens, Staten Island, Nassau and Suffolk counties in New York.

Rating options: Offers non-federally qualified programs to employers.

Contact: Craig Metz.

See CIGNA Corp. listing under Connecticut.

Travelers Health Network-New York Metro.

701 Westchester Ave., White Plains, N.Y. 10604; 914-761-9102

Operational date: October 1986.
Federally qualified.
Certified in: New York, New Jersey.
Model type: IPA.
For profit.
Sponsorship: Travelers Corp.

Staff: 870 primary physicians; 1,850 specialists; 30 administrative staff members; 94% board certified physicians.

Facilities: 198 hospitals; 2,000 pharmacies; one diagnostic lab.

Service area: New York, Bronx, Kings, Westchester, Richmond, Nassau, Rockland, Queens, Suffolk counties in New York. Bergen, Essex, Hudson, Morris, Passaic counties in New Jersey.

Locations: Four administrative sites.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating, community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. No individual enrollment allowed.

Users: 328 employer/payer groups. Hospital stay averages nine days. 67.2 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Officers: Michaell Gaffney, president; Gerald McNair, executive director; Dr. Judith Taylor, medical director; Bob Ehinger, Robert Sweeney and David Thomas, marketing directors; Carmine Asparro, regional vp; Dr. Arnold Kisch, regional medical director.

Travelers Health Network-Syracuse

620 Erie Blvd. W., Suite 202,
Syracuse, N.Y. 13204;
315-479-6667

Operational date: October 1985.
Federally qualified.
Certified in: New York, New Jersey.
Model type: IPA.
For profit.
Sponsorship: Travelers Corp.

Staff: 128 primary physicians; 415 specialists; 20 administrative staff members; 62% board certified physicians.

Facilities: Six hospitals; one pharmacy chain, 10 diagnostic labs.

Service area: Cayuga, Onondaga, Oswego, Madison counties in New York.

Locations: One administrative site.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed under contract with independent facilities.

Rating options: Community rating, community rating by class and adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 154 employer/payer groups; Hospital stay averages 4.3 days. 50.9 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Officers: Michael Gaffney, president; Kathy Norton, executive director; Dr. Andrew Merritt, medical director; Mark Rothbart, marketing director; Carmine Asparro, regional vp; Dr. Arnold Kisch, regional medical director.

U.S. Healthcare Inc. (a New York Corp.)

Triad IV, 1981 Marcus Ave., Suite E111, Lake Success, N.Y. 11042;
516-326-9320

See U.S. Healthcare Inc. corporate listing under Pennsylvania.



Aetna Life Insurance Co./PARTNERS Health Plan of North Carolina Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039;
214-869-2500; fax: 214-401-8950

See Aetna Life Insurance Co. under Texas.

Carolina Physicians' Health Plan Inc.

4020 W. Chase Blvd., Suite 450, Raleigh, N.C. 27607;
919-833-8000; fax: 919-833-3839

Operational date: April 1986.
Certified in: North Carolina.
Model type: IPA.
For profit.
Ownership: Coordinated Medical Services of North Carolina.

Staff: 464 primary physicians; 725 specialists; 78 administrative staff members; nine marketing staff members; 75 patients per physician; 75% board certified physicians.

Facilities: 16 hospitals; one pharmacy chain; one diagnostic lab.

Service area: 25 counties in North Carolina.

Locations: One administrative site.

Services: Standard package, including durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include vision, dental, substance abuse, psychiatric services and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Offers point-of-service contracts, .03% of members are enrolled.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 81 employer/payer groups; 6,904 employees with single coverage; 7,643 employees with family coverage; 37,650 employees and dependents. Hospital stay averages 5.0 days. 76.2 admissions per 1,000 members.

Management reports: Provided.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $25.4 million in 1989; $9.4 million in 1988.

Officers: Dr. Robert Bilbro, president; Robert J. Greczyn Jr., chief executive officer; Dr. Robert Harris, medical director; John T. Roos, marketing director.

Contact: John T. Roos.

EQUICOR Healthplan of North Carolina Inc.

3605 Gleenwood Ave., Suite 340, Raleigh, N.C. 27612;
919-782-6507

Operational date: January 1986.
Model type: IPA.

Staff: 69 primary physicians; 310 specialists; 2.3 patients per physician; 85% board certified physicians.

Facilities: 10 hospitals.

Service area: Bladen, Cumberland, Durham, Harnett, Johnston, Orange, Robeson, Sampson and Wake counties in North Carolina.

Enrollment options: Offers non-federally qualified programs to employers.

Users: Hospital stay averages 2.5 days. 197 admissions per 1,000 members.

Contact: Mary Karr.

See CIGNA Corp. listing under Connecticut.

Kaiser Foundation Health Plan of North Carolina

3120 Highwoods Blvd., Raleigh, N.C., 27604-1018; 919-878-9870, fax: 919-878-5835.

Operational date: January 1985.
Federally qualified.
Sponsorship: Carolina Permanente Medidal Group P.A.
Ownership: Kaiser Permanente Medical Care Program.

Continued on next page

Continued from previous page

Staff: 97 physicians, 700 non-physician staff members; 11 marketing staff members; 1,066 members per physician; 80% board certified physicians.

Facilities: Seven hospitals; seven pharmacies; seven diagnostic labs.

Service area: 22 counties in North Carolina; Chester, Lancaster and York counties in South Carolina.

Locations: Two administrative sites and eleven primary care sites.

Rating options: Adjusted community rating: $98.13 single, $274-76 with two dependents. Does not offer non-federally qualified programs to employers.

Users: 380 employer/payer groups; 21,819 employees with single coverage; 22,500 employees with family coverage; 93,388 employees and dependents.

Gross revenues: $79 million in 1989; $47 million in 1988.

Officers: Alvin Washington, regional manager; Dr.. J. Harper Gaston, medical director; Anna Pieters, health plan manager.

See Kaiser Permanente Medical Care Program under California.

Lincoln National Health Plan

5540 Centerview Drive, Suite 327, Raleigh, N.C. 27606; 919-851-5411

Officers: William Young, general manager; Darren Rodgers, sales manager.

See Lincoln National Health Plan under Indiana.

Maxicare North Carolina Inc.

5550 77 Center Drive, Suite 380, Charlotte, N.C. 28217; 704-525-0880, fax: 704-529-0382

Operational date: April 1984.
Federally qualified.
Certified in: North Carolina.
Model type: Network.
For profit.

Staff: 167 primary physicians; 166 specialists; six administrative staff members; five marketing staff members; 62 patients per physician; 98% board certified physicians.

Facilities: Three hospitals; five pharmacies; five diagnostic labs.

Service area: 24 counties in North Carolina; York County in South Carolina.

Locations: Two administrative sites, 66 primary care sites.

Services: Standard package, including vision, psychiatric services, podiatry and obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, dental, substance abuse and durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $104.16 single, $275.76 family; community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 93 employer/payer groups; 1,885 employees with single coverage; 2,338 employees with family coverage; 9,321 employees and dependents. Hospital stay averages 3.8 days. 111 admissions per 1,000.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: John Southworth, president; Sandra J. Stevenson, executive director; Dr. Samuel W. Warburton, medical director; Michael L. Close, marketing director; Margaret Allred, director-administrative services; Edie Keyes, director-provider services.

Personal Care Plan

5901 Durham-Chapel Hill Blvd., Durham, N.C. 27707; 919-489-7431

Operational date: 1985.
Federally qualified.
Model type: IPA.

Sponsorship: Blue Cross & Blue Shield of North Carolina.

Service area: 25 counties in North Carolina.

Users: 14,462 members.

Physicians Health Plan of North Carolina Inc.

2307 W. Cone Blvd., Suite 200, Greensboro, N.C. 27408; 919-282-0900; fax: 919-288-5206

Operational date: May 1985.
Certified in: North Carolina.
Model type: IPA.
For profit.

Ownership: Wesley Long Community Hospital, Surgical Center of Greensboro, area physicians.

Staff: 258 primary physicians; 731 specialists; 34 administrative staff members; 16 marketing staff members; 124 patients per physician; 84% board c rtified physicians.

Facil ties: 18 hospitals; 298 pharmacies; 10 diagnostic labs.

Service area: 23 counties in North Carolina.

Locations: Two administrative sites.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Does not currently offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.

Users: 112 employer/payer groups; 4,710 employees with single coverage; 8,102 employees with family coverage; 30,303 employees and dependents. Hospital stay averages 5.3 days. 322 admissions per 1,000 members.

Management reports: Provided.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $21.3 million in 1989; $13.1 million in 1988.

Officers: Frank E. Mascia, president/chief executive officer; Dr.. Jeffrey A. Todd, medical director; Meg I. Sternberg, vp-marketing; Randal J. Stewart, vp-finance; Susan B. Craft, vp-operations.

Contact: Paul Van cleave, sales manager.

PruCare of Charlotte

2100 Rexford Road, Suite 314, Charlotte, N.C. 28211; 704-365-6070; fax: 704-365-5684

Operational date: April 1985.
Federally qualified.
Certified in: North Carolina.
Model type: Group.
For profit.

Ownership: The Prudential Insurance Co. of America.

Staff: 46 primary physicians; 151 specialists; 13 administrative staff members; 12 marketing staff members; 733 patients per physician; 98% board certified physicians.

Facilities: Four hospitals; 24 pharmacies; one diagnostic lab.

Service area: Mecklenburg, Union, Cabarrus, Lincoln, Rowan, Gaston counties in North Carolina; York County in South Carolina.

Locations: One administrative site, 32 primary care sites.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, but excluding prescription drugs. Options include vision, dental, experimental procedures, prescription drugs, podiatry. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating. Offers point-of-service contracts. The HMO does not offer non-federally qualified programs to employers.

Enrollment options: The HMO does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 7,512 employees with single coverage; 8,470 employees with family coverage; 33,714 employees and dependents. Hospital stay averages 5.7 days. 61.1 admissions per 1,000 members.

Management reports: Provided annually.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: David B. Patterson, executive director; Dr.. Herbert L. Widener, medical director; Bob Ward, marketing director.



Care Plan HMO

4510 13th Ave. S.W., Fargo, N.D. 58121; 701-282-1113

Operational date: October 1985.
Federally qualified.
Model type: Mixed network.

Sponsorship: Blue Cross & Blue Shield of North Dakota.

Service area: Areas surrounding the cities of Fargo, Casselton and Jamestown in North Dakota.

Users: 9,384 members.



Aetna Life Insurance Co./PARTNERS Health Plan of Northern Ohio Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8950

See Aetna Life Insurance Co. under Texas.

Choicecare

655 Eden Park Drive, Suite 400, Cincinnati, Ohio 45202; 513-784-5245; fax: 513-784-5301

Operational date: March 1979.
Federally qualified.
Certified in: Ohio and Kentucky.
Model type: IPA.
Not for profit.

Staff: 924 primary physicians; 1,673 specialists; eight administrative staff members; 23 marketing staff members; 200 members per physician; 90% board certified physicians.

Facilities: 14 hospitals; 320 pharmacies; 42 diagnostic labs.

Service area: Brown, Butler, Clermont, Clinton, Hamilton and Warren counties in Ohio; Campbell, Boone, Kenton, Gallatin, Pendleton and Grant counties in Kentucky.

Locations: One administrative site.

Services: Standard package, including vision, psychiatric services, hearing, allergy care, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include dental, substance abuse and prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.

Users: 372 employer/payer groups; 17,030 employees with single coverage; 31,957 employees with family coverage; 124,517 employees and dependents. Hospital stay averages 4.7 days. 86 admissions per 1,000 members.

Management reports: Provided quarterly.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $120.7 million in 1989; $87.4 million in 1988.

Officers: Dr.. Daniel A. Gregorie, chief executive officer; Jeffrey Werner, vp-marketing/sales; James Massie, vp-operations; Bryon Smith, vp-information systems; Larry Savage, vp-administration.

CIGNA Healthplan of Ohio Inc.

5800 Lombardo Center, Suite 200, Cleveland, Ohio 44131; 216-642-2920

Operational date: April 1987.
Federally qualified.
Certified in: Ohio.
Model type: IPA.

Staff: 314 primary physicians; 871 specialists; 95 patients per physician; 75% board certified physicians.

Facilities: 27 hospitals.

Service area: Ashtabula, Geauga, Medina, Summit, Portage, Lake, Cuyahoga, Lorain, Stark and Wayne counties in Ohio.

Users: Hospital stay averages four days. 83 admissions per 1,000 members.

Officers: Pauline Degenfelder, general manager/medical director; C. Eck, health services supervisor.

Contact: Pauline Degenfelder.

See CIGNA Healthplan Inc. under Connecticut.

CIGNA Healthplan of Ohio Inc.

250 Corporate Exchange Drive, Columbus, Ohio 43229; 614-847-7100

Operational date: May 1987.
Federally qualified.
Certified in: Ohio.
Model type: IPA.

Staff: 220 primary physicians; 548 specialists; 125 patients per physician; 75% board certified physicians.

Facilities: 17 hospitals; 95 pharmacies.

Service area: Union, Delaware, Licking, Muskingum, Madison, Franklin, Fairfield, Perry, Fayette, Pickway and Ross counties in Ohio.

Users: Hospital stay averages four days. 94 admissions per 1,000 members.

Officers: Joseph Rochester, general manager; Dr. Linda Yazvac, medical director; Susan Erwin, health services manager.

Contact: Joseph Rochester.

See CIGNA Corp. under Connecticut.

HMO Health Ohio

2060 E. 9th St., Cleveland, Ohio 44115; 216-687-6252, fax:216-687-7787

Operational date: 1983.
Certified in: Ohio.
Model type: Group, IPA, staff and network.
For profit.

Ownership: Blue Cross & Blue Shield of Ohio.

Staff: 204 primary physicians; 561 specialists; aproximately 574 patients per physician; 92% board certified physicians.

Facilities: 23 hospitals; approximately 1,500 pharmacies; 2 diagnostic labs.

Service area: 27 counties in Ohio.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, obstetrics/gynecology, home health care, hospice, short term rehabilitative services, therapy services, but excluding prescription drug. Options include prescription drug and durable medical equipment. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $123.92 single, $307.37 family. Does not offer point-of-service contracts.

Enrollment options: Does not contract withthe Federal Health Care Financing Administration to enroll Medicare beneficiaries.

Users: Approximately 1,600 employer/payer groups; 39% of employees with single coverage; 61% of employees with family coverage. Hospital stay averages 4.1 days. 86.8 admissions per 1,000 members.

Management reports: Not provided.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $120.6 million in 1989. $93.2 million in 1988.

Officers: John S. Dorrell, vp; Gerry P. Long, executive director; Dr.. John C. Johns, medical director; Richard Cooley and Terry Jones, marketing directors; Kathleen Butler, operations director; Tom Nemeth, director-HMO Health Ohio West; Paul Miller, director-HMO Health Ohio East.

Contact: Toni L. Macey.

John Hancock Preferred Health Plan—Ohio

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Health Maintenance Plan (HMP)

4665 Cornell Road, Suite 300, Cincinnati, Ohio 45241; 513-247-6600; fax: 513-247-6719

Operational date: 1974.
Certified in: Ohio.
Model type: Group and network.
Not for profit.

Ownership: Community Mutual Insurance Co. and Blue Cross & Blue Shield.

Staff: 952 primary physicians; 2,531 specialists; 120 administrative staff members; 47 marketing staff members; 128 patients per physician; 64% board certified physicians.

Facilities: 60 hospitals; 1,600 pharmacies.

Service area: 54 counties in Ohio.

Locations: One administrative site.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, family planning, physical rehabilitation, emergency/urgent care, but excluding prescription drugs and dental. Options include dental, prescription drugs. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating by class. Offers point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 1,541 employer/payer groups; 20,597 employees with single coverage; 29,807 employees with family coverage; 121,268 employees and dependents. Hospital stay averages 4.7 days. 361 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $127.3 million in 1989; $109.3 million in 1988.

Officers: Dwane Houser, president; William Varnell, senior vp; Dr.. Leonard Ozeroff, medical director; Jerry Doss and John Stoffa, marketing directors; Kathleen Lutz, vp-advertising; Joe Pollman, director-product support.

Hometown Hospital Health Plan

876 Amherst Road N.E., Massillon, Ohio 44646; 216-837-6880; fax:216-837-6872

Operational date: August 1986.
Certified in: Ohio.
Model type: IPA.
Not for profit.

Sponsorship: Massillon Community Hospital.

Staff: 65 primary physicians; 186 specialists; 13 administrative staff members; two marketing staff members; 122 patients per physician; 100% board certified physicians.

Facilities: Seven hospitals; 40 pharmacies.

Service area: Stark, Carroll, Summit, Holmes, Portage, Columbiana, Mahoning, Trumball, Tuscaranas and Wayne counties in Ohio.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $95.00 single, $295.00 family; community rating by class. Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 75 employer/payer groups; 780 employees with single coverage; 2,095 employees with family coverage; 7,719 employees and dependents. Hospital stay averages 3.8 days. 353 admissions per 1,000 members.

Management reports: Provided annually or upon request.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $5 million in 1989; $3 million in 1988.

Continued on next page

Continued from previous page

Officers: Mervin F. Strine, president; William C. Epling, executive director; Dr. Mark E. Studebaker, medical director; Robert D. Gustafson, marketing director; Betty L. Brownlee, director-health services.

Kaiser Foundation Health Plan of Ohio

1300 E. 9th St., 1100 Bond Court, Cleveland, Ohio 44114; 216-621-5600, fax: 216-621-7354

Operational date: July 1964.
Federally qualified.
Sponsorship: Ohio Permanente Medical Group Inc.
Ownership: Kaiser Permanente Medical Care Program.
Staff: 192 physicians; 1,848 nonphysician staff members; 17 marketing staff members; 1,078 members per physician; 60% board certified physicians.
Facilities: Nine hospitals; 14 pharmacies; 11 diagnostic labs.
Service area: Cuyahoga, Geauga, Lake, Lorain, Medina, Pertage, Stark, Summit and Wayne counties in Ohio.
Rating options: Community rating by class. Does not offer non-federally qualified programs to employers.
Users: As of year-end 1989: 2,708 employer/payer groups; 31,819 employees with single coverage; 48,979 employees with family coverage; 190,994 employees and dependents.
Gross revenues: $176 million in 1989; $141 million in 1988.
Officers: Kathryn Paul, regional manager; Dr. Ronald G. Potts, medical director; Robert Baker, health plan manager.

Lincoln National Health Plan

11260 Chester Road, Suite 800, Cincinnati, Ohio 45246; 513-772-3518

Officers: Robert Sheehy, general manager; Louis Santoro, regional manager.

See Lincoln National Health Plan under Indiana.

MagnaCare Health Plan

2133 Luray Ave., Cincinnati, Ohio 45206; 513-961-4300; fax: 513-961-4358
Operational date: March 1986.
Certified in: Ohio.
Model type: IPA.
Not for profit.
Staff: 803 primary physicians; 661 specialists; 45 administrative staff members; 15 marketing staff members; 25 patients per physician; 61% board certified physicians.
Facilities: 15 hospitals; 380 pharmacies; 17 diagnostic labs.
Service area: Hamilton, Butler, Warren and Clermont counties in Ohio.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, chiropractic, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 212 employer/payer groups; 2,026 employees with single coverage; 6,079 employees with family coverage; 18,855 employees and dependents. Hospital stay averages 3.8 days. 401 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $9.7 million in 1989; $1.8 million in 1988.
Officers: Robert W. Quirk, president/chief executive officer; Beverly Bredenfoerder, vp-corporate operations; Dr. Daniel Santos, medical director; Jerry H. Brazil, vp-marketing.
Contact: Richard A. Moore, manager-commercial accounts.

Medical Value Plan (MVP)

405 Madison Ave., Toledo, Ohio 43604; 419-244-2900; fax: 419-244-0532

Operational date: January 1986.
Certified in: Ohio.
Model type: Network.
For profit.
Ownership: Toledo Clinic and Henry Ford Health System.
Staff: 160 primary physicians; 140 specialists; 12 administrative staff members; eight marketing staff members; 200 patients per physician; 60% board certified physicians.
Facilities: Six hospitals; 150 pharmacies; two diagnostic labs.
Service area: Lucas, Wood, Fulton, Ottowa, Sandusky, Henry counties in Ohio; Monroe County in Michigan.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, vision, dental, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts, 5% of members are enrolled.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Users: 140 employer/payer groups; 42,000 employees and dependents. Hospital stay averages three days. 385 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $40 million in 1989; $25 million in 1988.
Officers: James Walworth, president; David H. Smith, executive director; Hal A. White, medical director; Bill Guarine, marketing director; John Loomis, finance director.
Contact: David H. Smith.

MetLife Healthcare Network of Ohio Inc.

Northmark Business Center III, Suite 100, 4501 Erskine Road, Cincinnati, Ohio 45242-4713; 513-745-9700

Operational date: August 1985.
Certified in: Ohio.
Model type: IPA.
For profit.
Sponsorship: Metropolitan Life Insurance Co.
Staff: 1,430 primary physicians; 2,670 specialists.
Facilities: 55 hospitals.
Service area: Cuyahoga, Geauga, Lorain, Mahoning, Portage, Stark, Summit and Trumbull counties in Ohio.
Locations: Three administrative sites.
Services: Standard package, including psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology, but excludes prescription drugs. Options include vision, dental, prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; experience rating.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Charles Stark, president; Marilyn McMichael, chief operating officer.

Physicians Health Plan of Ohio Inc.

3650 Olentangy River Road, Columbus, Ohio 43214; 614-442-7100; fax: 614-442-3902

Operational date: January 1980.
Certified in: Ohio.
Model type: IPA.
For profit.
Ownership: Physicians Health Plan Corp.
Staff: 284 administrative staff members; 22 marketing staff members.
Facilities: 82 hospitals; chain of pharmacies; 225 diagnostic labs.
Service area: 40 counties in Ohio.
Locations: Three administrative sites.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is allowed.
Users: 615 employer/payer groups; 44,474 employees with single coverage; 31,024 employees with family coverage; 147,424 employees and dependents. Hospital stay averages 4.4 days. 86 admissions per 1,000 members.
Management reports: Provided.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $120.6 million in 1989; $89.6 million in 1988.
Officers: Dr. H. William Porterfield, president; Ralph W. Preston, executive director; Dr. Robert L. Wall, medical director; John Lozenski, marketing director; C. Richard Cornett, senior vp-administration; Ronald G. Yanai, senior vp-treasurer.

Principal Health Care of Ohio Inc.

4885 Olentangy River Road, Columbus, Ohio 43214; 614-451-1551, fax: 614-451-2326

Operational date: October 1981.
Certified in: Ohio.
Model type: Group.
For profit.
Ownership: Principal Health Care Inc.
Staff: 23 primary physicians; 18 specialists; six administrative staff members; five marketing staff members; 1,100 patients per physician; 90% board certified physicians.
Facilities: Three hospitals; two pharmacies; three diagnostic labs.
Service area: Franklin, Madison, Delaware, Licking, Union, Fairfield and Pickaway counties in Ohio.
Locations: Two primary care sites.
Services: Standard package, including experimental procedures; vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Options include durable medical equipment. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $125.80 single, $314.51 family; community rating by class; adjusted community rating. Does not offer point-of-service contracts; does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 5,633 employees with single coverage; 5,986 employees with family coverage; 25,275 employees and dependents. Hospital stay averages 4.2 days. 320 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $24.6 million in 1989; $19.2 million in 1988.
Officers: Kenneth Linde, president; Anthony A. Fata, executive director; Dr. William Hamelberg, medical director; Robert Brightwell, marketing director.

PruCare HMO

1228 Euclid Ave., Suite 750, Cleveland, Ohio 44115; 216-241-5623; fax: 216-241-7561

Operational date: December 1989.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.
Staff: 291 primary physicians; 683 specialists; nine administrative staff members; 16 marketing staff members; 5 patients per physician; 80% board certified physicians.
Facilities: 15 hospitals; chain of pharmacies; three diagnostic labs.
Service area: Cuyahoga, Summit, Lake, parts of Portage, Geauga, Lorain and Medina counties in Ohio.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Option includes prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class; adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: Five employer/payer groups; 4,925 employees and dependents. Hospital stay averages 6.5 days. 103.3 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: William P. Link, president; Linda Somers, director-health care management; Dr. A. Gus Kious, medical director.
Contact: Linda Somers.

PruCare HMO of Cincinnati

525 Vine St., Suite 1850, Cincinnati, Ohio 45202; 513-621-2970; fax: 513-621-0081

Operational date: March 1986.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.
Staff: 457 primary physicians; 581 specialists; 28 administrative staff members; 19 marketing staff members; 66 patients per physician; 84.2% board certified physicians.
Facilities: Nine hospitals; two pharmacies chains; one diagnostic lab.
Service area: Hamilton, Clermont, Brown, Butler, Warren counties in Ohio; Kenton, Campbell, Boone counties in Kentucky; Dearborn County in Indiana.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include experimental procedures, vision, dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 85% of members are enrolled.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 342 employer/payer groups; 863 employees with single coverage; 1,175 employees with family coverage; 4,749 employees and dependents. Hospital stay averages 6.4 days. 93 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing is not available.
Officers: William F. Link, president; Lynne Gross, executive director; Arthur Dickerson, medical director.
Contact: Mike Warner.

PruCare of Central Ohio

485 Metro Place S., Suite 450, Dublin, Ohio 43017; 614-761-0244

Operational date: July 1985.
Federally qualified.
Certified in: Ohio.
Model type: Group and network.
For profit.
Ownership: The Prudential Insurance Co. of America.
Staff: 167 primary physicians; 216 specialists; 14 administrative staff members; nine marketing staff members; 93% board certified physicians.
Facilities: 12 hospitals; 62 pharmacies; one diagnostic lab.
Service area: Delaware, Fairfield, Franklin, Licking, Madison, Pickaway, Union counties in Ohio.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $122.58 single, $308.04 family; community rating by class. Does not offer point-of-service contracts; does not offer non-federally qualified programs to enroll Medicare beneficiaries.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 76 employer/payer groups; 12,514 employees with single coverage; 13,557 employees with family coverage; 26,071 employees and dependents. Hospital stay averages 3.7 days. 69 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: William P. Link, president; Budd Fisher, executive director; Dr. David Gundlach, medical director; Frederick C. Veazey, marketing director.

Western Ohio Health Care Plan

6601 Centerville Business Parkway, P.O. Box 591208, Dayton, Ohio 45459; 513-439-9355, fax: 513-439-8999

Operational date: January 1979.
Certified in: Ohio.
Model type: IPA.
For profit.
Staff: 640 primary physicians; 820 specialists; 300 administrative staff members; 18 marketing staff members; 80% board certified physicians.
Facilities: 17 hospitals; 350 pharmacies; eight diagnostic labs.
Service area: Darke, Shelby, Miami, Champaign, Clark, Preble, Montgomery, Greene, Clinton, Warren, Butler counties in Ohio.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, and obstetrics/gynecology. Options include dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Offers point-of-service contracts, 3% of members are enrolled.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 300 employer/payer groups; 17,052 employees with single coverage; 41,254 employees with family coverage; 150,826 employees and dependents. Hospital stay averages 4.5 days. 83 admissions per 1,000 members.
Management reports: Provided quarterly.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $83.5 million in 1989, $103.8 million in 1988.
Officers: David Shafer, president; Drs. John Bloom and David Brecount, medical director; Melmon May, marketing director.



Blue Lines HMO

1437 S. Boulder, Tulsa, Okla., 74119; 918-561-9900

Operational date: 1984.
Federally qualified.

Continued on next page

Continued from previous page

Certified in: Oklahoma.
Model type: IPA.
For profit.
Ownership: Blue Cross & Blue Shield of Oklahoma.
Staff: 228 primary physicians; 900 specialists; six administrative staff members; six marketing staff members; 200 patients per physician; 75% board certified physicians.
Facilities: 16 hospitals; 42 pharmacies; six diagnostic labs.
Service area: 16 counties in Oklahoma.
Locations: Two administrative sites.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include vision, dental, prescription drug, self-referral. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Offers point-of-service contracts and non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 230 employer/payer groups; 6,319 employees with single coverage; 10,030 employees with family coverage; 38,683 employees and dependents. Hospital stay averages 4.5 days. 70.5 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $42.6 million in 1989; $26.4 million in 1988.
Officers: Ralph S. Rhoades, president; Tom Bowser, executive vp; Dr. Wes Whittlesey, medical director; Tim McFall, marketing director; Robert Fitzsimmons, vp-operations; Lyndle Ellis, vp-finance.

EQUICOR Healthplan Inc.

5100 N. Brookline, 9th Floor, Oklahoma City, Okla. 73112; 405-848-1653

Operational date: January 1984.
Federally qualified.
Certified in: Oklahoma.
Model type: IPA.
Staff: 66 primary physicians; 208 specialists.
Facilities: Nine hospitals.
Service area: Cleveland, Lincoln, Logan and Oklahoma counties in Oklahoma.
Users: Hospital stay averages 3.8 days. 268 admissions per 1,000 members.
Contact: Stephen Curlee.

See CIGNA Corp. under Connecticut.

PacifiCare of Oklahoma

7134 S. Yale St., Suite 700, Tulsa, Okla. 74136

Officers: John Woods, president; Dr. Vlad Fitts, medical director; Gary Hubbard, vp-marketing; Dave D'Arcangelo, director-finance.

See PacifiCare Health Systems under California.

PruCare

3330 N.W. 56th, Suite 500, Oklahoma City, Okla. 73112; 405-942-6687; fax: 405-949-2968

Federally qualified.
Certified in: Oklahoma.
Model type: Group.
For profit.
Ownership: Prudential Insurance Co. of America.
Staff: 26 primary physicians; 99 specialists; 25 administrative staff members; 12 marketing staff members; 1,000 patients per physician; 100% board certified physicians.
Facilities: Three hospitals; six pharmacies; one diagnostic lab.
Service area: Canadian, Cleveland, Grady, Kingfisher, Logan, Lincoln, McLain, Oklahoma, Pottawatomle counties in Oklahoma.
Locations: One administrative site, six primary care sites.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include dental, prescription drugs. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Healthcare Financing administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 65 employer/payer groups; 22,979 total members. Hospital stay averages 4.4 days.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Rick Rivers, vp-group operations; Dr. Boyd Shook, medical director; Dave Dingley, marketing director; Mike Duncan, manager-health care services.
Contact: Mike Duncan.

PruCare of Tulsa

7912 E. 31st Court, Suite 300, Tulsa, Okla. 74145; 918-624-4664

Operational date: January 1983.
Federally qualified.
Certified in: Oklahoma.
Model type: Group.
For profit.
Ownership: The Prudential Insurance Co. of America.
Staff: 33 primary physicians; 99 specialists; 28 administrative staff members; 12 marketing staff members; 606 members per physician; 85% board certified physicians.
Facilities: Four hospitals; one pharmacy with four locations; nine diagnostic labs.
Service Area: Tulsa, Rogers, Wagoner, Creek, Osage, Washington, Muskogee counties in Oklahoma.
Locations: One administrative site, five primary care sites.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, home health, skilled nursing care, emergency care, obstetrics/gynecology. Option includes dental. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Adjusted community rating. Offers point-of-service contracts, 3% of members are enrolled. Offers non-federally qualified programs to employers, 3% of members are enrolled. Offers non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 18,730 employees and dependents. Hospital stay averages 3.7 days. 85 admissions per 1,000 members.
Billing: National accounts program with consolidated billing available.
Officers: William P. Link, chairman; John Kennedy, director-health care management; Dr. C.B. Rebsamen, medical director; Dave Dingley, regional group manager.



Capitol Health Care & Health Maintenance of Oregon.

201 High St. S.E., Salem, Ore., 97309; 503-364-4868; fax: 503-588-4350
Operational date: June 1977.
Federally qualified.
Certified in: Oregon, Washington.
Model type: IPA.
For profit: Health Maintenance of Oregon.
Not for profit: Capitol Health Care.
Ownership: Blue Cross Blue Shield of Oregon.
Staff: 758 primary physicians; 1,198 specialists; 200 administrative staff members; 45 marketing staff

Continued on next page

"What did the boss say when you told him health care costs were going up again?"

"He didn't say anything. He just stared at me."

"That's all?"

"That was enough."

If you are responsible for your company's health care plan, this conversation is probably painfully close to home. And little wonder with the nation's annual health care bill at $600 billion and still rising.

Maybe it's time for a conversation with John Hancock about your employee health care plan. We have developed a strategy that gives you better cost management of plan utilization and health care benefit provider prices. And that can mean lower health care costs to your company and your employees.

A partnership...not a sales pitch.

John Hancock is aware that your company is different from other companies. That you are unique and have special needs. So it follows that your health care needs for your employees are unique too. We will work with you to design the plan your company needs, not one based on a predetermined inventory of services.

We have not invested heavily in provider networks like HMOs. Free from that economic pressure, Hancock will select quality local networks that match your requirements. And we will manage the relationship between your company and the selected networks.

Quality and cost containment... no longer at odds.

Our leadership in state-of-the-art claims processing and data analysis assures you of better health plan management. Recently, we acquired Cost Care, Inc. This leading utilization review firm's evaluations always involve a physician review. So your employees will get the quality care they deserve. Your company will get the cost management that it needs.

If you're tired of talking about rising health care costs and want to do something about them, contact Robert Marra, Senior Vice President, Group Sales and Marketing, John Hancock Financial Services, John Hancock Place, Boston, MA 02117.

Real life, real answers.®

John Hancock Financial Services

John Hancock Mutual Life Insurance Company and affiliated companies, Boston, MA 02117

Continued from previous page
members, 66% board certified.

Facilities: 25 hospitals; 88 pharmacies; six diagnostic labs.

Service area: Marion, Polk, Linn, Benton, Yamhill, Lane, Multnomah, Washington, Clark, Clackamas counties in Oregon.

Locations: Four administrative.

Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/ gynecology, but excluding prescription drug. Options include prescription drug, vision, dental and durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Does not offer point-of-service contracts; does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 2,346 employer/payer groups; 19,014 employees with single coverage; 21,847 employees with family coverage; 92,090 employees and dependents. Hospital stay averages four days. 68 admissions per 1,000 members.

Management reports: Provided annually or on request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $75.9 million in 1989; $50.6 million in 1988.

Officers: Roger Lyman, president; Dr. Lee Henrich, medical director; Tom Kennedy, marketing director; Jeff Jackson, vp-operations; Gary Rea, vp-finance.

Contact: Tammie Jones.

Good Health Plan of Oregon

1235 N.E. 47th Ave., Suite 220, Portland, Ore. 97213; 503-249-7081; fax: 503-287-2638

Operational date: September 1984.
Federally qualified.
Certified in: Oregon.
Model type: IPA.
Not for profit.

Ownership: Sisters of Providence in Oregon.

Staff: 324 primary physicians; 839 specialists; 145 administrative staff members; 15 marketing staff members; 200 patients per physician; 75% board certified physicians.

Facilities: Nine hospitals; 48 pharmacies; nine diagnostic labs.

Service area: Multnomah, Washington, Clackamas, Yamhill, Columbia counties in Oregon; Clark County in Washington.

Services: Standard package, including substance abuse, durable medical equipment, obstetrics/gynecology, but excluding prescription drugs. Options include experimental procedures, prescription drug, vision, dental, psychiatric services, podiatry. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 500 employer/payer groups; 7,840 employees with single coverage; 10,860 employees with family coverage; 42,220 employees and dependents. Hospital stay averages 4.1 days. 67 admissions per 1,000 members.

Management reports: Provided annually for large groups.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $54.4 million in 1989; $36.9 million in 1988.

Officers: Mary McWilliams, chief executive officer; Ted von Glahn, chief operating officer; Dr. Donald R. Olson, chief medical officer; Jack Friedman, chief development officer.

Contact: Barbara Christensen, 503-249-5249.

John Hancock Preferred Health Plan—Oregon

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Health Maintenance of Oregon

1800 S.W. First St., Suite 505, Portland, Ore. 97201; 503-274-0755

Operational date: November 1986.
Federally qualified.
Model type: IPA.

Sponsorship: Blue Cross & Blue Shield of Oregon.

Service area: Clackamas, Multnomah, Washington counties in Oregon; Clark County in Washington.

Users: 37,266 members.

Kaiser Foundation Health Plan of the Northwest.

3600 N. Interstate Ave., Portland, Oregon 97227; 503-280-2050, fax: 503-721-4636

Operational date: 1945.
Federally qualified.

Sponsorship: Northern Permanente P.C.

Ownership: Kaiser Permanente Medical Care Program.

Staff: 478 physicians; 5,623 nonphysician staff members; 30 marketing staff members; 786 members per physician; 70% board certified physicians.

Facilities: 10 hospitals; 37 pharmacies; 44 diagnostic labs.

Service area: Clackamas, Columbia, Marion, Multnomah, Polk, Washington, Yamhill, Benton, Clatsop, Linn, Hood River counties in Oregon; portions of Clark, Cowlitz, Lewis, Skamania and Wahkiakum counties in Washington.

Rating options: Adjusted community rating: $83.41 single, $250.23 two dependents. Does not offer non-federally qualified programs to employers.

Users: 3,235 employer/payer groups; 54,943 employees with single coverage; 84,206 employees with family coverage; 323,953 employees and dependents.

Gross revenues: $272 million in 1989; $228 million in 1988.

Officers: Mike Katcher, regional manager; Dr. Fred Nomura, medical director; Mike Leahy, health plan manager.

See Kaiser Permanente Medical Care Program of California.

PacifiCare of Oregon

5 Centerpointe Drive, Suite 600, Lake Oswego, Ore. 97035

Officers: David Hallock, president; Dr. Bart McMullan, medical director; Barry Schwartz, vp-marketing; Dave Carrish, director-finance.

See PacifiCare Health Systems under California.

SelectCare

600 Country Club Road, Eugene, Ore. 97401; 503-485-1850; fax:503-686-2504

Operational date: November 1979.
Federally qualified.
Certified in: Oregon.
Model type: IPA.
Not for profit.
Ownership: Health & Hospital Services Inc.

Staff: 226 primary physicians; 293 specialists; 36 administrative staff members; seven marketing staff members; approximately 176 patients per physician; 90% board certified physicians.

Facilities: Five hospitals; 13 pharmacies.

Service area: Lane and Linn counties in Oregon; Cowlitz County in Washington.

Locations: Two administrative sites.

Services: Standard package, including substance abuse, psychiatric services, podiatry and obstetrics/ gynecology, but excluding prescription drug. Options include vision, dental, prescription drugs, durable medical equipment. Diagnostic test-

Continued on next page

GENERAL REHABILITATION SERVICES INC.
THE FAST TRACK TO A COMEBACK



WIN-WIN RECOVERY MANAGEMENT

That's what we call our special brand of medical and vocational rehabilitation services. Because when injured workers recover fast and come back to work fast, everybody wins — employers, insurance companies, and claimants.

Continued from previous page
ing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Does not offer point-of-service contracts. Offers non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 380 employer/payer groups; Hospital stay averages 3.8 days. 56 admissions per 1,000 members.

Management reports: Provided monthly or quarterly.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $33.6 million in 1989; $22.9 million in 1988.

Officers: David Slade, president/chief executive officer; Dr. Mark Litchman, medical director; Ron Phillips, vp-marketing; Pat Cross, vp-finance.

Contact: T. Preston Smith, sales manager, 503-484-3627.



Aetna Life Insurance Co./Independence HMO Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8950

See Aetna Life Insurance Co. under Texas.

Aetna Life Insurance Co./PARTNERS Health Plan of Western Pennsylvania Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8950

See Aetna Life Insurance Co. under Texas.

Central Medical Health Plan

564 Forbes Ave., Pittsburgh, Pa. 15219; 412-471-6877; fax: 412-471-6893

Operational date: October 1974.
Certified in: Pennsylvania.
Model type: Network and IPA.
Not for profit.
Ownership: Central Medical Health Corp.

Staff: 86 primary physicians; 212 specialists; 22 administrative staff members; three marketing staff members; 175 patients per physician; 92% board certified physicians.

Facilities: Six hospitals; 37 pharmacies; 12 diagnostic labs.

Service area: Allegheny, Beaver, Butler, Washington and Westmoreland counties in Pennsylvania.

Locations: One administrative site, 73 primary care sites.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $113.61 single, $306.76 family; Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 125 employer/payer groups; 2,233 employees with single coverage; 4,512 employees with family coverage; 15,028 employees and dependents. Hospital stay averages 4.5 days. 582.3 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Officers: Thomas M. Gallagher, president; Richard C. Buono, vp-operations; Dr. James Zangrilli, medical director; James M. Fenn, marketing director.

CIGNA Healthplan of Pennsylvania Inc.

100 Stevens Drive, Suite 300, Lester, Pa. 19113; 215-595-3000

Operational date: January 1986.
Federally qualified.
Certified in: Pennsylvania.
Model type: IPA.

Staff: 439 primary physicians; 742 specialists; 65 patients per physician; 75% board certified physicians.

Facilities: 21 hospitals.

Service area: Bucks, Montgomery, Chester, Philadelphia, Delaware counties in Pennsylvania.

Users: Hospital stay averages 4.8 days. 70 admissions per 1,000 members.

Officers: Leo Carey, general manager; Dr. Norman Scott, medical director.

Contact: Leo Carey.

See CIGNA Corp. under Connecticut.

Delaware Valley HMO Inc.

P.O. Box 1111, Concordville, Pa. 19331; 215-358-5454; fax:215-358-5238

Operational date: January 1978.
Federally qualified.
Certified in: Pennsylvania and Delaware.
Model type: IPA.
For profit.
Ownership: Independence Blue Cross.

Staff: 900 primary physicians; 2,000 specialists; five administrative staff members; 20 marketing staff members; 100 patients per physician; 65% board certified physicians.

Facilities: 52 hospitals; two diagnostic labs.

Service area: Bucks, Chester, Delaware, Montgomery and Philadelphia counties in Pennsylvania; New Castle, Kent, Sussex counties in Delaware.

Locations: One administrative site.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, eyeglasses and dental. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $114.88 single, $295.82 family. Does not offer point-of-service contracts. Offers non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 1,300 employer/payer groups; 19,844 employees with single coverage; 25,512 employees with family coverage; 102,543 employees and dependents. Hospital stay averages 4.1 days. 72 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $123.9 million in 1989; $79.7 million in 1988.

Officers: Alfred E. Meyer, president; Drs. Bruce D. Hopper and Gary Owens, medical directors; James Dare, marketing director; Elaine Markezin, vp-operations.

Contact: Diana Corson.

Freedom Health Care Inc.

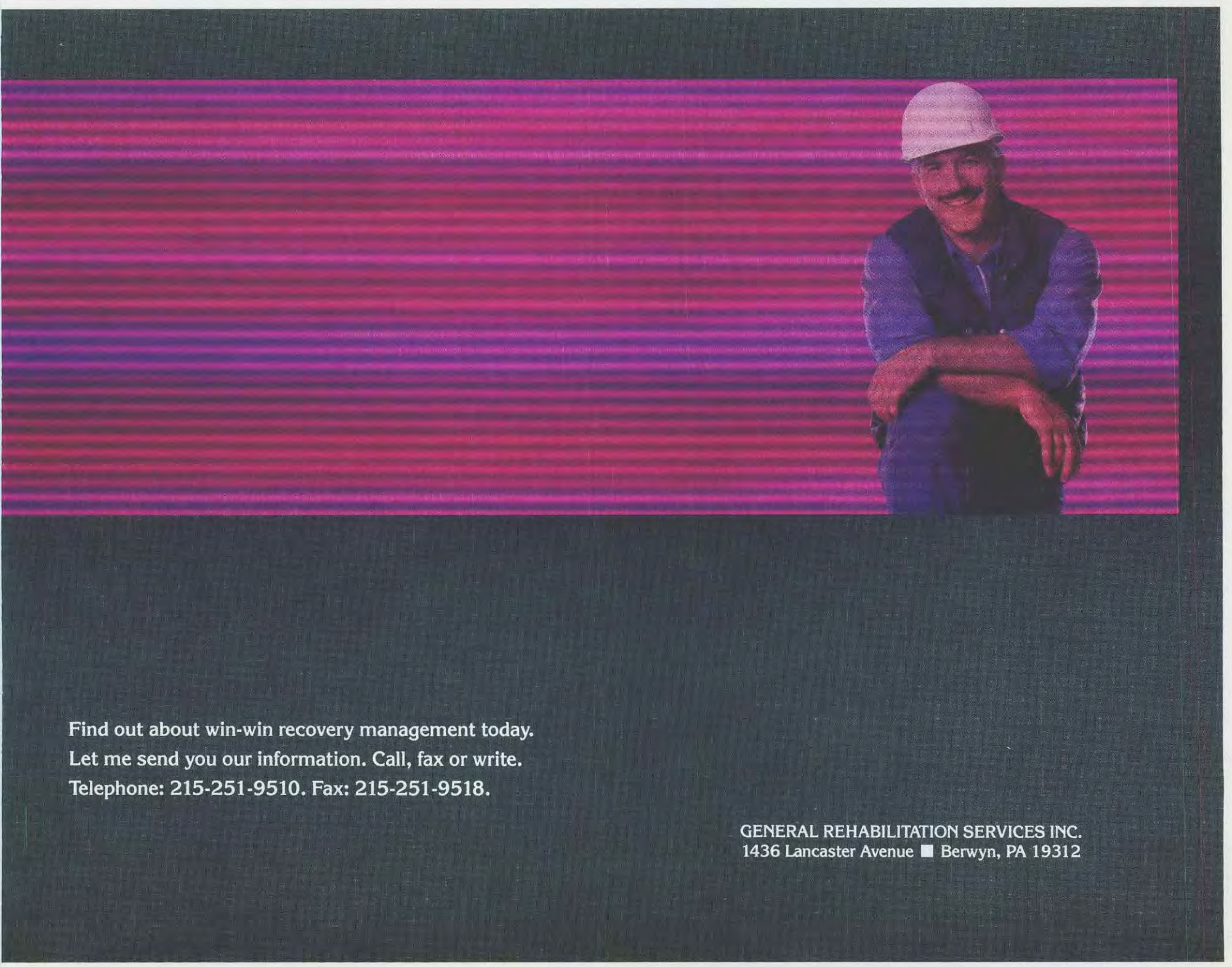
150 Strafford Ave., Wayne, Pa. 19087; 215-293-9338 or 717-561-5200; fax: 215-293-0543 or 717-561-5210

Operational date: 1986.
Certified in: Pennsylvania.
Model type: IPA.
For profit.
Ownership: Group of doctors, hospitals and Lincoln National Insurance Co.

Staff: 400 primary physicians; 1,865 specialists; 60 administrative staff members; 13 marketing staff members; 90% board certified physicians.

Facilities: 24 hospitals; three diagnostic labs.

Continued on next page



Continued from previous page

Service area: 14 counties in Pennsylvania.

Locations: Two administrative sites.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment and obstetrics/gynecology, but excluding preventive medicine. Options include dental. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 425 employer/payer groups; 4,166 employees with single coverage; 6,681 employees with family coverage; 26,033 employees and dependents. Hospital stay averages 400 days. 86 admissions per 1,000 members.

Management reports: Provided annually.

Billing: Provides direct billing for premiums under COBRA.

Officers: Robert A. Zelten, president; Anthony J. Buividas, chief operating officer; Dr. Joel W. Eisner, medical director; Linda M. Taylor, marketing director; David Ondish, financial director; Betsy Burchell, health services director.

Geisinger Health Plan

Geisinger Office Building 30-20, Danville, Pa. 17822; 717-271-8760; fax: 717-271-5009

Operational date: March 1985.
Federally qualified.
Certified in: Pennsylvania.
Model type: Group.
Not for profit.
Ownership: Geisinger Foundation.

Staff: 189 primary physicians; 530 specialists; five administrative staff members; seven marketing staff members; 474 patients per physician; 99.4% board certified physicians.

Facilities: 14 hospitals; 96 pharmacies.

Service area: 22 counties in Pennsylvania.

Locations: One administrative site, 47 primary care sites.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstretrics/gynecology, but excluding prescription drugs. Options include prescription drug and vision. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $95.81 single, $249.10 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 572 employer/payer groups; 84,360 employees and dependents. Hospital stay averages 3.4 days. 295 admissions per 1,000 members.

Management reports: Provided annually.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $57.8 million in 1989; $41.3 million in 1988.

Officers: Dr. Howard G. Hughes, president; William A. MacBain, senior vp/executive director; Dr. Duane E. Davis, senior medical director; A. Paul Holdren, vp-marketing/sales; George E. Kutz, vp-finance.

Contact: Megan West King, marketing coordinator, Geisinger Office Building 30-28, Danville, Pa. 17822; 717-271-6488.

Great Lakes Managed Care Inc.

104 E. 2nd St., Erie, Pa. 16507; 814-870-7041; fax: 814-870-6188

Certified in: Pennsylvania.
Model type: IPA.
For profit.

Staff: Seven administrative staff members; 98% board certified physicians.

Facilities: Four hospitals; one pharmacy; one diagnostic lab.

Service area: Erie, Crawford, Venango counties in Pennsylvania.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry and obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Does not offer point-of-service contracts.

Enrollment options: Individual enrollment is not allowed.

Management reports: Provided quarterly, semi-annually or annually.

Officers: William A. Higgins, president/chief executive officer; Dr. E. Buist Wells, medical director; Charles Iverson, chief financial officer.

Contact: William A. Higgins.

Greater Atlantic Health Service

3550 Market St., Philadelphia, Pa. 19104; 215-823-8600; fax: 215-823-8617

Operational date: 1972.
Federally qualified.
Certified in: Pennsylvania.
Model type: IPA, group, staff.
For profit.

Ownership: Graduate Health System.

Staff: 413 primary physicians; 968 specialists; 126 patients per physician.

Facilities: More than 40 hospitals; more than 150 pharmacies.

Service area: Bucks, Chesler, Delaware, Montgomery and Philadelphia counties in southeastern Pennsylvania.

Locations: One administrative site.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, obstetrics/gynecology, but excluding prescription drug. Options include dental, prescription drug, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $89.34 single, $217.01 family; community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 880 employer/payer groups; 55,000 employees and dependents. Hospital stay averages five days. 78.5 admissions per 1,000 members.

Management reports: Provided.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $46.6 million in 1989; $36.2 million in 1988.

Officers: James C. New, president/chief executive officer; Ernest Monfiletto, senior vp-marketing; Elizabeth Bayardi, chief operating officer, James Moffett, vp-finance/chief financial officer.

GroupHealth Partnership Inc.

Sixth & Chestnut Streets, Philadelphia, Pa. 19106; 215-238-9880; fax: 215-238-0050

Operational date: March 1976.
Federally qualified.
Certified in: Pennsylvania.
Model type: IPA and staff.
For profit.

Ownership: Delaware Valley Health Network Inc.

Staff: 76 primary physicians; 187 specialists; five administrative staff members; seven marketing staff members; 310 patients per physician; 95% board certified physicians.

Facilities: 17 hospitals; more than 200 pharmacies; one diagnostic lab.

Service area: Bucks, Chester, Delaware, Montgomery, Philadelphia counties in Pennsylvania; Burlington, Camden, Gloucester, Mercer counties in New Jersey.

Locations: One administrative site.

Services: Standard package, including dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug, vision, durable medical equipment. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $111.26 single, $282.62. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 278 employer/payer groups; 23,501 employees and dependents. Hospital stay averages 6.5 days. 83 admissions per 1,000 members.

Management reports: Provided quarterly.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing is not available.

Gross revenues: $32 million in 1989.

Officers: Michael B. Laign, president; Stephen Rogers, executive director; Dr. Stephen J. Gordin, medical director; Richard S. Pugach, senior vp.

Contact: Thomas J. McAfee.

HMO of Northeastern Pennsylvania

70 N. Main St., Wilkes-Barre, Pa. 18711; 717-829-7700; fax: 717-821-1441

Operational date: January 1987.
Federally qualified.
Certified in: Pennsylvania.
Model type: IPA.
Not for profit.
Ownership: Blue Cross of Northeastern Pennsylvania.

Staff: 125 primary physicians; 782 specialists; 40 administrative staff members; 38 marketing staff members; 175 patients per physician; 69% board certified physicians.

Facilities: 21 hospitals; 89 pharmacies.

Service area: Bradford, Clinton, Lackawanna, Luzerne, Lycoming, Sullivan, Susquehanna and Wyoming counties in Pennsylvania.

Locations: Five administrative sites.

Services: Standard package, including emergency benefits, vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs. Diagnostic testing and lab work performed by the HMO.

Rating options: Community rating: $88.50 single, $222.20 family; Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 314 employer/payer groups; 2,910 employees with single coverage; 5,951 employees with family coverage; 22,388 employees and dependents. Hospital stay averages 4.3 days. 77 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $14.1 million in 1989; $7.4 million in 1988.

Officers: Gilbert D. Tough, president; Denise S. Cesare, chief operating officer; Dr. Thomas L. Baumann, medical director; Michael A. Thomas, marketing director.

John Hancock Preferred Health Plan—Pennsylvania

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

HealthAmerica of Central Pennsylvania

214 Senate Ave., Suite 202, Canfield, Pa. 17011; 717-763-9313; fax: 717-763-1769

Operational date: May 1984.
Federally qualified.
Certified in: Pennsylvania.
Model type: IPA.
For profit.
Ownership: Coventry Corp.

Staff: 202 primary physicians; 151 specialists; 41 administrative staff members; seven marketing staff members; 215 patients per physician; 100% board certified or eligible physicians.

Facilities: 15 hospitals; 432 pharmacies; five diagnostic labs.

Service area: Adams, Cumberland, Dauphin, Lancaster, Lebanon, Perry and York counties in Pennsylvania.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drug, vision, dental, oral surgery, extended mental health, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $88.66 single, $230.83 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 396 employer/payer groups; 6,105 employees with single coverage; 8,234 employees with family coverage; 40,882 employees and dependents in employer groups. Hospital stay averages 4.7 days. 67.4 admissions per 1,000 members.

Management reports: Not provided.

Billing: Provides direct billing for premiums under COBRA.

Officers: Rhea Singsen, president; Robert Shannon, medical director F.G. Merkel, vp-marketing.

HealthAmerica of Pennsylvania Inc.

5 Gateway Center, Pittsburgh, Pa. 15222; 412-553-7300; fax: 412-553-7384

Operational date: 1975.
Federally qualified.
Certified in: Pennsylvania.
Model type: Staff and IPA.
For profit.
Ownership: Coventry Corp.

Staff: 230 primary physicians; 800 specialists; 200 administrative staff members; 23 marketing staff members; 493 patients per physician; 91% board certified physicians.

Facilities: 20 hospitals; 63 pharmacies; 21 diagnostic labs.

Service area: Alleghany, Beaver, Butler, Fayette, Washington and Westmoreland counties in Pennsylvania.

Locations: One administrative site.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, podiatry, obstetrics, but excluding prescription drugs. Options include experimental procedures, vision, dental, oral surgery, prescription drugs and durable medical equipment. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $99.42 single, $271.86 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 856 employer/payer groups; 21,258 employees with single coverage; 29,488 employees with family coverage; 118,000 employees and dependents. Hospital stay averages 4.6 days. 73 admissions per 1,000 members.

Management reports: Not provided.

Billing: Does not provide direct billing for premiums under COBRA.

Officers: C. Michael Blackwood, president/chief executive officer; Dr. Bruce Conaway, vp-medical affairs; Thomas J. Murray, vp-marketing, Judith Richards, vp-operations; Vicky Savage, vp/general council; Phil Hertik, senior vp.

Keystone Health Plan Central

100 Senate Ave., Camp Hill, Pa. 17011; 717-763-3280

Operational date: March 1983.
Model type: IPA.
Sponsorship: Capital Blue Cross/Pennsylvania Blue Shield.

Service area: Berks, Cumberland, Dauphin, Lebanon, Lehigh, Northampton and Perry counties in Pennsylvania.

Users: 60,344 members.

Keystone Health Plan East

3 Bala Plaza E.; 251 St. Asaphs Road; Bala Cynwyd, Pa. 19004; 215-668-3080, fax: 215-667-0178

Operational date: March 1986.
Federally qualified.
Certified in: Pennsylvania.
Model type: IPA.
For profit.
Ownership: Pennsylvania Blue Shield.

Staff: 681 primary physicians; 2,130 specialists; 12 administrative staff members; 13 marketing staff members; 135 patients per physician; 95% board certified physicians.

Facilities: 47 hospitals.

Service area: Bucks, Chester, Delaware, Montgomery and Philadelphia counties in Pennsylvania.

Locations: One administrative site.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $96.70 single, $250.90 family. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Emrollment: Does not contract with the Federal Health Care Financing Adminstation to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 2,900 employer/payer groups; 17,476 employees with single coverage; 20,404 employees with family coverage; 83,185 employees and dependents. Hospital stay averages 4.9 days. 77.2 admissions per 1,000 members.

Management reports: Provided annually or bi-annually upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $30.5 million in 1989; $8.5 million in 1988.

Officers: John A. Daddis, president; Dr. Richard J. Gilfillian, medical director; Jay Moorhead, marketing director, Thomas Pappalardo, vp-finance.

Keystone Health Plan West Inc.

681 Andersen Drive, Foster Plaza VI, Pittsburgh, Pa. 15220; 412-937-4300

Operational date: September 1986.
Federally qualified.
Model type: IPA.
Sponsorship: Blue Cross of Western Pennsylvania/Pennsylvania Blue Shield.

Service area: Allegheny, Beaver, Butler, Washington and Westmoreland counties in Pennsylvania.

Users: 50,585 members.

Lincoln National Health Plan

565 E. Swedesford Road, Suite 315, Wayne, Pa. 19087; 215-971-9880

Officers: William Young, general manager; Robert Mayfield, regional manager.

See Lincoln National Health Plan under Indiana.

PruCare of Philadelphia

220 Gibraltar Road, Suite 200, Horsham, Pa. 19044; 215-672-1944; fax: 215-443-3338

Operational date: July 1987.
Federally qualified.
Certified in: Pennsylvania.
Model type: IPA.
For profit.
Ownership: Prudential Insurance Co. of America.

Staff: 839 primary physicians; 1,480 specialists; 28 administrative staff members; 13 marketing staff

Continued on next page

Continued from previous page
members; 12 patients per physician; 96% board certified physicians.

Facilities: 21 hospitals; 112 pharmacies; one diagnostic lab.

Service area: Bucks, Chester, Delaware, Montgomery and Philadelphia counties in Pennsylvania.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating, community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 9,683 employees and dependents. Hospital stay averages 4.7 days. 74 admissions per 1,000 members.

Management reports: Provided annually.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: William P. Link, president; Kenneth W. Janda, vp; Dr. Philip D. Goldstein, medical director; S. Scott Ringold, group marketing.

U.S. Healthcare Inc.*

980 Jolly Road, P.O. Box 1109, Blue Bell, Pa. 19422; 215-628-4800

Operational date: January 1976.
Federally qualified.
Certified in: Pennsylvania, New Jersey, New York, Massachusetts, Connecticut, Delaware.
Model type: IPA.
For profit.

Staff: 3,338 primary physicians; 10,707 specialists; 1,700 administrative staff members; 300 marketing staff members; 324 patients per physician.

Facilities: 255 hospitals; 3,500 pharmacies; 119 diagnostic labs.

Service area: New Jersey; 14 counties in Pennsylvania; Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Westchester counties in New York; Suffolk, Middlesex, Essex, Worcester, Bristol, Rockingham, Norfolk, Plymouth counties in Massachusetts; Fairfield, Litchfield, New Haven, Hartford counties in Connecticut; Kent, Sussex, New Castle counties in Delaware.

Locations: Nine administrative sites.

Services: Standard package, including vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, health eating, smoking cessation, fitness reimbursement, but excluding prescription drugs. Options include prescription drugs, extended vision and dental, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating. Offers point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 12,000 employer/payer groups; 212,000 employees with single coverage; 262,000 employees with family coverage; 1.1 million employees and dependents. Hospital stay averages five days. 80.3 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $972.8 million in 1989; $719.5 million in 1988.

Officers: Leonard Abramson, president; Costas C. Nicolaides, executive vp/chief financial officer; Michael J. Cardillo, executive vp/general manager-mid-Atlantic marketplace; Marshall V. Rozzi, executive vp-medical delivery; Dr. Michael A. Stocker, executive vp/general manager New York marketplace; Dr. Hyman R. Kahn, senior vp/medical director; Dr. Richard Cornell, senior vp/general manager-New England marketplace; Alan R. Letolsky, senior vp/general counsel/secretary; David F. Simon, senior vp/corporate counsel; Thomas A. Masci Jr. senior vp-financial operations.

* Figures are corporate, including all HMOs sponsored by U.S. Healthcare.

Puerto Rico

Blue Cross Health Care Centers

P.O. Box 366068, San Juan, Puerto Rico; 809-759-9898, fax: 809-751-5545

Operational date: July 1984.
Certified in: Puerto Rico.
Not for profit.
Ownership: Blue Cross of Puerto Rico.

Staff: 130 primary physicians; 2,351 specialists; 15 marketing staff members.

Facilities: 60 hospitals; 60 pharmacies; 88 diagnostic labs.

Service area: Puerto Rico.

Locations: Six administrative sites, 31 primary care sites.

Services: Standard package, including vision, dental, psychiatric services, obstetrics/gynecology. Options include dental. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating: $32.45 single, $84.55 family. Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 580 employer/payer groups; 8,992 employees with single coverage; 7,085 employees with family coverage; 21,255 employees and dependents. Hospital stay averages 3.8 days. 13.1 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $16.4 million in 1989; $12.1 million in 1988.

Officers: Jose Julian Alvarez, executive director; Hector F. Bruno, director-HMO; Dr. Ovidio Rodriquez, medical director; Orlando Torres, marketing director.

Rhode Island

HMO Rhode Island Inc.

30 Chestnut St., Providence, R.I. 02903; 401-274-6674; fax: 401-274-3018

Operational date: August 1986.
Federally qualified.
Model type: IPA.
For profit.
Ownership: Blue Cross & Blue Shield of Rhode Island.

Staff: 180 primary physicians; 271 specialists; 27 administrative staff members; three marketing staff members; 95% board certified physicians.

Facilities: 15 hospitals; 19 diagnostic labs.

Service area: Rhode Island; portions of Bristol and Norfolk counties in Massachusetts.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include vision and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $120.19 single, $289.97 family; community rating by class. Offers point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 578 employer/payer groups; 13,568 employees and dependents. Hospital stay averages 4.4 days. 337 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $7.2 million in 1989; $3.8 million in 1988.

Officers: Michael C. Gerhardt, president; Dr. Peter A. Hollmann, medical director.

Contact: Patricia A. Streit.

South Carolina

Companion HealthCare Corp.

P.O. Box 6170, Columbia, S.C. 29260-6170; 803-786-8466; fax: 803-786-7238

Operational date: October 1984.
Federally qualified.
Certified in: South Carolina.
Model type: IPA.
For profit.
Ownership: Blue Cross & Blue Shield of South Carolina.

Staff: 118 primary physicians; 765 specialists; 48 administrative staff members; 220 patients per physician; 95% board certified physicians.

Service area: South Carolina.

Locations: One administrative site.

Services: Standard package, including vision, eyewear, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, accidental death and disability policy for subscriber. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 89 employer/payer groups; 8,712 employees with single coverage; 5,606 employees with family coverage; 26,557 employees and dependents. Hospital stay averages 4.9 days. 244 admissions per 1,000 members.

Management reports: Provided.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $19.4 million in 1989; $26.3 million in 1988.

Officers: M. Edward Sellers, president; Harvey Galloway, chief operating officer; Dr. Richard Foster Jr., medical director; Nancy Reid, marketing director; Joseph Sullivan, chairman; Thomas Faulds, executive vp; John Lindsay, secretary; Robert Leichtle, treasurer.

Healthsource South Carolina

215 E. Bay St., Charleston, S.C. 29401; 803-723-5520; fax: 803-723-7715

Operational date: February 1987.
Federally qualified.
Certified in: South Carolina.
Model type: IPA.
For profit.
Sponsorship: Physicians Health Systems.
Ownership: Healthsource Inc.

Staff: 150 primary physicians; 600 specialists; 40 administrative staff members; seven marketing staff members; more than 125 patients per physician; 88% board certified physicians.

Facilities: Seven hospitals; more than 100 pharmacies.

Service area: Berkeley, Charleston, Colleton, Dorchester, Hampton, Spartanburg, Cherokee and Union counties.

Locations: Two administrative sites.

Services: Standard package, including psychiatric services, obstetrics/gynecology, but excluding prescription drugs. Options include pescription drugs, vision, dental, substance abuse, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $110 single, $305 family; community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 85 employer/payer groups; 4,200 employees with single coverage; 2,400 employees with family coverage; 15,000 employees and dependents. Hospital stay averages 4.6 days. 81 admissions per 1,000 members.

Management reports: Provided.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $13 million in 1989; $3.8 million in 1988.

Officers: Michael V. Clark, president/executive director; Dr. Francis G. Middleton, medical director; David Barnett, marketing director; Bill Gibbons, vp-Piedmont region.

Maxicare South Carolina

535 N. Pleasantburg Drive, Suite 210, Greenville, S.C. 29606; 803-233-7437, fax: 803-271-4734

Operational date: October 1972.
Federally qualified.
Certified in: South Carolina.
Model type: Network.
For profit.

Staff: 106 primary physicians; 460 specialists; one administrative staff member; two marketing staff members; 144 patients per physician; 95% board certified physicians.

Facilities: Four hospitals; one pharmacy; seven diagnostic labs.

Service area: 16 counties in South Carolina.

Locations: Two administrative sites, 39 primary care sites.

Services: Standard package, including vision, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, dental, substance abuse and durable medical equipment. Diagnostic testing and lab work performed by contract with independent families.

Rating options: Community rating: $133.26 single, $318.18 family; community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 99 employer/payer groups; 2,485 employees with single coverage; 3,715 employees with family coverage; 14,846 employees and dependents. Hospital stay averages 4 days. 116 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: John Southworth, president; Sandra J. Stevenson, executive director; Dr. Samuel W. Warburton, medical director; Michael L. Close, marketing director; Margaret Allred, director-administrative services; Edie Keyes, director-provider services.

Physicians Health Plan of South Carolina

4700 Forest Drive, Suite 104, Columbia, S.C. 29206; 803-787-6066, fax: 803-738-3001

Operational date: March 1985.
Certified in: South Carolina.
Model type: IPA.
Not for profit.

Staff: 289 primary physicians; 353 specialists; five administrative staff members; three marketing staff members; 50.6 patients per physician; 75% board certified physicians.

Facilities: 18 hospitals; 300 pharmacies; eight diagnostic labs.

Service area: 18 counties in South Carolina.

Locations: One administrative site.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, physical therapy, home health care, occupational health care and speech therapy. Diagnostic testing performed by contract with independent facilities.

Rating options: Adjusted community rating. Offers point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 69 employer/payer groups; 1,694 employees with single coverage; 3,285 employees with family coverage; 12,667 employees and dependents. Hospital stay averages 3.9 days. 77 admissions per 1,000 members.

Management reports: Provided annually.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $9.4 million in 1989; $7.9 million in 1988.

Officers: Dr. Harold A. Moore, chairman; William E. Martin, chief executive officer; Dr. Hugh DuBose, medical director; Ray Adams, director-sales; Beverly McLellan Smith, chief financial officer.

South Dakota

Dakotacare

1323 S. Minnesota, Sioux Falls, S.D. 57105; 605-334-4000; fax: 605-336-0270

Operational date: March 1986.
Model type: IPA.
For profit.
Sponsorship: South Dakota State Medical Assn.

Staff: 380 primary physicians; 406 specialists; nine administrative staff members; five marketing staff members; 62.4 patients per physician; 65% board certified physicians.

Facilities: 61 hospitals; 209 pharmacies; five diagnostic labs.

Service area: South Dakota.

Locations: One administrative site.

Services: Standard package, including psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include vision, substance abuse and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 1,822 employer/payer groups; 6,001 employees with single coverage; 4,816 employees with family coverage; 23,696 employees and dependents. Hospital stay averages 3.9 days. 400 admissions per 1,000 members.

Management reports: Provided semi-annually upon request.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $23.3 million in 1989; $15.9 million in 1988.

Officers: Dr. Robert L. Ferrell, president; Robert D. Johnson, chief executive officer; Dr. Russell H. Harris, medical director; A. Kent Scribner, marketing director; L. Paul Jensen, executive vp; Krik J. Zimmer, senior vp.

Contact: A. Kent Scribner.

Tennessee

Aetna Life Insurance Co./HealthMaster Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8950

See Aetna Life Insurance Co. under Texas.

The Apple Plan

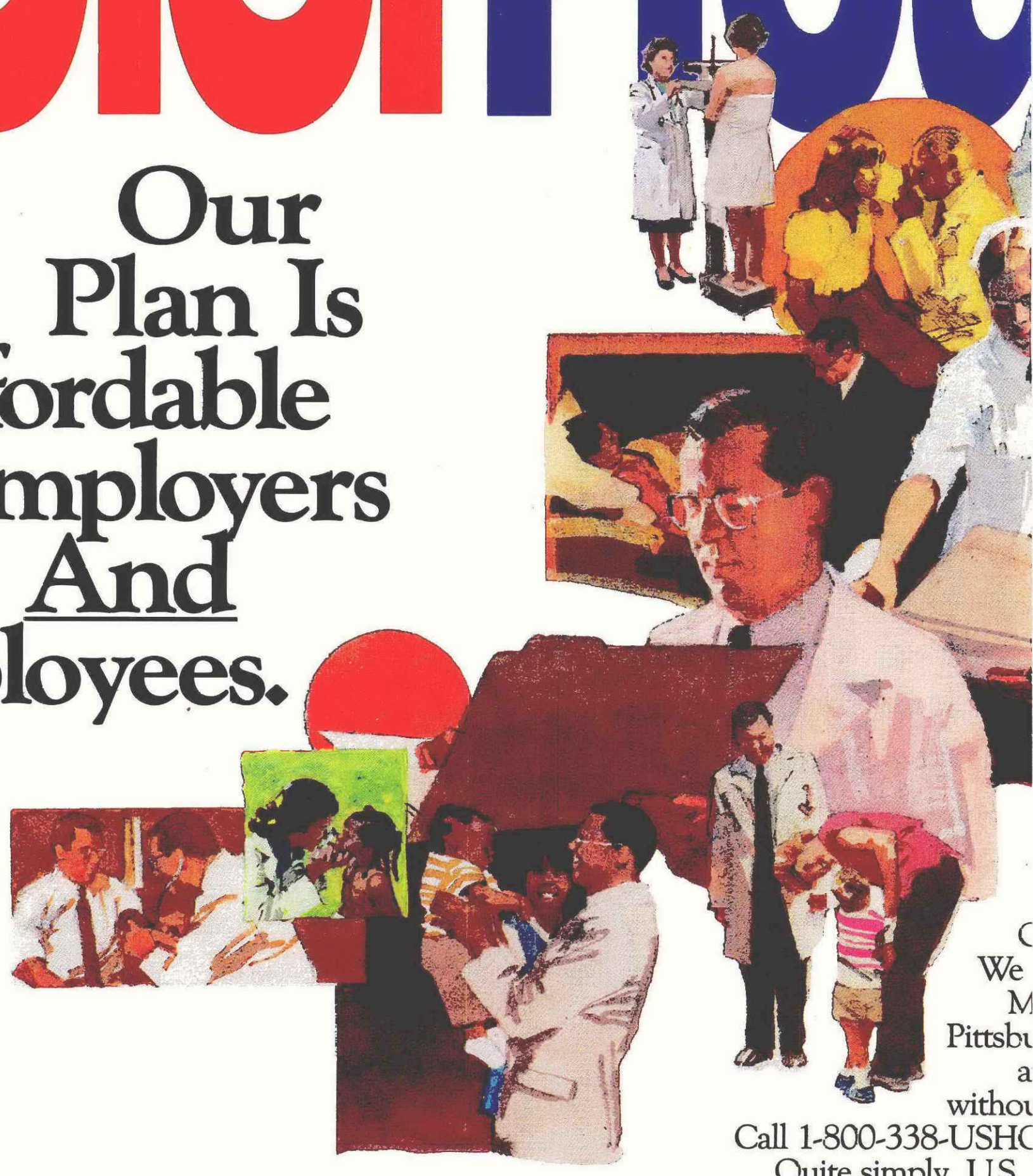
600 Jefferson, P.O. Box 97, Memphis, Tenn. 38101-0097; 901-578-3202; fax: 901-578-3250

Operational date: July 1980.
Federally qualified.
Certified in: Tennessee.

Continued on page 62

U.S. Hea

Our Plan Is Affordable For Employers And Employees.

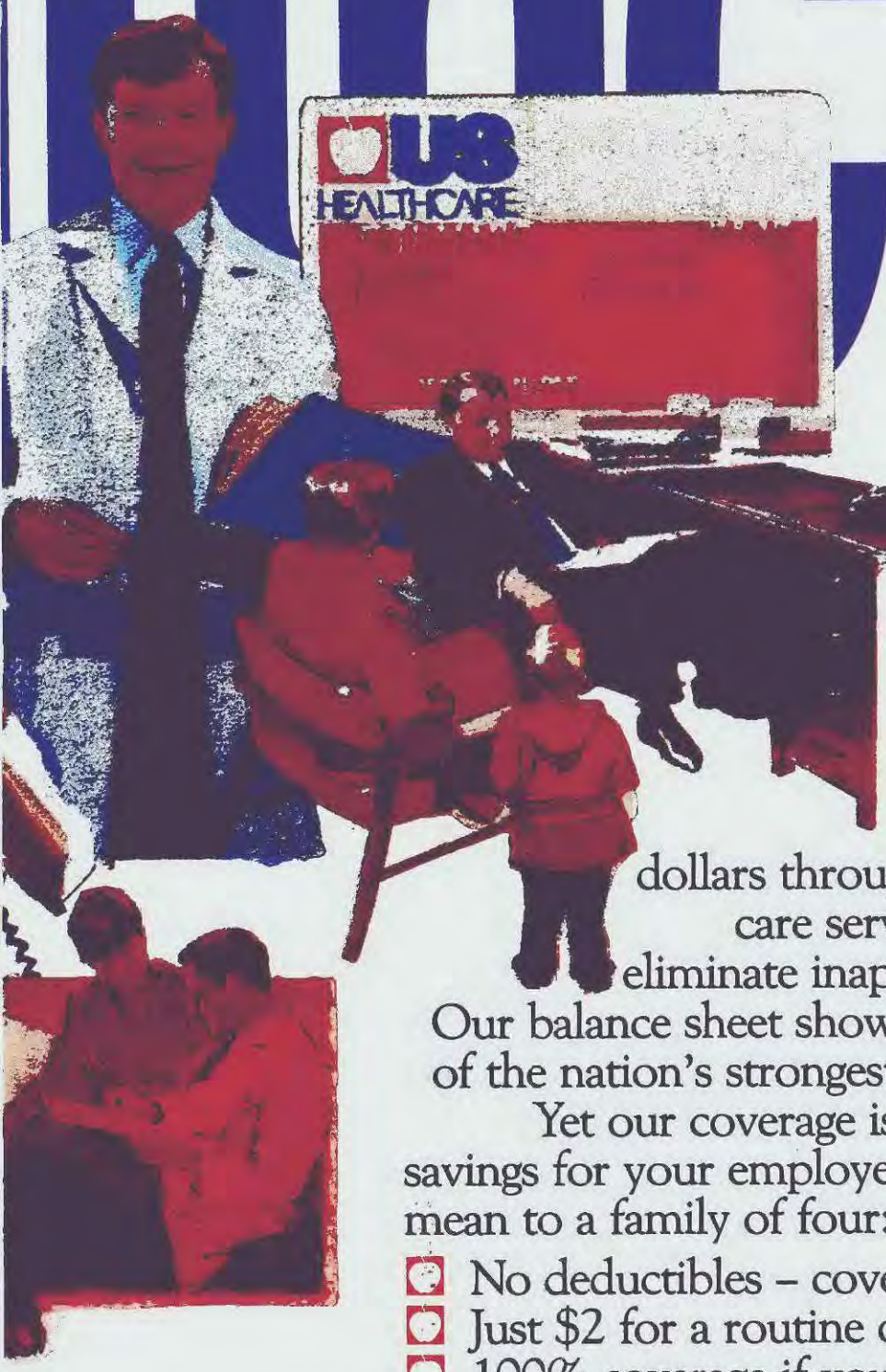


C
We
M
Pittsbu
a
withou
Call 1-800-338-USHC
Quite simply, U.S.

*If you are a multistate employer and are seeking ease of ac
contact the U.S. Healthcare National Sales Depar

© 1990 U.S. Healthcare, Inc., Blue Bell, PA 19422

lthcare



Faced with increasing premiums many companies are in a bind: either reduce health care benefits or shift more of the costs to employees. But there is another option—U.S. Healthcare.

We have 16 years of experience pioneering new areas in cost-savings and coverage. We can maximize your health care dollars through more cost-efficient buying of health care services. We have a sophisticated program to eliminate inappropriate utilization and assure quality. Our balance sheet shows our techniques work; U.S. Healthcare is one of the nation's strongest health care systems.

Yet our coverage is so comprehensive, it means actual out-of-pocket savings for your employees. Imagine what the following benefits could mean to a family of four:

- No deductibles – coverage kicks in on the first day.
- Just $2 for a routine office visit.
- 100% coverage if you are referred to a specialist.
- Prescriptions cost just $2.50 each (with prescription plan).

It all adds up to big savings—savings your employees wouldn't enjoy with another plan.
ıvings that could be used for a college fund or a family vacation.
:r U.S. Healthcare's comprehensive benefits—at a cost you can both afford.
'e over a million members in
opolitan New York, Connecticut, Boston,
ı, Southeastern Pennsylvania, New Jersey
Delaware. And we can help you manage costs
utting benefits or cost-shifting.
ır more information. Or send in the coupon.*
althcare is the finest managed care plan you can offer.
nistration and cost containment for your health benefits,
ent at 1-800-338-USHC.

Name _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Number of Employees: _____

US HEALTHCARE

Mail to: *U.S. Healthcare, Inc., Attn: Lois Serratore, 980 Jolly Road, P.O. Box 1109, Blue Bell, PA 19422.*

No One Watches Over You Like Us.℠
U.S. Healthcare

Continued from page 59

Model type: IPA.
Not for profit.

Sponsorship: Blue Cross & Blue Shield of Memphis.

Ownership: Southern Health Plan Inc.

Staff: 355 primary physicians; 816 specialists; 90 administrative staff members; four marketing staff members; 120 patients per physician; 90% board certified physicians.

Facilities: 24 hospitals.

Service area: Shelby, Fayette, Tipton, Lauderdale, Haywood, Madison counties in Tennessee.

Locations: Two administrative sites.

Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Offers point-of-service contracts, 15% of members are enrolled. Offers non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 200 employer/payer groups; 5,940 employees with single coverage; 9,033 employees with family coverage; 36,499 employees and dependents. Hospital stay averages 4.3 days. 452 admissions per 1,000 members.

Management reports: Provided annually or semi-annually as requested.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Gross revenues: $64 million in 1989; $53 million in 1988.

Officers: Gene Holcomb, president; Timothy J. Hogan, executive director; Dr. Alys H. Lipscomb, medical director; Timothy J. Hogan, marketing director; Georgia Eastman, vp-medical/utilization review.

Care Choice

801 Pine St., Chattanooga, Tenn. 37421; 615-755-5744

Operational date: May 1984.
Certified in: Tennessee.
Model type: Network.
For profit.

Ownership: Blue Cross & Blue Shield of Tennessee.

Staff: 300 primary physicians; 1,150 specialists; 45 administrative staff members; 13 marketing staff members; 53 patients per physician; 85% of board certified physicians.

Facilities: 47 hospitals; 1,100 pharmacies, five diagnostic labs.

Service area: 28 counties in Tennessee.

Locations: Five administrative sites, seven primary care sites.

Services: Standard package, including vision, substance abuse, psychiatric treatment services, durable medical equipment, podiatry, obstetrics/gynecology, home health care, skilled nursing facility, organ transplant. Options include prescription drugs. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 213 employer/payer groups; 2,467 employees with single coverage; 4,133 employees with family coverage; 15,854 employees and dependents. Hospital stay averages 4.7 days. 447 admissions per 1,000 members.

Management reports: Provided annually.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $14.7 million in 1989; $26.9 million in 1988.

Officers: Wayne E. Willison, president/executive director; Dr. Richard Armstrong, medical director; Kenneth E. Tolliver and G. Tom Long, vps; Wesley Sorrow, secretary/treasurer.

Contact: Wayne E. Willison.

EQUICOR Healthplan Inc.

850 Ridgelake Blvd., Memphis, Tenn. 38119; 901-683-1653

Operational date: January 1988.
Model type: IPA.

Staff: 97 primary physicians; 359 specialists; 66% board certified physicians.

Facilities: 18 hospitals.

Service area: Crittendon, Desoto, Fayette, Shelby, Tipton counties in Tennessee.

Rating options: Offers non-federally qualified programs to employers.

Users: Hospital stay averages 3.9 days. 30.8 admissions per 1,000 members.

Contact: Fred I. Klyman.

See CIGNA Corp. under Connecticut.

EQUICOR Healthplan of Tennessee

P.O. Box 1208, Brentwood, Tenn. 37027; 615-373-9584

Operational date: January 1988.
Model type: IPA.

Staff: 150 primary physicians; 365 specialists; 75% board certified physicians.

Facilities: 10 hospitals.

Service area: Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson, Wilson counties in Tennessee.

Users: Hospital stay averages 4.1 days. 76 admissions per 1,000 members.

Contact: Byron Cairns, provider relations.

See CIGNA Corp. under Connecticut.

PruCare of Memphis

845 Crossover Lane, Suite 220, Memphis, Tenn. 38117; 901-766-7908; fax: 901-766-7932

Operational date: November 1982.
Federally qualified.
Certified in: Tennessee.
Model type: Group.
For profit.

Ownership: Prudential Insurance Co. of America.

Staff: 22 primary physicians; 17 specialists; 14 administrative staff members; eight marketing staff members; 86% board certified physicians.

Facilities: Three hospitals; one pharmacy.

Service area: Shelby County, Tenn.

Locations: One administrative site, four primary care sites.

Services: Standard package, including psychiatric treatment services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include vision, dental, prescription drugs. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating. Does not offer point-of-service contracts to employers. Does not offer non-federally qualified programs to employers.

Enrollment options: The HMO does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.

Users: 131 employer/payer groups; 32,509 employees and dependents. Hospital stay averages 4.6 days. 77.5 admissions per 1,000 members.

Management reports: Provided for clients with 300 or more enrolled.

Officers: Bill Link, president; Donna Devaughn-Tidline, director-health care management; Dr. Manoj Narayanan, medical director; Edward E. Hastings, marketing director.

PruCare of Nashville

Suite 300, 227 French Landing Drive, Nashville, Tenn. 37228; 615-248-7100; fax: 615-248-7167

Operational date: September 1930.
Federally qualified.
Certified in: Tennessee.
Model type: Group.
For profit.

Sponsorship: The Prudential Insurance Co. of America.

Staff: 39 primary physicians; 59 specialists; 22 administrative staff members; four marketing staff members; 734 patients per physician; 98% board certified physicians.

Facilities: Four hospitals; nine pharmacies.

Service area: Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson and Wilson counties in Tennessee.

Locations: One administrative site, six primary care sites.

Services: Standard package, including psychiatric services, durable medical equipment, obstetrics/gynecology. Options include dental, substance abuse. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.

Rating options: Community rating; community rating by class. The HMO does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: The HMO does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.

Users: 153 employer/payer groups; 28,625 employees and dependents. Hospital stay averages 4.5 days. 32.1 admissions per 1,000 members.

Management reports: Provided annually.

Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Fred Dodson, executive director; Dr. Doug Henry, medical director.

Tennessee First Health Plan Inc.

912 S. Gay St., Suite 1100, Knoxville, Tenn. 37902-1814; 615-546-2529; 615-522-5422

Operational date: April 1986.
Certified in: Tennessee.
Model type: IPA.
For profit.

Sponsorship: East Tennessee Baptist Hospital.

Staff: 90 primary physicians; 100 specialists; five administrative staff members; 15 marketing staff members; 95 patients per physician; approximately 75% board certified physicians.

Facilities: 10 hospitals; 12 pharmacies; diagnostic labs.

Service area: 17 counties in Tennessee.

Locations: One administrative site.

Services: Standard package, including vision, substance abuse, psychiatric treatment services, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, less than 2% of members are enrolled.

Enrollment options: The HMO does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 65 employer/payer groups; 3,081 employees with single coverage; 2,655 employees with family coverage; 12,114 employees and dependents. Hospital stay averages 2.8 days. 460 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $16.2 million in 1989; $6 million in 1988.

Officers: W. Brent Casey, executive director; Dr. Raymond Bunn, medical director; Harry Alheid, vp-sales; Gary Simmons, vp-finance/operations; Richard York, director-provider relations.



Aetna Life Insurance Co./Partners National Health Plans*

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500, fax: 214-401-8950

Operational date: May 1985.
Federally qualified.
Certified in: Texas.
Model type: IPA, group, network.
Sponsorship: Aetna Life Insurance Co.

Staff: 12,000 primary physicians; 23,000 specialists; 5,000 administrative staff members; 200 marketing staff members; 85% board certified physicians.

Facilities: 600 hospitals.

Service area: Alabama, Arizona, California, Colorado, Connecticut, District of Colombia, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, Minneapolis, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington, Wisconsin.

Locations: 29 administrative sites.

Services: Standard package, including podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental, substance abuse, psychiatric services, and durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating, community rating by class; adjusted community rating. Offers point-of-service contracts in some locations. Offers non-federally qualified programs to employers in some locations.

Enrollment options: Some locations contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 15,000 employer/payer groups; 1.2 million employees and dependents.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Officers: Charles T. Bell, senior vp; Howard Bailit, medical management; Greg Zeller, marketing/communications; Patricia A. Hemmingway, Dennis J. Pedini, Thomas P. Hartnett, Douglas C. Werner, John E. Burnosky, Allen P. Maltz, Robert A. Hall and Carol J. Rady.

* Names of Partners HMOs will be converted to Aetna Health Plans in 1991. Figures are corporate, including all HMOs sponsored by Aetna Life Insurance Co.

Aetna Life Insurance Co./Southwest Health Plan Inc.

2515 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8950

See Aetna Life Insurance Co. corporate listing under Texas.

Anthem Health Plans of Texas Inc.

2727 Allen Parkway, Suite W-265, Houston, Texas 77019; 713-630-6400; fax: 713-630-6450

Operational date: June 1989.
Certified in: Texas.
Model type: IPA.
For profit.
Sponsorship: Anthem Life Insurance Co.
Ownership: Anthem Group Services Corp.

Staff: 75 primary physicians; 150 specialists; 15 administrative staff members; three marketing staff members; 10 patients per physician; 95% board certified physicians.

Facilities: Four hospitals; one pharmacy; one diagnostic lab.

Service area: Harris, Fort Bend, Brazoria, Galveston, Montgomery, Liberty counties in Texas.

Locations: One administrative site.

Services: Standard package, including substance abuse, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, psychiatric services. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Adjusted community rating. Does not offer point-of-service contracts.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: Three employer/payer groups; 156 employees with single coverage; 133 employees with family coverage; 847 employees and dependents. Hospital stay averages 3.8 days. 349 admissions per 1,000 members.

Management reports: Provided annually.

Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing is not available.

Gross revenues: $237,298 in 1989.

Officers: Howard L. Korn, president; Martin R. Kreis, senior vp; Dr. Allen M. Fain, medical director; G. Robert Hopper, marketing director.

CIGNA Healthplan of Texas Inc.-Dallas Division

600 E. Las Colinas Blvd., Suite 100, Irving, Texas 75039; 214-869-5200

Operational date: July 1980.
Federally qualified.
Certified in: Texas.
Model type: IPA and staff.

Staff: 230 primary physicians; 960 specialists; 265 patients per physician; 75% board certified physicians.

Facilities: 23 hospitals; five pharmacies.

Service area: Denton, Collin, Parker, Tarrant, Dallas, Rockwall, Kaufman, Hood, Johnson, Ellis counties in Texas.

Users: Hospital stay averages 4.2 days. 67 admissions per 1,000 members.

Officers: Mark Johnson, general manager; Dr. Steven Peskin, medical director.

Contact: Mark Johnson.

See CIGNA Corp. under Connecticut.

CIGNA Healthplan of Texas Inc.-Houston

1360 Post Oak Blvd., Suite 1100, Houston, Texas 77059; 718-552-7600

Operational date: June 1982.
Federally qualified.
Certified in: Texas.
Model type: Group and IPA.

Staff: 246 primary physicians; 890 specialists; 250 patients per physician; 75% board certified physicians.

Facilities: 12 hospitals; 121 pharmacies.

Service area: Walker, San Jacinto, Hardin, Liberty, Grimes, Montgomery, Austin, Harris, Chambers, Galvesten, Fort Bend, Brazoria, Waller counties in Texas.

Users: Hospital stay averages 3.5 days. 81 admissions per 1,000 members.

Officers: Patrick J. Brennan, general manager; Dr. Vernon Walters, medical director.

Contact: Patrick Brennan.

See CIGNA Corp. under Connecticut.

Coastal Bend Health Plan Inc.

2502 Morgan Ave., Corpus Christi, Texas 78405; 512-887-0101; fax: 512-887-8115

Operational date: December 1985.
Federally qualified.
Certified in: Texas.
Model type: IPA.
For profit.

Staff: 155 primary physicians; 258 specialists; 50 administrative staff members; six marketing staff members; 99 patients per physician; 69% board certified physicians.

Facilities: 13 hospitals; 90 pharmacies; eight diagnostic labs.

Service area: Aransas, Kleberg, Nueces, San Patricio counties in Texas.

Locations: One administrative site.

Continued on next page

Continued from previous page

Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, inpatient mental health. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 90 employer/payer groups; 3,752 employees with single coverage; 3,393 employees with family coverage; 15,288 employees and dependents. Hospital stay averages four days. 90 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Does not provide direct billing for premiums under COBRA.

Gross revenues: $15.4 million in 1989; $12.2 million in 1988.

Officers: Dr. F. James McCutchon, president; Diana Tchida, executive director; Dr. William W. Burgin, medical director; Judy Hale, marketing director.

DentiCare Inc.

12926 Dairy Ashford, Sugar Land, Texas 77478; 713-240-1050; fax: 713-240-1071

Operational date: 1980.
Certified in: Texas.
Model type: IPA.
For profit.

Staff: 190 primary dentists; 96 specialists; eight administrative staff members; 100 marketing staff members; 380 patients per dentist; 34% board certified dentists.

Service area: Harris, Fort Bend, Montgomery, Bexar, Travis, Dallas, Jefferson, Tarrant, Nueces, McLennan, Brazos, Midland and Ector counties in Texas.

Locations: Three administrative sites.

Services: Standard package includes dental only. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating: $12 single, $25 family. Does not offer non-federally qualified programs to employers. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.

Users: 860 employer/payer groups; 9,836 employees with single coverage; 18,266 employees with family coverage; 72,445 employees and dependents.

Management reports: Provided once a month.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $4.6 million in 1989; $3.6 million in 1988.

Officers: Henry G. New, president; Bruce Crockford, executive director; Dr. James L. Sanders, dental director; William Gartland, marketing director.

Firstcare

1901 Medi Park, Suite 2000, Amarillo, Texas 79106; 806-358-5151; fax: 806-358-5178

Operational date: May 1986.
Federally qualified.
Certified in: Texas.
Model type: IPA.
For profit.

Ownership: High Plains Independent Physicians Assn. and High Plains Baptist Hospital.

Staff: 58 primary physicians; 95 specialists; 40 administrative staff members; four marketing staff members; 460.3 patients per physician; 81% board certified physicians.

Facilities: Four hospitals; 34 pharmacies; four diagnostic labs.

Service area: Potter, Randall, Carson, Armstrong, and portions of Deaf Smith, Hutchinson, Moore, Oldham and Swisher counties in Texas.

Locations: One administrative site.

Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.

Rating options: Community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.

Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.

Users: 263 employer/payer groups; 4,342 employees with single coverage; 6,504 employees with family coverage; 26,698 employees and dependents. Hospital stay averages four days. 112 admissions per 1,000 members.

Management reports: Provided upon request.

Billing: Provides direct billing for premiums under COBRA.

Gross revenues: $13.8 million in 1989; $6.9 million in 1988.

Officers: Harold Smith, chairman; Gary Gerard, chief executive officer; Dr. Ted Nicklaus, chief medical officer; Chuck Walker, director-marketing; Phillip Hudson, chief financial officer.

John Hancock Preferred Health Plan—Texas

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Humana Health Plan of Corpus Christi

5350 S. Staples, Suite 301, Corpus Christi, Texas 78411; 512-994-2000; fax: 512-994-2002

Operational date: 1982.
Federally qualified.
Model type: IPA.

Officers: Richard Willis, executive director; Mark Teixeira, sales manager; Shirlee J. Bryant, operations manager; Dr. Durand Benjamin, Jr., medical director.

See Humana Health Care Plans under Kentucky.

Humana Health Plan of San Antonio

Med Center Plaza, 8431 Fredericksburg Road, San Antonio, Texas 78229; 512-558-1000; fax: 512-558-1019

Operational date: 1983.
Model type: Group and IPA.
Federally qualified.

Officers: Phil Stephen, executive director; Cindy Miller, sales manager; Clinton Jones, associate executive director; Dr. Lawrence Cohen, medical director.

See Humana Health Care Plans under Kentucky.

Kaiser Foundation Health Plan of Texas

12720 Hillcrest Road, Suite 600, Dallas, Texas 75230; 214-458-5000; fax: 214-458-5116

Operational date: June 1979.
Federally qualified.

Sponsorship: Permanente Medical Assn. of Texas.

Ownership: Kaiser Permanente Medical Care Program.

Staff: 112 physicians; 725 non-physician staff members; 15 marketing staff members; 1,030 members per physician; 69% board certified physicians.

Facilities: Five hospitals; nine pharmacies; 10 diagnostic labs.

Service area: Dallas, Tarrant, portions of Collin, Denton, Ellis, Hood, Johnson, Kaufman, Parker, Rockwall and Wise counties in Texas.

Rating options: Community rating by class: $97.17-$276.93. Does not offer non-federally qualified programs to employers.

Users: As of year-end 1989: 492 employer/payer groups; 19,124 employees with single coverage; 23,771 employees with family coverage; 97,557 employees and dependents.

Gross revenues: $86 million in 1989; $50 million in 1988.

Officers: Margaret Jordan, regional manager; Dr. Richard P. Hoff-

Continued on next page



The revolving door stops at San Marcos Treatment Center.

Difficult-to-treat. Treatment-resistant. Hard-to-manage. Whatever adjective you use, you know the kids we're talking about. They're the ones who drain company resources through repetitive psychiatric hospitalizations.

As the first of the nationally recognized Brown Schools Hospitals, San Marcos Treatment Center has been providing care for difficult-to-treat adolescents with complex multiple diagnoses for over 50 years. Our well-trained, seasoned specialists are strong on case management and discharge planning. Our comprehensive range of clinical services ensures that patients receive appropriate levels of care. Cost efficiencies are achieved through effective use of state-of-the-art treatment methods.

Our track record speaks for itself. Current outcome statistics show that at one year post-discharge, 59 percent of our patients retained or improved upon the gains made in treatment, and 69 percent are reported by parents to be in good to excellent condition. Results like that show up on your bottom line.

Stop the revolving door you face with difficult-to-treat outliers. Call the San Marcos Treatment Center. 1-800-251-0059.

San Marcos Treatment Center

A Brown Schools Psychiatric Hospital

Accredited by the Joint Commission on Accreditation of Healthcare Organizations ♦ P.O. Box 768, San Marcos, Texas 78667-0768

Continued from previous page
man, medical director; John Pinkney, health plan manager.
See Kaiser Permanente National Plans under California.

MetLife Healthcare Network-Texas

1329 Greenway Drive, Suite 1000, Irving, Texas 75038-2510; 214-751-0777

Operational date: January 1987.
Certified in: Texas.
Model type: IPA.
For profit.
Sponsorship: Metropolitan Life Insurance Co.
Staff: 970 primary physicians; 1,770 specialists.
Facilities: 52 hospitals.
Service area: Collin, Dallas, Denton, Tarrant counties in Texas.
Locations: Two administrative sites.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class and experience rating.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Management reports: Provided.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Bill Wagner, president/chief operating officer-Houston; Donna Wright, chief operating officer-Dallas.

PacifiCare of Texas

8122 Datapoint Drive, Suite 1010, San Antonio, Texas 78229

Officers: Jon Wampler, president; Kris Petersen, director-marketing; Jon Buss, vp-finance.
See PacifiCare Health Systems under California.

PruCare of Houston

24 Greenway Plaza, Suite 500, Houston, Texas 77046; 713-993-3801; fax: 713-993-8254

Operational date: October 1974.
Federally qualified.
Certified in: Texas.
Model type: Group.
For profit.
Ownership: The Prudential Insurance Co. of America.
Staff: 70 primary physicians; 32 specialists; 60 administrative staff members; 28 marketing staff members; 1,503 patients per physician; 95% board certified physicians.
Facilities: Two hospitals; 16 pharmacies.
Service area: Harris, portions of Brazoria, Galveston, Montgomery, Fort Bend, Waller counties in Texas.
Locations: One administrative site, 11 primary care sites.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating, community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 477 employer/payer groups as of July 31, 1990; 120,200 employees and dependents. Hospital stay averages five days. 68.7 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: William Link, president-group operations; Vince Contorno, vp-health care management; Dr. James Birge, medical director; DeWitt Smith, director-group marketing; David Butler, manager-administration.
Contact: Dan Longanacre, 713-993-3855; Mike Kaminski, 713-993-3860.

PruCare of San Antonio

613 N.W. Loop 410, Suite 600, San Antonio, Texas 78216; 512-366-1921

Operational date: October 1984.
Federally qualified.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.
Staff: 134 primary physicians; 277 specialists; 40 administrative staff members; 11 marketing staff members; 80% board certified physicians.
Facilities: 12 hospitals; 80 pharmacies; 24 diagnostic labs.
Service area: Bexar and Quad counties in Texas.
Locations: One administrative site.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts to members. Does not offer non-federally qualified programs to employers.
Enrollment options: The HMO does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: Hospital stay averages three days. 20 admissions/1,000 members.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: James C. Cassity, president; Robert L. Smith Jr., executive director; Dr. C. William Metcalf, medical director.

Prudential Health Care Plan Inc. (PruCare of Austin)

8303 Mopac, Suite 210A, Austin, Texas 78759; 512-465-6661; fax: 512-346-4827

Operational date: October 1980.
Federally qualified.
Certified in: Texas.
Model type: Group.
For profit.
Ownership: The Prudential Insurance Co. of America.
Staff: 58 primary physicians; 269 specialists; 40 administrative staff members; 11 marketing staff members; 948 patients per physician; 94% board certified physicians.
Facilities: Six hospitals; 21 pharmacies; four diagnostic labs.
Service area: Travis, Hays and Bastrop, portions of Williamson and Caldwell counties in Texas.
Locations: One administrative site, 15 primary care sites.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 164 employer/payer groups; 55,344 employees and dependents. Hospital stay averages 4.4 days. 69 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $725.6 million in 1989; $625.5 million in 1988.
Officers: William Link, president; Michael R. Henderson, executive director-health care management; Dr. A. Bryan Spires Jr., medical director; Herman Wright, marketing director; Chris Jenkins, manager-administration.

Prudential Health Care Plan Inc./PruCare of North Texas

6060 N. Central Expressway, Suite 750, Dallas, Texas 75206; 214-369-8480; fax: 214-987-1923

Operational date: December 1985.
Federally qualified.
Certified in: Texas.
Model type: IPA.
For profit.
Ownership: The Prudential Insurance Co. of America.
Staff: 459 primary physicians; 760 specialists; 90 administrative staff members; 28 marketing staff members; 300 patients per physician; 86% board certified physicians.
Facilities: 26 hospitals; 168 pharmacies; 10 diagnostic labs.
Service area: Dallas, Tarrant, Denton, Collin, Rockwall, Kaufmann, Ellis, Johnson, Hood, Parker, Sommervell counties in Texas.
Locations: One administrative site.
Services: Standard package, including vision, limited dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, in-vitro fertilization, audiology/speech. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: The HMO does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 4,269 employees with single coverage; 3,049 employees with family coverage; 14,822 employees and dependents. Hospital stay averages 4.7 days. 93.4 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Victor Lazzaro Jr., director-health care management; Dr. Robert H. Jacqmin, director-medical services; Joel N. Suarez, director-group marketing; Ann M. Ledford, manager-administration.

Sanus/New York Life Health Plan Inc.

3800 Buffalo Speedway, Suite 200, Houston, Texas 77098; 713-993-9520; fax: 713-963-9417

Operational date: December 1984.
Federally qualified.
Certified in: Texas.
Model type: Mixed.
For profit.
Ownership: Sanus Corporate Health Systems.
Staff: 344 primary physicians; 730 specialists; 242 administrative staff members; 28 marketing staff members; 622 patients per physician; 85.3% board certified physicians.
Facilities: 42 hospitals, chain of pharmacies, one diagnostic lab with 34 locations.
Service area: 19 counties in Texas.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, blood and blood products, long-term physical medicine and in-vitro fertilization. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $110.95-$155.86 single, $310.65-$436.42 family; community rating by class. Offers point-of-service contracts, 34.1% of members are enrolled. Offers non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 800 employer/payer groups; 50,768 employees with single coverage; 49,424 employees with family coverage; 210,796 employees and dependents. Hospital stay averages five days. 69.5 admissions/1,000 members.
Management reports: Provided quarterly.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $174.9 million in 1989; $117.8 million in 1988.
Officers: Joseph Lynaugh, president; Donald H. Triano, executive director; Dr. Frank J. Volpe, medical director; Douglas C. Hoffman, marketing director; Michael E. Stock, chief financial officer; Donald F. Carroll, director-operations.

Sanus Texas Health Plan

8600 Freeport Parkway, Suite 3040, Irving, Texas 75063; 214-929-0376; fax: 214-929-4873

Operational date: March 1984.
Federally qualified.
Certified in: Texas.
Model type: IPA.
For profit.
Ownership: Sanus Corp. Health Systems.
Staff: 257 primary physicians; 897 specialists; 164 administrative staff members; 19 marketing staff members; 459 patients per physician; 90% board certified physicians.
Facilities: 42 hospitals; 274 pharmacies, one diagnostic lab with 24 locations.
Service area: 20 counties in Texas.
Locations: One administrative site.
Services: Standard package, including emergency services, family planning, psychiatric services, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, speech and hearing, in-vitro fertilization. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 39% of members are enrolled. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 468 employer/payer groups; Hospital stay averages 338 days. 4.6 admissions per 1,000 members.
Management reports: Provided quarterly, semi-annually or annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $89.9 million in 1989; $60.9 million in 1988.
Officers: Max Brown Jr., executive director; Dr. Joseph M. Cheek, medical director; Susan K. Pohly, marketing director; Brenda McDonald, director-operations; Nate Eudaly, controller; Fred Thorpe, director-management information systems.
Contact: Patti Rogan.

Travelers Health Network-Austin

9442 Capital of Texas Highway, Suite 600, Austin, Texas 78759; 512-338-6800

Operational date: December 1986.
Federally qualified.
Certified in: Texas.
Model type: IPA.
For profit.
Sponsorship: Travelers Corp.
Staff: 120 primary physicians; 229 specialists; 28 administrative staff members; 81% board certified physicians.
Facilities: Eight hospitals; 42 pharmacies; one diagnostic lab.
Service area: Bastrop, Bell, Burnet, Blanco, Comal, Caldwell, Guadalupe, Hays, Lee, Milam, Williamson, Travis counties in Texas.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, and obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating; community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Users: 56 employer/payer groups; Hospital stay averages 4.3 days. 73.4 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Officers: Michael Gaffney, president; Connie Barron, executive director; Dr. Terry Sutton, medical director; Jim Novelly, marketing director; Skip Creasey, regional vp; Dr. Richard Norgaard, regional medical director.

Travelers Health Network-Dallas

2250 Lakeside Blvd., Suite 330, Richardson, Texas 75082; 214-437-3074

Operational date: June 1986.
Certified in: Texas.
Model type: IPA.
For profit.
Sponsorship: Travelers Corp.
Staff: 191 primary physicians; 453 specialists; 16 administrative staff members; 88% board certified physicians.
Facilities: 23 hospitals; 112 pharmacies; seven diagnostic labs.
Service area: Collin, Dallas, Denton, Ellis, Hood, Johnson, Kaufman, Parker, Rockwall, Tarrant, Wise and Hunt counties in Texas.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/ gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating; community rating by class; adjusted community rating. Does not offer point-of-service contract.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 49 employer/payer groups; Hospital stay averages 3.6 days. 70.3 admissions per 1,000 members.
Management reports: Provided upon request.

Travelers Health Network-Houston

10800 Richmond Ave., Houston, Texas 77042; 713-268-7800

Operational date: December 1985.
Federally qualified.
Certified in: Texas.
Model type: IPA.
For profit.
Sponsorship: Travelers Corp.
Staff: 175 primary physicians; 539 specialists; 16 administrative staff members; 93% board certified physicians.
Facilities: 22 hospitals; one pharmacy chain.
Service area: Fort Bend, Galveston, Harris, Montgomery, Waller, Liberty counties in Texas.
Locations: One administrative.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 31 employer/payer groups. Hospital stay averages 3.8 days. 77.9 admissions per 1,000 members.
Management reports: Provided upon request.

Continued on next page

Continued from previous page

Billing: Provides direct billing for premiums under COBRA.

Officers: Michael Gaffney, president; Jeff Freeman, executive director; Dick Spears, marketing director; Skip Creasey, regional vp; Dr. Richard Norgaard, regional medical director.

Travelers Health Network-San Antonio

7550 I-10 W., Suite 600, San Antonio, Texas 78229; 512-524-3300

Operational date: September 1985.
Federally qualified.
Certified in: 1985.
Model type: IPA.
For profit.
Sponsorship: Travelers Corp.
Staff: 80 primary physicians; 363 specialists; 20 administrative staff members; 71% board certified physicians.
Facilities: Seven hospitals; 29 pharmacies; 28 diagnostic labs.
Service area: Bexar, Kendall, Comal, Bandera, New Braunsfels, Helotes, Medina, Guadalupe, Wilson, Pleasonton counties in Texas.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 55 employer/payer groups. Hospital stay averages 6.7 days. 78 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing is not available.
Officers: Michael Gaffney, president; Thomas Jackson, executive director; Tom Day, marketing director; Skip Creasey, regional vp; Dr. Richard Norgaard, regional medical director.



EQUICOR Healthplan of Utah Inc.

5295 S. 320 W., Suite 280, Salt Lake City, Utah 84107; 801-265-2777

Operational date: January 1985.
Model type: IPA.
Staff: 186 primary physicians; 476 specialists; 4.5 patients per physician; 74% board certified physicians.
Facilities: 19 hospitals.
Service area: Davis, Salt Lake, Utah, Wever, Box Elder, Cache, Morgan, Summit, Tooele, Wasatch counties in Utah.
Users: Hospital stay averages 3.3 days. 252 admissions per 1,000 members.
Contact: Ellen Havnes.
See CIGNA Corp. under Connecticut.

FHP Health Care

35 W. Broadway, Salt Lake City, Utah 84101; 801-355-1234

See FHP Health Care under California.

HealthWise

2505 Parley's Way, Salt Lake City, Utah 84130; 801-481-6176

Operational date: August 1982.
Federally qualified.
Model type: Mixed network.
Sponsorship: Blue Cross & Blue Shield of Utah.
Service area: Box Elder, Cache, Davis, Juab, Morgan, Salt Lake, Summit, Utah, Wasatch and Weber counties in Utah.
Users: 40,987 members.



Aetna Life Insurance Co./Aetna Health Plans of the Mid-Atlantic Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8950

See Aetna Life Insurance Co. under Texas.

CapitalCare Inc.

1921 Gallows Road, 9th Floor, Vienna, Va. 22182; 703-751-5400; fax: 703-761-5576

Operational date: July 1985.
Federally qualified.
Certified in: Virginia and Maryland.
Model type: IPA.
For profit.
Ownership: Blue Cross & Blue Shield of the National Capital Area.
Staff: 746 primary physicians; 1,790 specialists; 98 patients per physician; 78% board certified physicians.
Facilities: 25 hospitals; more than 150 pharmacies; 79 diagnostic labs.
Service area: District of Columbia; Anne Arundel, Charles, Frederick, Howard, Montgomery, Prince George's counties in Maryland; Arlington, Fairfax, Loudoun, Prince William counties in Virginia; cities of Alexandria and Falls Church.
Locations: One administrative site.
Services: Standard package, including vision, dental, substance abuse, psychiatric services, obstetrics/gynecology, but excluding prescription drugs. Options include dental and prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Management reports: Provided.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $67.4 million in 1989; $50.2 million in 1988.
Officers: Dr. Peter R. Kongstvedt, president/chief executive officer; Dr. Roy Jacobstein, medical director; Bruce Edwards, vp-marketing/administrative services; David Ward, vp-fiscal services.

EQUICOR Healthplan Inc.

4050 Innslake Drive, Glen Allen, Va. 23060; 804-273-1117

Operational date: January 1984.
Federally qualified.
Model type: IPA.
Staff: 188 primary physicians; 368 specialists; 72% board certified physicians.
Facilities: 10 hospitals.
Service area: Amelia, Caroline, Charles City, Chesterfield, Colonial Heights, Dinwiddle, Goochland, Hanover, Henrico, Hopewell, King William, Lonisa counties in Virginia.
Users: Hospital stay averages 4.3 days. 342 admissions per 1,000 members.
Officers: Doug Hadley, medical director.
Contact: Stan Clymer.
See CIGNA Corp. under Connecticut.

EQUICOR Healthplan Inc.

200 Golden Oak Court, Suite 450, Virginia Beach, Va. 23452; 804-463-8606

Operational date: April 1984.
Federally qualified.
Model type: IPA.
Staff: 116 primary physicians; 344 specialists; 85% board certified phys-

Continued on next page

Why so many of America's healthiest companies choose Kaiser Permanente.



At last count, there were over 1,000 health plans in America. Small wonder companies have difficulty choosing.

Yet, with so many choices around, three out of four of the FORTUNE 500 companies that operate where Kaiser Permanente is available offer us. For a lot of good reasons.

You see, we have the advantage of over 45 years of providing care, making us one of America's most experienced health care organizations.

And we're affordable. You'll find our rates competitive. In fact, over the years, few if any can match our record of rate stability.

What's more, we cover virtually all our members' health care needs. Not just when they're sick. But with coverage designed to help keep them well.

And above all, we believe in personal care. Our carefully selected doctors have just one job: to be doctors. Enabling them to focus attention on patients, not paperwork.

Experience. Affordability. Broad coverage. And a belief in personal care. Small wonder we're so popular with the FORTUNE 500. And the choice of over 6.5 million people and 30,000 employers.

So if you want to hear more about us, call (415) 271-5910.

KAISER PERMANENTE
Good People. Good Medicine.

©1990 Kaiser Permanente

Continued from previous page
icians.
Facilities: 13 hospitals.
Service area: Isle of Wright, James City, York, Gloucester, King and Queen, Matthews, Middlesex counties in Virginia.
Enrollment options: Offers non-federally qualified programs to employers.
Users: Hospital stay averages 4.2 days. 80 admissions per 1,000 members.
Contact: Stan Clymer.
See CIGNA Corp. under Connecticut.

HMO Virginia/ HealthKeepers of Virginia Inc.

2220 Edward Holland Drive, Richmond, Va. 23230; 804-254-3860

Operational date: December 1984.
Federally qualified.
Model type: IPA.
Sponsorship: Blue Cross & Blue Shield of Virginia.
Service area: 24 counties in Virginia.
Users: 34,899 members.

John Hancock Preferred Health Plan—Virginia

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Optima Health Plan

6015 Poplar Hall Drive, Norfolk, Va. 23502; 804-455-7440; fax: 804-466-5067

Operational date: December 1984.
Federally qualified.
Certified in: Virginia.
Model type: IPA.
Not for profit.
Sponsorship: Group of hospitals.
Staff: Approximately 200 primary physicians; approximately 500 specialists; 20 administrative staff members; 17 marketing staff members; 267 patients per physician; 80% board certified physicians.
Facilities: Eight hospitals; chain of pharmacies; 23 diagnostic labs.
Service area: South Hampton Road's area of Virginia.
Locations: One administrative site.
Services: Standard package, including limited vision, substance abuse, psychiatric services, weight management program, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental, extended vision. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts. Offers non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Management reports: Provided annually or upon request.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $53.4 million in 1989; $32.2 million in 1988.
Officers: Ted M. Wille Jr., president; Carolyn Chrisman, senior vp; Dr. Robert Morton, medical director; Kathy Montagna, vp-marketing; Susan Mackintosh, vp-finance; Sharon McClenny, vp-health services.
Contact: Donna Ponti.

Physicians CareFirst

1901 N. Moore St., Suite 700, Arlington, Va. 22209; 703-525-0602; fax: 703-243-3066

Operational date: 1984.
Federally qualified.
Certified in: Maryland, Virginia and District of Columbia.
Model type: IPA.
For profit.
Sponsorship: Inova Health Systems.
Ownership: HealthCare Corp. of America.
Staff: 230 primary physicians; 1,000 specialists; 12 administrative staff members; 10 marketing staff members; 65 patients per physician; 93% board certified physicians.
Facilities: 24 hospitals; six pharmacy chains; three diagnostic labs.
Service area: Maryland; District of Columbia; Montgomery, Prince Georges, Arlington, Fairfax, Loudon, Prince William counties and the cities of Alexandria, Fairfax, Falls Church, Manassas and Manassas Park in Virginia.
Locations: Two administrative sites.
Services: Standard package, including maternity services, worldwide emergency care, short term physical speech and occupational therapy, hospice, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Does not offer not point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration.
Users: 112 employer/payer groups; 3,490 employees with single coverage; 3,522 employees with family coverage; 15,000 employees and dependents. Hospital stay averages 3.9 days. 76.4 admissions per 1,000 members.
Management reports: Provided upon requested.
Billing: Does not provide direct billing for premiums under COBRA.
Officers: James Turnock, president; Suellen Rainey, executive director; Dr. Jose Martinez, medical director; Rick Capizzi and Marcia Ritter, marketing directors.

PruCare of Richmond

1000 Boulders Parkway, Richmond, Va. 23225; 804-323-0900; fax: 804-323-0878

Operational date: December 1982.
Federally qualified.
Certified in: Virginia.
Model type: Group.
For profit.
Ownership: The Prudential Insurance Co. of America.
Staff: 129 primary physicians; 290 specialists; 25 administrative staff members; nine marketing staff members; 500 patients per physician; 86% board certified physicians.
Facilities: Eight hospitals; sixteen pharmacies; one diagnostic lab.
Service area: 17 counties in Virginia.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating: $123.40 single, $337.01 family; community rating by class; adjusted community rating. Offers point-of-service contracts. Offers non-federally qualified programs to employers.
Enrollment options: The HMO does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 109 employer/payer groups; 13,122 employees with single coverage; 24,293 employees and dependents.
Management reports: Provided annually upon request.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.

Travelers Health Network-Norfolk

100 W. Plume St., Norfolk, Va. 23510; 804-624-8500

Operational date: December 1985.
Federally qualified.
Certified in: Virginia.
Model type: IPA.
For profit.
Sponsorship: Travelers Corp.
Staff: 130 primary physicians; 625 specialists; 20 administrative staff members; four marketing staff members; 97% board certified physicians.
Facilities: 10 hospitals; 29 pharmacies; 11 diagnostic labs.
Service area: Chesapeake, Norfolk, Suffolk, Portsmouth, Virginia Beach, Hampton, Newport News.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating, community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare Beneficiaries. Individual enrollment not allowed.
Users: 114 employer/payer groups. Hospital stay averages 4.3 days. 72.1 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Officers: Michael Gaffney, president; Michael Sherman, executive director; Dr. R. Michael O'Harra, medical director; Susan Boufard, marketing director; David Record, regional vp.



Aetna Life Insurance Co./Virginia Mason Health Plan Inc.

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8950

See Aetna Life Insurance Co. under Texas.

CIGNA Healthplan of Washington Inc.

701 5th Ave., Seattle, Wash. 98101; 206-625-8800

Operational date: September 1985.
Model type: IPA.
Staff: 248 primary physicians; 449 specialists; 30 patients per physician; 75% board certified physicians.
Facilities: 29 hospitals; 66 pharmacies.
Service area: Island, Snohomish, King, Pierce counties in Washington.
Users: Hospital stay averages four days. 75 admissions per 1,000 members.
Officers: John Harris, general manager; Sandre Williams, health services manager.
Contact: John Harris.
See CIGNA Corp. under Connecticut.

The Good Health Plan of Washington

1501 4th Ave., Suite 500, Seattle, Wash. 98101; 206-622-6111

Operational date: November 1987.
Certified in: Washington.
Model type: IPA.
Not for profit.
Ownership: Sisters of Providence.
Staff: 565 primary physicians; 1,709 specialists; 95 administrative staff members; 13 marketing staff members; 36 patients per physician; 100% board certified physicians.
Facilities: 27 hospitals; approximately 375 pharmacies; 61 diagnostic labs.
Service area: King, Mason, Lewis, Pierce, Snohomish, Spokane, Thurston and Walla Walla counties in Washington.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include prescription drug and durable medical equipment. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 129 employer/payer groups; 20,588 employees and dependents. Hospital stay averages 3.9 days. 69 admissions per 1,000 members.
Management reports: Provided annually or as requested.
Billing: Provides direct billing for premiums under COBRA.
Gross revenues: $13.5 million in 1989; $2.3 million in 1988.
Officers: Gerald Coe, president; Jeff Blancett, executive director; Dr. Donald Stewart, medical director; Ty J. Tabor, marketing director.
Contact: Toni Richardson, 206-622-6111, ext. 3053.

Group Health Cooperative of Puget Sound

521 Wall St., Seattle, Wash. 98121; 206-448-6565; fax: 206-448-4271

Operational date: 1947.
Certified in: Washington.
Model type: Staff.
Not for profit.
Staff: 285 primary physicians; 535 specialists; eight administrative staff members; 94 marketing staff members; 1,335 patients per physician; more than 90% board certified physicians.
Facilities: 28 hospitals.
Service area: King, Kitsap, Snohomish, Whatcom, Pierce, Skagit, Thurston counties in Washington.
Services: Standard package, including substance abuse, psychiatric services, obstetrics/gynecology. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating, community rating by class; adjusted community rating. Does not currently offer point-of-service contracts.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 1,995 employer/payer groups; 67,870 employees with single coverage; 84,214 employees with family coverage; 332,226 employees and dependents. Hospital stay averages 3.6 days. 12 admissions per 1,000 members as of June 1989.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $477.1 million in 1989; $380.9 million in 1988.
Officers: Aubrey Davis, president/chief executive officer; Al Truscott, medical director; Peter Brumleve, marketing director; Phil Nudelman, vp; Robert Flanagan, vp/secretary; Grant McLaughlin, treasurer.

Group Health Northwest

W. 1500 Fourth Ave., Spokane, Wash. 99204; 509-838-9100; fax: 509-747-4606

Operational date: July 1977.
Federally qualified.
Certified in: Washington and Idaho.
Model type: Staff, IPA, network.
Not for profit.
Staff: 143 primary physicians; 345 specialists; 141 administrative staff members; 18 marketing staff members; 2,100 patients per physician; 98.7% board certified physicians.
Facilities: 14 hospitals; 21 pharmacies; three diagnostic labs.
Service area: Spokane, Yakima, Benton, Franklin, Kittitas counties in Washington. Kootenai, Bonner counties in Idaho.
Locations: Three administrative sites.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, contraceptive devices, maternity care, health education, home health care. Options include dental. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 481 employer/payer groups; 11,019 employees with single coverage; 13,705 employees with family coverage; 61,627 employees and dependents. Hospital stay averages 4.3 days.
Management reports: Provided annually.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $57.2 million in 1989; $40.9 million in 1988.
Officers: Dr. Henry S. Berman, president/chief executive officer; Dr. Bill Burr, medical director; Sharon Fairchild, marketing director; Richard Umbdenstock, chairman; Paul Briggs, vp-finance; Greg Tracy and Mike Sweeney, vice chairmen.

HMO Washington

P.O. Box 2088, Seattle, Wash. 98111-2088; 206-340-6600; fax: 206-340-6625

Operational date: April 1986.
Certified in: Washington.
Model type: IPA.
For profit.
Ownership: Washington State Blue Shield Plans & Medical Service Bureaus.
Staff: 392 primary physicians; 1,371 specialists; 23 administrative staff members; 59 marketing staff members; 40 patients per physician; 100% board certified physicians.
Facilities: 23 hospitals; 130 pharmacies; 10 diagnostic labs.
Service area: King, Pierce, Snohomish, Spokane, Clallam counties in Washington.
Locations: Four administrative sites.
Services: Standard package, including emergency services, maternity/newborn, rehabilitation, hospice/home health, organ transplants, oral surgery, skilled nursing, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries.
Users: 354 employer/payer groups; 18,963 employees and dependents. Hospital stay averages 4.2 days.
Management reports: Provided monthly or as requested to large groups.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $14 million in 1989; $6.3 million in 1988.
Officers: Mark Hawkins, president/chief executive officer; Donald Sacco, chairman; Dr. Lester Reid, medical director; Deborah Banta, director-marketing; Mary Grinnell, director-finance; Nick Watrin, director-provider/member services.
Contact: Stephanie Lynn, marketing assistant, 206-340-6634.

John Hancock Preferred Health Plan-Washington

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

HealthPlus

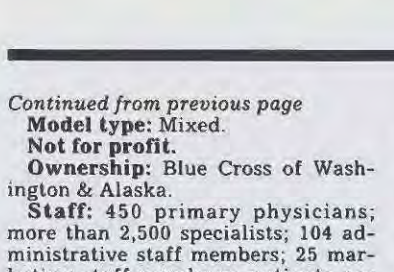
7007-220th S.W., Mountlake Terrace, Wash. 98043-2169; 206-670-4700; fax: 206-670-4766

Operational date: 1981.
Certified in: Washington and northern Idaho.

Continued on next page

Continued from previous page

Model type: Mixed.
Not for profit.
Ownership: Blue Cross of Washington & Alaska.
Staff: 450 primary physicians; more than 2,500 specialists; 104 administrative staff members; 25 marketing staff members; patients per physician varies.
Facilities: 46 hospitals; more than 900 pharmacies.
Service area: 29 counties in Washington; Bonner, Kootenai, Latah counties in Idaho.
Locations: Four administrative sites.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, prosthetics, orthotics, hearing aids, chiropractic services, vision hardware. Diagnostic testing and lab work performed by the HMO and by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not currently allowed.
Users: 700 employer/payer groups; 32,781 employees with family coverage; 74,855 employees and dependents. Hospital stay averages 2.6 days. 57.1 admissions per 1,000 members.
Management reports: Provided monthly.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Gross revenues: $65.9 million in 1989; $47.2 million in 1988.
Officers: Gary Meade, president/executive director; Dr. Leslie Nelson, medical director; Eric Rohlman, vp-group marketing; Eunice Hostetter, vp-health/member services; Barbara Savage, vp-eastern Washington operations.
Contact: Molly Swain, manager-communications, Blue Cross of Washington & Alaska.



Aetna Life Insurance Co./Network Health Plan of Wisconsin Inc.

2515 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8950

See Aetna Life Insurance Co. under Texas.

Compcare Health Services Insurance Corp.

401 W. Michigan St., Milwaukee, Wis. 53203; 414-226-6744

Operational date: February 1976.
Federally qualified.
Model type: Mixed network.
Sponsorship: Blue Cross & Blue Shield United of Wisconsin.
Service area: 14 counties in Wisconsin.
Users: 145,527 members.

Eau Claire Health Protection Plan

2000 Westwood Drive, Wausau, Wis. 54401; 715-847-8866; fax: 715-847-8740

Operational date: November 1974.
Certified in: Wisconsin.
Model type: IPA.
For profit.
Ownership: Wausau Insurance Cos.
Staff: 82 primary physicians; 148 specialists; two administrative staff members; four marketing staff members.
Facilities: Nine hospitals.
Service area: Eau Claire, Chippewa, Dunn and Pepin counties in Wisconsin.
Locations: Two administrative sites.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: Six employer/payer groups; 178 employees with single coverage; 621 employees with family coverage; 2,223 employees and dependents. Hospital stay averages 4.8 days.
Management reports: Provided annually or upon request.
Billing: Does not provide direct billing for premiums under COBRA.
Officers: Ken Peterson, executive director; Dr. Warner Gustavson, medical director; Richard Gumness, marketing director.
Contact: Scott Layman, 703 W. Hamilton Ave., P.O. Box 1060, Eau Claire, Wis. 54702-1060; 715-835-7236.

Employers Health Care Plan

Green Bay, Wis. 54344; 800-558-4444

Operational date: 1985.
Certified in: Wisconsin.
Model type: Network.
For profit.
Ownership: Employers Health Insurance Co.
Staff: 500 primary physicians; 1,000 specialists.
Facilities: 20 hospitals.
Service area: Southwestern and western Wisconsin.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, vision, dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 35,000 employees and dependents. Hospital stay averages 3.8 days. 70 admissions per 1,000 members.
Management reports: Provided quarterly.
Gross revenues: $40 million in 1989; $40 million in 1988.
Officers: William Lawson, president; William Fosick, executive director; Dr. Norman Schroeder, medical director.
Contact: William Fosick.

Greater La Crosse Health Plans Inc.

900 Monitor St., P.O. Box 38, La Crosse, Wis. 54602-0038; 715-847-8972; fax: 715-847-8740

Operational date: August 1986.
Certified in: Wisconsin.
Model type: Group.
For profit.
Ownership: Franciscan Health System, Skemp Clinic Ltd. and Wausau Insurance Cos.
Staff: 80 primary physicians; 126 specialists; three administrative staff members; four marketing staff members; 55 patients per physician; 85% board certified physicians.
Facilities: Three hospitals.
Service area: Buffalo, Trempealeau, Jackson, Monroe, La Crosse, Vernon and Crawford counties in Wisconsin.
Locations: One administrative site, 19 primary care sites.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding preventive medicine, periodic check-ups. Options include preventive medicine, vision. Diagnostic testing and lab work performed by the HMO facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: Eight employer/payer groups; 447 employees with single coverage; 851 employees with family coverage; 3,401 employees and dependents. Hospital stay averages 3.9 days. 85 admissions per 1,000 members.
Management reports: Provided quarterly.
Billing: Provides direct billing for premiums under COBRA.
Officers: Jeffrey L. Zriny, president; John Laehn, executive director; Dr. David Westgard, medical director; John Burke, marketing director.
Contact: John Laehn, 2000 Westwood Drive, Wausau, Wis. 54401; 715-847-8972.

Greater Wisconsin Rapids Health Protection Plan

2000 Westwood Drive, Wausau, Wis. 54401; 715-847-8866; fax: 715-847-8740

Operational date: January 1980.
Certified in: Wisconsin.
Model type: IPA.
For profit.
Ownership: Wausau Insurance Cos.
Staff: 29 primary physicians; 42 specialists.
Facilities: One hospital.
Service area: Wood County in Wisconsin.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: Six employer/payer groups; 240 employees with single coverage; 291 employees with family coverage; 1,225 employees and dependents. Hospital stay averages 3.1 days.
Management reports: Provided.
Billing: Does not provide direct billing for premiums under COBRA.
Officers: Ken Peterson, executive director; Richard Gumness, marketing director.
Contact: George Snyder, 715-842-6844.

Green Bay Health Protection Plan

2000 Westwood Drive, Wausau, Wis. 54401; 715-847-8866; fax: 715-847-8740

Operational date: January 1973.
Certified in: Wisconsin.
Model type: IPA.
For profit.
Ownership: Wausau Insurance Cos.
Staff: 157 primary physicians; 423 specialists.
Facilities: 14 hospitals.
Service area: Oconto, Shawno, Brown and Kwaunee counties in Wisconsin.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 38 employer/payer groups; 3,340 employees with single coverage; 5,787 employees with family coverage; 22,792 employees and dependents. Hospital stay averages 3.6 days.
Management reports: Provided annually or upon request.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $14 million in 1989.
Officers: Ken Peterson, executive director; Richard Gumness, marketing director.
Contact: Hodge Carter, 2710 Executive Drive, P.O. Box 19030, Green Bay, Wis. 54307-9030; 414-494-4443.

Continued on next page



Continued from previous page

HMO Midwest

502 Second St., Hudson, Wis. 54016; 715-386-6886; 800-535-4041; fax: 715-386-8326

Operational date: 1984.
Certified in: Wisconsin.
Model type: Network.
Not for profit.
Service Area: Western, central and northwestern Wisconsin.
Locations: One administrative location.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology.
Rating options: Adjusted community rating. Offers point-of-service contracts, less than 5% of members are enrolled.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA.
Officers: Mary K. Breinerd, president; Michael L. Christensen, director.

HMO of Wisconsin Insurance Corp.

576 Third St., Prairie du Sac, Wis. 53578; 608-643-2491; fax: 608-643-2564

Operational date: October 1983.
Certified in: Wisconsin.
Model type: IPA.
For profit.
Staff: 317 primary physicians; 2,200 specialists; 10 marketing staff.
Facilities: 54 hospitals; 350 pharmacies.
Service area: 24 counties in Wisconsin.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include prescription drugs, dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 250 employer/payer groups; 6,302 employees with single coverage; 24,620 employees with family coverage; 37,110 employees and dependents. Hospital stay averages 3.8 days. 108 admissions per 1,000 members.
Billing: Does provide direct billing for premiums under COBRA.
Gross revenues: $35.6 million in 1989; $25.8 million in 1988.
Officers: George Johnson, president; Devon Barrix, executive director; Dr. Gerald Kempthorne, medical director; John Theos, marketing director; David Beckman, director-finance operations; Richard Reas, director-provider relations; Kila Hau, director-health services.

Maxicare Health Insurance

733 N. Van Buren St., 4th Floor, Milwaukee, Wis. 53202; 414-271-6371; fax: 414-271-7228

Operational date: 1973.
Federally qualified.
Certified in: Wisconsin.
Model type: IPA.
For profit.
Ownership: Maxicare Health Plans Inc.
Staff: 424 primary physicians; three administrative staff members; four marketing staff members; 14.2 patients per physician; 80% board certified physicians.
Facilities: 13 hospitals; 347 pharmacy locations.
Service area: Milwaukee, Ozaukee, Waukesha, Racine, Kenosha and Sheboygan counties in Wisconsin.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include vision, dental, prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 140 employer/payer groups; 1,165 employees with single coverage; 1,479 employees with family coverage; 6,017 employees and dependents. Hospital stay averages 4.4 days. 427.1 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA. National accounts program with consolidated billing available.

MetLife HealthCare Network-Wisconsin

1 Park Plaza, Suite 180, Milwaukee, Wis. 53224; 414-359-0312

Operational date: December 1986.
Model type: IPA.
For profit.
Staff: 460 primary physicians; 1,073 specialists.
Facilities: 20 hospitals.
Service area: Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties in Wisconsin.
Services: Standard package, including psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drug. Options include vision, dental, prescription drug. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Management reports: Provided.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing available.
Officers: Charles Stark, president; Virgil Marsh, vp-operations.

North Central Health Protection Plan

2000 Westwood Drive, Wausau, Wis. 54401; 715-847-8866; fax: 715-847-8740

Operational date: January 1972.
Certified in: Wisconsin.
Model type: IPA.
Not for profit.
Staff: 114 primary physicians; 176 specialists.
Facilities: One hospital.
Service area: Marathon, Lincoln, Langlade counties in Wisconsin.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 48 employer/payer groups; 3,534 employees with single coverage; 6,880 employees with family coverage; 29,516 employees and dependents. Hospital stay averages 3.7 days.
Management reports: Provided annually or upon request.
Billing: Does not provide direct billing for premiums under COBRA.
Officers: Ken Peterson, executive director; Richard Gumness, marketing director.
Contact: Ken Peterson.

Oshkosh Health Protection Plan

2000 Westwood Drive, Wausau, Wis. 54401; 715-847-8866; fax: 715-847-8740

Operational date: January 1989.
Certified in: Wisconsin.
Model type: IPA.
For profit.
Ownership: Wausau Insurance Cos.
Staff: 53 primary physicians; 80 specialists.
Facilities: Two hospitals.
Service area: Winnebago County in Wisconsin.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Adjusted community rating. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: Eight employer/payer groups; 65 employees with single coverage; 1,227 employees with family coverage; 4,335 employees and dependents.
Management reports: Provided annually or upon request.
Billing: Does not provide direct billing for premiums under COBRA.
Officers: Ken Peterson, executive director.
Contact: Thomas Langman, 200 E. Washington St., P.O. Box 25, Appleton, Wis. 54912-0025; 414-734-1468.

PrimeCare Health Plan Inc.

12333 N. Mayfair Road, Suite 301, Milwaukee, Wis. 53226; 414-453-9070; fax: 414-471-8626

Operational date: October 1984.
Certified in: Wisconsin.
Model type: IPA.
For profit.
Ownership: United HealthCare Corp.
Staff: 737 primary physicians; 1,230 specialists; 160 administrative staff members; 31 marketing staff members; 133 patients per physician.
Facilities: 22 hospitals; 340 pharmacies; six diagnostic labs.
Service area: Milwaukee, Dodge, Jefferson, Kenosha, Ozaukee, Racine, Walworth, Washington and Waukesha.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, emergency care, ambulance, home health, but excluding prescription drugs, vision. Options include experimental procedures, vision, dental, prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating by class; adjusted community rating. Offers point-of-service contracts, 2% of members are enrolled.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 998 employer/payer groups; 8,446 employees with single coverage; 14,197 employees with family coverage; 56,167 employees and dependents. Hospital stay averages 4.4 days. 79 admissions per 1,000 members.
Management reports: Provided upon request.
Billing: Provides direct billing for premiums under COBRA.
Officers: Larry Rambo, president; Dr. Michael Lynch, medical director; Kamal Shah, vp-marketing; Bill Felsing, vp/ chief operating officer; Susan Baumann-Brefka, vp-health services; Pete Mersberger, vp-sales; Mike Flock, vp-information systems.

Samaritan Health Plan Insurance Corp.

1101 N. Market St., Milwaukee, Wis. 53202; 414-277-9000; fax: 414-277-9245

Operational date: September 1981.
Federally qualified.
Certified in: Wisconsin.
Model type: IPAs and clinics.
For profit.
Ownership: Aurora Health Care Inc.
Staff: 550 primary physicians; 752 specialists; eight administrative staff members; 11 marketing staff members; 73 patients per physician.
Facilities: 19 hospitals; 292 pharmacies; 14 diagnostic labs.
Service area: Milwaukee, Ozaukee, Washington, Kenosha, Racine, Walworth, Waukesha counties in Wisconsin.
Locations: One administrative site.
Services: Standard package, including substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, but excluding prescription drugs. Options include vision, dental, prescription drugs. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating: $133.35 single, $341 family; community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment is not allowed.
Users: 366 employer/payer groups; 7,678 employees with single coverage; 14,398 employees with family coverage; 74,813 employees and dependents. Hospital stay averages 4.6 days. 86 admissions per 1,000 members.
Management reports: Not provided.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $81.2 million in 1989; $83.2 million in 1988.
Officers: James A. Schultz, chief executive officer; Dr. Winfred H. Stringer, senior vp-medical resources; Gregory A. Banaszynski, senior vp-administration; John Hake, senior vp-finance; Michael L. Silgen, director-marketing.

Trane Health Protection Plan

2000 Westwood Drive, Wausau, Wis. 54401; 715-847-8866; fax: 715-847-8740

Operational date: January 1979.
Certified in: Wisconsin.
Model type: IPA.
For profit.
Ownership: Wausau Insurance Cos.
Staff: 210 primary physicians; 250 specialists.
Facilities: Nine hospitals.
Service area: Wisconsin.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Options include dental. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Does not offer point-of-service contracts.
Enrollment options: Contracts with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: One employer/payer group; 628 employees with single coverage; 2,184 employees with family coverage; 7,520 employees and dependents.
Management reports: Provided annually or upon request.
Billing: Does not provide direct billing for premiums under COBRA.
Officers: Ken Peterson, executive director.
Contact: Scott Layman, 703 W. Hamilton Ave., P.O. Box 1060, Eau Claire, Wis. 54702-1060; 715-835-7236.

U-Care HMO Inc.

One Point Place, Suite 200, Madison, Wis. 53719; 608-833-6444; fax: 608-833-7117

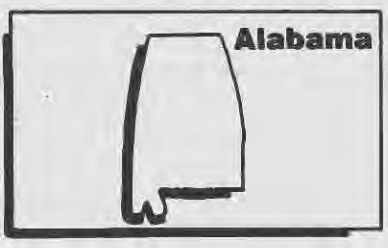
Operational date: January 1989.
Certified in: Wisconsin.
Model type: Group.
Not for profit.
Sponsorship: University of Wisconsin physician faculty and hospital.
Staff: 70 primary physicians; 400 specialists; 25 administrative staff members; two marketing staff members; 214 patients per physician; 100% board certified physicians.
Facilities: Five hospitals; 90 pharmacies; one diagnostic lab.
Service area: Columbia, Dane, Marquette, Richland and Sauk counties in Wisconsin.
Locations: One administrative site, 17 primary care sites.
Services: Standard package, including vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, but excluding prescription drugs. Options include dental, prescription drugs. Diagnostic testing and lab work performed by the HMO facilities.
Rating options: Community rating: $110.48 single, $292.33 family; community rating by class. Does not offer point-of-service contracts.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment allowed.
Users: 160 employer/payer groups; 3,186 employees with single coverage; 3,110 employees with family coverage; 13,102 employees and dependents. Hospital stay averages 4.2 days. 110 admissions per 1,000 members.
Management reports: Not provided.
Billing: Does not provide direct billing for premiums under COBRA.
Gross revenues: $12.9 million in 1989.
Officers: Dr. Huey Mays, chief executive officer/medical director; George Tervalon III, marketing director.
Contact: George Tervalon III.

Wisconsin Health Organization

111 W. Pleasant St., Milwaukee, Wis. 53212; 414-223-3300 or 800-289-0260; fax: 414-223-7777

Operational date: September 1985.
Federally qualified.
Certified in: Wisconsin.
Model type: IPA.
For profit.
Ownership: Local hospitals.
Staff: 775 primary physicians; 1,590 specialists; 165 administrative staff members; 25 marketing staff members; 131 patients per physician; 100% board certified physicians.
Facilities: 15 hospitals; 350 pharmacies.
Service area: Racine, Kenosha, Walworth, Milwaukee, Waukesha, Ozaukee, Washington counties in Wisconsin.
Locations: One administrative site.
Services: Standard package, including vision, substance abuse, chiropractic, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic. Options include dental, oral surgery, hearing aid, eyewear. Diagnostic testing and lab work performed by contract with independent facilities.
Rating options: Community rating; community rating by class; adjusted community rating. Does not offer point-of-service contracts. Does not offer non-federally qualified programs to employers.
Enrollment options: Does not contract with the Federal Health Care Financing Administration to enroll Medicare beneficiaries. Individual enrollment not allowed.
Users: 1,200 employer/payer groups; 18,600 employees with single coverage; 27,800 employees with family coverage; 116,000 employees and dependents. Hospital stay averages 4.2 days. 84 admissions per 1,000 members.
Management reports: Provided annually.
Billing: Does not provide direct billing for premiums under COBRA. National accounts program with consolidated billing is not available.
Gross revenues: $85.6 million in 1989; $52.4 million in 1988.
Officers: Kipton Kaplan, president/chief executive officer; Dr. Carl F. Myers, vp-medical affairs; Thomas R. Sobocinski, vp-marketing; Mark E. Daley, chief operating officer/vp-operations; Craig Kasten, vp-finance/systems. ■

Preferred provider organizations listed



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Alabama Health Network

2160 Highland Ave., P.O. Box 830623, Birmingham, Ala. 35205/35283-0623; 205-939-3707; fax: 205-933-0084

Operational date: October 1989.
Ownership: Complete Health Services Inc.
For profit.
Staff: 4,924 participating physicians; 3,175 specialists; 250 administrative staff members; 20 marketing staff members; average of 600 patients per primary physician; 97% board certified physicians.
Facilities: 110 hospitals; 1,450 pharmacies; four diagnostic labs.
Service area: Alabama.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Utilization review available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: Two employer/payer groups; 33,600 employees with single coverage; 25,600 employees with family coverage; 116,500 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Gross revenues: $10 million in 1989.
Officers: William W. Featheringill, president/chief executive officer; Carole R. Zimbrolt, senior vp-operations/chief operating officer; Dr. Kenneth L. Burkhart, senior vp-medical affairs/medical director; A.G. Covin, vp-marketing; James B. Little, vp-development; Joseph T. McSorley, chief financial officer.

Alabama Medical Coalition Inc.

900 Western America Circle, Suite 212, Mobile, Ala. 36609; 205-343-5251; fax: 205-460-5339

Operational date: 1985.
Sponsorship: Springhill Memorial Hospital.
Ownership: Southern Medical Health Systems Inc.
For profit.
Accredited by AAPPO: January 1986.
Staff: 448 participating physicians; 276 specialists; four administrative staff members; one marketing staff member; 80% board certified physicians.
Facilities: Eight hospitals; three diagnostic labs.
Service area: Mobile and Baldwin counties in Alabama.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Utilization review available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 19 employer/payer groups; 1,250 employees with single coverage; 1,950 employees with family coverage; 7,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers and claims administrators; the PPO charges a flat fee per eligible employee. The PPO is under contract with Alabama Administrators, Employers Health Insurance, Lincoln National.
Control measures: Standard utilization review procedures; utilization review provided by the PPO and HealthCare Options.
Officers: Bill A. Mason, president; James W. Kelley Jr., executive director; Dr. Liston Jones, medical director; James W. Kelley Jr., marketing director.

Avesis Inc.-Alabama

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 293 pharmacies.
Service area: Alabama.
See Avesis Inc. under Arizona.

CNA Managed Care PPO-Birmingham

CNA Insurance Cos., 2302 Parklake Drive N.E., Atlanta, Ga. 30345; 404-491-5375

Operational date: May 1987.
Staff: 832 participating physicians; 58% board certified physicians.
Facilities: Four hospitals and medical facilities.
Service area: Jefferson and Shelby counties in Alabama.
Users: 8,000 employees and dependents with access to the network.
Contacts: Charles Hart, manager-major group sales; Ardyth Schuster, manager-cost containment development, 312-822-6206.
See CNA Managed Care PPO under Illinois.

FOCUS Healthcare Management Inc.-CompNET-Alabama

7101 Executive Center Drive, Suite 160, Brentwood, Tenn. 37027; 615-377-9936; fax: 615-377-6098

See FOCUS Healthcare Management Inc.-CompNET under Tennessee.

Great-WestCare-Birmingham

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: May 1987.
Staff: 761 participating physicians; 75% board certified physicians.
Facilities: Four hospitals.
Service area: 18 counties in Alabama.
See Great-West Care corporate listing under Colorado.

Gulf Coast Regional Preferred Provider Organization

P.O. Box 850429, Mobile, Ala. 36685; 205-639-0188; fax: 205-639-1328

Operational date: February 1985.
Ownership: Providence Hospital, Gulf Coast Regional Physicians' Assn. Corp.
Not for profit.
Staff: 365 participating physicians; 243 specialists; three administrative staff members; one marketing staff members; 71% board certified physicians.
Facilities: Six hospitals; one pharmacy; one diagnostic lab.
Service area: Mobile and Baldwin counties in Alabama.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Any major service available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 250 employer/payer groups; 15,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate and percent discount off customary rates for individual services. The PPO is under contract with Jefferson-Pilot, The Guardian, Corroon & Black, Blue Cross & Blue Shield, Employer's Health, Lincoln National.
Control measures: Standard utilization review procedures, excluding hospital bill audits and outpatient service predetermination; utilization review provided by the PPO.
Officers: Dr. Charles Hanes, president; Robert Kurtts, executive director/marketing director; Dr. Nick Nichols, medical director.

Health Choice

P.O. Box 830605, Birmingham, Ala. 35283-0605; 205-326-9199; fax: 205-322-9333

Operational date: November 1984.
Ownership: Baptist Medical Centers, St. Vincent's Hospital.
Not for profit.
Staff: 870 participating physicians; 540 specialists; four administrative staff members; two marketing staff members; 95% board certified physicians.
Facilities: Nine hospitals; four diagnostic labs.
Service area: Blount, Cullman, Jefferson, Shelby, Talladega counties in Alabama.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 643 employer/payer groups; 66,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers and claims administrators; the PPO charges a flat fee per eligible employee. The PPO is under contract with Employers Health Insurance Co.; Employers Life Insurance Co.; Florida Health Alliance; Aetna Life Insurance Co.; Principal Financial Group; Provident Life & Accident Insurance Co.; National Insurance Services; JRH Risk Services; W.H. Shepherd Cos.; McGriff Seibels & Williams.
Control measures: Standard utilization review procedures, excluding hospital bill audits, outpatient service predetermination, case management; utilization review provided by the PPO and outside contractors.
Officers: Scott Sheedy, executive director; Allan Goldstein, medical director; Joe Oaks, director-operations; Pat Deese, manager-utilization review; Cherie Pardi, provider relations representative.

Humana Insurance Co./Human Health Plan of Alabama Inc.

303 Williams Ave. S.W., Suite 121, Huntsville, Ala. 35801; 205-532-2000; fax: 205-532-2025

Officers: Rene Moret, executive director; Janie Quinn, sales manager; Linda Baker, operations manager; Dr. Larry Sullivan, medical director.
See Humana Health Care Plans under Kentucky.

Humana Insurance Co./Humana Health Plan of Alabama Inc.

2350 Fairlane Drive, Suite 120, Montgomery, Ala. 36116; 205-270-5544; fax: 205-277-0406

Officers: David Lewis, executive director; Rea Jabour, sales manager; Debbie Jenkins, operations manager; Carol Saals, service representative.
See Humana Health Care Plans under Kentucky.

Huntsville Hospital Preferred Health Plans

101 Sivley Road S.W., Huntsville, Ala. 35801; 205-539-7333; fax: 205-533-8834

Operational date: 1983.
Not for profit.
Staff: 250 participating physicians; 100 specialists; two administrative staff members; two marketing staff members.
Facilities: One hospital.
Service area: Limestone, Madison, Marshall counties in Alabama; Lincoln county in Tennessee.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 10,000 employees with single coverage; 6,000 employees with family coverage; 28,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services.
Control measures: Standard utilization review procedures, excluding second surgical opinion, hospital bill audits, outpatient service predetermination; utilization review provided by outside contractors.
Officers: Jeff F. Hamilton, vp; Jennifer Lott, marketing director; Lita Alford, provider relations coordinator.

MetLife Network-Alabama

5 Post Oak Park, Suite 2120, Houston, Texas 77027-3416; 713-961-9944

Contact: William S. Woodside, vp.
See MetLife Network under Connecticut.

Mutually Preferred-Alabama

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

New England Care-Birmingham

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: May 1987.
Staff: 761 participating physic-

Continued on next page

Guide to PPO listings

The fourth annual *Business Insurance* directory of preferred provider organizations contains 978 listings with information on PPOs around the nation.

The directory is published as an editorial service; there is no charge for PPOs to be included.

PPOs are arranged alphabetically under the state in which they operate. When a PPO operating in more than one state provided consolidated figures for all of its PPOs, the listing is footnoted. The names, addresses, telephone numbers and any additional information provided on the affiliated PPOs in each state are listed under the states serviced, with a reference to the consolidated listing.

Complete listings include headings indicating the PPO's **operational date**, **sponsorship** and **ownership**. If the sponsor is the same as the owner, just ownership is listed. Next, headings indicate whether the PPO is **for profit** or **not for profit**. Accreditation by the American Assn. of Preferred Provider Organizations, a voluntary designation, is noted.

Information on the PPO's **staff** as of June 30, 1990, was requested, including: number of participating physicians; number of specialists/specialists available for referral; number of administrative staff; average number of patients per primary physician; and the percentage of physicians who are board certified.

The number of participating hospitals, pharmacies and diagnostic labs as of June 30, was requested and is listed under the **facilities** heading.

The PPO's **service area** by county and state is provided.

Information on **services provided** includes: specialty services offered, or those for which a network exists; which services may be unbundled; whether employees can select non-PPO providers at the time of service; if the PPO will customize plan design to meet employer specifications; and whether individual enrollment is allowed (like retirees).

PPOs also were asked to provide information on **users** as of June 30, including number of participating employer/payer groups; number of employees with single coverage; number of employees with family coverage; number of employees and dependents in participating employer groups with access to the network.

The **compensation** heading contains information on how the PPO negotiates hospital charges; how it is compensated; how it charges for its services; and with which TPAs or insurers it is under contract.

Utilization review methods used by the PPO and how they are implemented are detailed under **control measures**. Unless otherwise noted, standard utilization review procedure includes: preadmission hospital review, precertification, concurrent hospital treatment review, length of stay determination, discharge planning, retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination and case management.

Gross revenues for 1989 and 1988, based on total claims paid to participating hospitals/physicians, were requested.

Names and titles of **officers** are listed. The name of a **contact** person for those wishing further information completes the listings.

If you wish to determine in which states multi-state PPOs operate, refer to the alphabetical index of networks on page 119.

Also, an index listing which page each state's PPO listings begin is provided on page 2.

Information for this directory was gathered from responses to a *Business Insurance* questionnaire sent to PPOs. Although every effort is made to obtain complete and accurate information, *Business Insurance* is unable to verify all information and relies on the responses provided by the PPOs.

Continued from previous page
ians; 75% board certified physicians.
Facilities: Four hospitals.
Service area: 18 counties in Alabama.
See New England Care corporate listing under Colorado.

PPO-Mobile Inc.
164 Louiselle St., Mobile, Ala. 36607; 205-431-4995

Operational date: November 1985.
Sponsorship: Mobile Infirmary Medical Center.
Ownership: Infirmary Health Systems.
For profit.
Staff: 495 participating physicians; 338 specialists; two administrative staff members; one marketing staff member; average of 192 patients per primary physician; 70% board certified physicians.
Facilities: Five hospitals; one diagnostic lab.
Service area: Baldwin, Mobile, Washington and Clarke counties in Alabama.
Services provided: General service, plus prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 65 employer/payer groups; 30,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated depending on plan; the PPO charges a flat fee per eligible employee. The PPO is under contract with Gulf Managed Care Inc., Mutual of Omaha and Aetna Life Insurance Co.
Control measures: Standard utilization review procedures; utilization review provided by the PPO and outside contractors.
Officers: Frank A. Rose Jr., president/executive director; Dr. John Dixon, medical director; Mike Zorn, marketing director.

Private Healthcare Systems Ltd.-Alabama
Northpark Town Center, 1000 Abernathy Road, Suite 840 N.E., Atlanta, Ga. 30328; 404-394-1084

Service area: Birmingham.
See Private Healthcare Systems Ltd. under Massachusetts.

USA Healthnet Inc.
7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.



Aetna Life Insurance Co./PARTNERS National Health Plans
5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Great-West Care-Anchorage
8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: May 1990.
Sponsorship: Great-West Life Assurance Co.
Ownership: Family Health Plan of Washington.
For profit.
Facilities: One hospital.
Service area: Anchorage.
Services provided: General service, plus psychiatric services, obstetrics. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Compensation: The PPO negotiates hospital charges by per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare Systems Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

John Hancock Preferred Health Plan-Alaska
John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

New England Care-Anchorage
8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: May 1990.
Sponsorship: Great-West Life Assurance Co.
Ownership: Family Health Plan of Washington.
For profit.
Facilities: One hospital.
Service area: Anchorage.
Services provided: General service, plus psychiatric services, obstetrics. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Compensation: The PPO negotiates hospital charges by per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare Systems Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

Prudent Buyer Plan-Alaska
15700 Dayton Ave. N., Seattle, Wash. 98133; 206-361-3873

See Prudent Buyer Plan under Washington.

USA Healthnet Inc.
7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.



Admar Corp.-Arizona
850 Town & Country Road, Orange, Calif. 92668; 714-953-9600; fax: 714-953-9060

See Admar Corp. under California.

Aetna Life Insurance Co./PARTNERS National Health Plans
5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-Arizona
2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

American Health Network-Arizona
3988 N. Central Expressway, Dallas, Texas 75204; 214-841-1137; fax: 214-823-8052

See American Health Network under Texas.

Arizona Preferred Provider
6464 E. Grant Road, Tucson, Ariz. 85715; 602-298-5297; fax: 602-296-7948

Operational date: April 1984.
Not for profit.
Staff: 750 participating physicians; 566 specialists; five administrative staff members; two marketing staff members; 13 average of patients per primary physician; 100% board certified physicians.
Facilities: Five hospitals; eight pharmacies; 10 diagnostic labs.
Service area: Arizona.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Surgical, obstetrics/gynecology, chiropractic, preventative services, home care, outpatient rehabilitation, lab & x-ray. Surgical, obstetrics/gynecology, chiropractic, rehabilitation available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 14 employer/payer groups; 675 employees with single coverage; 20 employees with family coverage; 2,405 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers and individual subscribers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 10% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures, including active rehabilitation management; but excluding discharge planning, retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination, case management; utilization review provided by the PPO.
Gross revenues: $125,000 in 1989; $100,000 in 1988.
Officers: Dwight W. Babcock, president/executive director/medical director/marketing director; Joan Kellogg, chief financial officer.
Contact: Kathy J. Dunn, general manager.

Avesis Inc.*
4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016

Operational date: Dental services, 1989; hearing services, 1986; pharmaceutical services, 1987; vision services, 1985.
Ownership: Avesis Inc.
For profit.
Staff: Nine administrative staff members for dental, hearing and vision; 40 administrative staff members for pharmaceutical. Six marketing staff members. Average patients: per dentist, 75-100; per primary vision provider, 720/year. 100% licensed dentists, 98% licensed vision providers.
Facilities: Two diagnostic labs.
Service area: All 48 continental states and Puerto Rico.
Services provided: Prescription drug, vision, dental, hearing. Prescription drug available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed for hearing and vision.
Compensation: The PPO is compensated by employers/payers and health care providers. The PPO charges a flat fee for dental; a flat fee and percent of services for hearing; a flat fee, per network claim and per non-network claim for pharmaceutical; a flat fee and percent of services for vision. Vision services will reduce its administrative fee if savings are not met; 20% of those with access to the network are covered by such contracts.
Control measures: Precertification, retrospective review, quality assurance audits, patient and provider surveys, drug utilization reports; utilization review provided by the PPO and outside contractors.
Officers: Jack D. Williams, president/chief executive officer; Mark Derksen, vp-dental services; Scott Lindley, vp-hearing and vision services; James Ward, vp-pharmaceutical/chief operations officer; F. Ray Drury, executive vp/chief marketing officer.
Contact: F. Ray Drury, 602-468-3562.
* Figures are corporate, including all dental, hearing, pharmaceutical and vision services unless otherwise noted, sponsored by Avesis Inc.

Avesis Inc.-Arizona
4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: 98 participating dentists, 21 dental specialists; 10 participating audiologists; 48 participating optometrists, opthalmologists, opticians.
Facilities: 412 pharmacies.
Service area: Arizona.
Users: Dental: 8,709 employees with single coverage. Hearing: 144 employer/payer groups; 26,854 employees with single coverage. Vision: 202 employer/payer groups; 126,872 employees with single coverage.
See Avesis Inc. under Arizona.

Beech Street Inc.
2 Ada St., Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

CNA Managed Care PPO-Phoenix
CNA Insurance Cos., 3530 Wilshire Blvd., 7th Floor, Los Angeles, Calif. 90010; 213-252-7124

Operational date: July 1986.
Staff: 946 participating physicians; 71% board certified physicians.
Facilities: 10 hospitals.
Service area: Maricopa County in Arizona.
Users: 8,400 employees and dependents with access to the network.
Contacts: Zaven Kazazian, manager-major group sales; Ardyth Schuster, manager-cost containment development, 312-822-6206.
See CNA Managed Care PPO under Illinois.

CIGNA/EQUICOR Preferred Provider Organization-Phoenix
Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

CIGNA/EQUICOR Preferred Provider Organization-Tucson
Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Community Care Network
100 W. Clarendon, Suite 1420, Phoenix, Ariz. 85013; 602-263-1982; fax: 602-277-8260

Operational date: April 1988.
Sponsorship: Health Care Management Company.
Ownership: CCN Inc.
For profit.
Staff: 260 administrative staff members; one marketing staff member.
Facilities: 18 hospitals.
Service area: Maricopa and Pima counties in Arizona.
Services provided: General service, plus workers compensation program; physician network under development. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 21 employer/payer groups; 25,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers and workers compensation insurers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals and combination of per capita fee and percent of savings. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; less than 1% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures, excluding length of stay determination, second surgical opinion, hospital bill audits, outpatient service predetermination, case management; utilization review provided by outside contractor.
Officers: Robert M. Colasanto, president; George S. Murphy, executive director; Dr. Eugene Helsall, medical director; Patrick J. Sullivan, marketing director; Sandra Foote, vp-provider affairs; Nancy Plaxico, vp-purchaser affairs/field offices; Douglas Reeves, vp-information systems; Richard Morgan, vp-finance/administration.
Contact: Patrick J. Sullivan.

First American Health Concepts Inc.
1811 S. Alma School Road, Suite 285, Mesa, Ariz. 85210; 602-897-1110; fax: 602-491-1209

Operational date: 1982.
Ownership: First American Health Concepts Inc.
For profit.
Staff: 4,348 participating physicians; 27 administrative staff members; four marketing staff members; 680 average of patients per primary physician.
Service area: All 50 states and Virgin Islands.
Services provided: Vision only. Employees can select (exam only) non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 198 employer/payer groups; 15 million members.
Compensation: The PPO is compensated by employers/payers and health care providers; the PPO charges a flat fee per eligible employee.
Gross revenues: $2.5 million in 1989; $1.7 million in 1988.
Officers: J. Kent Masset, president/chairman/chief executive officer; Rick Kjerstad, assistant vp-marketing/sales; Jackie Dabner, vp-administrative services; Daniel Slabaugh, vp-finance; Carolyn Fricke, secretary/treasurer.
Contact: Rick Kjerstad.

Great-West Care-Phoenix
8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: July 1986.
Staff: 851 participating physicians; 75% board certified physicians.
Facilities: Nine hospitals.
Service area: Cochise, Coconino, Gila, Graham, LaPaz, Maricopa, Mohave, Pima, Pinal, Santa Cruz, Yavapai and Yuma counties in Arizona.
See Great-West Care corporate listing under Colorado.

Great-West Care-Tucson
8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1989.
Sponsorship: Great-West Life Assurance Co.
Ownership: TM Care Health Network.
For profit.
Staff: 343 participating physicians.
Facilities: Three hospitals.
Service area: Coshise, Graham, Pima, Pinal and Santa Cruz counties in Arizona.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Compensation: The PPO negotiates hospital charges by a percent discount off customary rates for individual services; the PPO is compen-

Continued on next page

Continued from previous page
sated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.

Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.

Contact: Gail Perron, managed care specialist.

HRM CarePASS

8000 W. 78th St., Minneapolis, Minn. 55439; 800-824-3882; fax: 612-829-3578

See HRM CarePASS under Minnesota.

John Hancock Preferred Health Plan-Arizona

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Humana Insurance Co.

Anchor Centre III, 2231 E. Camelback Road, Suite 208, Phoenix, Ariz. 85016; 602-381-4300; fax: 602-381-4381

Officers: Michael Seltzer, executive director; Jon Winkler, network manager; Morrie Elmer, sales manager; Dr. Joel Bettigole, acting medical director.

See Humana Health Care Plans under Kentucky.

InterCare

1010 N. Finance Center Drive, Suite 100, Tucson, Ariz. 85710; 602-721-4444; fax: 602-290-7585

Operational date: 1990.
Sponsorship: North American Life and Casualty Co.
Ownership: Intergroup Prepaid Health Services of Arizona Inc.
For profit.
Staff: 1,400 participating physicians; 1,100 specialists; 200 administrative staff members; 30 marketing staff members; 80% board certified physicians.
Facilities: 25 hospitals; 84 pharmacies; 57 diagnostic labs.
Service area: Maricopa and Pima counties in Arizona.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Psych/SA services, UR/QA, health education and ASO available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee. The PPO is under contract with North American Life & Casualty Co., Intergroup Prepaid Health Services of Arizona Inc. and InterCare TPA.
Control measures: Standard utilization review procedures, excluding second surgical opinion; utilization review provided by Intergroup Prepaid Health Services of Arizona Inc.
Officers: Charles F. Barrett, president/chief executive officer, Intergroup Prepaid Health Services of Arizona Inc.; Dr. Philip E. Dew, vp-medical affairs; Scott Trenter, director-marketing, northern region; Sharyn Breck, director-marketing, southern region; Frank J. Connell, vp/chief operating officer; Carwin Peterson, vp/chief financial officer; Elizabeth McNamee, vp, northern region.
Contact: Sharyn Breck, 602-290-7550; Kevin Buron, 602-381-7877.

Lincoln National Preferred Plan

7776 Pointe Parkway W., Suite 100, Phoenix, Ariz. 85044; 602-431-1185

Contact: Steve Lindstrom, general manager.

See Lincoln National Preferred Plan under Indiana.

Lincoln National Preferred Plan

101 N. Wilmot, Suite 600, Tucson, Ariz. 85711; 602-571-0841

Contact: Steve Lindstrom, general manager.

See Lincoln National Preferred Plan under Indiana.

Maricopa Foundation for Medical Care

326 E. Coronado Road, Phoenix, Ariz. 85004; 602-252-4042; fax: 602-256-7816

Operational date: 1969.
Sponsorship: County Medical Society.
Not for profit.
Staff: 3,200 participating physicians; 1,056 specialists; 48 administrative staff members; two marketing staff members; 82% board certified physicians.
Facilities: 29 hospitals; 62 diagnostic labs.
Service area: Apache, Maricopa, Pima, Pinal counties in Arizona.
Services provided: General service, plus substance abuse, psychiatric services, podiatry, obstetrics/gynecology. URO, PPO available unbundled. Employees can select non-PPO providers. PPO plan design may be customized to meet employer specifications. Individual enrollment is allowed.
Users: 812 employer/payer groups; 55,314 employees with single coverage; 157,644 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee. PPO is under contract with Beneficial Life, Columbia General, Fidelity Security, MassMutual, Nationwide, Northwestern National, United States Life, ALTA.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Gross revenues: $82 million in 1989; $79.5 million in 1988.
Officers: Dr. Neil O. Ward, president; Anthony D. Mitten, executive director; Robert A. Williams, marketing director; Sandra Downing, director-service; Mitchell A. Portnoy, director-management information systems.

Medical Care Referral Group

4100 Rio Bravo, Suite 211, El Paso, Texas 79902; 800-247-7114; fax: 915-532-1772

See Medical Care Referral Group under Texas.

MetLife Network-Arizona

The Bank of America Tower, Suite 700, 1 City Boulevard W., Orange, Calif. 92668-3651; 714-978-1991

See MetLife Network under Connecticut.

MultiPlan Inc.-Arizona

17 W. 17th Street, New York, N.Y. 10011; 212-727-9700; fax: 212-627-6396

See MultiPlan Inc. under New York.

Mutually Preferred-Arizona

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

New England Care-Phoenix

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: July 1986.
Sponsorship: Great-West Life Assurance Co.
Staff: 851 physicians: 75% board certified physicians.
Facilities: Nine hospitals.
Service area: Cochise, Coconino, Gila, Graham, LaPaz, Maricopa, Mohave, Pima, Pinal, Santa Cruz, Yuma and Yavapai counties in Arizona.

See New England Care corporate listing under Colorado.

Continued on next page

THE PAYROLL DEDUCTION THAT OFFERS EMPLOYEES



THE POWER OF OUR ATTORNEYS.

Human Resources professionals are recognizing the changing needs of America's workforce. They are responding by creating innovative flexible benefit packages designed to accommodate these needs.

With years of service to many of America's top companies, Hyatt Legal Plans has a solid history of providing proven, reliable, quality-controlled, low-cost legal plans nationwide. Hundreds of thousands of employees are currently members of a Hyatt Legal Plan, and the number continues to grow.

These employees and their families gain measurably by having convenient access to legal assistance.

Employers gain a competitive edge in recruiting and retaining good employees by offering a Hyatt Legal Plan. Plus, helping employees resolve their personal problems contributes significantly to a happy and productive workforce.

Call or write us today and learn more about Hyatt Legal Plans.

Your employees and your company will benefit!

HYATT LEGAL PLANS

James L. Snyder, Director of Sales, Hyatt Legal Plans, Inc.
1215 Superior Avenue, Cleveland, Ohio 44114-3249 (216) 241-0022

Continued from previous page

New England Care-Tucson

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: 1989.
Sponsorship: Great-West Life Assurance Co.
Ownership: TM Care Health Network.
For profit.
Staff: 343 physicians.
Facilities: Three hospitals.
Service area: Cochise, Gramah, Pinal, Santa Cruz counties in Arizona.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Compensation: The PPO negotiates hospital charges by a percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

Preferred Care

2444 W. Las Palmarita Drive, Phoenix, Ariz. 85021

Operational date: October 1983.
Sponsorship: Blue Cross & Blue Shield of Arizona Inc.
Staff: 2,430 primary physicians.
Facilities: 30 preferred hospitals.
Service area: Cochise, Maricopa counties in Arizona.
Users: 171,728 members.
Compensation: The PPO negotiates hospital charges by percent of DRGs.
Control measures: Standard utilization review procedures, excluding precertification, concurrent hospital treatment review, length of stay determination, discharge planning, retrospective review, hospital bill audits, outpatient service predetermination and including admission review; utilization review provided by the PPO.

Private Healthcare Systems Ltd.-Arizona

The Atrium, 19100 Von Karman Ave., Suite 700, Irvine, Calif. 92715; 714-476-9816

Service area: Phoenix, Prescott, Tucson cities in Arizona.
See Private Healthcare Systems Ltd. under Massachusetts.

Southwest Preferred Dental Organization Inc.

5151 N. 16th St., Suite E222, Phoenix, Ariz. 85016; 602-234-3266; fax: 602-265-9543

Operational date: April 1987.
For profit.
Staff: 80 participating physicians; 13 specialists; two administrative staff members; one marketing staff member; average of 312 patients per primary physician; 100% board certified physicians.
Service area: Arizona, New Mexico and southern California.
Services provided: General service, plus dental. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 100 employer/payer groups; 25,000 employees and dependents with access to the network.
Compensation: The PPO negotiates dental charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee. The PPO is under contract with Standard Insurance Co. of Oregon.
Control measures: Standard utilization review procedure includes precertification only; utilization review provided by the PPO.
Officers: John B. Lutz, president; David L. Popejoy, executive director; Dr. Michael Steinberg, medical director.

Travelers Preferred-Metro Phoenix

Travelers Health Network, 185 Lennon Lane, Walnut Creek, Calif. 94598; 415-945-9171

Operational date: March 1987.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 1,157 participating physicians.
Facilities: Eight hospitals.
Service area: Maricopa County in Arizona.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates and DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee and percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the Travelers Insurance Co.
Officers: Roland King, executive director; Gail M. Ptacek, provider relations representative.

USA Healthnet Inc.*

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

Operational date: June 1985.
Sponsorship: Columbia American Corp.
For profit.
Staff: 40,000 participating physicians; 32,000 specialists; 14 administrative staff members; three marketing staff members; 100% board certified physicians.
Facilities: 974 hospitals; 70 pharmacies; 19 diagnostic labs.
Service area: All counties in 33 states.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Will unbundle services. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 854,400 employees with single coverage; 1.3 million employees with family coverage; 4.7 million employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services and DRGs; the PPO is compensated by employers/payers, claims administrators, insurance companies; the PPO charges a flat fee per eligible employee and percent of services rendered by participating doctors/hospitals. The PPO is under contract with 23 insurers.
Control measures: Standard utilization review procedures, excluding preadmission hospital review, retrospective review; utilization review provided by the PPO.
Officers: Linda K. Anderson, president/executive director; Dr. Samuel Benjamin, medical director; Kay Paulin, marketing director; Beatrice Hughes, senior vp; Jacqueline MacLeod, vp-health services; Sally Gradijan, vp-physician services.

* Figures are corporate, including all PPOs operated by USA Healthnet Inc.

Wausau Preferred Care

2000 Westwood Drive, Wausau, Wis. 54402; 715-847-6896; fax:-847-8740

See Wausau Preferred Care under Wisconsin.



Avesis Inc.-Arkansas

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 133 pharmacies.
Service area: Arkansas.

See Avesis Inc. under Arizona.

Medical Care Referral Group-Arkansas

4100 Rio Bravo, Suite 211, El Paso, Texas 79902; 800-247-7114; fax: 915-532-1772

See Medical Care Referral Group under Texas.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.



AVP Vision Plans

155 Du Bois St., Santa Cruz, Calif. 95060; 800-443-4994/408-425-0989; fax: 408-458-1934

Operational date: September 1986.
Ownership: Optics East Inc.
For profit.
Staff: 635 participating physicians; 45 specialists; nine administrative staff members; eight marketing staff members; average of 16 patients per primary physician.
Facilities: Two optical lens labs.
Service area: California.
Services provided: General service, plus vision. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 173 employer/payer groups.
Compensation: The PPO is compensated by employers/payers and claims administrators; charges fee for service and contracted rates.
Control measures: Standard utilization review procedures include precertification only; utilization review provided by the PPO.
Officers: Stephen Shaw, president; D.K. Kim, executive director; Robert Greenley, medical director; John Curva, marketing director.

Admar Corp.*

850 Town & Country Road, Orange, Calif. 92668; 714-953-9600; fax: 714-953-9060

Operational date: 1979.
For profit.
Staff: 10,159 participating physicians; 14,096 specialists; 147 administrative staff members; 14 marketing staff members; 65% board certified physicians.
Facilities: 335 hospitals; 1,598 pharmacies.
Service area: Arizona, Colorado, Kansas, Massachusetts, Missouri, New Mexico, Texas and Washington, D.C.
Services provided: General service, plus prescription drug, utilization review program, psychiatric services, podiatry, obstetrics/gynecology. Utilization review available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications under specific limitations. Individual enrollment is allowed.
Users: 27,000 employer/payer groups; 1.2 million employees with family coverage; 2.7 million employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee per month and percent of savings derived from utilizing Admar's products.
Control measures: Standard utilization review procedures, excluding hospital bill audits and outpatient service predetermination; utilization review provided by the PPO.
Officers: Richard Toral, president; Virginia Pascual, executive director; Dr. Vincent Duda, medical director; Don Cummins, marketing director; Benetta Rapier, director-network operations; Leslie Paskus, regional sales manager.

* Figures are corporate, including all PPOs under Admar Corp.

Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affiliated Medical Group-Western Orange County/Long Beach

3751 Katella Ave., Los Angeles, Calif. 90720; 213-799-3119; fax: 213-493-2812

Operational date: 1983.
For profit.
Staff: 108 participating physicians; 77 specialists; one administrative staff members; average of 200 patients per primary physician; 88% board certified physicians.
Facilities: One hospital; one diagnostic lab.
Service area: Western Orange County and southeast Los Angeles county in California.
Services provided: Can be customized to meet employer specifications.
Users: 2,500 employer/payer groups; 30,000 employees and dependents with access to the PPO.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers, claims administrators. The PPO is under contract with 25 TPAs, insurance companies and other PPOs.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO and outside contractors.
Officers: Dr. Martin Bowman, president; Norman Davidson, executive director; Dr. Jared Piety, medical director.

Affordable Health Care Concepts*

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

Operational date: June 1983.
For profit.
Staff: 14,000 participating physicians; 130 administrative staff members; 25 marketing staff members; 85% board certified physicians.
Facilities: 540 hospitals; 150 diagnostic labs.
Service area: 25 states.
Services provided: General service, plus substance abuse, psychiatric services. Hospital and physician services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 200 employer/payer groups; 2.7 million employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a percent of services rendered by participating doctors/hospitals; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures; utilization review provided by the PPO and outside contractor.
Officers: Daniel Brunner, president; Dr. Alan Korn, medical director; Pat Dills, marketing director.
Contact: Daniel Brunner.

* Figures are corporate, including all PPOs operated by Affordable Health Care Concepts.

American Health Network-California

3988 N. Central Expressway, Dallas, Texas 75204; 214-841-1137; fax: 214-823-8052

See American Health Network under Texas.

Augnet

2099 S. State College Blvd., Suite 400, Anaheim, Calif. 92806; 714-938-2620; fax: 714-937-1910

Operational date: January 1986.
Ownership: Employee Benefit Plans.
For profit.
Staff: 10,000 physicians; 7,000 specialists; four administrative staff members; five marketing staff members; average of seven patients per primary physician; 90% board certified physicians.
Facilities: 300 hospitals; 25 diagnostic labs.
Service area: New Mexico, Oklahoma, Oregon and Utah.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, allergy, anesthesiology, cardiology, dermatology, surgery, radiology, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 42 employer/payer groups; 230,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of service rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Amir Eftekhari, president; William Thompson, executive director/medical director; Edye Strevey, marketing manager.
Contact: Rosalba Cardoza or Tanya Jefferys.

Avesis Inc.-California

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: 821 participating dentists, 91 dental specialists; one participating audiologists; 98 participating optometrists, opthalmologists, opticians.
Facilities: 1,417 pharmacies.
Service area: California.
Users: Dental: 52,621 employees with single coverage. Hearing: two employer/payer groups; 39 employees with single coverage. Pharmaceutical: 19,189 employees with single coverage. Vision: 18 employer/payer groups; 55,301 employees with single coverage.
See Avesis Inc. under Arizona.

BPS Inc. (Benefit Panel Services)

888 S. Figueroa St., Suite 1400, Los Angeles, Calif. 90017; 213-489-2694; fax: 213-489-7973

Operational date: 1983.
For profit.
Staff: 7,201 participating physicians; 4,242 specialists; 114 administrative staff members; five marketing staff members; 90% board certified physicians.
Facilities: 118 hospitals; 125 diagnostic labs.
Service area: 22 counties in California.
Services provided: General service, plus substance abuse, psychiatric services and obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 1,600 employer/payer groups; 250,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee. Contracts with New York Life Insurance Co., Hartford Life Insurance Cos., Massachusetts Mutual Life Insurance Co., Principal Financial Group, General American Life Insurance Co., John Alden Insurance Co., Jefferson-Pilot Life Insurance Co., Cuna Mutual Life Insurance Society, Family Health Plan Life Insurance, Pacific Atlantic Administrators.
Control measures: Standard utilization review procedures excluding hospital bill audits and case management; utilization review provided by the PPO.
Gross revenues: $78 million in 1989; $50 million in 1988.
Officers: W. Mark Jasper, president; Dr. Robert Blackman, medical director; Virginia L. Downie, marketing director; Dr. Marshall Bernes, chairman.

Continued on next page

Continued from previous page

Beech Street Inc.*

2 Ada, Suite 200 Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

Operational date: 1984.
For profit.
Staff: 12,600 participating physicians; 5,700 specialists; 15 administrative staff members; eight marketing staff members; 100% board certified physicians.
Facilities: 731 hospitals.
Service area: 20 states.
Services provided: General service, plus substance abuse, psychiatric services, chiropractic. Hospital physician available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 595 employer/payer groups; 476,420 employees with single coverage; 627,265 employees with family coverage; 1.9 million employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, rate cap; PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals, percentage of savings; the PPO will contract to reduce its fee if savings are not met. The PPO is under contract with HBJ, Plan Services, Adjustco, RyRon, Argonaut, Centennial Life, CNA Insurance, NN Investors, Cypress Insurance, Self Funding Administrators, Horace Mann.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Gross revenues: $13 million in 1989; $10 million 1988.
Officers: Edwin Crawford, president/chief executive officer; Larry J. Pyles, chief operating officer; Lester Sacks, senior vp-medical affairs; George Bregante, director-sales/marketing; John Mills, executive vp.

* Figures are corporate, including all PPOs sponsored by Beech Street Inc.

Blue Shield of California

Two North Point, San Francisco, Calif. 94133; 415-445-5000; fax: 415-445-5273

Operational date: May 1984.
Ownership: Blue Shield of California.
Not for profit.
Staff: 14,000 primary physicians; 22,000 specialists; 3,513 administrative staff members; 211 marketing staff members; 65% board certified physicians.
Facilities: 257 hospitals; 4,701 pharmacies; 515 diagnostic labs.
Service area: California.
Services provided: General service, plus prescription drug, vision, dental, chiropractic, hospice, accupuncture, short-term rehabilitation, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Prescription drug, vision, dental, substance abuse and psychiatric services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 2,669 employer/payer groups; 363,417 employees with single coverage and family coverage; 758,939 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, negotiable rates; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 25% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Gross revenues: $839.6 million in 1989; $671.2 million in 1988.
Officers: Charles W. Stewart, president; Thomas C. Paton, chairman of the board/chief executive officer; Dr. Wade Aubry, medical director; Joseph Tyszkiewicz, senior vp-marketing.

Business Health Services-Workers Compensation PPO

7311 Green Haven Drive, Sacramento, Calif. 95831; 916-391-4155; fax: 916-391-4158

Operational date: 1987.
For profit.
Facilities: 215 hospitals.
Service area: California.
Services provided: General service. Employees can select non-PPO providers.
Users: Five employer/payer groups.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a percentage of savings.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Officers: Dr. E. Scott Rosenbloom, president; Linda Ricketts, marketing director.

CNA Managed Care PPO-Central California

CNA Insurance Cos., 3530 Wilshire Blvd., Seventh Floor, Los Angeles, Calif. 90010; 213-252-7124

Operational date: January 1990.
Staff: 394 participating physicians; 79% board certified physicians.
Facilities: 11 hospitals.
Service area: Kern, Fresno and Santa Barbara counties in California.
Users: 55 employees and dependents with access to the network.
Officers: Zaven Kazazian, manager-major group sales; Ardyth Schuster, manager-cost containment development, 312-822-6206.
See CNA Managed Care PPO corporate listing under Illinois.

CNA Managed Care PPO-Los Angeles

CNA Insurance Cos., 3530 Wilshire Blvd., Seventh Floor, Los Angeles, Calif. 90010; 213-252-7124

Operational date: April 1987.
Staff: 5,123 participating physicians; 75% board certified physicians.
Facilities: 45 hospitals.
Service area: Los Angeles, Orange, Riverside, San Bernardino, Ventura, Santa Barbara and Imperial counties in California.
Users: 25,000 employees and dependents with access to the network.
Officers: Zaven Kazazian, manager-major group sales; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

CNA Managed Care PPO-Sacramento

CNA Insurance Cos., 50 Fremont St., San Francisco, Calif. 94105; 415-243-4982

Operational date: November 1987.
Staff: 902 participating physicians; 81% board certified physicians.
Facilities: 11 hospitals.
Service area: Sacramento, San Joaquin, Botte, Yuba, Placer and Stanislaus counties in California.
Users: 5,500 employees and dependents with access to the network.
Officers: Robert Shaffer, manager-major group sales; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

CNA Managed Care PPO-San Diego

CNA Insurance Cos., 3530 Wilshire Blvd., Seventh Floor, Los Angeles, Calif. 90010; 213-252-7124

Operational date: April 1987.
Staff: 1,489 participating physicians; 81% board certified physicians.
Facilities: 11 hospitals.
Service area: San Diego County in California.
Users: 1,400 employees and dependents with access to the network.
Officers: Zaven Kazazian, manager-major group sales; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

CNA Managed Care PPO-San Francisco

CNA Insurance Co., 50 Fremont St., San Francisco, Calif. 94105; 415-243-4982

Operational date: August 1986.
Staff: 3,140 participating physicians; 76% board certified physicians.
Facilities: 24 hospitals.
Service area: San Francisco, San Mateo, Santa Clara, Alameda, Contra Costa, Marin, Sanoma and Sonoma counties in California.
Users: 10,400 employees and dependents with access to the network.
Officers: Robert Shaffer, manager-major group sales; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

California Foundation for Medical Care

120 Howard St., Suite 500, San Francisco, Calif. 94105; 415-896-1971; fax: 415-957-2625

Operational date: July 1986.
Ownership: United Foundations for Medical Care Inc.
For profit.
Staff: 8,800 primary physicians; 11,200 specialists; three administrative staff members; one marketing staff member; average of 12 patients per primary physician; 80% board certified physicians.
Facilities: 330 hospitals.
Service area: California.
Services provided: General service, plus psychiatric services, obstetrics/gynecology. Panel, hospital, utilization review unbundled.
Users: 52,000 employer/payer groups; 119,600 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding length of stay determination and discharge planning; utilization review provided by the PPO.
Officers: Lee Hone, chief executive officer/president; Dr. John McGee, medical director.
Contact: Doris Halros, director-operations.

California Preferred Providers

25 W. Carrillo St., Santa Barbara, Calif. 93101; 805-963-0566; fax: 805-564-4167

Operational date: June 1982.
For profit.
Staff: 220 participating physicians; 146 specialists; four administrative staff members; one marketing staff member; 96% board certified physicians.
Facilities: Seven hospitals; 19 pharmacies; four diagnostic labs.
Service area: Santa Barbara County in California.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology and home health. Physician contracts, claims processing available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 14 employer/payer groups; 27,000 employees with single coverage.
Compensation: The PPO negotiates hospital charges by per diem rate, class for outpatient; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee, flat fee per medical doctor; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. The PPO is under contract with Equicor, Affiliated Health Funds, Mutual of Omaha, Preferred Programs Inc., Standard Life.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Gross revenues: $249,000 in 1989; $197,000 in 1988.
Officers: Leeba Lessin, president/executive director; Dr. Robert McGinnis, medical director; Steven Van Wart, marketing director; Dr. Richard Fulton, chairman.
Contact: Martha Smith.

CAPP Care Inc.

17390 Brookhurst, Suite 280, Fountain Valley, Calif. 92708; 714-963-8065; fax: 714-963-0549

Operational date: August 1982.
For profit.
Accredited by AAPPO: September 1989.
Staff: 44,546 participating physicians; 10 marketing staff members.
Facilities: 536 hospitals.
Service area: Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Louisiana, Michigan, Missouri, Nebraska, Nevada, New Mexico, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Washington, Wisconsin, Wyoming.
Services provided: General service, plus podiatry, obstetrics/gynecology. Utilization review, hospital network and physician network available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 4,000 employer/payer groups; 610,022 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services and procedure prices; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee, percent of actual savings; the PPO will contract to adjust its fees; 25% of those with access to the network are covered by such contracts. The PPO is

Continued on next page

The Mark of Quality. Why Settle for Less.

Looking for a way to evaluate the quality of a health care organization? Ask the organizations that you work with if they're Joint Commission accredited. You'll see the difference!

For further information, please complete and return the form below to:

Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Boulevard • Oakbrook Terrace, Illinois 60181
Attention: Marketing

Name _____

Organization _____

Address _____

Business Phone _____

Area of Interest _____

BI-11/90

Joint Commission
on Accreditation of Healthcare Organizations

Continued from previous page
under contract with 61 TPAs and insurers.

Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO and outside contractors.

Officers: Edward Zalta, chairman/chief executive officer; Michael E. Henry, president/chief operating officer; Dr. Harvey Eichner, medical director; Thomas R. Acosta, vp-marketing.

Chiropractic Health Plan

P.O. Box 190, Clayton, Calif. 94517; 415-672-0106

Operational date: October 1986.
For profit.
Staff: 800 participating physicians; two administrative staff members; two marketing staff members.
Service area: California.
Services provided: Chiropractic. Procedure codes, fees available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 100 employer/payer groups. 1 million employees with family coverage.
Compensation: The PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee, percentage of savings. The PPO is under contract with Preferred Health Network, Beech Street of California.
Control measures: Standard utilization review procedures includes precertification and case management only; utilization review provided by Preferred Utilization Management.
Gross revenues: $50,000 in 1989. $75,000 in 1988.
Officers: R. Lloyd Friesen, president; Ronald S. Cataldo, medical director.

CIGNA/EQUICOR Preferred Provider Organization-Los Angeles

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

CIGNA/EQUICOR Preferred Provider Organization-San Diego

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

CIGNA/EQUICOR Preferred Provider Organization-San Francisco

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Community Care Network

9265 Sky Park Court, San Diego, Calif. 92123; 619-278-2273; fax: 619-278-8621

Operational date: June 1984.
Ownership: San Diego Community Health Care Alliance.
Not for profit.
Staff: 14,903 participating physicians; 9,593 specialists; 260 administrative staff members; eight marketing staff members; average of 120 patients per primary physician; 78% board certified physicians.
Facilities: 220 hospitals; 22 diagnostic labs.
Service area: California.
Services provided: General service, plus substance abuse, psychiatric services, home health care, workers' compensation program, dental network, obstetrics/gynecology. Hospital network, chemical dependency recovery services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 388 employer/payer groups; 600,155 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers, workers compensation insurers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals, combination of per capita fee and percent of savings; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures, excluding length of stay determination, second surgical opinion, hospital bill audits, outpatient service predetermination, case management; utilization review provided by outside contractors.
Officers: Robert M. Colasanto, president; George S. Murphy, executive director; Dr. Eugene Helsall, medical director; Patrick J. Sullivan, marketing director; Sandra Foote, vp-provider affairs; Nancy Plaxico, vp-purchaser affairs/field offices; Douglas Reeves, vp-information systems; Richard Morgan, vp-finance/administration.
Contact: Patrick J. Sullivan, vp-marketing.

Cost Care Inc.

17011 Beach Blvd., Huntington Beach, Calif. 92647; 714-842-4909; fax: 714-848-4120

Operational date: 1987.
Ownership: John Hancock Mutual Life Insurance Co.
For profit.
Staff: 8,600 participating physicians; 5,160 specialists; 25 administrative staff members; 11 marketing staff members; 100% board certified physicians.
Facilities: 103 hospitals; 20 diagnostic labs.
Service area: 27 counties in California.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. All services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 225 employer/payer groups; 72,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee. The PPO is under contract with Northwestern National Life Insurance, Penn General, Escobar, MGIS, J.P. Kennedy & Co.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Lawrence Goelman, president; Virginia Cirica, executive director; Dr. Alan Greenfield, medical director; Ray Foose, marketing director; Patricia Batt, director-network management.
Contact: Patricia Batt.

DELTA Preferred Option

P.O. Box 7736, San Francisco, Calif. 94120; 415-972-8300

Operational date: 1987.
Sponsorship: Delta Dental Plan of California.
Not for profit.
Staff: 1,600 participating dentists; 229 specialists.
Service area: California.
Services provided: Dental. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 89 employer/payer groups; 30,000 employees with single coverage; 85,000 employees with family coverage; 332,600 employees and dependents with access to the network.
Compensation: The PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures include retrospective review, computer practice profiles, dentist consultant treatment review, patient treatment computer cross-check; utilization review provided by the PPO.
Gross revenues: $853.2 million in 1989; $784.8 million in 1988.
Officers: Dr. Erik D. Olsen, president; Dr. John F. Field, senior vp-public and professional services; Don B. Conkling, senior vp-marketing/underwriting/actuarial/research; Joseph C. Jaeger, senior vp-chief financial officer; William T. Ward, senior vp-general services.
Contact: Jerry R. Holcombe, vp-public and professional services, 415-972-8484.

Exclusive Provider System

12465 Lewis St., Suite 104, Garden Grove, Calif. 92640; 714-748-9291; fax: 714-748-9294

Operational date: April 1987.
Ownership: Xordium Inc.
For profit.
Staff: 200 participating physicians; 50 specialists; four administrative staff members; two marketing staff members; 75% board certified physicians.
Service area: Ventura, Orange, San Diego, Riverside, San Bernardino and Los Angeles counties; cities of Sacramento, Kern, SanJoaquoin, Santa Clara, Fresno in California.
Services provided: General service, plus industrial medicine. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 35 employer/payer groups; 30,000 employees with single coverage.
Compensation: The PPO is compensated by employers/payers and health care providers; the PPO charges a percent of services rendered by participating doctors/hospitals and employer for additional services.
Control measures: Standard utilization review procedure includes retrospective review and case management only; utilization review provided by the PPO.
Gross revenues: $600,000 in 1989; $300,000 in 1988.
Officers: Karen J. Gillett, president/executive director/marketing director; Fred C. Gillett, vp.
Contact: Karen Gillett.

Foundation for Medical Care of Santa Clara County

1101 S. Winchester Blvd.,Suite F-164, San Jose, Calif. 95128; 408-248-9400

Operational date: 1960.
Not for profit.
Staff: 1,700 participating physicians; three administrative staff members.
Facilities: Nine hospitals; five diagnostic labs.
Service area: Santa Clara County in California.
Services provided: General service, plus psychiatric services, obstetrics/gynecology. Provider panel available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 430 employer/payer groups; 22,540 employees with single and family coverage; 56,350 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee. The PPO is under contract with Principal Mutual Life, American Western Life, Blue Cross, Comparative Insurance Services/United Administrative Services, EBP Insurance Services, Travelers Plan Administrators, Equitable Life Assurance, California Foundations TPAs and insurers.
Control measures: Standard utilization review procedures, excluding length of stay determination, discharge planning, hospital bill audits, outpatient service predetermination, case management; utilization review provided by Review Services Inc.
Officers: Dr. James R. Dickson, president; Charles W. Maschal Jr., executive director; Dr. Donald L. Allari, vp; Dr. Allan S. Vishoot, secretary; John Working, treasurer.
Contact: Marilyn Credi.

Golden West Dental & Vision Plan

888 W. Ventura Blvd., Suite 7, Camarillo, Calif. 93010; 805-987-8941; fax: 805-987-6110

Operational date: 1974.
For profit.
Staff: 550 participating physicians; 175 specialists; 11 administrative staff members; 10 marketing staff members; average of 140 patients per primary physician; 100% board certified physicians.
Service area: California.
Services provided: General service, plus vision and dental. Employees cannot select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 680 employer/payer groups; 35,000 employees with single coverage; 38,000 employees with family coverage; 79,000 employees and dependents with access to the network.
Compensation: The PPO is compensated by claims administrators; the PPO charges a flat fee per eligible employee; the PPO is under contract with TPAs or insurers in California.
Control measures: Standard dental procedures; utilization review provided by the PPO.
Officers: Karl Lehmann, president; Daphne Becker, chief financial officer; Jeff Petron, dental director; William H. Ayres Jr., marketing director; Troy Becker, controller; Candee Bolyog, administrator; James Fuhrman, service manager; Charles Simmons, programmer.

Great-West Care-Central California

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: November 1989.
Staff: 365 participating physicians; 75% board certified physicians.
Facilities: 12 hospitals.
Service area: San Luis Obispo, Kern, Santa Barbara, Tulare, Fresno, San Joaquin, Stanislaus counties in California.
See Great-West Care corporate listing under Colorado.

Great-West Care-Los Angeles/Orange County

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: April 1987.
Staff: 4,863 participating physicians; 75% board certified physicians.
Facilities: 41 hospitals.
Service area: Ventura, Los Angeles, San Bernardino, Riverside, Orange counties in California.
See Great-West Care corporate listing under Colorado.

Great-West Care-Sacramento

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: November 1987.
Staff: 756 participating physicians; 75% board certified physicians.
Facilities: Nine hospitals.
Service area: Eldorado, Sacramento, Colusa, Yolo, Sutter, Nevada, Yuba, Amador counties in California.
See Great-West Care corporate listing under Colorado.

Great-West Care-San Diego

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: September 1987.
Staff: 1,415 participating physicians; 75% board certified physicians.
Facilities: Eight hospitals.
Service area: San Diego County in California.
See Great-West Care corporate listing under Colorado.

Great-West Care-San Francisco

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1986.
Staff: 2,795 participating physicians; 75% board certified physicians.
Facilities: 26 hospitals.
Service area: Mendocino, Lake, Sonoma, Napa, Solano, Marin, Contra Costa, San Mateo, Humboldt, Trinity, Alameda, Santa Clara, Santa Cruz, San Benito, San Francisco, Contra Costa counties in California.
See Great-West Care corporate listing under Colorado.

Great-West Care Exclusive-Los Angeles

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: December 1989.
Staff: 544 primary physicians; 1,445 specialists.
Facilities: 22 hospitals.
Service area: Greater Los Angeles area.
See Great-West Care corporate listing under Colorado.

Great-West Care Exclusive-San Francisco

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: May 1990.
Staff: 379 primary physicians.
Facilities: 12 hospitals.
Service area: Mendocino, Lake, Sonoma, Napa, Solano, Marin, Contra Costa, San Mateo, Humboldt, Trinity, Alameda, Santa Clara, Santa Cruz, San Benito, San Francisco counties in California.
See Great-West Care corporate listing under Colorado.

John Hancock Preferred Health Plan-California

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Hartford's Pulse Plan of Northern California

200 Hopmeadow St., Simsbury, Conn. 06070; 203-547-5000

Operational date: April 1987.
Sponsorship: Hartford Life Insurance Cos.
For profit.
Staff: 1,577 primary care physicians; 1,220 specialists.
Facilities: 42 hospitals; 37 diagnostic labs.
Service area: Alameda, Contra Costa, Fresno, Marin, Sacramento, San Francisco, San Mateo and Santa Clara counties in California.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 34 employer/payer groups; 15,635 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate or by a percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures; utilization review provided by the PPO and Valutrac.
Contact: Jinnie K. Simonsen, regional sales manager, The Hartford Insurance Group, 455 Market St., San Francisco, Calif. 94105; 415-995-3200.

Hartford's Pulse Plan of Southern California

200 Hopmeadow St., Simsbury, Conn. 06070; 203-547-5000

Operational date: April 1987.
Sponsorship: Hartford Life Insurance Cos.
For profit.
Staff: 2,757 primary care physicians; 1,915 specialists.
Facilities: 76 hospitals; 32 diagnostic labs.
Service area: Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego and Ventura counties in California.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 51 employer/payer groups; 17,989 employees and dependents with access to the network.

Continued on next page

Continued from previous page

Compensation: The PPO negotiates hospital charges by per diem rate or by a percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures; utilization review provided by the PPO and Valutrac.

Contact: Arthur L. Smith, regional sales manager, The Hartford Insurance Group, 13191 Crossroads Atrium, Suite 320, City of Industry, Calif. 91746; 213-695-8111.

Health Care Aware Inc.

31255 Cedar Valley Drive, Westlake Village, Calif. 91362; 818-707-7244; fax: 818-706-3568

Operational date: 1976.
For profit.
Staff: 800 participating physicians; 800 specialists; 15 administrative staff members; five marketing staff members; average of 1,875 patients per primary physician; 15% board certified physicians.
Service area: California and Arizona.
Services provided: General service, plus dental, substance abuse, psychiatric services, podiatry, chiropractic PPO/chiropractic workers' compensation. Panel access, re-pricing, prospective review, concurrent, retrospective reviews and managed care/case management available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 80 employer/payer groups; 1.5 million employees with single coverage; 1.5 million employees with family coverage; 3.8 million employees and dependents with access to the network.
Compensation: The PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO will contract to adjust its fees. The PPO is under contract with Employees Benefits America/PM Group Life.
Control measures: Standard utilization review procedures, excluding preadmission hospital review, second surgical opinion, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.
Gross revenues: $5 million in 1989; $4.8 million in 1988.
Officers: Frederick Derfler, president/chief executive officer; Hi Hand, executive vp; Martin Snyder, vp-medical director; D.R. Rawson, Addie Derfler, marketing directors; Phyllis Katz, vp-chief operating officer.

Humana Insurance Co.

333 S. Anita, Suite 800, Orange, Calif. 92668; 714-939-8250

Officers: Stephen Zeger, executive director; Dr. James Wamsley, medical director; Gary Ziegler, sales manager; Barbara Shepperd, operations manager.
See Humana Health Care Plans under Kentucky.

Insurance Dentists of America

20480 Blauer Drive, Saratoga, Calif. 95070; 408-867-1960; fax: 408-867-0899

Operational date: September 1983.
For profit.
Staff: 28,000 participating dentists; 4,200 specialists; seven administrative staff members.
Service area: Nationwide.
Services provided: General service, plus dental. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 378 employer/payer groups; 2 million employees and dependents with access to the network.
Compensation: The PPO is compensated by client carriers; the PPO charges a flat fee per eligible employee. The PPO is under contract with Metropolitan Life, Travelers, MassMutual, Phoenix Mutual, Principal Financial Group, Provident Life & Accident, Mutual of Omaha.
Control measures: Utilization review provided by the PPO.
Officers: Dr. Richard L. Garwood, president; Dr. William G. Donwes, vp; Dr. Gordon D. Marx, vp-professional relations; Dr. Donald A. Palus, director-professional relations.

Interplan Corp.

1150 W. Robinhood Drive, Suite 2-C, Stockton, Calif. 95207; 209-473-0811; fax: 209-473-0863

Operational date: August 1984.
For profit.
Staff: 13,500 participating physicians; 7,200 specialists; 23 administrative staff; one marketing staff member; 95% board certified physicians.
Facilities: 260 hospitals; 300 diagnostic labs.
Service area: California and Nevada; portions of Idaho, Washington, Oregon, Hawaii.
Services provided: General service, plus psychiatric services, substance abuse, podiatry, obstetrics/gynecology, mental health. All services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 110 employer/payer groups; 142,000 employees with single coverage; 142,000 employees with family coverage; 325,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, per case; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measure: Standard utilization review procedures, including claims review and employee assistance program; utilization review provided by the PPO and outside contractors.
Officers: Daniel P. Sheehy, president; Phoebe Brown, vp-executive director; Nilda Johnson, director-professional services.

Lincoln National Preferred Plan

1920 Main St., Suite 850, Irvine, Calif. 92714; 714-251-0441

Contact: Terry Bayer, general manager; Dennis McCarthy, regional manager.
See Lincoln National Preferred Plan under Indiana.

Lincoln National Preferred Plan

3875 Hopyard Road, Pleasanton, Calif. 94566; 415-847-7200

Contact: Terry Bayer, general manager; Craig Cameron, regional manager.
See Lincoln National Preferred Plan under Indiana.

Lincoln National Preferred Plan

9342 Tech Center Drive, Sacramento, Calif. 95826; 916-368-4161

Contact: Terry Bayer, general manager; Craig Cameron, regional manager.
See Lincoln National Preferred Plan under Indiana.

Lincoln National Preferred Plan

2655 Camino del Rio N., Suite 300, San Diego, Calif. 92108; 619-299-6910 or 800-999-8033

Contact: Terry Bayer, general manager; Jim O'Rourke, regional manager.
See Lincoln National Preferred Plan under Indiana.

Lincoln National Preferred Plan

21800 Oxnard St., Suite 600, Woodland Hills, Calif. 91367; 818-716-7033

Contact: Terry Bayer, general manager; Tom Seigner, regional manager.
See Lincoln National Preferred Plan under Indiana.

Managed Care Systems Inc.

3626 Fair Oaks Blvd., Suite 300, Sacramento, Calif. 95864; 916-482-3295; fax: 916-482-0501

Operational date: November 1986.
For profit.
Staff: 600 participating physicians; 500 marketing staff members; 25 administrative staff; three marketing staff; average of 3,000 patients per primary physician; 85% board certified physicians.
Facilities: Nine hospitals, branches of two drug store chains and one diagnostic lab.
Services provided: General service, plus prescription drug, vision, dental, psychiatric services, podiatry, obstetrics/gynecology. All services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Compensation: The PPO negotiates charges by per diem rate; the PPO is compensated by claims administrators; the PPO charges a percent of services rendered by participating doctors/ hospitals. The PPO will contract to adjust its fees.
Control measures: Standard utilization review procedures include preadmission hospital review, concurrent hospital treatment review, retrospective review, outpatient service predetermination, case management; utilization review provided by the PPO.
Officers: Karen F. Taranto, president/chief executive officer; Dr. Philip J. Reilly, medical director.

MetLife Network-Northern California

50 Fremont St., Suite 1100, San Francisco, Calif. 94105; 415-957-4101

Contact: Vincent P. Welch, vp.
See MetLife Network under Connecticut.

MetLife Network-Southern California

The Bank of America Tower, Suite 700, 1 City Boulevard W., Orange, Calif. 92668-3651; 714-978-1991

Contact: Frederick F. Moran Jr., vp.
See MetLife Network under Connecticut.

Multi-Plus Network

P.O. Box 3763, Tustin, Calif. 92681; 800-634-3740 in California or 800-221-0682; 714-544-9146

Operational date: August 1988.
For profit.
Staff: 7,922 participating physicians; 4,589 specialists; 10 administrative staff members; one marketing staff member; average of 10.4 patients per primary physician; 73% board certified physicians.
Facilities: 67 hospitals; 20,000 pharmacies (through IPC).
Service area: California.
Services provided: General service, plus prescription drug, vision, substance abuse, psychiatric services, chiropractic, physical therapy, podiatry, obstetrics/gynecology. Utilization review, panel hospitals or panel physicians available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 1,100 employer/payer groups; 6,940 employees with single coverage; 8,832 employees with family coverage; 34,700 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee. The PPO is under contract with NIAI Insurance Administrators Inc., GPA Insurance Administrators Inc.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the PPO.
Gross revenues: $8 million in 1989; $1 million in 1988.
Officers: Raymond E. Hotchkiss, president; Kenneth W. Mooney, executive director; Dr. Edward Cunningham, medical director.

Mutually Preferred-California

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

New England Care-Central California

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: November 1989.
Staff: 365 participating physicians; 75% board certified physicians.
Facilities: 12 hospitals.
Service area: San Luis Obispo, Kern, Santa Barbara, Tulare, Fresno, San Joaquin, Stanislaus counties in California.
See New England Care corporate listing under Colorado.

New England Care-Los Angeles/Orange County

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: April 1987.
Staff: 4,863 participating physicians; 75% board certified physicians.
Facilities: 41 hospitals.
Service area: Ventura, Los Angeles, San Bernardino, Riverside, Orange counties in California.
See New England Care corporate listing under Colorado.

New England Care-Sacramento

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: November 1987.
Staff: 756 participating physicians; 75% board certified physicians.
Facilities: Nine hospitals.
Service area: Eldorado, Sacramento, Colusa, Yolo, Sutter, Nevada, Yuba, Amador counties in California.
See New England Care corporate listing under Colorado.

New England Care-San Diego

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: September 1987.
Staff: 1,415 participating physicians; 75% board certified physicians.
Facilities: Eight hospitals.

Continued on next page

In the complex world of managed health care, there is but one simple answer

The Pace Group, Inc.

National managed care consultants to the purchasers and providers of health care since 1978.

With an eye to the future and a commitment to cost effective management of quality health care services, The Pace Group works closely with all entities involved in managed health care today. If your organization is a

Hospital
Physician Group
Health Care Coalition
HMO
PPO
Commercial Insurance Company
Hospital/Medical Staff Joint Venture
Hospital/Medical Service Corporation
IPA
Self-Insured Employer

Let The Pace Group help you establish a balance in the complex world of managed care.

THE PACE GROUP

Because Health Care is Competitive Business

The Pace Group, Inc., 9330 LBJ Freeway, Suite 740, Dallas, TX, 75243
Telephone (214) 437-5611

Continued from previous page
Service area: San Diego County in California.
See New England Care corporate listing under Colorado.

New England Care-San Francisco

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1986.
Staff: 2,795 participating physicians; 75% board certified physicians.
Facilities: 26 hospitals.
Service area: Mendocino, Lake, Sonoma, Napa, Solano, Marin, Contra Costa, San Mateo, Humboldt, Trinity, Alameda, Santa Clara, Santa Cruz, San Benito, San Francisco counties in California.
See New England Care corporate listing under Colorado.

New England Care Exclusive-Los Angeles

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: December 1989.
Staff: 544 primary care physicians; 1,445 specialists.
Facilities: 22 hospitals.
Service area: Greater Los Angeles.
See New England Care corporate listing under Colorado.

New England Care Exclusive-San Francisco

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: May 1990.
Staff: 379 primary care physicians.
Facilities: 12 hospitals.
Service area: Mendocino, Lake, Sonoma, Napa, Solano, Marin, Contra Costa, San Mateo, Humboldt, Trinity, Alemeda, Santa Clara, Santa Cruz, San Benito, San Francisco counties in California.
See New England Care corporate listing under Colorado.

OUCH

2400 Venture Oaks Way, Sacramento, Calif. 916-924-5200; fax: 916-924-5234

Operational date: January 1986.
For profit.
Staff: 31,000 participating physicians; 24,800 specialists; 40 administrative staff members; 36 marketing staff members; 80% board certified physicians.
Facilities: 500 hospitals; 1,800 pharmacies; 58 diagnostic labs.
Service area: Texas, Arizona, New Mexico, California, Oregon, Florida, Michigan.
Services provided: General service, plus dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Utilization review, bill review available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 3.2 million employees and dependents with access to the network (includes workers compensation).
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a percentage of savings to payers. The PPO is under contract with mutliple TPAs/insurers.
Control measures: Standard utilization review procedures, including outpatient concurrent/retro review; utilization review provided by the PPO.
Gross revenues: $18 million in 1989; $11 million in 1988.
Officers: W. Robert Keen, president; James Cameron, chief executive officer; Dr. Max Negri, medical director; Terry M. Borchers, vp-marketing.

PPO Alliance

21800 Oxnard, Suite 550, P.O. Box 4203 (91365), Woodland Hills, Calif. 91367; 818-710-7762; fax: 818-710-7835

Operational date: 1984.
Ownership: UniHealth America, Adventist Health System/West.
For profit.
Staff: 12,000 participating physicians; 7,200 specialists; 35 administrative staff members; five marketing staff members; average of 146 patients per primary physician; 85% board certified physicians.
Facilities: 130 hospitals.
Service area: California, Nevada and nationwide through affiliations.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology, Medicare, workers compensation. Substance abuse, psychiatric services, obstetrics/gynecology, Medicare, workers compensation available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 650 employer/payer groups; 700,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, case pricing; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee, percent of savings.
Control measures: Standard utilization review procedures; utilization review provided by Pacific Review Services or payer-designated company.
Officers: John C. Funk, president; Steven Cerra, sales director.
Contact: Steven Cerra.

Pacific Providers Medical Group Inc.

2080 Century Park E., Suite 1703, Los Angeles, Calif. 90067; 213-553-2080

Operational date: 1983.
For profit.
Staff: 125 participating physicians; 100 specialists; one administrative staff member; 95% board certified physicians.
Facilities: One hospital; one diagnostic lab.
Service area: Los Angeles County.
Services provided: General service, plus substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 10 employer/payer groups; 10,000 employees with single coverage; 10,000 employees with family coverage; 25,000 employees and dependents with access to the network.
Compensation: The PPO does not negotiate hospital charges. The company contracts with employers to provide discounted fee for service care; no other PPO functions performed.
Control measures: Utilization review not provided.
Officers: Dr. Howard M. Moss, president.

Physical Therapy Provider Network Inc.

21243 Ventura Blvd., Suite 241, Woodland Hills, Calif. 91364; 818-883-7876; fax: 818-883-0669

Operational date: May 1985.
For profit.
Staff: 500 participating physical therapists; seven administrative staff members; two marketing staff members.
Service area: California.
Services provided: therapy. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 60 employer/payer groups; 2 million employees and dependents with access to the network.
Compensation: The PPO is compensated by health care providers; the PPO charges yearly dues.
Control measures: Standard utilization review procedures include retrospective review and case management; utilization review provided by the PPO.
Gross revenues: $3 million in 1989; $1.5 million in 1988.
Officers: Michael Weinper, president; Fred Rothenberg, executive director; Elise Latawiec, medical director; Janis Peterson, marketing director.
Contact: Nancy Rothenberg-Landis, administrator.

Preferred Health Network

301 E. Ocean Blvd., Suite 900, Long Beach, Calif. 90802; 213-983-1616; fax: 213-983-1424

Operational date: 1983.
For profit.
Staff: 13,000 participating physicians; 7,000 specialists; 120 administrative staff members; 10 marketing staff members; average of four patients per primary physician; 65% board certified physicians.
Facilities: 140 hospitals; 80 diagnostic labs.
Service area: California.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Network, utilization review, ambulatory review services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 10,000 employer/128 payer groups; 920,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of savings; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 55 of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures, excluding hospital bill audits and outpatient service predetermination; utilization review provided by the PPO.
Gross revenues: $150 million in 1989; $120 million in 1988.
Officers: Richard M. Mastaler, president/chief executive officer; Ronald Seibel, executive director/chief financial officer; Kenneth B. Epstein, medical director; Joseph M. Manheim, marketing director.

Preferred Plus of Northern California

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: January 1985.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 4,500 participating physicians.
Facilities: 50 hospitals.
Service area: Alameda, Contra Costa, Fresno, Marin, Napa, Sacramento, Santa Clara, Santa Cruz, San Francisco, San Joaquin, San Mateo, Solano and Sonoma counties in California.
Services provided: General service, plus substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 222 employer/payer groups; 99,956 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Frank J. Racioppo Jr., regional sales director, 333 Market St., Suite 3120, San Francisco, Calif. 415-777-3383.

Preferred Plus of Southern California

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: July 1984.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 4,500 participating physicians.
Facilities: 50 hospitals.
Service area: Kern, Los Angeles, Orange, Riverside, Ventura, San Bernadino and San Diego counties in California.
Services provided: General service, plus psychiatric services and obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 188 employer/payer groups; 47,300 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Robert K. Patton, regional sales director, 801 N. Brand, Suite 330, Glendale, Calif.; 818-507-5194; Gary G. Kimsey, senior account executive, 1300 Quail Road, Suite 203, Newport Beach, Calif.; 714-851-9719.

Private Healthcare Systems Ltd.-California

The Atrium, 19100 Von Karman Ave., Suite 700, Irvine, Calif. 92715; 714-476-9816

Service area: Fresno, Modesto, Los Angeles, Orange, Riverside, San Bernadino, Ventura, Sacramento, San Diego, San Francisco, Calif.
See Private Healthcare Systems Ltd. under Masschusetts.

Provident Preferred Networks

5750 Wilshire Blvd., Los Angeles, Calif. 90036; 213-964-9172; fax: 213-964-7976

Operational date: January 1984.
Ownership: Provident Life & Accident Insurance Co.
For profit.
Staff: 11,080 participating physicians; 10,780 specialists; 40 administrative staff members; 21 marketing staff members; average of five patients per primary physician; 70% board certified physicians.
Facilities: 115 hospitals.
Service area: Maricopa, Pima and Pinal counties in Arizona; California.
Services provided: General service, plus substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 285 employer/payer groups; 57,500 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Dr. Steven George, medical director.

Prudent Buyer Plan

Blue Cross of California, P.O. Box 4137, Van Nuys, Calif. 91365; 818-703-2345; fax: 818-703-4332

Operational date: 1983.
Sponsorship: Blue Cross of California.
Ownership: Hospital Service Corp.
Not for profit.
Staff: 30,413 participating physicians; 18,248 specialists; 13 administrative staff members; six marketing staff members; average of 125 patients per primary physician; 47% board certified physicians.
Facilities: 260 hospitals; 3,860 pharmacies.
Service area: California; Nevada.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 1.5 million employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the PPO and 12 outside contractors.
Officers: Leonard Schaeffer, chairman/chief executive officer; Ron Williams, executive vp-health services and products group; Dr. Steven Posar, medical director; David Pincus, director-marketing/communication; Faye Donley, vp-Blue Cross of California.
Contact: Faye Donley, 21555 Oxnard St., Woodland Hills, Calif. 91367.

Pru-Net

5800 Canoga Ave., Woodland Hills, Calif. 91367; 818-712-5046; fax: 818-992-2288

Operational date: October 1983.
Ownership: Prudential Insurance Co. of America.
For profit.
Staff: 25,982 participating physicians; 50 marketing staff members.
Facilities: 247 hospitals.
Service area: Arizona, California, Colorado, Nevada, New Mexico, Washington.
Services provided: General service, plus substance abuse, psychiatric services, podiatry, obstetrics/gynecology, mental health. Mental health and substance abuse available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 155 employer/payer groups; 498,166 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee. The PPO is under contract with Northwest Administrators-Southwest Administrator, Robert F. May Co.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the Prudential Insurance Co. of America.
Officers: Kathy Swenson, vp-health care management; Alexandra L. Lukawsky, executive director; Dr. I. Jeff Kamil, medical director; Robert Clendenin, vp-group marketing.

Psychology Systems Inc.

615 S. Main St., Milpitas, Calif. 95035; 408-263-8046 or 800-992-8448; fax: 408-942-0264

Operational date: 1980.
For profit.
Staff: 1,450 participating physicians; 285 specialists; 21 administrative staff members; four marketing staff members; 10% board certified physicians.
Facilities: 400 hospitals.
Service area: 58 counties in California; 23 states, Hong Kong.
Services provided: General service, plus substance abuse, psychiatric services, managed behavioral care. All psychiatric, utilization review and managed care available unbundled. Employees cannot select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 341 employer/payer groups; 146,000 employees with single coverage; 67,000 employees with family coverage.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, cost-sharing contracts available; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 10% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures, excluding second surgical opinion and outpatient service predetermination; utilization review provided by the PPO and outside contractors.

Continued on next page

Continued from previous page

Officers: Dr. John C. Brady II, president; Dr. R. Seff, medical director; Richard Falk, marketing director; James Wallace, vp-managed care.

Contact: James Wallace.

San Diego Foundation for Medical Care

9555 Chesapeake Drive, Suite 203, San Diego, Calif. 92123-6394; 619-268-7500; fax: 619-268-8136

Operational date: January 1959.
Not for profit.
Staff: 2,536 participating physicians; 1,735 specialists; four administrative staff members; two marketing staff members; 73% board certified physicians.
Facilities: 27 hospitals; 35 pharmacies; 10 diagnostic labs.
Service area: San Diego and Imperial counties in California.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, radiology, surgicenters, laboratories, ENT, pediatric, neurology, endocrinology, dermatology, anesthesiology, emergency medical, family practice, internal medicine, geriatrics, nuclear medicine, nephrology, oncology, rheumatology, surgery, urology. Provider network, ambulatory peer review, hospital utilization review, individual case management, claims pricing available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 52 employer/payer groups; 10,000 employees with single coverage; 101,038 employees with family coverage; 363,633 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, percent discount off billed charges for outpatient services; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO is under contract with three TPAs and 17 insurers.
Control measures: Standard utilization review procedures, excluding second surgical opinion, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.
Officers: Dr. Leroy Rhein, president; Robert F. Thurner, chief executive officer; Bernard Minton, executive vp-finance.
Contact: Robert Thurner.

Sanus Preferred Providers West Inc.

7777 Center Ave., Suite 490, Huntington Beach, Calif. 92647; 714-893-0505 or 800-221-9080; fax: 714-894-1506

Operational date: March 1987.
Sponsorship: Sanus Corp. Health Systems.
Ownership: New York Life Insurance Co.
For profit.
Staff: 6,224 participating physicians; 4,468 specialists; five administrative staff members; two marketing staff members; average of 60 patients per primary physician; 90% board certified and board eligible physicians.
Facilities: 35 hospitals; 24 diagnostic labs.
Service area: Los Angeles, Orange and Riverside counties in California; Tulsa, Okla.; Yuma, Ariz.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health, physical therapy, chiropractic, audiology, speech, pathology, dialysis, radiology/imaging, ambulance. Employees can select non-PPO providers at time of service. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: Two employer/payer groups; 90,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rates; percent discount off customary rates for individual services; case rates for maternity, substance abuse and cardiovascular surgery cases. The PPO is compensated by employers/payers; the PPO's charges are individually negotiated.
Control measures: Standard utilization review procedures, excluding retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.
Officers: Dr. Rocco J. Vitacca, president/medical director; Stephen J. Zobel, assistant vp-marketing director.

South Bay Independent Physicians Medical Group Inc.

3480 Torrance Blvd., Suite 220, Torrance, Calif. 90503; 213-543-8805; fax: 213-543-8811

Operational date: June 1984.
Ownership: South Bay Independent Physicians Medical Group.
For profit.
Staff: 360 participating physicians; three administrative staff members; one marketing staff member; 95% board certified physicians.
Facilities: 10 hospitals.
Service area: Los Angeles, Calif.
Services provided: General services, plus vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, home health care. Employees can select non-PPO providers. Can be customized to employer specifications. Individual enrollment not allowed.
Users: 200 employer/payer groups.
Compensation: The PPO is not involved with hospital charges; the PPO is compensated by health care providers; providers pay membership dues to the PPO for services. The PPO is under contract with multiple TPAs and insurers.
Control measures: Standard utilization review procedures, excluding hospital bill audits, outpatient service predetermination; utilization review provided by outside contractors.
Officers: Dr. David Bray, president; Fredric King, executive director; Lynn Thomas, marketing director.

Travelers Preferred-Fresno

770 Shaw Ave., Suite 326, Fresno, Calif. 93710; 209-225-6667

Operational date: March 1988.
Ownership: The Travelers Insurance Co.
For profit.
Staff: 343 participating physicians.
Facilities: Seven hospitals.
Service area: Fresno, Kings, Madera and Tulare counties in California.
Services provided: General services. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: Six employer/payer groups; 1,374 participating employees.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the PPO.
Contact: Ann Carder, executive director, 916-631-3872; Doug Elkins, sales manager.

Travelers Preferred-Northern California

185 Lennon Lane, Walnut Creek, California 94598; 916-631-3872

Operational date: July 1986.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 4,487 participating physicians.
Facilities: 29 hospitals.
Service area: Alameda, Contra Costa, Lake, Marin, Mendocino, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma counties.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 524 employer/payer groups; 36,218 participating employees.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the PPO.
Contact: Roland King, executive director; Gail M. Ptacek, provider relations representative; Christine Mertz, Ronald Wimer, sales managers.

Travelers Preferred-Sacramento

2729 Prospect Park Drive, Rancho Cordova, Calif. 95670; 916-631-3872

Operational date: February 1988.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 721 participating physicians.
Facilities: Nine hospitals.
Service area: Amador, El Dorado, Placer, Sacramento and Yolo counties in California.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 17 employer/payer groups; 5,118 participating employees.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by the PPO.
Contact: Ann Carder, executive director; Mary Richards, sales manager.

Travelers Preferred-San Diego

9555 Chesapeake Drive, P.O. Box 23545, San Diego, Calif. 92123; 619-268-7500

Operational date: April 1986.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 2,603 participating physicians.
Facilities: 278 hospitals.
Service area: Imperial and San Diego counties in California.
Users: 485 employer/payer groups; 21,345 participating employees.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Michael Ganey, vp-planning and development; Ernie Garcia, sales manager.

Travelers Preferred-Southern California

145 South State College Blvd., Suite 200, Brea, Calif. 92621-5897; 714-671-8632

Operational date: June 1987.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 5,433 participating physicians.
Facilities: 43 hospitals.
Service area: Los Angeles, Orange, Riverside, San Bernadino, Santa Barbara, Kern and Ventura counties in California.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 189 employer/payer groups; 62,477 participating employees.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Terry Herold, executive director; Reid S. Dienhart, Greg Taylor, sales managers.

Continued on next page

A GOOD DENTAL BENEFIT PLAN WORKS



BOTH WAYS.

There's one simple reason why MIDA Dental Plans, Inc. is growing faster than the rest.

MIDA works better for everyone.

We're the most cost effective way to give your employees the best dental coverage in the business. With no yearly maximums, no claim forms, no paperwork, and no fine print.

One low monthly payment covers all your dental care and we even have plans that cover orthodontics.

So, if you're looking for a dental plan that will make you and your employees smile, call MIDA Dental Plans. When it comes to coverage, quality and convenience, MIDA does it better.

MIDA does more to make you smile.

MIDA Dental Plans

MIDA Dental Plans, Inc.*
2000 Town Center, Suite 2200
Southfield, Michigan 48075
313/353-6410
1-800-253-MIDA (In MI)
1-800-222-MIDA (Out of MI)

I'd like to know more about MIDA Dental Plans.

Company Name
Name
Address
City
Telephone
Number of employees

Continued from previous page

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.

Wausau Preferred Care-California

2000 Westwood Drive, Wausau, Wis. 54402; 715-847-6896; fax: 715-847-8740

See Wausau Preferred Care under Wisconsin.

Western Health Network

100 Foster City Blvd., Foster City, Calif. 94404; 415-573-8041; fax: 415-574-8226

Operational date: January 1983.
Sponsorship: American Western Life Insurance Co.
For profit.
Staff: 19,153 participating physicians; 14,500 specialists; seven administrative staff members; two marketing staff members; average of eight patients per primary physician.
Facilities: 341 hospitals; 65 diagnostic labs.
Service area: California, Arizona.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic, physical therapy. Employees can select non-PPO providers.
Users: 2,600 employer/payer groups; 9,600 employees with single coverage; 13,500 employees with family coverage; 44,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by claims administrators, insurance company. The PPO is under contract with American Western Life Insurance Co., Dun & Bradstreet Plan Services, Alta Health Strategies.
Control measures: Standard utilization review procedures, excluding length of stay determination, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO and six local UR organizations operated by Foundation for Medical Care.
Gross revenues: $26.8 million in 1989; $29.7 million in 1988.
Officers: James R. Henry, president; Dr. Steven Howard, medical director.

Colorado

Admar Corp.-Colorado

850 Town & Country Road, Orange, Calif. 92668; 714-953-9600; fax: 714-953-9060

See Admar Corp. under California.

Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-Colorado

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Avesis Inc.-Colorado

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: 57 participating dentists, 15 dental specialists; four participating audiologists; 32 participating optometrists, opthalmologists, opticians.
Facilities: 138 pharmacies.
Service area: Colorado.
Users: Dental: 1,750 employees with single coverage. Hearing: 26 employer/payer groups; 5,331 employees with single coverage. Vision: 39 employer/payer groups; 14,946 employees with single coverage.

See Avesis Inc. under Arizona.

Bethesda Provider Network

4400 E. Iliff Ave., Denver, Colo. 80222; 303-759-6357; fax: 303-759-6085

Operational date: 1985.
Ownership: Bethesda PsycHealth System.
Not for profit.
Staff: 90 participating psychiatrists, social workers and nurses; three administrative staff members; one marketing staff member.
Facilities: Two hospitals; three substance abuse facilities.
Service area: Denver, Arapahoe, Boulder, Adams, Jefferson and Douglas counties in Colorado.
Services provided: Substance abuse and psychiatric services. Facility, utilization management available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 10 employer/payer groups; 25,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate and capitation; the PPO is compensated by employers/payers and health care providers; the PPO charges a flat fee per eligible employee and capitation. The PPO will contract to receive a higher fee if savings are realized.
Control measures: Standard utilization review procedures, excluding second surgical opinion, hospital bill audits; utilization review provided by the PPO.
Officers: Patricia Hagan, executive director; Dr. Neil Weiner, medical director.

CNA Managed Care PPO-Colorado

CNA Insurance Cos., 4500 Cherry Creek Drive, Denver, Colo. 80222; 303-759-7100

Operational date: December 1986.
Staff: 2,015 participating physicians; 78% board certified physicians.
Facilities: 13 hospitals.
Service area: Denver, Boulder, Adams, Arapahoe, El Paso, Jefferson and Douglas counties in Colorado.
Users: 14,400 employees and dependents with access to the network.
Officers: Dennis Lory, manager-major group sales; Ardyth Schuster, manager-cost containment development.

See CNA Managed Care PPO corporate listing under Illinois.

CIGNA/EQUICOR Preferred Provider Organization-Denver

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

FOCUS Healthcare Management Inc.-CompNET-Colorado

7101 Executive Center Drive, Suite 160, Brentwood, Tenn. 37027; 615-377-9936; fax: 615-377-6098

See Focus Healthcare Management Inc.-CompNET under Tennessee.

Great-West Care*

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375; fax: 303-889-5760

Operational date: June 1986.
Ownership: Great-West Life Assurance Co.
For profit.
Staff: 33,626 participating physicians; 400 administrative staff members; 122 marketing staff members; 75.4% board certified physicians.
Facilities: 545 hospitals.
Service area: All 50 states excluding New York, Wyoming, Idaho, New Mexico, Nebraska, Vermont, Maine, New Hampshire, Mississippi, Arkansas, Iowa, Connecticut, Rhode Island, South Dakota, North Dakota.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 3,172 employer/payer groups; 269,725 employees with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate and percent discount off customary rates; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures; utilization review provided by Private Healthcare Systems Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gayle Perron, managed care specialist.

* Figures are corporate, including all PPOs sponsored by Great-West Care.
Contracts with Private Healthcare Systems Ltd.; see PHCS under Massachusetts.

Great-West Care-Colorado Front Range

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: December 1986.
Staff: 1,955 participating physicians; 75% board certified physicians.
Facilities: 12 hospitals.
Service area: 27 counties in Colorado.

See Great-West Care corporate listing under Colorado.

Humana Insurance Co.

3900 E. Mexico Ave., Suite 800, Denver, Colo. 80210; 303-691-6990; fax: 303-691-6988

Officers: James Cameron, executive director; Sandy Peif, sales manager; Ellen Marshall, network development manager; Dr. Scott Gilmer, medical director.

See Humana Health Care Plans under Kentucky.

Key HealthCare Inc.-Colorado

1655 Lafayette St., Suite 203, Denver, Colo. 80218; 303-866-8160; fax: 303-860-1153

Operational date: July 1978.
Not for profit.
Staff: 193 participating physicians; 113 specialists; one administrative staff member; 90% board certified physicians.
Service area: Metropolitan Denver area.
General services: Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 28 employer/payer groups; 150,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate and DRGs; the PPO is compensated by employers/payers and claims administrators; the PPO charges a percent of services rendered by participating doctors/hospitals. The PPO is under contract with Sierra Health & Life Insurance Co., Finance & Insurance Management Co.
Control measures: Standard utilization review procedures include preadmission hospital review, precertification, discharge planning, second surgical opinion; utilization review provided by Intracorp and PAR 3 through Fringe Benefit Services.
Gross revenues: $1.2 million in 1989.
Officers: Dr. Leroy J. Sides, president; Nancy McCarroll, executive director; Dr. Joseph Zbylski, vp.

Lincoln National Preferred Plan

5725 Mark Dabling Blvd., Suite 240, Colorado Springs, Colo. 80919; 719-548-8700

Contact: Stephen O'Dell, general manager; Michael Fulk, regional manager.

See Lincoln National Preferred Plan under Indiana.

Lincoln National Preferred Plan

4582 S. Ulster St., Suite 1102, Denver, Colo. 80237; 303-850-5407

Contact: Stephen O'Dell, general manager; Michael Fulk, regional manager.

See Lincoln National Preferred Plan under Indiana.

Lincoln National Preferred Plan

2627 Redwing Road, Suite 120, Fort Collins, Colo. 80526; 303-223-9898

Contact: Stephen O'Dell, general manager; Michael Fulk, regional manager.

See Lincoln National Preferred Plan under Indiana.

Lincoln National Preferred Plan

720 N. Main, Suite 200, Pueblo, Colo. 81003; 719-542-2685

Contact: Stephen O'Dell, general manager; Michael Fulk, regional manager.

See Lincoln National Preferred Plan under Indiana.

Medical Network of Colorado Springs

320 N. Academy, Suite 300, Colorado Springs, Colo. 80909; 719-475-5602; fax: 719-475-5004

Operational date: January 1984.
Ownership: Memorial Hospital of Colorado Springs; Memorial Medical Group Inc.
Not for profit.
Staff: 228 participating physicians; 108 specialists; 32 administrative staff members; four marketing staff members; 84% board certified physicians.
Facilities: One hospital; one diagnostic lab.
Service area: Portions of Park, Douglas, Elbert, Teller, El Paso and Fremont counties in Colorado.
Services provided: General service, plus vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Hospital contracts, claims processing, utilization review services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 347 employer/payer groups; 52,896 employees and dependents with access to the network (includes workers compensation).
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee. The PPO is under contract with Dual Plus Insurance, Comed Management, Home Life Insurance Co., Mutually Preferred, New York Life, Aetna Life Insurance Co./Partners National Health, Prudential Insurance Co., Western Health Network.
Control measures: Standard utilization review procedures, including peer review, member physician reporting, review of medical records; utilization review provided by the PPO.
Officers: J. Robert Peters, president; Dr. David R. Wolf, vp; Mark Steider, marketing director; Dr. Michael J. Ansfield, secretary; Dick Eitel, treasurer; Ron Burnside, Ed Arangio, Dr. J. Richard Brusenhan, Dr. Donald P. Gazibara, board members.
Contact: Vickie Endsley, marketing assistant.

MetLife Network-Colorado

The Bank of America Tower, Suite 700, 1 City Blvd. W., Orange, Calif. 92668-3651; 714-978-1991

Contact: Frederick F. Moran Jr., vp.

See MetLife Network under Connecticut.

Contact: Frederick F. Moran Jr., vp.

Mutually Preferred-Colorado

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

New England Care*

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Sponsorship: Great-West Life Assurance Co.
For profit.
Service area: Alabama, Arizona, Arkansas, California, Colorado, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Missouri, Minnesota, Mississippi, Michigan, Nevada, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures; utilization review provided by Private Healthcare Systems Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.

* Figures are corporate, including all PPOs sponsored by New England Care.
Contracts with Private Healthcare Systems; see PHCS under Massachusetts.

New England Care-Colorado Front Range

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: December 1986.
Staff: 1,955 participating physicians; 75% board certified physicians.
Facilities: 12 hospitals.
Service area: 27 counties in Colorado.

See New England Care corporate listing under Colorado.

Preferred Plus of Colorado

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: April 1988.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 2,000 participating physicians.
Facilities: 20 hospitals.
Service area: Adams, Arapahoe, Boulder, Denver, Douglas, El Paso, Ft. Collins, Greeley, Jefferson, Larimer and Weld counties in Colorado.
Services provided: General service, plus inpatient psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 50 employer/payer groups; 6,135 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Kelly L. Camp, senior account executive, 4643 S. Ulster St., Suite 1260, Denver, Colo. 303-694-9595.

Prime-Blue Cross/Blue Shield of Colorado

700 Broadway, Denver, Colo. 80273; 303-831-2131; fax: 303-830-0887

Operational date: July 1984.
Ownership: Blue Cross & Blue Shield of Colorado.
Not for profit.
Staff: 4,000 participating physicians; 2,500 specialists; average of 95 patients per primary physician; 75% board certified physicians.

Continued on next page

Continued from previous page

Facilities: 36 hospitals.
Service area: Colorado.
Services provided: General service, plus vision, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers.
Users: 2,200 employer/payer groups; 142,701 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services and DRGs.
Control measures: Standard utilization procedures, excluding length of stay determination and outpatient service predetermination; utilization review provided by the PPO.
Officers: Tom Levin, president; Dr. George Kandel, medical director; Jack McDonald, marketing director.

Private Healthcare Systems Ltd.-Colorado

Central Tower at Williams Square, 5215 N. O'Connor Blvd., Suite 1775, Irving, Texas 75039; 214-869-1451

Service area: Denver, Colorado Springs, Pueblo.
See Private Healthcare Systems Ltd. under Massachusetts.

Prudential Plus/Colorado

4643 S. Ulster, Suite 1000, Denver, Colo. 80237; 303-796-6161; fax: 303-796-6183

Operational date: January 1986.
Ownership: Prudential Insurance Co. of America.
For profit.
Staff: 766 participating physicians; 506 specialists; nine marketing staff members; average of 69.5 patients per primary physician; 79% board certified physicians.
Facilities: 16 hospitals; 66 pharmacies.
Service area: Adams, Arapahoe, Boulder, Clear, Creek, Denver, Douglas, Gilpin, Jefferson counties in Colorado.
Services provided: General service, plus prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Employees can select non-PPO providers.
Users: 93 employer/payer groups; 17,072 employees and dependents with access to the network.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: William Link, president; Dr. Nancy Ashbach, medical director; Gerald Ellis, marketing director.
Contact: Mark Donahue.

Sloans Lake Managed Care Inc.

1355 S. Colorado Blvd., Suite 405, Denver, Colo. 80222; 303-691-2200; fax: 303-691-0460

Operational date: 1978.
Not for profit.
Staff: 2,117 participating physicians; 918 specialists; 25 administrative staff members; three marketing staff members; average of 310 patients per physician; 90% board certified physicians.
Facilities: 23 hospitals; one diagnostic lab.
Service area: Colorado.
Services provided: General service, plus substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Utilization review, case management, network available on an unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 6,065 employer/payer groups; 103,727 employees with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by insurance companies/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals. The PPO is under contract with 92 TPAs and insurers.
Control measures: Standard utilization review procedures, excluding length of stay determination, hospital bill audits; utilization review provided by the PPO.
Officers: Dr. Henry C. Cleveland, president/chief executive officer; Dr. Dean Sadler, medical director; Gail McCue, director-marketing/contracts; Christine Ray, director-provider relations; Gayle Vitarius, director-finance; Kim Peerless, director-utilization review.
Contact: Gail McCue.

Travelers Preferred-Colorado

7600 E. Orchard Road, Englewood, Colo. 80111; 303-740-2055

Operational date: December 1986.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 1,648 participating physicians.
Facilities: 14 hospitals.
Service area: 15 counties in Colorado.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the Travelers Insurance Co.
Contact: Larry Dobson, executive director; Dan H. Carlson, sales manager.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Avesis Inc.-Connecticut

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: Five participating audiologists.
Facilities: 176 pharmacies.
Service area: Connecticut.
See Avesis Inc. under Arizona.

Century 2000

370 Bassett Road, North Haven, Conn. 06473; 203-239-4911; fax: 203-234-5409

Operational date: 1986.
Ownership: Blue Cross & Blue Shield of Conn.
Not for profit.
Facilities: 36 hospitals; 647 pharmacies; 57 diagnostic labs.
Service area: Connecticut.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications for larger employers. Individual enrollment is not allowed.
Users: 97 employer/payer groups; 34,162 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate (specialty hospital), percent discount off customary rates for individual services (general hospital).
Control measures: Standard utilization review procedures, including psychiatric substance abuse review, but excluding hospital bill audits, outpatient service predetermination; utilization review provided by BC/BS utilization review department.
Officers: John F. Croweak, president/chief executive officer; Dr. Donnelly, medical director; Richard S. Holdt, vp-marketing.
Contact: Deborah Hine, product manager, 203-239-8972.

CIGNA/EQUICOR Preferred Provider Organization*

Hartford, Conn. 06106; 203-726-6904

Operational date: Varies by location; first location became operational in August 1984.
Ownership: CIGNA Corp.
For profit.
Staff: 35,733 participating physicians; 75% board certified physicians.
Facilities: 640 hospitals.
Service area: Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Louisiana, Mississippi, Missouri, Minnesota, New Mexico, North Carolina, Oklahoma, Ohio, Oregon, Pennsylvania, Puerto Rico, Tennessee, Texas, Washington, Wisconsin, Virginia.
Services provided: General service varies by site. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 700,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; physicians reimbursed through negotiated or maximum fee schedules; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO is under contract with 42 TPAs or insurers.
Control measures: Standard utilization review procedures include precertification and concurrent hospital treatment review; other utilization review controls can be purchased; UR provided by the PPO and Intracorp.
Contact: Carol Staples or Patti O'Connor.
* Figures listed are corporate, including all CIGNA and Equicor PPOs sponsored by CIGNA Corp.

MetLife Network*

276 Post Road W., Westport, Conn. 06880; 203-454-6100

Operational date: January 1984.
Sponsorship: Metropolitan Life Insurance Co.
For profit.
Staff: 81,000 participating physicians.
Facilities: 830 hospitals.
Service area: Network operates in Alabama, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin and District of Columbia.
Services provided: General service, plus chemical dependency/mental health services, obstetrics/gynecology and durable medical equipment. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 247 employer/payer groups; 2.9 million employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rates for hospitals and fee schedules for physicians.
Control measures: Standard utilization review procedures, including surgical necessity review, high-risk pregnancy identification, ambulatory utilization review, but excluding retrospective review, hospital bill audits; utilization review provided by the PPO.
Officers: Robert A. Chernow, vp-managed care services group; Thomas Maxfield, vp-network management; Dr. Paul W. Frankel, national medical director.
Contact: Ambrose J. Redmond Jr., vp; Keystone Building, 21st Floor, 99 High St., Boston, Mass. 02110-2310; 617-574-3911.
* Figures are corporate, including all PPOs sponsored by Metropolitan Life Insurance Co.

Oxford Health Plans Inc.*

320 Post Road, Darien, Conn. 06820; 203-656-1442; fax: 203-444-6222

Operational date: November 1986.
For profit.
Staff: 1,642 participating physicians; 2,858 specialists; 140 administrative staff members; 46 marketing staff members; average of 60 patients per primary physician; 100% board certified physicians.
Facilities: 32 hospitals; 1,862 pharmacies; 26 diagnostic labs.
Service area: Rockland, Westchester, Suffolk, Nassau, Bronx, Queens, Kings, New York and Richmond counties in New York; New Jersey.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Administration, utilization review, provider network services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 836 employer/payer groups; 29,800 employees with single coverage; 15,000 employees with family coverage; 59,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, premium received when Oxford is on the risk; the PPO will contract to receive a higher fee if savings are realized.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Stephen F. Wiggins, president; Ben Safirstein, medical director; Dianne Laurent, marketing director.
Contact: Dianne Laurent.
* Figures are corporate, including all PPOs sponsored by Oxford Health Plans Inc.

Travelers Preferred-Connecticut

One Tower Square, 2 SHS, Hartford, Conn. 06183; 203-954-2387

Operational date: February 1989.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 1,075 participating physicians.
Facilities: 10 hospitals.
Service area: Hartford, New Haven, Fairfield and Tolland counties in Connecticut.
Services: General services. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Mary Ann Shea, executive director; Ellen White, health plan manager, John Keilman, Robert Dully, Richard Mathewson, Robert Watkins, sales managers.



Avesis Inc.-Delaware

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

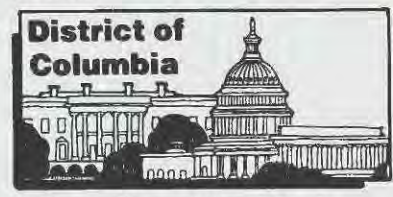
Facilities: 32 pharmacies.
Service area: Delaware.
See Avesis Inc. under Arizona.

MetLife Network-Delaware

1515 Market St., Suite 1630, Philadelphia, Pa. 19102; 215-977-7050

Contact: Thomas J. Regan, vp.

See MetLife Network under Connecticut.



Admar Corp.-District of Columbia

850 Town & Country Road, Orange, Calif. 92668; 714-953-9600; fax: 714-953-9060

See Admar Corp. under California.

Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-District of Columbia

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Avesis Inc.-District of Columbia

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: Eight participating optometrists, opthalmologists, opticians.
Facilities: Six pharmacies.
Service area: District of Columbia.
Users: Vision: two employer/payer groups; 19,191 employees with single coverage.
See Avesis Inc. under Arizona.

Blue Cross & Blue Shield Preferred Provider Plan

550 12th St., S.W., Washington D.C. 20065; 202-479-8719

Operational date: January 1987.
Sponsorship: Blue Cross & Blue Shield of the National Capital Area.
Staff: 3,570 preferred physicians.
Facilities: 28 hospitals.
Service area: Washington D.C.; Montgomery and Prince Georges counties in Maryland; Arlington and Fairfax counties and the cities of Alexandria, Fairfaw and Falls Church in Virginia.
Users: 21,147 members.
Compensation: The PPO negotiates hospital charges by per diem rate.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.

CNA Managed Care PPO-District of Columbia

CNA Insurance Cos., 1101 Market St., 25th Floor, Philadelphia, Pa. 19107; 215-351-3842

Operational date: July 1987.
Staff: 1,237 participating physicians; 77% board certified physicians.
Facilities: 17 hospitals.
Service area: District of Columbia; Montgomery and Prince Georges counties in Maryland; Fairfax County in Virginia.
Users: 72,100 employees and dependents with access to the network.
Officers: Bill Gabel, manager-sales; Ardyth Schuster, executive director.
See CNA Managed Care PPO corporate listing under Illinois.

John Hancock Preferred Health Plan-District of Columbia

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Continued on next page

Continued from previous page

Hartford's Pulse Plan of Washington, D.C.

200 Hopmeadow St., Simsbury, Conn. 06070; 203-547-5000

Operational date: April 1988.
Sponsorship: Hartford Life Insurance Cos.
For profit.
Staff: 429 primary care physicians; specialists; 1,189 administrative staff members.
Facilities: 18 hospitals; five diagnostic labs.
Service area: Washington, D.C.; Montgomery and Prince Georges counties in Maryland; Arlington and Fairfax counties in Virginia.
Services provided: General service, plus psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 24 employer/payer groups; 7,630 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate and by a percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures; utilization review provided by the PPO and Valutrac.
Contact: William Freeman, Regional Sales Manager, Hartford Insurance Group, 100 N. Pitt St., Alexandria, Va. 22314; 703-836-0222

Lincoln National Preferred Plan

7200 Wisconsin Ave., Suite 800, Bethesda, Md. 20814; 301-986-0222

Contact: William Young, general manager; Thomas Reichenbach, regional manager.
See Lincoln National Preferred Plan under Indiana.

MetLife Network-District of Columbia

1515 Market St., Suite 1630, Philadelphia, Pa. 19102; 215-977-7050

Contact: Thomas J. Regan, vp.
See MetLife Network under Connecticut.

Mutually Preferred-District of Columbia

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

Preferred Plus of the National Capital Area

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: April 1988.
For profit.
Staff: 2,050 participating physicians.
Facilities: 15 hospitals.
Service area: District of Columbia; Montgomery and Prince Georges counties in Maryland; Arlington, Fairfax and Alexandria counties in Virginia.
Services provided: General service, plus psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 130 employer/payer groups; 33,814 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Michael J. Sullivan, account executive, 1667 K St. N.W., Suite 930, Washington, D.C. 202-775-1560.

Private Healthcare Systems Ltd.-District of Columbia

20 Maguire Road, Lexington, Mass. 02173; 617-861-5500

See Private Healthcare Systems Ltd. under Massachusetts.

PruCare of Washington, D.C.

4600 East-West Highway, Eighth Floor, Bethesda, Md. 20814; 301-913-2020; fax: 301-913-5300

Operational date: March 1987.
Ownership: Prudential Insurance Co. of America.
For profit.
Staff: 477 participating physicians; 869 specialists; 32 administrative staff members; 24 marketing staff members; average of 88 patients per primary physician; 96% board certified physicians.
Facilities: 18 hospitals; two participating pharmacy chains; two diagnostic labs.
Service area: District of Columbia; Montgomery, Prince Georges, Fredrick counties in Maryland; Arlington, Fairfax, Loudoun, Prince William counties and Alexandria in Virginia.
Services provided: General service, plus prescription drug, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Psychiatric services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 22 employer/payer groups; 12,412 employees with single coverage; 9,200 employees with family coverage; 42,087 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; charges governed by State Rate Control Commission in Maryland; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce it fee if savings are not met; 15% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Gross revenues: $26.8 million in 1989.
Officers: William P. Link, president; Richard Meyer, director-health care management; Dr. Alphonso H. Janoski, medical director; Patrick Geraghty, director-group marketing.

Travelers Preferred-Washington, D.C.

3110 Fairview Park Drive, Falls Church, Va. 22042; 703-641-7500

Operational date: April 1987.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 1,181 participating physicians.
Facilities: 10 hospitals.
Service area: District of Columbia: Charles, Montgomery, Prince Georges counties in Maryland; Alexandria, Falls Church cities and Arlington, Fairfax, Loudon and Prince William counties in Virginia.
Users: Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Officers: Julia Hawley, director-development; Mari L. Gagne, administrative assistant; John McIntosh, sales manager.



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-Florida

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

American Health Network-Florida

3988 N. Central Expressway, Dallas, Texas 75204; 214-841-1137; fax: 214-823-8052

See American Health Network under Texas.

Avesis Inc.-Florida

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: 107 participating dentists, 55 dental specialists; two participating audiologists; 12 participating optometrists, ophthalmologists, opticians.
Facilities: 1,370 pharmacies.
Service area: Florida.
Users: Dental: 12,485 employees with single coverage.
See Avesis Inc. under Arizona.

Beech Street Inc.-Florida

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

CNA Managed Care PPO-Jacksonville

CNA Insurance Cos., 2303 N. Semoran Blvd., Orlando, Fla. 32807; 407-677-2328

Operational date: February 1987.
Staff: 268 participating physicians; 79% board certified physicians.
Facilities: Five hospitals.
Service area: Duval, Alachua, St. Johns, Marion and Clay counties in Florida.
Users: 13,600 employees and dependents with access to the network.
Officers: Tim O'Brien, manager-sales; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

CNA Managed Care PPO-Miami

CNA Insurance Cos., 2303 N. Semoran Blvd., Orlando, Fla. 32807; 407-677-2328

Operational date: December 1986.
Staff: 855 participating physicians; 74% board certified physicians.
Facilities: 16 hospitals.
Service area: Dade and Broward counties in Florida.
Users: 6,700 employees and dependents with access to the network.
Officers: Tim O'Brien, manager-sales; Ardyth Schuster, manager-cost containment.
See CNA Managed Care PPO corporate listing under Illinois.

CNA Managed Care PPO-Orlando

CNA Insurance Cos., 2303 N. Semoran Blvd., Orlando, Fla. 32807; 407-677-2328

Operational date: March 1987.
Staff: 329 participating physicians; 74% board certified physicians.
Facilities: Five hospitals.
Service area: Orange, Osceola and Seminole counties in Florida.
Users: 7,600 employees and dependents with access to the network.
Officers: Tim O'Brien, manager-major group sales; Ardyth Schuster, manager-cost containment.
See CNA Managed Care PPO corporate listing under Illinois.

CNA Managed Care PPO-Tampa/St. Petersburg

CNA Insurance Cos., 2303 N. Semoran Blvd., Orlando, Fla. 32807; 407-677-2328

Operational date: September 1986.
Staff: 634 participating physicians; 73% board certified physicians.
Facilities: 11 hospitals.
Service area: Hillsborough, Pinellas, Pasco and Hernando counties in Florida.
Users: 11,000 employees and dependents with access to the network.
Officers: Tim O'Brien, manager-sales; Ardyth Schuster, manager-cost containment.
See CNA Managed Care PPO corporate listing under Illinois.

CIGNA/EQUICOR Preferred Provider Organization-Miami/Ft. Lauderdale

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

CIGNA/EQUICOR Preferred Provider Organization-Orlando

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

CIGNA/EQUICOR Preferred Provider Organization-Palm Beach

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

CIGNA/EQUICOR Preferred Provider Organization-Tampa

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Dimension PPO

290 N.W. 165th St., Suite P400, Miami, Fla. 33169; 305-944-9575; fax: 305-949-8413

Operational date: May 1988.
Ownership: Dimension Health Inc.
Not for profit.
Staff: 1,950 participating physicians; 1,050 specialists; five administrative staff members; five marketing staff members; average of 10 patients per primary physician.
Facilities: Nine hospitals; one pharmacy chain; four diagnostic labs.
Service area: Dade, Broward and Palm Beach counties in Florida.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Utilization review network, TPA available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 42 employer/payer groups; 128,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers and claims administrators; the PPO charges a flat fee per eligible employee and percent of savings; the PPO will contract to receive a higher fee if savings are realized; 10% of those with access to the network are covered by such contracts. The PPO is under contract with Occidental Life, Medical Insurance Administrators, Administrative Services Inc., CBAI, McDonough Caperton Claims Development, American Insurance Consultants, Nationwide Public Employees Trust.
Control measures: Standard utilization review procedures, excluding discharge planning, retrospective review, hospital bill audits, outpatient service predetermination; utilization review provided by the Medical Foundation Services of Miami.
Officers: Edward J. Rosasco Jr., chairman; Barbara T. Gray, president/chief executive officer; Dr. Robert Furlong, medical director; Donald Hamilton, managing senior vp-McDonough Caperton/Miami.
Contact: Barbara Gray, Donald Hamilton.

Florida Health Choice Plan

5300 W. Atlantic Ave., Suite 302, Delray Beach, Fla. 33484; 407-496-0505; fax: 407-496-0513

Sponsorship: Holy Cross, Memorial, St. Mary's, Boca Community hospitals, John F. Kennedy Medical Center.
Not for profit.
Staff: 4,000 physicians; 2,791 specialists; five administrative staff members; two marketing staff members; 82% board certified physicians.
Facilities: 20 hospitals; two diagnostic labs.
Service area: South Florida, Dade, Broward, W. Palm Beach and Martin counties in Florida.
Services provided: General service, plus vision, dental, substance abuse, psychiatric services, podiatry, home care, hospice, MRI centers, obstetrics/gynecology. Utilization review available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 323 employer/payer groups; 41,290 employee enrollment; 115,612 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers and claims administrators; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. The PPO is under contract with 23 TPAs.
Control measures: Standard utilization review procedures, excluding length of stay determination and hospital bill audits. Utilization review provided by the PPO.
Officers: Charles A. Lindgren, president/executive director/marketing director; Dr. Franklin B. Ott, medical director; John Benz, chairman/secretary; Wentz Miller, treasurer.

FOCUS Healthcare Management Inc.-CompNET-Florida

7101 Executive Center Drive, Suite 160, Brentwood, Tenn. 37027; 615-377-9936; fax: 615-377-6098

See FOCUS Healthcare Management Inc.-CompNET under Tennessee.

Great-West Care-Jacksonville

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: February 1987.
Staff: 256 participating physicians; 75% board certified physicians.
Facilities: Five hospitals.
See Great-West Care corporate listing under Colorado.

Great-West Care-Lakeland

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: September 1990.
Sponsorship: Great-West Life Assurance Co.
Ownership: Mid-Florida Preferred Inc.
For profit.
Staff: 283 physicians.
Facilities: Seven hospitals.
Service area: Polk, Hardee, DeSoto, Highlands counties in Florida.
Services provided: General ser-

Continued on next page

Continued from previous page
vice, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare Systems Ltd.

Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.

Contact: Gail Perron, managed care specialist.

Great-West Care-Miami/Ft. Lauderdale

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: December 1986.

Staff: 803 participating physicians; 75% board certified physicians.

Facilities: 16 hospitals.

Service area: 20 counties in Florida.

See Great-West Care corporate listing under Colorado.

Great-West Care-Orlando

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: March 1987.

Staff: 299 participating physicians; 75% board certified physicians.

Facilities: Five hospitals.

Service area: Beward, Osceola, Orange, Volusia, Seminole, Lake counties in Florida.

See Great-West Care corporate listing under Colorado.

Great-West Care-Tampa/St. Petersburg

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1986.

Staff: 533 participating physicians; 75% board certified physicians.

Facilities: 11 hospitals.

Service area: Sumter, Hernando, Hillsborough, Pasco, Pinellas counties in Florida.

See Great-West Care corporate listing under Colorado.

HRM Care PASS-Florida

800 W. 78th St., Minneapolis, Minn. 55439; 800-824-3882; fax: 612-829-3578

See HRM CarePASS under Minnesota.

John Hancock Preferred Health Plan-Florida

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Hartford's Pulse Plan of Florida

200 Hopmeadow St., Simsbury, Conn. 06070; 203-547-5000

Operational date: May 1988.

Sponsorship: Hartford Life Insurance Co.

For profit.

Staff: 1,219 primary care physicians; specialists; 2,051 administrative staff members.

Facilities: 63 hospitals; six diagnostic labs.

Service area: 16 counties in Florida.

Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: 16 employer/payer groups; 6,540 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate or by a percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures; utilization review provided by the PPO and Valutrac.

Contact: Michael A. Parker, regional sales manager, Hartford Insurance Group, 101 Southall Lane, Maitland, Fla. 32751; 401-875-5244.

HealthChoice

225 E. Robinson, Suite 540, Orlando, Fla. 32801; 407-237-6306

Operational date: May 1985.

Ownership: Orlando Regional Medical Center.

For profit.

Staff: 711 participating physicians; 17 administrative staff members; two marketing staff members.

Facilities: Seven hospitals; three diagnostic labs.

Service area: Orange, Osceola and Seminole counties in Florida.

Services provided: General service, plus substance abuse, psychiatric services and obstetrics/gynecology. Some services may be available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.

Users: 19 employer/payer groups; 60,421 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures, excluding second surgical opinion, hospital bill audits and case management; utilization review provided by the PPO.

Officers: Gil Hutchinson, executive director; Rick Janovitz, medical director; Nancy Smith, operations manager.

Humana Health Insurance Co. of Florida Inc.

1901 S. Congress Ave., Suite 201, Boynton Beach, Fla. 33426; 407-738-3065; fax: 407-738-3007

Officers: Ronald J. Berding, executive director; Robert P. Wieckert, director-sales; Scott Prescott, sales manager.

See Humana Health Care Plans under Kentucky.

Humana Health Insurance Co. of Florida Inc.

151 Mary Esther Cutoff, Suite 404, Mary Esther, Fla. 32569; 904-244-6695; fax: 904-244-4503

Officers: Mike Coupe, executive director/director-sales; Cindy Emmett, operations manager.

See Humana Health Care Plans under Kentucky.

Humana Health Insurance Co. of Florida Inc.

1060 Maitland Center, Suite 300, Maitland, Fla. 32751; 407-872-6000; fax: 407-423-3720

Officers: John O'Dea, executive director; Sue Kahn, associate executive director-network; Richard K. Wheeler, director-sales; Linda Dee Taylor, operations manager.

See Humana Health Care Plans under Kentucky.

Humana Health Insurance Co. of Florida Inc.

1505 N.W. 167th St., Miami, Fla. 33169; 305-623-2100; fax: 305-624-3392

Officers: Ronald J. Berding, executive director; Robert P. Wieckert, director-sales; D. Richard Austin, sales manager; Dr. William F. Bennett, medical director.

See Humana Health Care Plans under Kentucky.

Humana Health Insurance Co. of Florida Inc.

Reflections Executive Office Center, 780 W. Granada Blvd., Suite 100, Ormand Beach, Fla. 32174; 904-676-1850; fax: 904-676-1805

Officers: Michael Brouthers, executive director; Richard K. Wheeler, director-sales; Nancy Bovard, sales manager; Dr. Ernest Cook, medical director.

See Humana Health Care Plans under Kentucky.

Humana Health Insurance Co. of Florida Inc.

5701 W. Sunrise Blvd., Second Floor, Plantation, Fla. 33313; 305-321-7711; fax: 305-321-7864

Officers: Ronald J. Berding, executive director; Bert Polacek, sales manager; Robert P. Wieckert, director-sales.

See Humana Health Care Plans under Kentucky.

Humana Health Insurance Co. of Florida Inc.

The Lincoln Center, 5401 W. Kennedy Blvd., Suite 800, Tampa, Fla. 33609; 813-286-8829 or 813-287-6202; fax: 813-286-1870

Officers: Jerry W. Anderson, executive director; W. Fred Wheeler, director-marketing; Dr. Herb Pegues II, medical director.

See Humana Health Care Plans under Kentucky.

Mental Health Programs Corp.

1000 Century Park Drive, Suite 425, Tampa, Fla. 33607; 813-289-8990; fax: 813-287-5592

Operational date: 1986.

For profit.

Staff: 4,500 participating physicians; 4,500 specialists; 16 administrative staff members; two marketing staff members.

Facilities: 450 hospitals.

Service area: All states except West Virginia, North Dakota, South Dakota, Hawaii, Arkansas.

Services provided: General service, plus substance abuse, psychiatric services, psychiatric disability, workers compensation, utilization review, employee assistance programs. UR, PPO, HMO, EAP available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.

Users: 40 employer/payer groups; 1.2 million employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee, per case referral for UR/case management; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 5% of those with access to the network are covered by such contracts. The PPO is under contract with Dun & Bradstreet Plan Services, Travelers Plan Administration of Florida, American Chambers Life, Celtic Life, Blue Cross & Blue Shield of Florida.

Control measures: Standard utilization review procedures, excluding second surgical opinion; utilization review provided by the PPO.

Officers: Dr. Walter Afield, president/medical director; Jim Kent, executive vp/chief operating officer; Patt Reed, marketing director.

Contact: Patt Reed.

MetLife Network-Florida

47 Perimeter Center E., Suite 600, Atlanta, Ga. 30346-2092; 404-393-1410

Contact: James Crowley III, vp.

See MetLife Network under Connecticut.

Mid-Florida Preferred Inc.

116 Ave. East N.E., Winter Haven, Fla. 33881; 813-299-5151; fax: 813-297-1867

Operational date: October 1990.

Ownership: Mid-Florida Medical Services Inc.

Not for profit.

Staff: 270 participating physicians; 220 specialists; two administrative staff members; one marketing staff member; average of 1,000 patients per primary physician; 99% board certified physicians.

Facilities: 10 hospitals; two pharmacies; one diagnostic lab.

Service area: Polk, Highlands counties in Florida.

Services provided: General service, plus prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. All services are available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.

Users: 100 employer/payer groups; 100 employees with single coverage; 15,000 employees with family coverage.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs, volume discounts; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee. The PPO contracts with 25 TPAs and insurers.

Control measures: Standard utilization review procedures; utilization review provided by the PPO and outside contractors.

Gross revenues: $35,000 in 1989; $7,000 in 1988.

Officers: H.L. Porter III, president/executive director; Dr. James Morgan, medical director; Joel Thomas, marketing director.

MultiPlan Inc.-Florida

17 W. 17th St., New York, N.Y. 10011; 212-727-9700; fax: 212-627-6396

See MultiPlan Inc. under New York.

Mutually Preferred-Florida

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

New England Care-Jacksonville

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: February 1987.

Staff: 256 participating physicians; 75% board certified physicians.

Facilities: Five hospitals.

See New England Care corporate listing under Colorado.

New England Care-Lakeland

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: September 1990.

Sponsorship: Great-West Life Assurance Co.

Ownership: Mid-Florida Preferred Inc.

For profit.

Staff: 283 physicians.

Facilities: Seven hospitals.

Service area: Polk, Hardee, DeSoto, Highlands counties in Florida.

Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures excluding outpatient service predetermination;

Continued on next page

The Standard of Excellence in Employee Benefits

Managing benefit resources has become a tremendous responsibility, and many employers are looking for CEBS graduates for their benefit departments. Why? Because CEBS is *the* standard of excellence in the benefits field. Certified Employee Benefit Specialist (CEBS) is awarded to individuals who successfully complete a series of ten college level courses and examinations covering the design and operation of employee benefit plans. The program is cosponsored by the International Foundation of Employee Benefit Plans and the Wharton School of the University of Pennsylvania. CEBS in Canada is cosponsored with Dalhousie University.

For more information, contact the CEBS Department at International Foundation headquarters.

CEBS

Certified Employee Benefit Specialist
International Foundation of Employee Benefit Plans
18700 W. Bluemound Rd., P.O. Box 868, Brookfield, WI 53008-0868, (414) 786-6700

Continued from previous page
utilization review provided by Private Healthcare Systems Ltd.

Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.

Contact: Gail Perron, managed care specialist.

New England Care-Miami/Ft. Lauderdale

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: December 1986.

Staff: 803 participating physicians; 75% board certified physicians.

Facilities: 16 hospitals.

Service area: 20 counties in Florida.

See New England Care corporate listing under Colorado.

New England Care-Orlando

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: March 1987.

Staff: 299 participating physicians; 75% board certified physicians.

Facilities: Five hospitals.

Service area: Beward, Osceola, Orange, Volusia, Seminole, Lake counties in Florida.

See New England Care corporate listing under Colorado.

New England Care-Tampa/St. Petersburg

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1986.

Staff: 533 participating physicians; 75% board certified physicians.

Facilities: 11 hospitals.

Service area: Sumter, Hernando, Hillsborough, Pasco, Pinellas counties in Florida.

See New England Care corporate listing under Colorado.

Preferred Patient Care

8657 Baypine Road, Suite 103, Jacksonville, Fla. 32256; 904-739-4502; fax: 904-636-6817

Operational date: October 1990.

Ownership: Blue Cross & Blue Shield of Florida Inc.

Not for profit.

Staff: 12,560 participating physicians; 18 administrative staff members; 70 marketing staff members.

Facilities: 125 hospitals.

Service area: All counties in Florida, except Putnam, Martin, Collier.

Services provided: General service, plus substance abuse, psychiatric services, podiatry, obstetrics/gynecology, chiropractic services, psychology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.

Users: 4,500 employer/payer groups; 1.2 million employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by DRGs; the PPO is compensated by employers/payers, individual policyholders; the PPO charges premiums for its services.

Control measures: Standard utilization review procedures, excluding precertification, length of stay determination, second surgical opinion, outpatient service predetermination; utilization review provided by the PPO.

Gross revenues: $639 million in 1989; $499 million in 1988.

Officers: Ernest N. Brodsky, vp-product management division; Jim Wallace, executive director-PPO product division/marketing director; Dr. Larry Tremonti, medical director; Jim Wallace, marketing director.

Preferred Plus of Central & Northern Florida

1295 State St., J235, Springfield, Mass. 0111; 413-788-8411 ext. 3192; fax: 413-730-6229

Operational date: June 1986.

Ownership: Massachusetts Mutual Life Insurance Co.

For profit.

Staff: 3,400 participating physicians.

Facilities: 56 hospitals.

Service area: Hillsborough, Oscala, Orange, Pasco, Seminole, Volusia, Duval, Polk, Clay, Nassau, Escambia, Santa Rosa, Alachua and Pinellas counties in Florida.

Services provided: General service, plus outpatient psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: 68 employer/payer groups; 10,608 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.

Contact: Donald T. Calvert, senior account executive, One Financial Plaza, Suite 2502; Ft. Lauderdale, Fla. 305-524-3983.

Preferred Plus of South Florida

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: November 1987.

Ownership: Massachusetts Mutual Life Insurance Co.

For profit.

Staff: 3,500 participating physicians.

Facilities: 42 hospitals.

Service area: Broward, Dade and Palm Beach counties in Florida.

Services provided: General service, plus outpatient psychiatric services and obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: 79 employer/payer groups; 17,132 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.

Contact: Daniel Hindman, account executive, 8900 Keystone Crossing, Suite 408, Indianapolis, Ind. 317-844-5154.

Private Healthcare Systems Ltd.-Florida

Northpark Town Center, 1000 Abernathy Road, Suite 840 N.E., Atlanta, Ga. 30328; 404-394-1084

Service area: Jacksonville, Orlando, Miami, Tampa/St. Petersburg.

See Private Healthcare Systems Ltd. under Massachusetts.

PruCare Plus of Orlando

2301 Lucien Way, Suite 230, Maitland, Fla. 32281; 407-875-6600; fax: 407-660-0552

Operational date: October 1986.

Ownership: Prudential Insurance Co. of America.

For profit.

Staff: 160 participating physicians; 190 specialists; 60 administrative staff members; 12 marketing staff members; average of 100 patients per primary physician; 97% board certified physicians.

Facilities: Seven hospitals; 40 pharmacies; eight diagnostic labs.

Service area: Orange, Seminole, Osceola and Volusia counties in Florida.

Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment and obstetrics/gynecology. Dental and psychiatric/substance abuse services available on an unbundled basis. Employees can select non-PPO providers. Plan can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: 160 employer/payer groups; 3,565 employees with single coverage; 3,425 employees with family coverage; 14,470 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by insured.

Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Gross revenues: $13.7 million in 1989; $6 million in 1988.

Officers: Andrew Cooks, president; Dr. Edward Lowenstein, medical director; John Joiner, marketing director.

PruCare Plus of Tampa

3450 W. Busch Blvd., Suite 245, Tampa, Fla. 33618; 813-932-1977; fax: 813-931-4188

Operational date: September 1987.

Ownership: Prudential Insurance Co. of America.

For profit.

Staff: 115 primary care physicians; 410 specialists; 35 administrative staff members; eight marketing staff members; average of 135 patients per primary physician; 86% board certified physicians.

Facilities: 22 hospitals; 61 pharmacies; six diagnostic labs.

Service area: Hillsborough, Pinessas and Pasco counties in Florida.

Services provided: General service, plus prescription drug, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: 47 employer/payer groups; 15,467 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers.

Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Officers: Jeffrey J. Kovaleski, executive director; Dr. Robert Neuhardt, medical director; Timothy R. Keener, marketing director.

Prudential Health Care System-Jacksonville

841 Prudential Drive, 12th Floor, Jacksonville, Fla. 32207; 904-391-3415; fax: 904-391-5921

Operational date: October 1986.

Ownership: Prudential Insurance Co. of America.

For profit.

Staff: 111 participating physicians; 146 specialists; 32 administrative staff members; five marketing staff members; average of 54 patients per primary physician; 85% board certified physicians.

Facilities: Five hospitals; nine pharmacies; two diagnostic labs.

Service area: Baker, Clay, Duval, Nassua, St. John's counties in Florida.

Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.

Users: 5,400 members.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; flat fees for various procedures; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Officers: C. Richard Cook, executive director; Dr. William Moore, medical director; Christopher P. Wilson, marketing director.

Travelers Preferred-West Central Florida

5340 W. Kennedy Blvd., Tampa, Fla. 33609; 800-359-4715

Operational date: December 1986.

Sponsorship: The Travelers Insurance Co.

For profit.

Staff: 931 participating physicians.

Facilities: 11 hospitals.

Service area: Polk, Hillsboro, Pasco and Pinellas counties in Florida.

Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: 144 employer/payer groups; 30,555 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.

Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.

Contact: Philip J. Schrefer, executive director; John Z. Olweski II, sales manager.

Travelers Preferred-South Florida

150 S. Pine Island Road, Plantation, Fla. 33324; 305-474-9408

Operational date: April 1986.

Sponsorship: The Travelers Insurance Co.

For profit.

Staff: 3,120 participating physicians.

Facilities: 21 hospitals.

Service area: Broward, Dade, Henry and Palm Beach counties in Florida.

Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: 616 employer/payer groups; 38,839 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.

Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.

Contact: Amalia Kane, executive director; John Bass, Bill Warren, sales managers.

Travelers Preferred-North Florida

5340 W. Kennedy Blvd., Tampa, Fla. 33609; 800-359-4715

Operational date: March 1987.

Sponsorship: The Travelers Insurance Co.

For profit.

Staff: 712 participating physicians.

Facilities: 10 hospitals.

Service area: Alachua, Clay, Columbia, Duval, Marion, Nassau, Putnam and St. Johns counties.

Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: 63 employer/payer groups; 2,847 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.

Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.

Contact: Philip J. Schrefer, executive director; William M. Smathers, sales manager.

Travelers Preferred-Central Florida

5340 W. Kennedy Blvd., Tampa, Fla. 33609; 800-359-4715

Operational date: March 1987.

Sponsorship: The Travelers Insurance Co.

For profit.

Staff: 719 participating physicians.

Facilities: Eight hospitals.

Service area: Lake, Orange, Osceola, Seminole and Volusia counties.

Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: 84 employer/payer groups; 6,313 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.

Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.

Contact: Philip J. Schrefer, executive director; John Olewski II, sales manager.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.

Volusia Health Network

111 N. Frederick Ave., Suite 500, Daytona Beach, Fla. 32114; 904-253-2198; fax: 904-255-6130

Operational date: July 1986.

Not for profit.

Staff: 225 participating physicians; 190 specialists; one administrative staff member; one marketing staff member.

Facilities: Three hospitals; one diagnostic lab.

Service area: Volusia County in Florida.

Services provided: General service, plus dental, substance abuse, psychiatric services, durable medical equipment, home health, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: 10 employer/payer groups.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures, excluding discharge planning, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.

Officers: David Seal, president/executive director; Dr. Alvin Smith, medical director; Lou Orban, marketing director.



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-Georgia

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Avesis Inc.-Georgia

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 614 pharmacies.

Service area: Georgia.

See Avesis Inc. under Arizona.

Continued on next page

Continued from previous page

Beech Street Inc.-Georgia

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

CNA Managed Care PPO-Atlanta

2302 Parklake Drive N.E., Atlanta, Ga. 30345; 404-491-5375

Operational date: November 1986.
Staff: 883 participating physicians; 77% board certified physicians.
Facilities: 13 hospitals.
Service area: Clayton, Gwinnett, Cobb, DeKalb and Fulton counties in Georgia.
Users: 18,000 employees and dependents with access to the network.
Contact: Charles Hart, manager-major group sales; Ardyth Schuster, manager-cost containment.
See CNA Managed Care PPO corporate listing under Illinois.

CIGNA/EQUICOR Preferred Provider Organization-Atlanta

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Circle of Care

2000 10th Ave., Columbus, Ga. 31900; 404-571-1930; fax: 404-571-1937

Operational date: August 1983.
Ownership: Columbus Healthcare Resources Inc.
For profit.
Staff: 181 participating physicians; 150 specialists; three administrative staff members; two marketing staff members; 98% board certified physicians.
Facilities: Two hospitals.
Service area: Muscoger, Chattahoochee, Marion, Harris counties in Georgia; Russell, Lee, Barbour counties in Alabama.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 513 employer/payer groups; 160,275 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges case by case; the PPO is compensated by health care providers; the PPO charges a percent of services rendered by participating doctors/hospitals. The PPO is under contract with CIGNA Corp.
Control measures: Standard utilization review procedures include precertification, concurrent hospital treatment review, discharge planning, second surgical opinion; utilization review provided by the PPO.
Officers: Charles K. Hecht II, president; Jim Peace, executive director; Dr. Ross MacLeod, medical director; Tom Titus, marketing director.

Crawford Support Systems Inc.

2502 Chamblee-Tucker Road, Suite 104, Atlanta, Ga. 30341; 404-936-0380; fax: 404-454-8197

Operational date: March 1989.
For profit.
Staff: Two specialists; three administrative staff members; one marketing staff member.
Facilities: Eight hospitals; one diagnostic lab.
Service area: Georgia.
Services provided: General service, plus substance abuse. Recovery residence available unbundled. Employees cannot select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee; the PPO will contract to reduce its fee if savings are not met. The PPO is under contract with various TPAs and insurers.
Control measures: Standard utilization review procedures include outpatient service predetermination and case management only; utilization review provided by the PPO.
Officers: James E. Crawford, president; Richard Brown, executive director; Glenn N. Souders, marketing director.

FOCUS Healthcare Management Inc.-CompNET-Georgia

7101 Executive Center Drive, Suite 160, Brentwood, Tenn. 37027; 615-377-9936; fax: 615-377-6098

See FOCUS Healthcare Management Inc.-CompNet under Tennessee.

Great-West Care-Atlanta

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: November 1986.
Staff: 843 participating physic-

Continued on next page

One Call Solves Your Claims Backlog Problem.



Providing Temporary Health Claims Examiners For:

Self Insureds
HMOs,
PPOs,
TPAs

(800) 552-5246

Claim Net®

Offices Coast to Coast

For lost souls...



and unfound sources

1991 DIRECTORIES

Our in-publication directories make access to services and suppliers easy. Providing comprehensive listings in specialized areas, they give readers a direct route to better management techniques, eliminating frustrating hours researching lost souls and unfound sources.

Business Insurance readers and advertisers alike benefit from our directory issues — these are valuable tools offering repeated use and lasting power.

When it comes to finding the unfound, the choice is crystal clear.

ISSUE	CLOSING*	DIRECTORY	EDITORIAL FEATURE
Jan 28	Jan 15	Claims Administrators	Self-Insurance
Feb 18	Feb 5	Utilization Review Providers	Benefits: Health Care Cost Control
Mar 4	Feb 19	Risk Management Consultants	Risk Management Services
Apr 1	Mar 19	Employee Benefit Info Systems	Benefits: Design & Administration
Apr 29	Apr 16	Captive Managers	Captives/Risk Manager of the Year
Jun 3	May 21	Loss Control Consultants	Property Loss Control
Jun 24	Jun 11	EAPs & Mental Health Networks	Benefits: Mid-Year Market Report
Jul 1	Jun 18	Agents & Brokers	Agent/Broker Profiles
Jul 29	Jul 16	Risk Management Info Systems	Risk Management: Systems & Analysis
Aug 12	Jul 30	Surplus Lines Insurers/Wholesirs	Surplus Lines
Sep 2	Aug 20	Leading Reinsurers Worldwide	Reinsurance: International Markets
Sep 16	Sep 3	Safety Consultants & Rehab Svcs	Workers Compensation
Oct 7	Sep 24	Int'l Insurers & Benefit Networks	International: Benefits & Risk Mgmt
Oct 21	Oct 8	Environmental Consultants	Specialty Risks: Environmental Liability
Nov 4	Oct 22	Reinsurance Intermediaries	Reinsurance: Trends & Issues
Nov 18	Nov 5	401(k) Plan Administrators	Benefits: Pension/Retirement Plans
Dec 16	Dec 3	Benefit Consultants	Benefits: Market Report
Dec '91	Nov 11	HMOs & PPOs	Managed Care Market Report

Directory information: Sarah Polster 312-649-5279
*Advertising information: Martin Ross 212-210-0228
Circulation information: Customer Service 800-992-9970

Business Insurance
a publication of Crain Communications Inc

Continued from previous page
ians; 75% board certified physicians.
Facilities: 13 hospitals.
Service area: 30 counties in Georgia.
See Great-West Care corporate listing under Colorado.

Hartford's Pulse Plan of Atlanta

200 Hopmeadow St., Simsbury, Conn. 06070; 203-547-5000

Operational date: August 1990.
Sponsorship: Hartford Life Insurance Cos.
For profit.
Staff: 216 primary care physicians; 684 specialists.
Facilities: 17 hospitals; one diagnostic lab.
Service area: DeKalb and Fulton counties in Georgia.
Services provided: General service, plus durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Compensation: The PPO negotiates hospital charges by per diem rate or by a percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO and Valutrac.
Contact: Richard Wagner, regional sales manager, The Hartford Insurance Group, 4170 Ashford-Dunwoody Road, N.E., Atlanta, Ga. 30319; 404-256-1155.

Lincoln National Preferred Plan

3715 Northside Parkway, Suite 600, Atlanta, Ga. 30327; 404-240-0202

Contact: William Young, general manager or David Lake, regional manager.
See Lincoln National Preferred Plan under Indiana.

Medical Care Referral Group-Georgia

4100 Rio Bravo, Suite 211, El Paso, Texas 79902; 800-247-7114; fax: 915-532-1772

See Medical Care Referral Group under Texas.

MetLife Network-Georgia

47 Perimeter Center E., Suite 600, Atlanta, Ga. 30346-2092; 404-393-1410

Contact: James Crowley III, vp.
See MetLife Network under Connecticut.

Mutually Preferred-Georgia

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

New England Care-Atlanta

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: November 1986.
Staff: 843 participating physicians; 75% board certified physicians.
Facilities: 13 hospitals.
Service area: 30 counties in Georgia.
See New England Care corporate listing under Colorado.

PCN of Georgia

Tower Place, Suite 1965, 3340 Peachtree Road N.E., Atlanta, Ga. 30326; 404-240-0310; fax: 404-240-0680

Operational date: January 1990.
For profit.
Staff: 250 participating physicians; five administrative staff members; two marketing staff members; 95% board certified physicians.
Facilities: 13 hospitals.
Service area: Georgia.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, podiatry, obstetrics/gynecology, chiropractic services. All services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 12 employer/payer groups; 4,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employer/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to reduce its fee if savings are not met; 5% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Officers: Tom Stateman, president; Jimmie Mahaffey, executive director; Rich Schuch, medical director; Lynn Dowling, marketing director; Bob Hofstadter, executive vp.
Contact: Lynn Dowling.

Preferred Plus-Georgia

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: January 1990.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 900 participating physicians.
Facilities: 16 hospitals.
Service area: Clayton, Cobb, Coweta, DeKalb, Douglas, Lyon, Pershing and Washoe counties in Georgia.
Services provided: General service, plus inpatient psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 17 employer/payer groups; 3,341 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Scott Samuels, regional sales manager, 115 Perimeter Center Place, Suite 430, Atlanta, Ga. 404-391-9300.

Private Healthcare Systems Ltd.-Georgia

Central Tower at Williams Square, 5215 N. O'Connor Blvd., Suite 1775, Irving, Texas 75039; 214-869-1451

See Private Healthcare Systems Ltd. under Massachusetts.

PruCare Plus of Atlanta

3100 Cumberland Circle N.W., Suite 1200; Atlanta, Ga. 30339; 404-955-9010; fax: 404-933-6880

Operational date: July 1986.
Ownership: Prudential Insurance Co. of America.
For profit.
Staff: 579 participating physicians; 354 specialists; 56 administrative staff members; seven marketing staff members; average of 106 patients per primary physician; 99% board certified physicians.
Facilities: 14 hospitals; 77 pharmacies; 12 diagnostic labs.
Service area: 21 counties in Georgia.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Dental and psychiatric services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 262 employer/payer groups; 5,437 employees with single coverage; 6,130 employees with family coverage; 23,943 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges via employer premiums.
Control measures: Standard utilization review procedures, including on site RN review; utilization review provided by the PPO.
Officers: Marilynn E. Schafer, executive director; Frank M. Houser, medical director; F. Bartow Hester, marketing director.
Contact: F. Bartow Hester.

SouthCare Medical Alliance-PHP Inc.

3715 Northside Parkway, 400 Northcreek, Suite 300, Atlanta, Ga. 30327; 404-231-9911; fax: 404-231-9416

Operational date: September 1985.
Not for profit.
Accredited by AAPPO: January 1990.
Staff: 900 participating physicians; six administrative staff members; four marketing staff members; 90% board certified physicians.
Facilities: 15 hospitals.
Service area: 19 counties.
Services provided: General service, plus substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Psychiatric, substance abuse, workers compensation available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 911 employer/payer groups; 20,000 employees with single coverage; 50,000 employees with family coverage; 167,433 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, combination; the PPO is compensated by employers/payers, health care providers, claims administrators, brokers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals, combination of percent of savings and/or flat fee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 10% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures; utilization review provided by the PPO and outside contractors.
Gross revenues: $70 million in 1989; $50 million in 1988.
Officers: Larry L. Madlem, president/chief executive officer; Rebecca H. McQueen, vp-administration; Dr. S. Angier Wills, medical director; Al Teets, vp-marketing; Richard Hubbard, chairman.

Travelers Preferred-Atlanta

211 Perimeter Center Parkway, Atlanta, Ga. 30346; 404-395-4850

Operational date: October 1989.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 844 participating physicians.
Facilities: 14 hospitals.
Service area: Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Forsyth, Fulton, Gwinnett, Henry, Rockdale and Spaulding counties in Georgia.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 45 employer/payer groups; 9,489 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Ken Bryant, director-operations; Gary Holt, sales manager.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.

Voluntary Incentive Program

Capital City Plaza, 3350 Peachtree Road, N.E., Atlanta, Ga. 30326; 404-262-8499

Operational date: October 1984.
Sponsorship: Blue Cross & Blue Shield of Georgia Inc.
Staff: 2,500 physicians.
Facilities: 34 hospitals.
Service area: Georgia.
Users: 147,006 members.
Compensation: The PPO negotiates hospital charges, subject to maximums, and sets physician fee allowances.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Avesis Inc.-Hawaii

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 35 pharmacies.
Service area: Hawaii.
See Avesis Inc. under Arizona.

Preferred Provider Program

818 Keeaumoku St., Honolulu, Hawaii 96814

Operational date: January 1986.
Sponsorship: Hawaii Medical Service Assn.
Staff: 1,695 physicians.
Facilities: 22 hospitals.
Service area: Hawaii.
Users: 71,881 members.
Compensation: The PPO negotiates hospital charges by DRGs and percent of charges.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.

The Queen's Health Care Plan Inc.

Two Waterfront Plaza, 500 Ala Moana Blvd., Suite 200, Honolulu, Hawaii 96813; 808-522-7500; fax: 808-522-7561

Operational date: 1985.
Ownership: The Queen's Health Systems.
For profit.
Staff: 639 participating physicians; 405 specialists; four administrative staff members; two marketing staff members.
Facilities: 15 hospitals; one pharmacy.
Service area: Hawaii.
Services provided: General service, plus prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. TPA, PPO and utilization review services are available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: Eight employer/payer groups; 120,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of paid claims. The PPO will contract to adjust its fees based on savings realized or not realized by the employer.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Gross revenues: $30.4 million in 1989; $24.3 million in 1988 (including CHAMPUS).
Officers: Sue Christofferson, executive director; Dr. Ronald Lee, medical director; James M. Kroft, marketing director.

Travelers Preferred-Hawaii

185 Lennon Lane, Walnut Creek, Calif. 94598; 415-945-4171

Operational date: February 1990.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 627 participating physicians.
Facilities: 14 hospitals.
Service area: Hawaii, Honolulu, Kalawau, Kauai and Maui.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 15 employer/payer groups; 1,590 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Roland King, executive director; Peter B. Welch, sales manager.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.



AOHD-PPO Inc.

7346 N. Monticello, Skokie, Ill. 60076; 708-679-2575; fax: 708-679-1274

Operational date: 1988.
For profit.
Staff: 80 participating physicians; 500 specialists; five administrative staff members; two marketing staff members; 85% board certified physicians.
Facilities: 10 hospitals.
Service area: Illinois, Wisconsin, Indiana.
Services provided: General service, plus substance abuse, psychiatric services. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 60,000 employer/payer groups; 22,000 employees with single coverage; approximately 20,000 employees with family coverage.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee; the PPO will contract to reduce its fee if savings are not met; 10%-20% of those with access to the network are covered by contracts with such fee adjustment clauses. The PPO is under contract with Lincoln National Life Insurance Co.
Control measures: Standard utilization review procedures, excluding second surgical opinion, hospital bill audits; utilization review provided by the PPO.
Officers: Dolores Karral, president; Dr. Ronald L. Kirschner, medical director; Rosalie Kirschner, marketing director.

Continued on next page

Continued from previous page

Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-Illinois

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Avesis Inc.-Illinois

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: 64 participating dentists, 14 dental specialists; 17 participating optometrists, opthalmologists and opticians.
Facilities: 805 pharmacies.
Service area: Illinois.
Users: Dental: 3,310 employees with single coverage.
See Avesis Inc. under Arizona.

Beech Street Inc.-Illinois

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

Blue Cross/Blue Shield of Illinois PPO/PPO Plus*

233 N. Michigan Avenue, Chicago, Ill. 60601; 312-938-6000; fax: 312-938-8070

Operational date: 1986/1989.
Sponsorship: Blue Cross & Blue Shield of Illinois.
Not for profit.
Staff: 8,921 participating physicians; 6,483 specialists; 40 administrative staff members; 96 marketing staff members; average of 56 patients per primary physician.
Facilities: 190 hospitals; 3,000 pharmacies.
Service area: Illinois.
Services provided: General service, plus prescription drug, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 2,985-PPO/630-PPO Plus employer/payer groups; 140,876/41,983 employees with single coverage; 160,786/30,912 employees with family coverage; 774,395/137,730 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate.
Control measures: Standard utilization review procedures, including prenatal management, physical/substance abuse case management; utilization review provided by the PPO.
Officers: S. Martin Hickman, president; Dr. Arnold Widen, medical director; Robert H. Halaska, marketing director.
Contact: Bradford Buxton, 312-938-7482.
*Includes two separate products: PPO is hospital only, PPO Plus is hospital and physicians.

CNA Managed Care PPO*

CNA Insurance Cos., CNA Plaza-27S, Chicago, Ill. 60685; 312-822-6677; fax: 312-822-1454

Operational date: September 1986.
Ownership: CNA Insurance Cos.
For profit.
Staff: 40,762 participating physicians; 74% board certified physicians.
Facilities: 473 hospitals.
Service area: 41 metropolitan areas nationwide.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 68 employer/payer groups; 508,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate and percent discount off customary rates and per case rates; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee. Insured groups receive rate credits based on projected savings; however, no adjustment in administrative fees is made.
Control measures: Standard utilization review procedures, excluding discharge planning; utilization review provided by the Private Healthcare Systems Ltd.
Officers: Ardyth Schuster, executive director; Dr. Robert F. O'Boyle, medical director.
Contact: Daniel Webster, cost containment development analyst.
* Figures are corporate, including all PPOs sponsored by CNA Managed Care.
Contracts with Private Healthcare Systems; see PHCS under Massachusetts.

CNA Managed Care PPO-Chicago

CNA Insurance Cos., CNA Plaza-22W, Chicago, Ill. 60685; 312-822-7626

Operational date: September 1986.
Staff: 1,704 participating physicians; 76% board certified physicians.
Facilities: 27 hospitals.
Service area: Cook, Lake, DuPage, Kane, Will counties in Illinois; Lake County in Indiana.
Users: 31,000 employees and dependents with access to the network.
Officers: Tom Dolatowski, manager-major group sales; Ardyth Schuster, manager-cost containment development, 312-822-6206.
Contact: Tom Dolatowski, manager-sales.
See CNA Managed Care PPO corporate listing under Illinois.

CIGNA/EQUICOR Preferred Provider Organization-Chicago

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Delta Dental Plan of Illinois

7321 W. Lake St., River Forest, Ill. 60305; 708-771-0800; fax: 708-771-0837

Operational date: 1988.
Ownership: Delta Dental Plan of Illinois.
Not for profit.
Staff: More than 1,000 participating physicians; more than 100 specialists; 70 administrative staff members; 14 marketing staff members; average of 52 patients per primary physician.
Service area: Cook, DuPage, Lake, Kane and Will counties in Illinois.
Services provided: Dental only. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 38 employer/payer groups; 5,396 employees with single coverage; 12,828 employees with family coverage; 46,598 employees and dependents with access to the network.
Compensation: The PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Utilization includes precertification, retrospective review, second surgical opinion, outpatient service predetermination, case management; utilization review provided by the PPO.
Officers: Dr. Harold L. Martin, president; Dr. Stephen O. Raibley, medical director; Robert L. Kiriakos, vp-marketing; Patricia Vance, vp-operations.
Contact: Robert L. Kiriakos, 708-771-0800, ext. 2206; Cynthia M. Dillon, director-sales, 708-771-0800, ext. 2202; Harold L. Martin II, director-national/special accounts, 708-771-0800, ext. 2220.

Dental Care Plus Management Corp.

770 N. Halsted, Suite 308, Chicago, Ill. 60622; 312-829-1295; fax: 312-226-3636

Operational date: October 1987.
Sponsorship: Group of dentists.
For profit.
Staff: Approximately 300 participating dentists; 75 specialists; 27 administrative staff members; three marketing staff members; average of 1,000 patients per primary dentist.
Facilities: One pharmacy network.
Service area: Illinois.
Services provided: Prescription drugs, vision, dental. All services available on an unbundled. basis. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: Approximately 220 employer/payer groups; 30,000 employees with single coverage; 60,000 employees with family coverage; 150,000 employees and dependents with access to the network.
Compensation: The PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Utilization review procedures include precertification and retrospective review, predetermination/approval of all specialty services only; utilization review provided by the PPO.
Gross revenues: $3 million in 1989; $2 million in 1988.
Officers: Tina Li, president; Dr. William W. Li, executive director; Dr. George Zehak, director-dental development; Karen Beck, marketing director; Dr. Ross Rubino, director-provider relations; Chiloki Tokunaga, chief executive officer/chief operating officer; Lenny Uhnanek, chief financial officer.

EPIQual Health Care Program

O'Hare Plaza I, 8725 W. Higgins Road, Suite 490, Chicago, Ill. 60631; 800-552-0556; fax: 312-693-5018

Operational date: November 1988.
Sponsorship: Midwest Business Group on Health, Chicago Chapter.
Ownership: CCN Inc.
Staff: 1,895 participating physicians; 1,286 specialists; 260 administrative staff members; two marketing staff members; average of 83 patients per primary physician; 80% board certified physicians.
Facilities: 27 hospitals.
Service area: Chicago.
Services provided: General service, plus obstetrics/gynecology, workers compensation program. Hospital network available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 14 employer/payer groups; 54,170 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers, workers compensation insurers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals, combination of per capita fee and percent of savings; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 1% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures, excluding length of stay determination, second surgical opinion, hospital bill audits, outpatient service predetermination, case management; utilization review provided by outside contractor.
Officers: Robert M. Colasanto, president; George S. Murphy, executive director; Dr. Eugene Helsall, medical director; Patrick J. Sullivan, marketing director; Sandra Foote, vp-provider affairs; Nancy Plaxico, vp-purchaser affairs/field offices; Douglas Reeves, vp-information systems; Richard Morgan, vp-finance/administration.
Contact: Patrick J. Sullivan, vp-marketing.

FOCUS Healthcare Management Inc.-CompNET-Illinois

7101 Executive Center Drive, Suite 160, Brentwood, Tenn. 37027; 615-377-9936; fax: 615-377-6098

See FOCUS Healthcare Management Inc.-CompNET under Tennessee.

First Commonwealth

53 W. Jackson Blvd., Chicago, Ill. 60604; 312-427-6540; fax: 312-427-5487

Operational date: February 1988.
For profit.
Staff: 600 participating dentists; 70 specialists; 30 administrative staff members; 10 marketing staff members; average of 260 patients per primary physician.
Service area: Cook, DuPage, Lake, McHenry, Will, Kane counties in Illinois.
Services provided: General service, plus dental. Employees cannot select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 1,400 employer/payer groups; 55,120 employees with single coverage; 24,640 employees with family coverage; 140,000 employees and dependents with access to the network.
Compensation: The PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Utilization review procedures include retrospective review only; utilization review provided by the PPO.
Gross revenues: $2.5 million in 1989; $270,000 in 1988.
Officers: Christopher C. Multhauf, president; David W. Mulligan, executive director.

Freedom Plan Ltd.

P.O. Box 67, Pexin, Ill. 61554; 309-353-7509; fax: 309-347-5433

Operational date: 1985.
Sponsorship: Hospital and group of doctors.
For profit.
Staff: 48 participating physicians; 30 specialists; three administrative staff members; one marketing staff member.
Facilities: One hospital.
Service area: Tazewell, Peoria, Woodford and Mason counties in Illinois.
Services provided: General service, plus vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 18 employer/payer groups; 32,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by health care providers. The PPO is under contract with Mutual Medical Plans and Self Assurance Inc.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the hospital staff.
Officers: Robert Moore, president; Rob Duvendalk, marketing director .

Great-West Care-Chicago

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: May 1986.
Staff: 1,612 participating physicians; 75% board certified physicians.
Facilities: 25 hospitals.
Service area: McHenry, Lake, DeKalb, Kane, Cook, Kendall, Grundy, Will, DuPage counties in Illinois; Lake, Porter, LaPorte counties in Indiana.
See Great-West Care corporate listing under Colorado.

HRM CarePASS-Illinois

8000 W. 78th St., Minneapolis, Minn. 55439; 800-824-3882; fax: 612-829-3578

See HRM CarePASS under Minnesota.

John Hancock Preferred Health Plan-Illinois

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Health Alliance Medical Plans PPO

102 E. Main St., Suite 200, Urbana, Ill. 61801; 217-337-8000; fax: 217-337-8008

Operational date: January 1990.
Ownership: Carle Clinic Assn.
For profit.
Staff: 205 participating physicians; 110 specialists; 10 administrative staff members; four marketing staff members; 90% board certified physicians.
Facilities: One hospital, one diagnostic lab.
Service area: East Central Illinois.
Services provided: General service, plus vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 33 employer/payer groups; 514 employees with single coverage; 743 employees with family coverage; 2,708 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by the insurance company.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: C. Carlton King, executive director; Dr. Robert C. Parker Jr., medical director; Richard D. Busey, marketing director.

Health Network Inc.

1420 Kensington Road, Suite 203, Oak Brook, Ill. 60521-2106; 708-954-2900; fax: 708-954-1518

Operational date: 1985.
Ownership: West Suburban Hospital, Illinois Masonic Medical Center, Little Co. of Mary Hospital.
For profit.
Staff: 3,700 participating physicians; 1,800 specialists; 30 administrative staff members; five marketing staff members; average of 50 patients per primary physician; 80% board certified physicians.
Facilities: 86 hospitals; 1,000 pharmacies.
Service area: Illinois, Wisconsin, northwest Indiana, eastern Iowa.
Services provided: General service, plus prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health care, hospice, chiropractic, weight loss, smoking cessation, physical therapy. PPO access, utilization review services, large case management, hospital bill audit available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 201 employer/payer groups; 149,882 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percentage of savings. The PPO contracts with several insurance companies and third-party administrators.
Control measures: Standard utilization review procedures, including emergency admission certification, psychiatric, substance abuse; utilization review provided by the PPO.
Officers: George C. Phillips Jr., president; Dr. Harold Sintov, medical director; Mitchell Wasserman, marketing director; Donna Wolak.

Lincoln National Preferred Plan

10 S. Riverside Plaza, Suite 810, Chicago, Ill. 60606; 312-207-1221; 747 E. 22nd St., Suite 100, Lombard, Ill. 60148; 708-916-8400

Officers: Dr. John Blank, general manager; Peter Anderson, regional manager.
See Lincoln National Preferred Plan under Indiana.

Continued on next page

Continued from previous page

Avesis Inc.-Idaho

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: Six participating audiologists; 14 participating optometrists, ophthalmologists, opticians.
Facilities: 34 pharmacies.
Service area: Idaho.
Users: Hearing: one employer/payer group; 15,664 employees with single coverage. Vision: two employer/payer groups; 20,917 employees with single coverage.
See Avesis Inc. under Arizona.



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-Indiana

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Avesis Inc.-Indiana

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 701 pharmacies.
Service area: Indiana.
See Avesis Inc. under Arizona.

Beech Street Inc.-Indiana

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

CNA Managed Care PPO-Indianapolis

CNA Plaza-22W, Chicago, Ill. 60685; 312-822-7626

Operational date: August 1987.
Staff: 860 participating physicians; 72% board certified physicians.
Facilities: Seven hospitals.
Service area: Marion County in Indiana.
Users: 12,700 employees and dependents with access to the network.
Contact: Tom Dolatowski, manager-sales; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

CIGNA/EQUICOR Preferred Provider Organization-Indianapolis

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

FOCUS Healthcare Management Inc.-CompNET-Indiana

7101 Executive Center Drive, Suite 160, Brentwood, Tenn. 37027; 615-377-9936; fax: 615-377-6098

See FOCUS Healthcare Management Inc.-CompNET under Tennessee.

Great-West Care-Indianapolis

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1987.
Staff: 830 participating physicians; 75% board certified physicians.
Facilities: Six hospitals.
Service area: Boone, Clinton, Hamilton, Hancock, Handricks, Johnson, Madison, Marion, Morgan, Putnam, Rush, Shelby and Tipton counties in Indiana.
See Great-West Care corporate listing under Colorado.

HRM CarePASS-Indiana

8000 W. 78th St., Minneapolis, Minn. 55439; 800-824-3882; fax: 612-829-3578

See HRM CarePASS under Minnesota.

Indiana Pro Health Network Inc.

8060 Knue Road, Suite 228, Indianapolis, Ind. 46250; 317-841-5501; fax: 317-841-5555

Operational date: July 1984.
Ownership: Community Hospitals of Indiana Inc. and Community Hospital participating physicians.
Not for profit.
Staff: 1,000 participating physicians; 52 specialists; 15 administrative staff members; one marketing staff members.
Facilities: 16 hospitals; one pharmacy; two diagnostic labs.
Service area: Marion, Clinton, Hancock, Hendricks, Henry, Johnson, Morgan, Shelby, Vigo and Hamilton counties in Indiana.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 10 payer groups; 50,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 10% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Ted E. Milkey, president; Julie A. Phegley, executive director; Dr. Tom Fisher, medical director; Ray Snider, marketing director.

Lincoln National Preferred Plan*

1300 S. Clinton St., P.O. Box 2266, Fort Wayne, Ind. 46801; 219-455-2000

Sponsorship: Lincoln National Life Insurance Co.
For profit.
Staff: 46,500 providers.
Facilities: 765 hospitals.
Service area: Arizona, California, Colorado, District of Columbia, Georgia, Indiana, Illinois, Iowa, Kansas, Maryland, Michigan, Minnesota, Missouri, Montana, North Carolina, South Carolina, Nebraska, New Jersey, Ohio, Oregon, Pennsylvania, Tennessee, Virginia, Washington and Wisconsin.
Users: 350,000 employees and dependents with access to the network.
Officers: John P. Cole, chief executive officer; Stephen K. Goldstone, senior vp; Kevin F. Hickey, senior vp.
* Figures are corporate, including all Lincoln National Preferred Plan PPOs sponsored by Lincoln National Life Insurance Co.

Lincoln National Preferred Plan

409 E. Cook Road, Suite 100, Fort Wayne, Ind. 46825; 219-455-3350

Contact: Fran Prescott, general manager or John Shumlas, regional manager.
See Lincoln National Preferred Plan corporate listing under Indiana.

Lincoln National Preferred Plan

11595 N. Meridian St., Carmel, Ind. 46032; 317-573-6680

Contact: Fran Prescott, general manager or John Shumlas, regional manager.
See Lincoln National Preferred Plan corporate listing under Indiana.

Lincoln National Preferred Plan

105 Jefferson Centre, Suite 500, 105 Jefferson Blvd., South Bend, Ind. 46601; 219-232-3065

Contact: Fran Prescott, general manager or Dennis Fisher, sales manager.
See Lincoln National Preferred Plan corporate listing under Indiana.

New England Care-Indianapolis

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1987.
Staff: 830 participating physicians; 75% board certified physicians.
Facilities: Six hospitals.
Service area: Boone, Clinton, Hamilton, Hancock, Hendricks, Johnson, Madison, Marion, Morgan, Putnam, Rush, Shelby and Tipton counties in Indiana.
See New England Care corporate listing under Colorado.

Physicians Medical Alliance

3951 N. Meridian, Indianapolis, Ind. 46203; 317-924-8728

Operational date: 1986.
For profit.
Staff: 1,730 participating physicians; 1,005 specialists; four administrative staff members; two marketing staff members; 90% board certified physicians.
Facilities: 44 hospitals; 64 diagnostic labs.
Service area: Indiana.
Services provided: General service, plus psychiatric services and obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: Seven employer/payer groups; 33,848 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures are client determined.
Officers: Dr. E. Henry Lamkin Jr., president; Nancy L. Mabel, executive director.

Preferred Care of Indiana Inc.

5451 W. Lakeview Parkway, South Drive, Indianapolis, Ind. 46268; 317-290-5600; fax: 317-290-5690

Operational date: 1985.
Ownership: Associated Insurance Cos. Inc.
For profit.
Staff: 6,925 participating physicians; 4,560 specialists; 50 administrative staff members; 50% board certified physicians.
Facilities: 82 hospitals; 324 pharmacies.
Service area: Indiana.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. All services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 3,181 employer/payer groups; 411,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by Associated Insurance Companies Inc.; the PPO charges a flat fee per eligible employee; the PPO will contract to reduce its fee if savings are not met; 5% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Lisa Getzfrid, president/chief operating officer; Bill Paradise, marketing director.

Preferred Plus-Indiana

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: September 1987.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 1,100 participating physicians.
Facilities: 14 hospitals.
Service area: Boone, Hendricks, Marion, Hamilton, Hancock, Johnson, Madison, Shelby, Allen, Clinton and Morgan counties in Indiana.
Services provided: General service, plus inpatient psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 59 employer/payer groups; 9,125 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: William Crimmins, 8900 Keystone Crossing, Suite 408, Indianapolis, Ind. 317-844-5154.

Private Healthcare Systems Ltd.-Indiana

O'Hare International Center, 10255 W. Higgins Road, Suite 260, Rosemont, Ill. 60018; 708-299-7560

Service area: Indianapolis.
See Private Healthcare Systems Ltd. under Massachusetts

Prudential Plus-Indiana

8332 Woodfield Crossing Blvd., Suite 200, Indianapolis, Ind, 46240; 317-469-8047; fax; 317-469-8059

Operational date: October 1986.
Ownership: Prudential Insurance Co. of America.
For profit.
Staff: 566 participating physicians; 341 specialists; 17 administrative staff members; 11 marketing staff members; average of 69 patients per primary physician; 65% board certified physicians.
Facilities: 11 hospitals; 319 pharmacies; four diagnostic labs.
Service area: Boone, Marion, Hamilton, Hancock, Hendricks, Johnson, Morgan, Montgomery, Putnam, Madison, Shelby, Henry counties in Indiana.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed based on case.
Users: 107 employer/payer groups; 6,988 employees with family coverage; 15,557 employees and dependents with access to the network.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Officers: William Link, president; Dr. John Saalwaechter, medical director; Mark Lewis, marketing director.
Contact: Shirley Lady, director-Prudential Plus/Indiana.

Travelers Preferred-Indianapolis

50 Shuman Blvd., Suite 400, Naperville, Ill. 60503; 800-752-4285

Operational date: February 1989.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 532 participating physicians.
Facilities: Four hospitals.
Service area: Hancock, Hendricks, Johnson, Morgan, Boone, Shelby, Hamilton, Madison, Marion and Tippecanoe counties in Indiana.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: Seven employer/payer groups; 1,331 employees and dependents with access to the network.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Tim Dickman, executive director; Scott Dennis, sales manager.

Travelers Preferred-Fort Wayne

50 Shuman Blvd., Suite 400, Naperville, Ill. 60503; 800-752-4285

Operational date: February 1989.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 146 participating physicians.
Facilities: Two hospitals.
Service area: Allen and Wells counties in Indiana.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: Five employer/payer groups; 262 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Tim Dickman, executive director; Dennis Flora, sales manager.

Travelers Preferred-Northwestern Indiana

50 Shuman Blvd., Suite 400, Naperville, Ill. 60563; 800-752-4285

Operational date: April 1990.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 204 participating physicians.
Facilities: Five hospitals.
Service area: Elkhart, LaPorte, Lake, Porter and St. Joseph counties in Indiana.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 514 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Tim Dickman, executive director; Dennis Flora, sales manager.

TriState Healthcare Partners

600 Mary St., Evansville, Ind. 47747; 812-428-7265; fax: 812-426-3908

Operational date: July 1985.
Ownership: Deaconess Hospital and physician members.
Not for profit.
Staff: 190 participating physicians; 130 specialists; 85% board certified physicians.
Facilities: One hospital; 12 pharmacies; three diagnostic labs.
Service area: Vanderburgh, Posey, Warrick, Gibson counties in Indiana; White, Wabash counties in Illinois; Henderson County in Kentucky.
Services provided: General ser-

Continued on next page

Continued from previous page

vice, plus prescription drug, vision, substance abuse, psychiatric services and obstetrics/gynecology. Employees can select non-PPO providers at time of service. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: 11,200 employees and dependents with access to the PPO.

Compensation: The PPO negotiates charges by per diem rate, percent discounts off customary rates for individual services; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee. The PPO is under contract with Aetna National Health Plans and Farm Bureau.

Control measures: Standard utilization review procedures; utilization review provided by ValuTrac.

Contact: Marla Seaton.

VHA Tri-State Health Plans Inc.

8060 Knue Road, Suite 214, Indianapolis, Ind. 46250; 317-841-5595; 317-841-5481

Operational date: June 1990.

Ownership: VHA Tri-State Hospitals.

For profit.

Staff: 1,400 participating physicians; 15 administrative staff members; one marketing staff member.

Facilities: 27 hospitals.

Services provided: General service, plus substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers at time of service. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: Three payer groups; 3,000 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Officers: Gary Ford, president.

Contact: Julie Phegley and Ray Snider.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.

Wausau Preferred Care-Indiana

2000 Westwood Drive, Wausau, Wis. 54402; 715-847-6896; fax: 715-847-8740

See Wausau Preferred Care under Wisconsin.

Iowa

Alliance Select/AWARE

636 Grand Ave., Des Moines, Iowa 50309; 515-245-5123

Operational date: January 1987.

Sponsorship: Blue Cross & Blue Shield of Iowa.

Staff: 2,383 preferred physicians.

Facilities: 117 hospitals.

Service area: Iowa.

Users: 277,838 members.

Compensation: The PPO negotiates hospital charges by per diem rate for urban hospitals, prospective payment for rural hospitals.

Control measures: Standard utilization review procedures include admission review, preadmission hospital review, concurrent hospital treatment review, second surgical opinion, individual case management; utilization review provided by the PPO.

Avesis Inc.-Iowa

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: Two participating audiologists.

Facilities: 144 pharmacies.

Service area: Iowa.

See Avesis Inc. under Arizona.

Beech Street Inc.-Iowa

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

HRM CarePASS

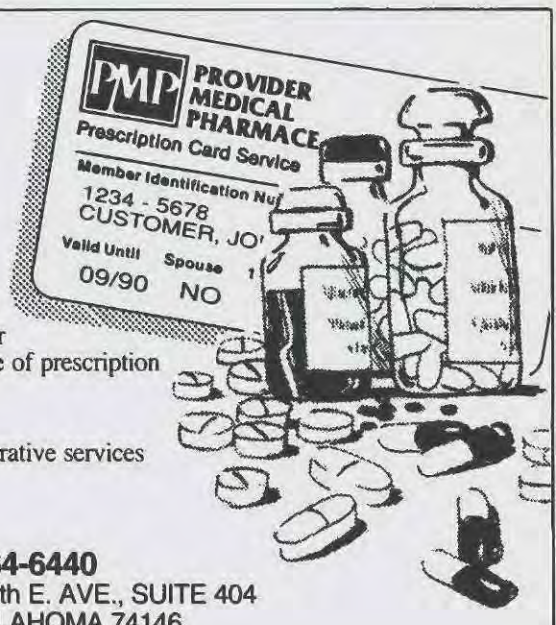
8000 W. 78th St., Minneapolis, Minn. 55439; 800-824-3882; fax: 612-829-3578

See HRM CarePASS under Minnesota.

Continued on next page

WE'RE SERIOUS ABOUT SERVICE...

at Provider Medical Pharmaceutical



PMP is a regional, growth-oriented prescription card service which believes the best way to grow is by providing excellent service; like guaranteeing that ID cards will be issued within one week of enrollment, and a service hot-line for providers and cardholders. We offer employers, TPAs, and insurance companies a wide range of prescription card services, including:

- Pharmacy PPO development
- Customized prescription card plans and administrative services
- Comprehensive reporting systems

Currently serving clients in Oklahoma and Texas

PMP PROVIDER MEDICAL PHARMACEUTICAL

1 (800) 364-6440
4150 S. 100th E. AVE., SUITE 404
TULSA, OKLAHOMA 74146

1990 | 1991

Business Insurance DIRECTORY

NEW

of Corporate Buyers of Insurance, Benefit Plans and Risk Management Services

Updated and expanded, the *1990/91 Directory* includes information on more than 13,000 executives from over 2,100 companies of all sizes located throughout the U.S. Plus, vital statistics on all companies listed include:

- primary type of business
- sales or assets
- number of employees
- name and title of chief financial officer
- names and titles of executives directly responsible for:
  — employee benefits — pension/retirement plans — personnel — risk & insurance management — property/casualty insurance — international employee benefits and/or risk management

Order the *1990/91 Business Insurance Directory of Corporate Buyers* today — gain access to the executives who are directly responsible for the purchase of commercial insurance, risk management and employee benefits.

Order today! Complete the coupon and mail, or phone 313/446-1623. For tape sales or information call 313/446-1625.

Mail to:
Business Insurance Directory
Single Copy Sales
965 East Jefferson Avenue
Detroit, MI 48207

Reserve_____copies
$85 each
15% discount when you order 5 or more.
All orders must be prepaid.
Make check payable to:
Business Insurance Directory

Total enclosed: $_____

or charge my ☐Visa ☐Mastercard ☐American Express ☐Optima

Account #_____

Exp. Date_____

Signature_____

print name

title

company

address

city state zip

phone

Continued from previous page

Healthcare Preferred

317 Sixth Ave., Suite 1002;
Des Moines, Iowa 50309;
515-243-3100; fax: 515-237-1258

Operational date: January 1984.
Ownership: Principal Financial Group.
For profit.
Staff: 450 participating physicians; 256 specialists; three administrative staff members; average of 25 patients per primary physician; 90% board certified physicians.
Facilities: Five hospitals; three diagnostic labs.
Service area: Polk, Madison, Warren and Dallas counties in Iowa.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Cannot be customized to meet employer specifications. Individual enrollment is allowed.
Users: 10 payer groups; 52,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee. The PPO is under contract with Aetna Life Insurance Co.; American Administrators; American Medical Security; Benefit Administrators of America, Inc.; Central Life Assurance; Corporate Benefit Services of America; Equicor-Equitable; Farm Bureau; Principal Financial Group.
Control measures: Standard utilization review procedures, excluding preadmission hospital review, discharge planning, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.
Officers: Dr. Michael J. Richards, president; Thomas E. Press, executive vp/chief operating officer; Dr. Kevin J. Cunningham, medical director; Tami Marquardt-Roth, marketing director.

Mutually Preferred-Iowa

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600;
fax: 402-978-2274

See Mutually Preferred under Nebraska.

Preferred Choices

401 Terra Centre, 600 Fourth St., Sioux City, Iowa 51101;
712-252-2344; fax: 712-252-3111

Operational date: January 1990.
Ownership: Mercy Alternative.
Not for profit.
Staff: 140 participating physicians; 75 specialists; 12 administrative staff members; two marketing staff members; 90% board certified physicians.
Facilities: 15 hospitals; three diagnostic labs.
Service area: Iowa, northeast Nebraska, southwest South Dakota.
Services provided: General service, plus prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Prescription drug, vision and MH/SA available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: Eight employer/payer groups; 500 employees with single coverage; 500 employees with family coverage.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee; the PPO will contract to adjust its fees.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Patrick Aberle, executive director; Dr. Stanley Bloustine, medical director.
Contact: Patrick Aberle.

Share Health Services of Iowa

2700 Westown Parkway, Suite 200, West Des Moines, Iowa 50265; 515-225-1234;
fax: 515-225-2486

Operational date: January 1990.
Ownership: United HealthCare Corp.
For profit.
Staff: 300 participating physicians; 300 specialists; 30 administrative staff members; six marketing staff members; 100% board certified or eligible physicians.
Facilities: Eight hospitals; 19 pharmacies; five diagnostic labs.
Service area: Polk and Warren counties in Iowa.
Services provided: General service, plus prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. All services available unbundled. Employees cannot select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: Three employer/payer groups; 74 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding second surgical opinion, outpatient service predetermination; utilization review provided by the PPO.
Officers: D. Michael Elliott, president/chief executive officer; Dr. Don C. Green, medical director.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020;
602-371-3880

See USA Healthnet Inc. under Arizona.

When it comes to controlling health care costs, we start at home.

The real power of health care cost containment lies with your employees. After all, no matter what utilization review plan you choose, if your employees don't make the first phone call - it's underutilized.

We understand. That's why our programs are designed to provide benefits of real value to every employee and save employers money.

Find out about our special programs for TPAs, Insurance companies and employers. Call Quality today.

Quality Health Services, Inc.
Controlling costs to benefit people.
Plymouth Meeting, PA • 215/941-9561

Kansas

Admar Corp.-Kansas

850 Town & Country Road, Orange, Calif. 92668;
714-953-9600;
fax: 714-953-9060

See Admar Corp. under California.

Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039;
214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-Kansas

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833;
916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Avesis Inc.-Kansas

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016;
602-956-7287; fax: 602-224-5620

Facilities: 141 pharmacies.
Service area: Kansas.
See Avesis Inc. under Arizona.

CIGNA/EQUICOR Preferred Provider Organization-Kansas City

Hartford, Conn. 06106;
203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Choice Care

1133 Topeka Blvd., Topeka, Kan. 66629; 913-291-7000

Operational date: January 1986.
Ownership: Blue Cross & Blue Shield of Kansas.
Not for profit.
Staff: 4,301 participating physicians; 4,258 specialists; 1,835 administrative staff members; 136 marketing staff members.
Facilities: 50 hospitals; 525 pharmacies; 48 diagnostic labs.
Service area: Kansas.
Services provided: General service, plus prescription drug, vision, dental, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. All services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 593 employer/payer groups; 4,150 employees with single coverage; 27,129 employees with family coverage; 80,300 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by DRGs; the PPO is compensated by employers/payers; the PPO charges a fee for service.
Control measures: Standard utilization review procedures, excluding second surgical opinion, hospital bill audits; utilization review provided by the PPO.
Officers: Thomas L. Miller, president; Dr. John C. Listerman, medical director; Andrew C. Corbin, marketing director.

Lincoln National Preferred Plan

7400 College Blvd., Suite 210, Overland Park, Kan. 66210;
913-345-2240

Contact: Steve Coburn, general manager or Rob Noel, regional director.
See Lincoln National Preferred Plan under Indiana.

Mutually Preferred-Kansas

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600;
fax: 402-978-2274

See Mutually Preferred under Nebraska.

Preferred Health Care Inc.

345 Riverview, Suite 600, Wichita, Kan. 67203; 316-268-0345;
fax: 316-268-0346

Operational date: June 1984.
Ownership: St. Francis Regional Medical Center, St. Joseph Medical Center, and group of doctors.
For profit.
Staff: 878 participating physicians; 440 specialists; 20 administrative staff members; one marketing staff member; 95% board certified physicians.
Facilities: 51 hospitals; 11 diagnostic labs.
Service area: Kansas.
Services provided: General service, plus vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 185 employer/payer groups; 20,000 employees with single coverage; 22,342 employees with family coverage; 108,855 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, DRGs; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee. The PPO is under contract with Dorth Coombs Insurance, Aetna Insurance Co. and Blue Cross/Blue Shield.
Control measures: Standard utilization review procedures, excluding second surgical opinion, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.
Officers: Marlon R. Dauner, president/executive director; Dr. Ben Matassarin, medical director; Jim Smith, marketing director; Linda Malcom, vp-administration; Stan Vaughan, vp-finance.

Preferred Health Professionals

4400 College Blvd., Suite 300, Overland Park, Kan. 66211;
913-339-4400; fax: 913-339-9804

Operational date: July 1983.
Sponsorship: Preferred Health Providers; Preferred Health Professionals.
Not for profit.
Staff: 1,120 participating physicians; 544 specialists; 30 administrative staff members; six marketing staff members; average of 291 patients per primary physician; 74% board certified physicians.
Facilities: 21 hospitals; 38 pharmacies; 15 diagnostic labs.
Services provided: General service, plus prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, home health and therapy, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 735 employer/payer groups; 62,338 employees with single coverage; 167,592 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding length of stay determination, outpatient service predetermination; utilization review provided by the PPO.
Officers: Dan H. Anderson, president; Kathleen O'Connor, chief executive officer; Jerry W. Baxter, marketing director; Barbara Potter, chief operating officer.
Contact: Kathleen O'Connor.

Preferred Mental Health Management Inc.

2108 W. 75th St., Prairie Village, Kan. 66208; 913-677-1642

Operational date: April 1987.
For profit.
Staff: 50 participating physicians; 165 specialists; 10 administrative staff members; two marketing staff members; 100% board certified physicians.
Facilities: 47 hospitals; three diagnostic labs.
Service area: Texas, Colorado, Illinois, Oklahoma, Florida, Kansas, Missouri, California.
Services provided: Psychiatric services, mental health (inpatient/outpatient) alcohol/substance abuse (residential/outpatient) employee assistance/mental health management. Employees may select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 38 employer/payer groups; 96,500 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 40% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures, excluding second surgical opinion, hospital bill audits; utilization review provided by the PPO and outside contractors.
Officers: Dr. Leslie Ruthven, president; Dr. Thomas FitzGerald, executive director; Beth Snyder, marketing director.

Prescription Network of Kansas

1308 West 10th St., Topeka, Kan. 66604; 913-232-1712;
fax: 913-232-1712

Operational date: July 1985.
Ownership: Kansas Pharmacy Service Corp.
Not for profit.
Staff: 564 participating pharmacists; three administrative staff members; two marketing staff members; 100% board certified pharmacists.
Facilities: 564 pharmacies.
Service area: Kansas and Kansas City, Mo.
Services provided: Prescription drug and drug utilization review. Employees cannot select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: Seven employer/payer groups.
Compensation: The PPO is compensated by employers/payers; the PPO charges a fee for service per prescription drug claim.
Control measures: Standard utilization review procedures include prescription drug retrospective review and prospective through on-line electronics; utilization review provided by the PPO and PNI Inc.
Officers: Harley Russell, president; Peter Stern, executive director; Kent Richardson, marketing director.

Travelers Preferred-Kansas City

231 S. Bemiston, Suite 715, St. Louis, Mo. 63105; 913-661-0211

Operational date: October 1987.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 806 participating physicians.
Facilities: 12 hospitals.
Service area: Johnson, Wyandotte, Cass counties in Kansas; Clay, Jackson and Platte counties in Missouri.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 38 employer/payer groups; 3,515 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Denise Palmer, director-executive development; Arch E. Patterson, sales manager.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020;
602-371-3880

See USA Healthnet Inc. under Arizona.

Wausau Preferred Care-Kansas

2000 Westwood Drive, Wausau, Wis. 54402;
715-847-6896;
fax: 715-847-8740

See Wausau Preferred Care under Wisconsin.

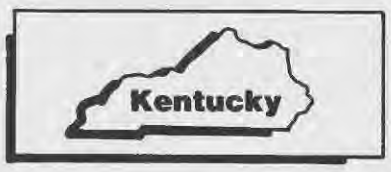
Continued on next page

Continued from previous page

Wichita Preferred Provider Assn.

1102 S. Hillside, Wichita, Kan. 67211; 316-683-4111; fax: 316-683-1606

Operational date: October 1985.
Ownership: Medical Society Medical Review Foundation.
For profit.
Staff: 713 participating physicians; 503 specialists; two administrative staff members; average of 140 patients per primary physician; 73% board certified physicians.
Facilities: 10 hospitals; six diagnostic labs.
Service area: Kansas.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Utilization review, case management available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 368 employer/payer groups; 29,500 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee. The PPO is under contract with Principal Financial Group, Pacific Mutual, American Medical Security, Association Life Insurance Co., Benefit Trust Life Insurance Co.
Control measures: Standard utilization review procedures, excluding length of stay determination, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.
Officers: Dr. Terry L. Poling, president of the board; James M. Van Milligen, program director; Dr. William Norris, medical director; Dr. Walter Reazin, Dr. William Arkell, Dr. Jerome French, board members.
Contact: James M. Van Milligen.



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-Kentucky

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Avesis Inc.-Kentucky

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 335 pharmacies.
Service area: Kentucky.
See Avesis Inc. under Arizona.

CNA Managed Care PPO-Louisville

CNA Insurance Cos., 1010 Market St., Suite 560, St. Louis, Mo. 63178; 314-342-7945

Operational date: October 1987.
Staff: 235 participating physicians; 81.3% board certified physicians.
Facilities: Four hospitals and medical facilities.
Service area: Jefferson County in Kentucky.
Users: 9,800 employees and dependents with access to the network.
Contacts: Bill Carrol, manager-major group sales, 314-342-7945; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

Great-West Care-Louisville

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: October 1987.
Staff: 188 participating physicians; 75% board certified physicians.
Facilities: Four hospitals.
Service area: 13 counties in Kentucky; Washington, Scott, Clark, Floyd, Harrison, Crawford counties in Indiana.
See Great-West Care corporate listing under Colorado.

HRM CarePASS-Kentucky

8000 W. 78th St., Minneapolis, Minn. 55439; 800-824-3882; fax: 612-829-3578

See HRM CarePASS under Minnesota.

Humana Health Care Plans*

500 W. Main St., Louisville, Ky. 40201; 502-580-1000; fax: 502-580-4106

Operational date: 1933.
Sponsorship: Humana Inc.
For profit.
Staff: More than 8,000 participating physicians and staff members for all Humana Health Care Plans HMOs and PPOs.
Facilities: More than 200 hospitals for all plans.
Services provided: General service, plus prescription drugs, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Vision and dental available in some areas. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 1.1 million members for Humana Health Care Plans HMOs and PPOs.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Wayne T. Smith, president-health care division.
* Figures are corporate, for all PPOs (and HMOs when noted) sponsored by Humana Health Care Plans.

Humana Health Plan Inc.

101 Prosperous Place, Suite 300, Lexington, Ky. 40509; 606-254-2731; fax: 606-263-1488

Officers: Betty Chowning, executive director; Kathy Congleton, sales manager; Dr. Timothy Costitch, medical director.
See Humana Health Care Plans under Kentucky.

Humana Health Plan Inc.

9300 Shelbyville Road, Suite 700, Louisville, Ky. 40222; 502-423-1355; fax: 502-423-4580

Officers: Vicky Hatfield, executive director; Jim Moser, sales manager.
See Humana Health Care Plans under Kentucky.

New England Care-Louisville

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: October 1987.
Staff: 188 participating physicians; 75% board certified physicians.
Facilities: Four hospitals.
Service area: 13 counties in Kentucky; Washington, Scott, Clark, Floyd, Harrison, Crawford counties in Indiana.
See New England Care corporate listing under Colorado.

Option 2000

9901 Linn Station Road, Louisville, Ky. 40223; 502-423-2099

Operational date: December 1984.
Sponsorship: Blue Cross & Blue Shield of Kentucky Inc.
Facilities: 111 hospitals.
Service area: All counties in Kentucky excluding Ballard, Calloway, Carlisle, Graves, McCracken, Marshall.
Users: 220,670 members.
Compensation: The PPO negotiates hospital charges by percent of negotiated charges.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination.

Preferred Health Plan Inc.

10001 Linn Station Road, Suite 105, Louisville, Ky. 40223; 502-339-7500; fax: 502-339-8716

Operational date: February 1990.
Sponsorship: Group of hospitals and doctors.
For profit.
Staff: 720 participating physicians; 533 specialists; three administrative staff members; two marketing staff members; 93% board certified physicians.
Facilities: Six hospitals.
Service area: Floyd, Clark, Jefferson, Meade, Oldham, Bullitt, Hardin, Shelby counties in Kentucky.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Utilization review and third party administration available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: One employer/payer group; 5,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, by a percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee. The PPO is under contract with the Farm Bureau of Indiana.
Control measures: Standard utilization review procedures, excluding second surgical opinion; utilization review provided by the PPO.
Officers: Bernard A. Tamme, president; Dr. Michael Kemper, marketing director; Thomas L. Sears, chief financial officer; Barbara Pierce, manager-medical services; Mary Stivers, director-systems operations.

Private Healthcare Systems Ltd.-Kentucky

One American Center, 3100 W. End Ave., Suite 650, Nashville, Tenn. 37203; 615-386-9194

Service area: Louisville.
See Private Healthcare Systems Ltd. under Massachusetts.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

American LIFECARE

650 Poyoras St., Suite 1900, New Orleans, La. 70130; 504-561-0600; fax: 504-522-5503

Operational date: August 1985.
For profit.
Staff: 1,100 participating physicians; 550 specialists; 14 administrative staff members; 11 marketing staff members; 97% board certified physicians.
Facilities: 25 hospitals; one diagnostic lab.
Service area: Louisiana.
Services provided: General service, plus prescription drugs, vision, workers compensation, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. All services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 134,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers and claims administrators; the PPO charges a flat fee per eligible employee and percentage of savings; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. The PPO is under contract with 40 different third-party administrators and insurers.
Control measures: Standard utilization review procedures; utilization review provided by the PPO and several outside contractors.
Officers: Ed Michael Reggie, president; Nan M. Wallis, executive director; Dr. Irving M. Blatt, medical director.

Avesis Inc.-Louisiana

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: Seven participating optometrists, ophthalmologists and opticians.
Facilities: 365 pharmacies.
Service area: Louisiana.
See Avesis Inc. under Arizona.

Beech Street Inc.-Louisiana

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

CNA Managed Care PPO-New Orleans

CNA Insurance Cos., 1005 Ford Road, Suite 300, Dallas, Texas 75234; 214-620-5350

Operational date: September 1987.
Staff: 616 participating physicians; 75% board certified physicians.
Facilities: Six hospitals and medical facilities.
Service area: Orleans, Jefferson parishes in Louisiana.
Users: 10,600 employees and dependents with access to the network.
Officers: Gary Brown, manager-major group sales, 214-620-5350; Ardyth Schuster, manager-cost containment development.
See CNA corporate listing under Illinois.

CIGNA/EQUICOR Preferred Provider Organization-New Orleans

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

First Choice Health Plan

5525 Reitz Ave., Baton Rouge, La. 70809-3802

Operational date: January 1985.
Sponsorship: Blue Cross & Blue Shield of Louisiana.
Staff: 2,517 preferred physicians.
Facilities: 35 hospitals.
Service area: 28 parishes in Louisiana.
Users: 71,187 members.
Compensation: The PPO negotiates hospital charges by customary and reasonable allowance.
Control measures: Utilization review procedures include preadmission hospital review, concurrent hospital treatment review, second surgical opinion only; utilization review provided by the PPO.

FOCUS Healthcare Management Inc.-CompNET-Louisiana

7101 Executive Center Drive, Suite 160, Brentwood, Tenn. 37027; 615-37709936; fax: 615-377-6098

See FOCUS Healthcare Management Inc.-CompNET under Tennessee.

Great-West Care-New Orleans

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: November 1987.
Staff: 588 participating physicians; 75% board certified physicians.
Facilities: Six hospitals.
Service area: St. Helena, Washington, Tangipahoa St. Tammany, Livingston, St. John the Baptist, St. Charles, Orleans, Plaquemines, Jefferson, St. Bernard parishes in Louisiana.
See Great-West Care corporate listing under Colorado.

Gulf South Health Plans

5615 Corporate Blvd., Suite 4, Baton Rouge, La. 70808; 504-927-7212; fax: 504-922-9241

Operational date: 1987.
Sponsorship: Baton Rouge General Medical Center.
Ownership: General Health Inc.
For profit.
Staff: 409 participating physicians; approximately 250 specialists; 60 administrative staff members; eight marketing staff members; 90% board certified physicians.
Facilities: Nine hospitals; more than 100 pharmacies; four diagnostic labs.
Service area: East Baton Rouge, Iberville, Ascension, East Feliciana, West Feliciana, St. Helena, West Baton Rouge, Livingston, Pointe Coupee parishes in Louisiana.
Services provided: General service, plus prescription drugs, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 12 employer/payer groups; 5,859 employees with single coverage; 4,906 employees with family coverage; 9,765 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee. The PPO is under contract with Gulf South Administrative Services Inc., United States Life Insurance Co.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Gross revenues: $312,423 in 1989; $106,329 in 1988.
Officers: Tom Sawyer, president; Patrick Powers, executive director; Dr. Dwight Brower, medical director; Charles Calvi, marketing director;

Continued on next page

INTERNATIONAL MEDICAL GROUP, INC.

Specializing in Insurance programs for HEALTH MAINTENANCE ORGANIZATIONS AND PREFERRED PROVIDER ORGANIZATIONS.

Medical
- Excess of Loss Reinsurance
- Transplant Reinsurance
- Premature Infant Reinsurance
- AIDS

Liability
- Errors and Omissions
- Directors and Officers Liability

UNDERWRITTEN BY RECOGNIZED INSURERS IN LONDON, EUROPEAN AND U.S. MARKETS

INTERNATIONAL MEDICAL GROUP, INC.
135 N. Pennsylvania St., Suite 1730
Indianapolis, IN 46204
317-636-4721
800-628-4664
317-687-9272 (Fax)

Continued from previous page
Jack Walker, finance/administration.
Contact: Charles D. Calvi Jr., senior vp-marketing.

John Hancock Preferred Health Plan-Louisiana

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

HealthCare Advantage Inc.

3509 Chestnut St., New Orleans, La. 70115; 800-326-4465; fax: 504-897-8322

Operational date: June 1989.
Sponsorship: Group of hospitals.
Ownership: Touro Infirmary.
For profit.
Staff: 775 participating physicians; 635 specialists; six administrative staff members; four marketing staff members; average of 17 patients per primary physician; 77% board certified physicians.
Facilities: 19 hospitals; six pharmacy chains; two diagnostic labs.
Service area: Portions of Texas, Mississippi, Louisiana, Georgia, Alabama.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Prescription drug, dental, vision, substance abuse and psychiatric services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 71 employer/payer groups; 3,195 employees with single coverage; 5,933 employees with family coverage; 20,955 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services where per diems cannot be negotiated; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. The PPO is under contract with DBL Services, Benefit Resources Inc., Pension Services Inc., Lamar Life Insurance Co.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Gross revenues: $1.8 million in 1988.
Officers: Gary Marchand, president; Jane Cooper, executive director; Dr. Alonzo Diodene, medical director; Adele Matherne, marketing director.

MetLife Network-Louisiana

5 Post Oak Park, Suite 2120, Houston, Texas 77027-3416; 713-961-9944

Contact: William S. Woodside, vp.
See MetLife Network under Connecticut.

New England Care-New Orleans

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: November 1987.
Staff: 588 participating physicians; 75% board certified physicians.
Facilities: Six hospitals.
Service area: St. Helena, Washington, Tangipahoa, St. Tammany, Livingston, St. John the Baptist, St. Charles, Orleans, Plaquemines, Jefferson, St. Bernard parishes in Louisiana.
See New England Care corporate listing under Colorado.

Private Healthcare Systems Ltd.-Louisiana

Northpark Town Center, 1000 Abernathy Road, Suite 840 N.E., Atlanta, Ga. 30328; 404-393-1084

Service area: New Orleans.
See Private Healthcare Systems Ltd. under Massachusetts.

Travelers Preferred-New Orleans

Galleria One, Suite 2100, Galleria Blvd., Metairie, La. 70001; 504-836-5505

Operational date: December 1987.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 893 participating physicians.
Facilities: 14 hospitals.
Service area: Iberia, Jefferson, LaFayette, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Mary, St. Tammany, Tangipahoa, Terrebonne parishes in Louisiana.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 39 employer/payer groups; 8,713 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contacts: Gayle George, executive director-operations; William G. Noonan III, sales manager.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Avesis Inc.—Maine

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 88 pharmacies.
Service area: Maine.
See Avesis Inc. under Arizona.

HealthSource Maine Preferred Inc.

30 U.S. Route 1, Yarmouth, Maine 04096; 207-846-6430; fax: 207-846-4164

Operational date: 1990.
Sponsorship: Group of doctors.
For profit.

Medical Network

P.O. Box 15253, Portland, Maine 04101; 207-773-5116

Operational date: February 1988.
Sponsorship: Group of doctors.
For profit.
Staff: 248 participating physicians; 190 specialists; two administrative staff members; one marketing staff members; 95% board certified physicians.
Facilities: 16 pharmacies; one diagnostic lab.
Service area: York, Cumberland, Penobscot counties in Maine.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Utilization review available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 175 employer/payer groups; 15,000 employees and dependents with access to the network.
Compensation: The PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. The PPO is under contract with Benefit Management of Maine, U.S. Life Insurance Co.
Control measures: Standard utilization review procedures, excluding hospital bill audits, outpatient service predetermination; utilization review provided by HealthCare Compare and UMS.
Officers: Dr. William Maxwell, president; Joseph J. Bean, executive director; Dr. Robert Kramer, medical director.



Alliance PPO Inc.

4 Taft Court, Rockville, Md. 20850; 301-294-5096; fax: 301-762-0658

Operational date: April 1988.
Ownership: Mid Atlantic Medical Services Inc.
For profit.
Staff: 3,219 participating physicians; two administrative members; three marketing staff members; 89.5% board certified physicians.
Facilities: 47 hospitals; two diagnostic labs with multiple locations.
Service area: District of Columbia; Maryland; Accomack, Arlington, Caroline, Fairfax, Hanover, Henrico, Goochland, Loudoun, Northampton, Prince William, Stafford counties in Virginia.
Services provided: General service, plus vision, dental, durable medical equipment. Psychiatric services, substance abuse available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 309 employer/payer groups; 55,909 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, claims administrators, third party administrators, insurance companies; the PPO charges a flat fee per eligible employee. The PPO is under contract with third-party administrators and insurers.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: George T. Jochum, president; Dr. Eric R. Baugh, medical director; Steve Murfin, marketing director.

Avesis Inc.-Maryland

4201 N. 24th St., Suite 300, Phoenix. Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: One dental specialist; 14 participating audiologists; 38 participating optometrists, ophthalmologists and opticians.
Facilities: 235 pharmacies.
Service area: Maryland.
Users: Hearing: five employer/payer groups; 9,238 employees with single coverage. Vision: seven employer/payer groups; 11,530 employees with single coverage.
See Avesis Inc. under Arizona.

CMG Health Inc.

25 Crossroads Drive, Owings Mills, Md. 21117; 301-581-5000; fax: 301-581-5007

Operational date: 1985.
Staff: 30 clinical and case management staff members; 15 administrative staff members; five marketing staff members.
Services provided: Substance abuse, psychiatric services.
Users: 7,000 employer/payer groups; 700,000 employees and dependents with access to the network.
Control measures: Various utilization review procedures.
Officers: Alan J. Shusterman, president; Dr. Douglass A. Kay, vp-quality assurance; Dr. Ronald E. Cann, vp-medical affairs; Linda Medure, marketing director; Lisa Shusterman, vp-clinical affairs; Diana Woltereck, vp-operations.
Contact: Arlene B. Swerdloff, manager-communications/proposals.

CNA Managed Care PPO-Baltimore

CNA Insurance Co., 1101 Market St., 25th Floor, Philadelphia, Pa. 19107; 215-351-3842

Operational date: January 1989.
Staff: 935 participating physicians; 71% board certified physicians.
Facilities: Seven hospitals.
Service area: Baltimore, Howard, Harford counties in Maryland.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 1,100 employees and dependents with access to the network.
Contact: Bill Gabel, manager-major group sales, 215-351-3842; Ardyth Scuster, manager-cost containment development, 312-822-6206.
See CNA Managed Care PPO corporate listing under Illinois.

Dental Benefit Providers Inc.

7200 Wisconsin Ave., Suite 800, Bethesda, Md. 20814; 301-654-6900; fax: 301-986-7965

Operational date: January 1984.
For profit.
Staff: 1,000 participating dentists; 500 specialists; 150 administrative staff members; 10 marketing staff members; 100% board certified physicians.
Service area: Maryland, District of Columbia, Virginia, Massachusetts, Ohio, Illinois, Colorado, California, Alabama, Texas, New York, Connecticut, Georgia and Iowa.
Services provided: Dental. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 240 employer/payer groups; 700,000 employees and dependents with access to the network.
Compensation: The PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Utilization review procedures include precertification, retrospective review and second surgical opinion only; utilization review provided by the PPO.
Gross revenues: $13 million in 1989; $9 million in 1988.
Officers: Dr. Ralph Foxman, president; Edward Murphy, chief executive officer; Dr. Carlton Gong, vp-operations/dental director; Frank Erwin, marketing director; Guy Hunt, vp-marketing/sales.
Contact: Guy Hunt.

Great-West Care-Baltimore

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: May 1989.
Staff: 873 participating physicians; 75% board certified physicians.
Facilities: Five hospitals.
Service area: Howard, Baltimore, Hartford, Anne Arundel counties in Maryland.
See Great-West Care corporate listing under Colorado.

HRM CarePASS-Maryland

8000 W. 78th St., Minneapolis, Minn. 55439; 800-824-3882; fax: 612-829-3578

See HRM CarePass under Minnesota.

John Hancock Preferred Health Plan-Maryland

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Hartford's Pulse Plan of Baltimore

200 Hopmeadow St., Simsbury, Conn. 06070; 203-547-5000

Operational date: January 1990.
Sponsorship: Hartford Life Insurance Cos.
For profit.
Staff: 175 primary care physicians; 346 specialists.
Facilities: Seven hospitals.
Service area: Howard, Baltimore counties in Maryland.
Services provided: General service, plus obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a prompt pay discount; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits, outpatient service predetermination; utilization review provided by the PPO and Valutrac.
Contact: William Freeman, Regional Sales Manager, Hartford Insurance Group, 100 N. Pitt St., Alexandria, Va. 22314; 703-836-0222.

Health Care 2000/ Physicians Medical Group

660 Kenilworth Drive, Towson, Md. 21204; 301-296-8326; fax: 301-296-8328

Operational date: July 1984.
Ownership: Fidelity Health Systems.
For profit.
Staff: 1,000 primary physician; 800 specialists; 25 administrative staff members; one marketing staff member; 1,200 patients per physicuan; 98% board certified physicians.
Facilities: 15 hospitals; 100 pharmacies; five diagnostic labs.
Service area: Maryland.
Services provided: General service, plus prescription drugs, vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Utilization review and claims processing available unbundled. PPO can be customized to meet employer specifications.
Users: 15 employer/payer groups; 75,000 employees with single coverage; 140,000 employees with family coverage.
Compensation: The PPO negotiates hospital charges by state-approved rates; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 90% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Mitchell Diamond, president; Dr. Richard Maffezzoli, medical director; Lisa Johnson, regional manager.

Lincoln National Preferred Plan

9690 Deerco Road, Suite 310, Timonium, Md. 21093; 301-561-9300

Officers: William Young, general manager; Robert Shenkus, regional director.
See Lincoln National Preferred Plan under Indiana.

MetLife Network-Maryland

1515 Market St., Suite 1630, Philadelphia, Pa. 19102; 215-977-7050

Contact: Thomas J. Regan, vp.
See MetLife Network under Connecticut.

Mutually Preferred-Maryland

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

National Capital PPO

7979 Old Georgetown Road, Suite 400, Bethesda, Md. 20814; 301-654-6853; fax: 301-907-3884

Operational date: January 1988.
For profit.

Continued on next page

Continued from previous page

Staff: 2,000 participating physicians; 1,300 specialists; 12 administrative staff members; two marketing staff members; average of 80 patients per primary physician; 90% board certified physicians.

Facilities: 23 hospitals; four diagnostic labs.

Service area: Washington, D.C.; Arlington, Alexandria, Fairfax counties in Virginia; Montgomery, Prince Georges, Howard, Anne Arundel, Baltimore counties and the city of Baltimore in Maryland.

Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Mental health services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 325 employer/payer groups.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Officers: Elliot A. Segal, president/chief executive officer; Robert A. McCluskey, vp/chief operating officer; Dr. Arthur A. Rubin and Dr. Robert A. Berenson, medical directors; Karen M. Lange, marketing director .

New England Care-Baltimore

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: May 1989.

Staff: 873 participating physicians; 75% board certified physicians.

Facilities: Five hospitals.

Service area: Howard, Baltimorem Hartford, Anne Arundel counties in Maryland.

See New England Care corporate listing under Colorado.

Preferred Plus of Greater Baltimore

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: November 1986.

Ownership: Massachusetts Mutual Life Insurance Co.

For profit.

Staff: 1,500 participating physicians.

Facilities: Eight hospitals.

Service area: Baltimore, Howard, Anne Arundel, Harford, Carrol counties in Maryland.

Services provided: General service, plus psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 64 employer/payer groups; 8,065 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.

Contact: Michael Gallagher, Village Square, Suite 218, Village of Cross Keys, Baltimore, Md. 303-323-8400.

Private Healthcare Systems Ltd.-Maryland

20 Maguire Road, Lexington, Mass. 02173; 617-861-5500

Service area: Baltimore; Richmond, Fredericksburg, Va.

See Private Healthcare Systems Ltd. under Massachusetts.

PruCare of Baltimore

300 E. Lombard St., Baltimore, Md. 21202; 301-783-2900; fax: 301-783-0012

Operational date: January 1990.

Ownership: Prudential Insurance Co. of America.

For profit.

Staff: 308 participating physicians; 397 specialists; 14 administrative staff members; nine marketing staff members; 38 patients per primary physician; 96% board certified physicians.

Facilities: 14 hospitals; three pharmacy chains; 32 diagnostic labs.

Service area: Carroll, Baltimore, Harford, Howard, Anne Arundel counties in Maryland.

Services provided: General service, plus prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, bone marrow transplantation. Prescription drugs, dental, total psychological management available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.

Users: 10,609 members.

Compensation: The PPO is compensated by employers/payers; the PPO charges a flat fee for eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Officers: William P. Link, president; David Coulter, director-health care services; Dr. David Solomon, medical director; Larry Marable, marketing director.

Sanus Preferred Services Inc.

7601 Ora Glen Drive, Suite 200, Greenbelt, Md. 20770; 301-441-1600; fax: 301-441-3559

Operational date: March 1987.

Sponsorship: New York Life Insurance Co.

Ownership: Sanus Corp. Health Systems.

For profit.

Staff: 1,600 participating physicians; 1,119 specialists; 156 administrative staff members; 18 marketing staff members; 80% board certified physicians.

Facilities: 35 hospitals; one diagnostic lab.

Services provided: General service, plus prescription drugs, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Network, dental and utilization review services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 275 employer/payer groups; 15,000 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Gross revenues: $105.8 million in 1989; $80.5 million in 1988.

Officers: Jeff D. Emerson, chief executive officer; Dr. David Anders, medical director; Joan Harp, marketing director; Virginia M. Dollard, chief operating officer; Nannette G. Henderson, chief financial officer.

SelectCare

10455 Mill Run Circle, Owings Mill, Md. 21117

Operational date: January 1985.

Sponsorship: Blue Cross & Blue Shield of Maryland Inc.

Staff: 6,100 preferred physicians.

Facilities: 42 hospitals.

Service area: 23 counties in Maryland Inc.

Users: 247,130 members.

Compensation: The PPO negotiates hospital charges by regulated charges.

Control measures: Utilization review procedures include preadmission hospital review, concurrent hospital treatment review, second surgical opinion and individual case management only.

Travelers Preferred-Central Maryland

3 Parkway, Philadelphia, Pa. 19102; 800-344-2705

Operational date: December 1986.

Sponsorship: The Travelers Insurance Co.

For profit.

Staff: 1,310 participating physicians.

Facilities: 10 hospitals.

Service area: Anne Arundel, Baltimore, Baltimore City, Carroll, Harford and Howard counties in Maryland.

Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 67 employer/payer groups; 4,908 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.

Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.

Contacts: Patricia Hedden, director-operations; Julia Hawley, director-development; Carl Walker, sales manager.

Wausau Preferred Care-Maryland

2000 Westwood Drive, Wausau, Wis. 54402; 715-847-6896; fax: 715-847-8740

See Wausau Preferred Care under Wisconsin.



Admar Corp.-Massachusetts

850 Town & Country Road, Orange, Calif. 92668; 714-953-9600; fax: 714-953-9060

See Admar Corp. under California.

Advantage

P.O. Box 9108, Norwell, Mass. 02061; 800-443-3950; fax: 617-982-9668

Operational date: January 1990.

Ownership: Pilgrim Health Care Inc.

Not for profit.

Staff: 2,235 participating physicians; 1,184 specialists; 353 administrative staff members; 49 marketing staff members; 100% board certified or eligible physicians.

Facilities: 70 hospitals; 345 pharmacies; 24 diagnostic labs.

Service area: Massachusetts and Rhode Island.

Services provided: General service, plus prescription drugs, vision, preventive dental, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, global rates by procedure; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures, excluding length of stay determination, retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination, case management; utilization review provided by the PPO.

Officers: Dr. Edward A. Pollard, president; Allan Greenberg, chief executive officer; Dr. Paul Reich, medical director; Patricia L. Callahan, vp-marketing director; Leslie Sutherland, treasurer; Glen Johnson, secretary; Dr. Gilbert Shapiro, vp.

Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-Massachusetts

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Assured Health Systems Inc.

20 Burlington Mall Road, Burlington, Mass. 01803; 617-273-9966; fax: 617-270-9798

Operational date: April 1990.

For profit.

Staff: Massachusetts only: 12 participating physicians; 87 specialists; five administrative staff members; one marketing staff member; 100% board certified physicians.

Facilities: 13 hospitals; 12 pharmacies.

Service area: Massachusetts and California.

Services provided: General service, plus substance abuse, psychiatric services, employee assistance programs and carve-out behavioral care programs. EAP, psychiatric services and substance abuse services are available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a share of the savings if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures, including concurrent outpatient review, aftercare, employee assistance program-PPO integration, but excluding second surgical opinion and hospital bill audits; utilization review provided by the PPO.

Officers: Dr. Ronald Geraty, president; David Zarchan, senior vp; Dr. Peter Panzarino, corporate medical director; Keith Dixon, vp-marketing; Barry Lyons, vp-finance; Cynthia Flaa, corporate counsel.

Contact: David Zarchan or Elaine Stone.

Avesis Inc.-Massachusetts

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: Seven participating optometrists, ophthalmologists and opticians.

Facilities: 402 pharmacies.

Service area: Massachusetts.

See Avesis Inc. under Arizona.

CNA Managed Care PPO-Boston

CNA Insurance Cos., 100 Newport Ave., North Quincy, Mass. 02269; 617-984-4865

Operational date: July 1987.

Staff: 1,326 participating physicians; 76.2% board certified; 13.3% board eligible.

Facilities: 17 hospitals and medical facilities.

Service area: Norfolk, Suffolk, Essex and Middlesex counties in Massachusetts.

Users: 13,000 employees and dependents with access to the network.

Contacts: Jack Harvey, manager-sales, 617-984-4865; Ardyth Schuster, manager-cost containment.

See CNA Managed Care corporate listing under Illinois.

Freedom Care Inc.

P.O. Box 15100, Worcester, Mass. 01615-0100; 508-752-2480; fax: 508-754-9664

Operational date: January 1986.

Ownership: Health Plans Inc.

For profit.

Staff: 800 participating physicians; 480 specialists; eight administrative staff members; four marketing staff members.

Facilities: Eight hospitals; one diagnostic lab.

Service area: Worcester County in Massachusetts.

Services provided: General service, plus prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 20 employer/payer groups; 975 employees with single coverage; 525 employees with family coverage; 2,050 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible.

Control measures: Standard utilization review procedures: utilization review provided by the Health Pro.

Officers: William Breidenbach, president/executive marketing director; Dr. Michael Galica, medical director; Susan E. Crossman, vp-operations; Ronald Berube, management information systems director.

Great-West Care-Boston

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: April 1987.

Staff: 1,270 participating physicians; 75% board certified physicians.

Facilities: 17 hospitals.

Service area: Bristol, Essex, Lexington, Middlesex, Norfolk, Plymouth and Worcester counties in Massachusetts.

See Great-West Care corporate listing under Colorado.

John Hancock Preferred Health Plan

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

Operational date: 1985.

Sponsorship: John Hancock Mutual Life Insurance Co.

For profit.

Staff: 10,360 participating physicians; 16,280 specialists; 125 marketing staff; 95% board certified physicians.

Facilities: 350 hospitals; 58 diagnostic labs.

Service area: Arizona, Alaska, California, District of Columbia, Florida, Illinois, Louisiana, Maryland, Massachusetts, Michigan, Missouri, New Hampshire, New Jersey, Ohio, Oregon, Pennsylvania, Texas, Virginia, Washington; Vancouver, British Columbia.

Services provided: General service, plus vision, outpatient surgical, rehabilitation facilities, home health care/hospice, MRI diagnostic facilities, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Some services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: Approximately 130 employer/payer groups; 163,000 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will negotiate a contract to reduce its fee if savings are not met; the PPO is under contract with Massachusetts Mutual Life Insurance Co.

Control measures: Standard utilization review procedures, excluding precertification; utilization review provided by the PPO and Cost Care Inc.

Gross revenues: $190 million in 1989; $211.1 million in 1988.

Officers: Christie Sommers, general director-health products; Aileen Montour, director-field operations; Robert Bargar, medical director; Mary Emsheiner, marketing consultant; Michael Keough, eastern regional executive director; Linda Bowman, western regional executive director; Gerard A. Bross, midwestern regional executive director; Nancy Connaway, southern regional executive director.

Continued on next page

Continued from previous page

Contact: Eastern region, 617-581-8486; midwestern: 313-489-5345; southern: 214-699-6576; western: 213-380-1148.

Healthy Choice

440 Lincoln St., Worcester, Mass.
508-852-1000; fax: 508-853-2339

Ownership: State Mutual Life Assurance Co. of America.
For profit.
Staff: 37,943 participating physicians; more than 46,000 specialists; 155 administrative staff members; 60 marketing staff members; 75% board certified physicians.
Facilities: 459 hospitals.
Service area: 40 cities nationwide.
Services provided: General service, plus prescription drugs, substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users*: 549 employer/payer groups; 13,044 employees with single coverage; 19,566 employees with family coverage; 50,219 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO charges a premium.
Control measures: Standard utilization review procedures, excluding discharge planning, retrospective review, outpatient service predetermination; utilization review provided by Private Healthcare Systems Ltd.
Gross revenues: $13.9 million in 1989; $3.1 million in 1988.
Officers: Phillip E. Soule, vp-group life/health insurance; Penny Noyes, director-group managed care; Lawrence E. Blanchard, vp-marketing-eastern division; William P. Bishop, vp-marketing-western division.
Contact: Penny Noyes, director-group managed care.
* Numbers include a portion of Total Health Plan Direct insured by State Mutual Life Assurance.

Master Health Preferred

100 Summer St., Boston, Mass.
02110; 617-956-2000

Operational date: September 1989.
Ownership: Blue Cross & Blue Shield of Massachusetts.
Not for profit.
Staff: 5,131 participating physicians and specialists; 280 marketing staff members; average of five patients per primary physician; 100% board certified physicians.
Facilities: 48 hospitals; 1,489 pharmacies; 59 diagnostic labs.
Service area: Massachusetts except Berkshire and part of Franklin counties.
Services provided: General service, plus prescription drugs, substance abuse, psychiatric services, durable medical equipment, chiropractic services, hospice care, cardiac rehabilitation, physical therapy, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 72 employer/payer groups; 1,864 employees with single coverage; 1,988 employees with family coverage; 9,465 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers.
Control measures: Standard utilization review procedures, excluding precertification, outpatient service predetermination; utilization review provided by the PPO and psychiatric and substance abuse utilization review conducted by Peer Review Analysis.
Officers: John Larkin Thompson, president; William Van Faasen, executive director; Fay Donahue-Rolfe, vp-marketing; Joan S. Kelley, director-product management/development.

MetLife Network-Massachusetts

Keystone Building, 21st Floor, 99 High St., Boston, Mass.
02110-2310; 617-574-3911

Contact: Ambrose J. Redmond Jr., vp.

See MetLife Network under Connecticut.

Mutual Alliance Plan

440 Lincoln St., Worcester, Mass.;
508-856-9500 or 800-634-8647;
fax: 508-853-2339

Operational date: October 1988.
Ownership: State Mutual Life Assurance Co. of America.
For profit.
Staff: 400 participating physicians; 200 specialists; six administrative staff members; two marketing staff members; 75% board certified physicians.
Facilities: 11 hospitals; three diagnostic labs.
Service area: Worcester, southern Middlesex, Norfolk and Franklin counties in Massachusetts.
Services provided: General service, plus prescription drugs, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, ambulance, home health agencies, orthotics/prosthetics, home infusion therapy, rehabilitation hospitals, chiropractors, respiratory care facilities, licensed social workers. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 20 employer/payer groups; 20,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by premiums from policyholder employer groups; the PPO charges a premium.
Control measures: Standard utilization review procedures, excluding retrospective review; utilization review provided by the PPO.
Gross revenues: $2.7 million in 1989; $49,358 in 1988.
Officers: Phillip E. Soule, vp; Penny Noyes, director-group managed care; Dr. Jerrianne Seger and Dr. Thomas H. Ebert, medical directors; Gary Goodhile, district group sales manager.
Contact: Gary Goodhile; Penny Noyes, director-group managed care.

New England Care-Boston

8505 E. Orchard Road,
Englewood, Colo. 80111;
303-889-3375

Operational date: April 1987.
Staff: 1,270 participating physicians; 75% board certified physicians.
Facilities: 17 hospitals.
Service area: Bristol, Essex, Lexington, Middlesex, Norfolk, Plymouth, Worcester counties in Massachusetts.
See New England Care corporate listing under Colorado.

Options For Healthcare

101 Federal St., Eighth Floor,
Boston, Mass. 02110-1822;
617-345-6545; fax: 617-345-6693

Operational date: March 1988.
Ownership: American International Healthcare.
For profit.
Accredited by AAPPO.
Staff: 972 participating physicians; 604 specialists; five administrative staff members; three marketing staff members; 80% board certified physicians.
Facilities: 18 hospitals; 19 diagnostic labs.
Service area: Essex, Middlesex, Suffolk, Plymouth and Norfolk-Bristol counties in Massachusetts.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, home care, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers.
Users: Seven employer/payer groups; 25,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs, percent discount off fixed charges; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO is under contract with Northwestern National Life Insurance Co., Lincoln National Life Insurance Co., Mount Vernon Associates, Employee Benefit Plan Administrators.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Officers: Richard Eskow, president; Gay V. Goldsmith, executive director; Dr. Dwight Robertson, medical director; Gina Gaddi, marketing director.

Pioneer Health-The PPO

P.O. Box 910, West Springfield,
Mass. 01090; 1275 Elm St., West Springfield, Mass. 01089;
413-737-8558; fax: 413-731-7917

Operational date: 1985.
Sponsorship: Pioneer Health Care Inc.
Not for profit.
Staff: 750 participating physicians; 30 administrative staff members; 85% board certified physicians.
Facilities: 10 hospitals; 150 pharmacies; 14 diagnostic labs.
Service area: Hampshire, Hampden, Franklin and Worcester counties in Massachusetts.
Services provided: General service, plus prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 450 employer/payer groups; 45,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits and outpatient service predetermination; utilization review provided by the PPO.
Gross revenues: $23 million in 1989; $15 million in 1988.
Officers: Bruce E. Suchy, president; Dr. Frederick Schwendenmann, medical director; Thomas O. McConnell, marketing director.
Contact: Bruce E. Suchy.

Preferred Plus of Eastern Massachusetts

1295 State St., J235, Springfield,
Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: May 1989.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 4,200 participating physicians.
Facilities: 31 hospitals.
Service area: Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, southern Worcester, Suffolk counties in Massachusetts; southern Hillsborough and southern Rockingham counties in New Hampshire.
Services provided: General service, plus inpatient psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 65 employer/payer groups; 8,740 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Joseph M. Quinn Jr., Regional Sales Manager, 45 William St., Wellesley Hills, Mass. 617-237-1520.

Preferred Plus of Western Massachusetts

1295 State St., J235, Springfield,
Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: March 1986.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 551 participating physicians.
Facilities: Eight hospitals.
Service area: Hampshire, Hampden and Franklin counties in Massachusetts; northern Hartford County in Connecticut.
Services provided: General service, plus obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 43 employer/payer groups; 30,758 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Stanley Kusiak, Regional Sales Director, Suite 2518, Bay Bank Tower, 1500 Main St., Springfield, Mass. 413-781-4540.

Private Healthcare Systems Ltd.*

20 Maguire Road, Lexington,
Mass. 02173; 617-861-5500;
fax: 617-862-3458

Operational date: June 1985.
Ownership: Benefit Trust Life Insurance Co., Business Men's Assurance Co. of America, Central Life Assurance Co., CNA Financial Corp., Confederation Life Assurance Co., General American Life Insurance Co., Great-West Life Assurance Co., The Guardian Life Insurance Co. of America, Jefferson-Pilot Life Insurance Co., The Mutual Benefit Life Insurance Co., The New England Mutual Life Insurance Co., Pacific Mutual Life Insurance Co., Phoenix Mutual Life Insurance Co., State Mutual Life Insurance Co., Time Insurance Co., Washington National Insurance Co. and Western Life Insurance Co.
For profit.
Staff: 36,000 participating physicians; 26,200 specialists; 200 administrative staff members; average of 133.7 patients per primary physician; 78% board certified physicians.
Facilities: 450 hospitals.
Service area: 26 states, including 41 market areas.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. The PPO may be customized to meet employer specifications.
Users: 1.4 million employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Michael Euele, director-partner relations.
* Figures are corporate, including all Private Healthcare Systems Ltd. PPOs sponsored by the 17 insurance companies listed.

PruCare of Massachusetts

800 Boylston St., Suite 1550,
Boston, Mass. 02199;
617-236-2602; fax: 617-236-3184

Operational date: May 1986.
Ownership: Prudential Insurance Co. of America.
For profit.
Staff: 2,168 participating physicians; 1,196 specialists; 58 administrative staff members; 37 marketing staff members; average of 25 patients per primary physician; 84% board certified physicians.
Facilities: 36 hospitals; 22 diagnostic labs.
Service area: Worcester, Essex, Middlesex, Larnstable, Bristol, Suffolk, Norfolk, Plymouth, Hampshire counties in Massachusetts; Providence County in Rhode Island.
Services provided: General service, plus prescription drugs, substance abuse, psychiatric services, durable medical equipment, all medical specialties including podiatry and obstetrics/gynecology and many non-medical specialties such as social workers and chiropractors. Some servicesavailable unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 500 employer/payer groups; 31,939 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 100% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures; utilization review provided by the PPO and PruCare.
Gross revenues: $19.5 million in 1989; $9 million in 1988.
Officers: Ray Allen, vp-northeastern group office; Ernest Bourassa, director-operations; Dr. Alan Ziskind, medical director; Ray Dutcher, director-Boston group office; Joyce Ryan-Lake, manager-medical department; Valerie Russo, financial manager.
Contact: Ernest Bourassa.

Total Health Plan

333 Wyman St., Waltham, Mass.
02254; 617-466-8510;
fax: 617-466-9430

Operational date: October 1986.
Ownership: Tufts Associated Health Plans Inc.
For profit.
Staff: 3,000 participating physicians; 2,000 specialists; four marketing staff members; average of 22 patients per primary physician; 90% board certified physicians.
Facilities: 60 hospitals; 15 diagnostic labs.
Service area: Eastern and central Massachusetts.
Services provided: General service, plus prescription drugs, vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 140 employer/payer groups; 6,500 employees with single coverage; 7,500 employees with family coverage; 27,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee. The PPO is under contract with six insurance companies.
Control measures: Standard utilization review procedures, including risk management; utilization review provided by the PPO.
Officers: Dr. Harris A. Berman, president; Dr. Lawrence Baker, medical director; James Walter Sr. vp-marketing/corporate development.
Contact: Marilynn Weinreich, 333 Wyman St., Waltham, Mass. 02254; 617-466-9439.

Travelers Preferred-Boston

200 State St., 11th Floor, Boston,
Mass. 02109; 617-330-1333

Operational date: March 1987.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 2,670 participating physicians.
Facilities: 28 hospitals.
Service area: Essex, Middlesex, Norfolk, Suffolk, Worcester counties in Massachusetts; Hillsborough, Merrimack, Rockingham counties in New Hampshire.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 203 employer/payer groups; 18,434 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payors groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding

Continued on next page

Continued from previous page
outpatient service predetermination; utilization review provided by The Travelers Insurance Co.

Contacts: Mary Ann Shea, executive director; Joseph Robinson, sales manager.



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Avesis Inc.-Michigan

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: Four participating dentists, one dental specialists; five participating optometrists, opthalmologists and opticians.

Facilities: 546 pharmacies.

Service area: Michigan.

See Avesis Inc. under Arizona.

Blue Preferred Plan

600 Lafayette E., Detroit, Mich. 48226-2998

Operational date: April 1985.

Sponsorship: Blue Cross & Blue Shield of Michigan.

Staff: 7,800 preferred physicians.

Facilities: 123 hospitals.

Service area: 53 counties in Michigan.

Users: 361,955 members.

Compensation: The PPO negotiates hospital charges by fee schedule.

Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits; outpatient service predetermination; utilization review provided by the PPO.

CNA Managed Care PPO-Detroit

CNA Insurance Cos., 400 Galleria OffiCentre, Suite 300, Southfield, Mich. 48075; 313-351-6065

Operational date: June 1987.

Staff: 926 participating physicians; 75% board certified physicians.

Facilities: 11 hospitals and medical facilities.

Service area: Wayne, Oakland, Macomb, Oakland counties in Michigan.

Users: 8,100 employees and dependents with access to the network.

Contacts: Ken Rauschert, account executive, 313-351-6069; Gary Miklosovic, account executive, 313-351-6094; Ardyth Schuster, manager-cost containment, 312-822-6206.

See CNA Managed Care PPO corporate listing under Illinois.

CIGNA/EQUICOR Preferred Provider Organization-Detroit

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Delta Dental Preferred Provider Organization/ Delta Dental Enhanced Preferred Provider Organization

Delta Dental Plan of Michigan, P.O. Box 30416, Lansing, Mich. 48909; 517-349-6000; fax: 517-349-6047

Operational date: January 1988.

Ownership: Delta Dental Plan of Michigan.

Not for profit.

Staff: 900 participating dentists; 107 specialists; 550 administrative staff members; 50 marketing staff members.

Service area: Michigan.

Services provided: Dental. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 152 employer/payer groups; 177,000 employees and dependents with access to the network.

Compensation: The PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, a fee based on expected claims activity for administrative services.

Control measures: Utlization review procedures include a computerized analysis of practice patterns, predetermination of claims, post-treatment review of services; utilization review provided by the PPO.

Officers: Delta Dental Plan of Michigan: Patrick P. Gribben Jr., president; E. Craig Lesley, marketing director; C. Richard Seitz, senior vp-marketing/external affairs.

Contact: E. Craig Lesley.

Family Health Plan of Michigan

50 W. Big Beaver Road, Suite 200, Troy, Mich. 48084; 313-689-6436; fax: 313-689-6926

Operational date: January 1989.

Continued on next page



FORUM III

NEW ORLEANS – MARDI GRAS
HEATHLCARE COST CONTAINMENT
INFORMATION SYSTEMS
FEBRUARY 13 - 16, 1991
Fairmont Hotel



Come join us in New Orleans for our Third Annual Issues Forum. Exhibits, prizes and over 30 nationally known speakers on subjects to include: Utilization Review, PPO's, Managed Care, Wellness Programs, Rehabilitation, Cost Controls, Image Processing, Software, Hardware, Main Frames vs. PC, Employee Leasing, State Funds, Americans with Disabilities Act, Claim Cost, Residual Markets and Insurance Availability. Keynote: Vice President Dan Quayle (invited). Come Early. Tuesday, February 12th is FAT TUESDAY, the final day of Mardi Gras. A limited block of rooms will be available at the Fairmont for early arrivals or late stayers at attractive convention rates. Registration fee includes 3 Continental Breakfasts, all materials, 3 Receptions and eligibility for prizes.

Exhibitors Welcome.

Travel Arrangements – American Airlines is the official air carrier for FORUM III. Have your travel agents place your reservation via the meeting service reservation toll free number 1-800-433-1790 and mention STAR# S-08Z14P. You will get 40% off regular coach and 5% off discounted fares. Budget Rent-A-Car is the official car rental agency and you should use the American Airlines STAR# S-08Z14P in making your reservation with them. Your travel agent can get the details.

Sponsored by
The International Workers' Compensation Foundation, Inc.
1575 Aviation Pkwy, Suite 512
Daytona Beach, FL 32114
$195.00 Govt. Sector - $250.00 Private Sector

Name _____

Company _____

Address _____

_____

Telephone _____

Amount Enclosed $_____

Fairmont Hotel Rates - $88.00 & $98.00
1-800-527-4727

For Info Call: Bob Collyer,
IAIABC Executive Director
(904) 252-2915
FAX (904) 258-9965

Editorial Index Service 1991

The Business Insurance Editorial Index Service is a valuable resource that directs you to all news reports and feature articles published by Business Insurance newsmagazine during the year.

The annual service includes three quarterly reports and a cumulative annual volume. In addition, article citations between publication of quarterly reports are availble from BI's Information Centers in New York and Chicago ... at no additional charge ... it's part of the service. Complete alphabetical and chronological listings by company, person, subject and geographic location enables you to access data quickly and accurately.

If it's in Business Insurance, it's in the Editorial Index. Uncover the issues. Track the trends. Follow the changes and developments in risk management, employee benefits and the commercial insurance industry — with topics such as self-insurance, cost control, captives, benefit plan design & administration, systems & analysis, surplus lines, reinsurance, market conditions, financial developments, claims settlements, government regulations & legislations, and more.

The fee for the 1991 Business Insurance Editorial Index Service is $100. Take advantage of this cost effective tool and fill out the coupon today.

Business Insurance

Please send me the following index(es):
Full Index Service at $100* for: ☐ **1991** ☐ **1992**
Softcover editions at $100* each:
☐ 1990 ☐ 1989 ☐ 1988 ☐ 1987 ☐ 1986
Hardcover editions at $150* each:
☐ 1985 ☐ 1984 ☐ 1983 ☐ 1982 ☐ 1981
* foreign postage additional

TOTAL ENCLOSED $ _____

PAYMENT MUST ACCOMPANY ORDER —

☐ Visa ☐ Mastercard ☐ Optima ☐ American Express

☐ Check Enclosed (payable to Business Insurance)

Mail to:
Editorial Index Service
Business Insurance
220 East 42nd St.
New York, NY 10017
Or call: 212/210-0137

name _____

title _____

company _____

address _____

city _____ state _____ zip _____

phone# _____

account# _____ exp. date _____

signature _____

Continued from previous page

Sponsorship: Massachusetts Mutual Life Insurance Co., Hartford Insurance Group.
Ownership: Metrocare National Inc.
For profit.
Staff: 1,800 participating physicians; 1,247 specialists; 19 administrative staff members; three marketing staff members; average of 32 patients per primary physician; 90% board certified physicians.
Facilities: 29 hospitals; five diagnostic labs.
Service area: Clinton, Eaton, Ingham, Kent, Livingston, Macomb, Monroe, Muskegon, Oakland, Ottawa, St. Clair, Washtenaw, Wayne counties in Massachusetts.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 74 employer/payer groups; 15,258 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate for inpatient services, percent discount off customary rates for individual services for outpatient services; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee. The PPO is under conract with AmeraPlan Inc., First Security Life & Health Assurance Co., Mid-America Lincoln National; Massachusetts Mutual Life & Health Benefits Management.
Control measures: Standard utilization review procedures, including continuous review of admissions to a hospice, but excluding hospital bill audits; utilization review provided by the PPO.
Gross revenues: $1.2 million in 1989.
Officers: Susan M. Zeit, president; Dr. Henry Shevitz, medical director; MaryBeth Hayden, marketing director; Donna Osgood, director-network operations.

Great Lakes Health Plan

354 Trust Building, Grand Rapids, Mich. 49503; 616-235-4487; fax: 616-774-2977

Operational date: October 1988.
Ownership: Grand Benefits Inc.
For profit.
Staff: 1,100 participating physicians and specialists; six administrative staff members; two marketing staff members; 100% board certified physicians.
Facilities: 32 hospitals.
Service area: Michigan and Ohio.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Services are available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures; utilization review provided by HHS Inc.
Officers: David K. Silliven, president/marketing director; Michael Gale, Phillip Cox, Gail Wallace.

Great-West Care-Detroit

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: June 1987.
Staff: 882 participating physicians; 75% board certified physicians.
Facilities: 11 hospitals.
Service area: St. Clair, MaComb, Oakland, Livingston counties in Michigan.
See Great-West Care corporate listing under Colorado.

Great-West Care-Grand Rapids

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: January 1988.
Sponsorship: Great-West Life Assurance Co.
Participating network: Family Health Plan of Michigan.
For profit.
Staff: 108 physicians.
Facilities: Two hospitals.
Service area: Mason Lake, Oceana, Newaygo, Mecosta, Montcalm, Kent, Allegan, Ottawa, Muskegon counties in Michigan.
Services provided: General service, plus prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 1,431 employer/payer groups; 1,904 employees with single coverage; 2,573 employees with family coverage; 12,332 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Larry O'Brien, president; Helen Hughes, vp-medical services/claims; Dr. Thomas Berglund, medical director; Betty Salmon, vp-sales; Perry Talicska, vp-finance/operating officer.

Lincoln National Preferred Plan

4477 Cascade Road S.E., Grand Rapids, Mich. 49506; 616-957-9959

Officer: Fran Prescott, general manager.
See Lincoln National Preferred Plan under Indiana.

Lincoln National Preferred Plan

50 W. Big Beaver Road, Suite 200, Troy, Mich. 48084; 313-689-5081

Officers: Fran Prescott, general manager; Anne Donnelly, regional manager.
See Lincoln National Preferred Plan under Indiana.

MedView/CompPro

30057 Orchard Lake Road, Suite 200, Farmington Hills, Mich. 48334; 313-851-0700; fax: 313-851-2561

Operational date: February 1987.
Sponsorship: Insurance companies.
For profit.
Staff: 35,973 participating physicians and specialists; 130 administrative staff members; 21 marketing staff members; 88% board certified physicians.
Facilities: 979 hospitals; 37,000 pharmacies; 20 diagnostic labs.
Service area: Michigan, Illinois, Texas, Florida, Indiana, California, Colorado, Massachusetts, Wisconsin, Arizona, Missouri, Tennessee, Alabama, Georgia, Pennsylvania, New Hampshire, New Jersey, Maryland, Virginia, Louisiana.
Services provided: General service, plus prescription drugs, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, orthopedics, neurology, chiropractic services, home health care. Utilization review, case management and medical bill audit services available unbundled. Employees may be able to select non-PPO providers at time of service. Can be customized to meet employer specifications.
Users: 189,530 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rates, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, claims administrators, insurance carriers; the PPO charges a flat fee per eligible employee, percentage of savings.
Control measures: Standard utilization review procedures, excluding length of stay determination, outpatient service predetermination; utilization review provided by the PPO.
Gross revenues: $771.9 million.
Officers: Robert J. Mackey, president/chief executive officer; Debra J. Cerre, vp-chief operating officer; Dr. Henry A. Shevitz, medical director; Dr. David S. Segel, executive vp-corporate development; Polly Jantzen, vp-chief operating officer.
Contact: Robert J. Mackey, president/chief executive officer.

MetLife Network-Michigan

The Spectrum, Suite 400, 6060 Rockside Woods Blvd., Independence, Ohio 44131-2338; 216-642-6109

Contact: Michael J. McDermott, vp.
See MetLife Network under Connecticut.

MIDA Dental Plans

2000 Town Center, Suite 2200, Southfield, Mich. 48075; 313-353-6410; fax: 313-358-3092

Operational date: 1987.
Ownership: MIDA Dental Plans Inc.
For profit.
Staff: 894 participating dentists; 266 specialists; 10 administrative staff members; three marketing staff members; 100% board certified physicians.
Service area: Michigan, Kentucky, Arizona, California and Missouri.
Services provided: Dental. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 100,000 employees and dependents with access to the network.
Compensation: The PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Officers: Dr. Walter Knysz Jr., president; Dr. Stephen Patterson, medical director; Tamara Jacobs, marketing director.
Contact: Tamara Jacobs.

National Foot Care Program Inc.

22255 Greenfield Road, Suite 550, Southfield, Mich. 48075; 313-559-2579; fax: 313-423-1077

Operational date: February 1984.
Ownership: Value Health Inc.
For profit.
Staff: 39 participating physicians; 39 specialists; five administrative staff members; four marketing staff members; average of 2,577 patients per primary physician; 25% board certified physicians.
Facilities: 11 hospitals.
Service area: Michigan and Ohio.
Services provided: Podiatry. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: Three employer/payer groups; 77,320 employees with family coverage; 246,349 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges an all inclusive rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Utilization review procedures include routine chart review only; utilization review provided by the PPO and U.S. administrators.
Officers: Claude Oster, president/executive director; Sanford Rosenfeld, medical director; David James, director-sales/marketing; Robbie Romeo, vp-operations.
Contact: David James.

National Rehabilitation System Inc.

P.O. Box 97, Lathrup Village, Mich. 48076; 313-559-0544; fax: 313-423-1077

Ownership: Value Healthplans Inc.
For profit.
Staff: 23 participating physicians and specialists; four marketing staff members; 100% board certified physicians.
Facilities: Seven hospitals.
Service area: Michigan.
Services provided: General service, plus physical medicine and rehabilitation, home health. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals. The PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures, excluding preadmission hospital review, retrospective review, second surgical opinion, hospital bill audits; utilization review provided by the PPO.
Officers: Claude Oster, president/executive director; David James, marketing director.
Contact: Claude Oster, 22255 Greenfield, Suite 550, Southfield, Mich. 48075; 313-423-1400.

New England Care-Detroit

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: June 1987.
Staff: 882 participating physicians; 75% board certified physicians.
Facilities: 11 hospitals.
Service area: St. Clair, MaComb, Oakland, Livingston counties in Michigan.
See New England Care corporate listing under Colorado.

New England Care-Grand Rapids

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: January 1988.
Sponsorship: Great-West Life Assurance Co.
Participating network: Family Health Plan of Michigan.
For profit.
Staff: 108 physicians.
Facilities: Two hospitals.
Service area: Mason Lake, Oceana, Newaygo, Mecosta, Montcalm, Kent, Allegan, Ottawa, Muskegon counties in Michigan.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

PPOM

28588 Northwestern Highway, Suite 380, Southfield, Mich. 48034; 313-357-7766; fax: 313-357-3169

Operational date: March 1984.
For profit.
Accredited by AAPPO.
Staff: 4,500 participating physicians; 2,000 specialists; 30 administrative staff members; 10 marketing staff members.
Facilities: 61 hospitals; 37 diagnostic labs.
Service area: Michigan.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 283,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered.
Control measures: Standard utilization review procedures, excluding concurrent hospital treatment review, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO and outside contractor.
Gross revenues: $104.6 million in 1989; $54.3 million in 1988.
Officers: David Miller, president; Richard Rogel, chief executive officer; Dr. Allan Waldman, vp/medical director; Jay Levin, vp/marketing director.
Contact: Jay Levin.

Preferred Plus of Michigan

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: June 1989.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 1,550 participating physicians.
Facilities: 27 hospitals.
Service area: Macomb, Oakland and Wayne, Kent counties in Grand Rapids.
Services provided: General service, plus psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 17 employer/payer groups; 1,764 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Ernesto Segura, senior account executive, 530 Stephenson Highway, Suite 120, Troy, Mich. 313-585-6817.

Private Healthcare Systems Ltd.-Michigan

O'Hare International Center, 10255 W. Higgins Road, Suite 260, Rosemont, Ill. 60018; 708-299-7560

Service area: Detroit.
See Private Healthcare Systems Ltd. under Massachusetts.

Prudential Plus/Michigan

Suite 2160, 3000 Town Center, Southfield, Mich. 48075; 313-358-2840; fax: 313-358-2815

Ownership: The Prudential Insurance Co. of America.
For profit.
Staff: 1,198 participating physicians; 732 specialists; 13 marketing

Continued on next page

Continued from previous page

staff members; average of 19 patients per primary physician; 62% board certified physicians.

Facilities: 27 hospitals; 86 pharmacies.

Service area: Wayne, Macomb, Oakland counties in Michigan.

Services provided: General service, plus prescription drugs, vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 49 employer/payer groups; 9,066 employees and dependents with access to the network.

Control measurers: Standard utilization review package; utilization provided by the PPO.

Officers: William Link, president; Dr. James Coughlin, medical director; Robert Brown, marketing director. **Contact:** Mark Zickel.

SelectCare PPO

363 W. Big Beaver Road, Troy, Mich. 48083; 313-528-1090; fax: 313-680-0295

Operational date: December 1984.

Sponsorship: Hospitals and group of doctors.

Ownership: SelectCare Inc.

For profit.

Accredited by AAPPO.

Staff: More than 3,400 participating physicians and specialists; 29 marketing staff members; 100% board certified or eligible physicians.

Facilities: 26 hospitals; chain of pharmacies; 38 diagnostic labs.

Service area: Wayne, Oakland, Macomb, St. Clair, Livingston, Washtenaw and Monroe counties in Michigan.

Services provided: General service, plus prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. All services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: More than 200 employer/payer groups; 176,000 total members.

Compensation: The PPO negotiates hospital charges by DRGs; the PPO is compensated by employers/payers, claims administrators, commercial carriers; the PPO charges a flat fee per eligible employee, percent of services rendered; the PPO will contract to receive a higher fee if savings are met or to reduce its fee if savings are not met; 20% of those with access are covered by such contracts. The PPO is under contract with Midwest Benefits Corp., John Hancock Preferred Health Plan, John Hancock Mutual Life Insurance Co., Corporate Group Systems Inc., Automated Benefit Services, Pension & Group Services, State Mutual Life Assurance Co. of America and Northern Group Services Inc. among others.

Control measures: Standard utilization review procedures, excluding second surgical opinion and hospital bill audits; utilization review provided by the PPO.

Gross revenues: $200 million in 1989.

Officers: Barry K. Martins, president/chief executive officer; Dr. Douglas R. Woll, senior vp/chief medical officer; Tlanda McDonald, vp-marketing; Maria Szymanski, senior vp/chief financial officer; Mark Bertolini, senior vp/chief operating officer; Kyle FitzPatrick, vp-client services; John Gajewski, vp-management information services.

Travelers Preferred-Detroit

50 Shuman Blvd., Suite 400, Naperville, Ill. 60503; 800-752-4285

Operational date: November 1988.

Sponsorship: The Travelers Insurance Co.

For profit.

Staff: 1,488 participating physicians.

Facilities: 20 hospitals.

Service area: Macomb, Oakland and Wayne counties in Michigan.

Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: Four employer/payer groups; 3,421 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payrs; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.

Control measures: Standard utilization review procedures, excluding outpatient service predetermination, utilization review provided by The Travelers Insurance Co.

Contact: Tim Dickman, executive director; Matthew MacEwan, sales manager.

Travelers Preferred-Western Michigan

50 Shuman Blvd., Suite 400, Naperville, Ill. 60503; 800-752-4285

Operational date: December 1986.

Sponsorship: The Travelers Insurance Co.

For profit.

Staff: 444 participating physicians.

Facilities: Five hospitals.

Service area: Kent, Muskegon, Ionia, Montcalm and Ottawa counties in Michigan.

Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 65 employer/payer groups; 6,537 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.

Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.

Officers: Tim Dickman, executive director; Russell J. Etzel, sales manager.

Wausau Preferred Care-Michigan

2000 Westwood Drive, Wausau, Wis. 54402; 715-847-6896; fax: 715-847-8740

See Wausau Preferred Care under Wisconsin.



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Avesis Inc.-Minnesota

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 85 pharmacies.

Service area: Minnesota.

See Avesis Inc. under Arizona.

Aware Gold

3535 Blue Cross Road, P.O. Box 64560, St. Paul, Minn. 55164; 612-456-8000; fax: 612-456-1658

Operational date: 1984.

Ownership: Blue Cross & Blue Shield of Minnesota.

Not for profit.

Staff: 7,825 participating physicians/specialists.

Facilities: 161 hospitals; 1,000 pharmacies.

Service area: Minnesota.

Services provided: General service, plus prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Substance abuse and psychiatric services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: 2,724 employer/payer groups; 36,458 employees with single coverage; 31,910 employees with family coverage; 142,440 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, severity adjustments; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percentage of claims; experience rated or age/sex rated; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. The PPO is under contract with C.C. Systems.

Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Gross revenues: $159.8 million in 1989.

Officers: Virgil Hammerstad, group vp/chief marketing officer; Dr. Del Ohrt, medical director; Ann Gjelten, vp-marketing.

Beech Street Inc.-Minnesota

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

CNA Managed Care PPO-Minneapolis/St. Paul

CNA Insurance Cos., CNA Plaza-22W, Chicago, Ill. 60685

Operational date: September 1986.

Staff: 1,052 participating physicians; 84% board certified physicians.

Facilities: 12 hospitals.

Service area: Hennepin, Ramsey, Scott and Anoka counties in Minnesota.

Users: 4,200 employees and dependents with access to the network.

Contact: Tom Dolatowski, manager-major group sales; Ardyth Schuster, manager-cost containment development.

See CNA Managed Care PPO corporate listing under Illinois.

CIGNA/EQUICOR Preferred Provider Organization-Minneapolis

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Great-West Care-Minneapolis

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1986.

Staff: 732 participating physicians; 75% board certified physicians.

Facilities: 12 hospitals.

Service area: Greater Minneapolis.

See Great-West Care corporate listing under Colorado.

Great-West Care-Minnesota

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1989.

Sponsorship: Great-West Life Assurance Co.

Participating network: Preferred One.

For profit.

Staff: 2,230 physicians.

Facilities: 29 hospitals.

Service area: Areas in Minnesota outside of greater Minneapolis.

Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare Systems Ltd.

Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.

Contact: Gail Perron, managed care specialist.

Group Health Inc.

2829 University Ave. S.E., Minneapolis, Minn. 55414; 612-623-8504; fax: 612-623-8686

Operational date: August 1957.

Not for profit.

Staff: 397 primary care physicians; 1,070 specialists; 620 administrative staff members; 60 marketing staff members; average of 701 patients per primary physician; 95% board certified physicians.

Facilities: 24 hospitals; 15 staff pharmacies; 16 diagnostic labs.

Service area: Ramsey, Washington, Anoka, Scott, Dakota, Carver, Chisago, Isanti, Rice, Wright, Sherburne, Mille Lacs counties in Minnesota; Pierce, St. Croix counties in Wisconsin.

Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: Two employer/payer groups; 815 employees with single coverage; 1,865 employees with family coverage; 7,257 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Gross revenues: $2.3 million in 1989; $1.9 million in 1988.

Officers: George C. Halvorson, president/chief executive officer; Dr. Paul J. Brat, medical director; Roger Swenson, marketing director; Edward J. Dirkswager, vp-administration operations; L. Paul Hammonds, vp-clinic operations.

HRM CarePASS*

8000 W. 78th St., Minneapolis, Minn. 55439; 800-824-3882; fax: 612-829-3578

Operational date: 1985.

Ownership: Health Risk Management Inc.

For profit.

Staff: 4,300 participating physicians; 4,000 specialists; 295 administrative staff members; 36 marketing staff members; 98% board certified physicians.

Facilities: 210 hospitals; 33,000 pharmacies.

Service area: Arizona, Florida, Iowa, Illinois, Indiana, Kentucky, Maryland, Minnesota, Pennsylvania, South Dakota, Texas, Virginia, West Virginia and Ohio.

Services provided: General service, plus prescription drug, dental, substance abuse, psychiatric services, durable medical equipment, home health care, in-home infusion therapy, head injury, obstetrics/gynecology. All services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 22 employer/payer groups; 145,000 employees with coverage; 333,500 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate for psychiatric services, C.D., rehabilitation and package prices for maternity, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per use or capitation; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 100% of those with access to the network are covered by such contracts.

Control measures: Standard utilization review procedures, including physician fee negotiation; utilization review provided by the PPO.

Officers: Dr. Gary McIlroy, chief executive officer; Marlene Travis, president/chief operating officer; Kenneth Diamond, senior vp-provider development; Dr. Michael Neren, medical director; Steven Osterkamp, senior vp-marketing/sales; Al Pertuz, senior vp-operations.

Contact: Ken Diamond.

* Figures are corporate, including all PPOs sponsored by Health Risk Management Inc.

Hartford's Pulse Plan of Minneapolis

200 Hopmeadow St., Simsbury, Conn. 06070; 203-547-5000

Operational date: October 1987.

Sponsorship: Hartford Life Insurance Cos.

For profit.

Accredited by AAPPO: 1989.

Staff: 1,222 primary care physicians; 1,378 specialists.

Facilities: 29 hospitals; four diagnostic labs.

Service area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington and Wright counties in Minnesota; St. Croix County in Wisconsin.

Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 13 employer/payer groups; 6,463 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures; utilization review provided by the PPO and Valutrac.

Contact: Michael A. Prochno, regional sales manager, The Hartford Insurance Group, 8400 Normandale Lake Blvd., Bloomington, Minn. 55437; 612-893-9505.

Lincoln National Preferred Plan

7900 International Drive, Suite 955, Minneapolis, Minn. 55425; 619-854-2499

Officers: Dr. John Blank, general manager; Michael Ricci, regional manager.

See Lincoln National Preferred Plan under Indiana.

Continued on next page

Managed Dental Health Care Plans

RMI

There's nothing routine about our care.

Our attention is focused on the big issues and the smallest details alike. We're experienced administrators of managed dental health care plans and third party claim administration nationwide. For more than a decade RMI, Randmark Management, Inc., has helped HMOs, employers, associations, insurance carriers and municipalities provide high quality, cost effective dental care to more than 600,000 people in 21 states. Put yourself in good company—our company.

Call our CEO Bob Wergin at **800-368-5711** or, in the metropolitan Washington area, **202-293-8800**. Or write to him at RMI, Suite 200, 1211 Connecticut Avenue NW, Washington, DC 20036.

Continued from previous page

MetLife Network-Minnesota

200 E. Randolph Drive, Suite 6836, Chicago, Ill. 60601-6804; 312-861-3000

Contact: P. Kerry Finneganm vp.
See MetLife Network under Connecticut.

Mutually Preferred-Minnesota

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

New England Care-Minneapolis

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1986.
Staff: 732 participating physicians; 75% board certified physicians.
Facilities: 12 hospitals.
Service area: Metropolitan Minneapolis.
See New England Care corporate listing under Colorado.

New England Care-Minnesota

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1989.
Sponsorship: Great-West Life Assurance Co.
Participating network: Preferred One.
For profit.
Staff: 2,230 physicians.
Facilities: 29 hospitals.
Service area: Minnesota, excluding metropolitan Minneapolis.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination. utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

Physicians Health Plan

5601 Smetana Drive, Minneapolis, Minn. 55440; 612-936-1200; fax: 612-936-6951

Operational date: 1987.
Ownership: Physicians Health Plan.
For profit.
Staff: 2,303 participating physicians; 1,606 specialists; 243 administrative staff members; 65 marketing staff members.
Facilities: 83 hospitals; 605 pharmacies; 13 diagnostic labs.
Services provided: General service, plus prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 39 employer/payer groups; 39,267 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by combination of per diem, length of stay, fixed rate; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures, including home care review, equipment review, nursing home review, but excluding retrospective review; utilization review provided by the PPO.
Gross revenues: $3.4 million in 1989; $5.4 million in 1988.
Officers: P. Robert Larson, chief executive officer; Arnold B. Hebert Jr., vp-sales/marketing; Janet Gill, chief financial officer.
Contact: Peter W. Fish, manager-public relations.

Preferred One

One Main St., S.E., Suite 400, Minneapolis, Minn. 55414; 612-623-8282; fax: 612-623-0984

Operational date: April 1984.
Sponsorship: Hospitals and a group of doctors.
Not for profit.
Accredited by AAPPO: 1990.
Staff: 3,000 participating physicians; 1,600 specialists; 50 administrative staff members; two marketing staff members; 100% board certified physicians.
Facilities: 32 hospitals; four diagnostic labs.
Service area: Minnesota, Wisconsin and North Dakota.
Services provided: General service, plus vision, substance abuse, psychiatric services, durable medical equipment, chiropractic, podiatry, obstetrics/gynecology. Utilization review and case management services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 3,700 employer/payer groups; 78,000 employees with single and family coverage; 195,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by DRGs, by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 5% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures, including ambulatory review; utilization review provided by the PPO.
Gross revenues: $75 million in 1989; $40 million in 1988.
Officers: Marcus Merz, chief executive officer; Dr. Kenneth Dedeker, medical director; K. Jim Miller, vp-marketing; David Olsen, vp-operations; Mary Lewis, director-finance.
Contact: Jim Miller.

Preferred Plus of Minnesota

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: July 1986.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 3,050 participating physicians.
Facilities: 21 hospitals.
Service area: Hennepin, Ramsey, Washington, Dakota, Scott, Carver, Anoka, Crow Wing, portions of Mille Lacs, Sherburne, Insanti counties in Minnesota.
Services provided: General service, plus outpatient psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 34 employer/payer groups; 3,175 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Kevin Richardson, account executive, 435 Ford Road, Suite 455, Minneapolis, Minn. 612-544-9503.

Private Healthcare Systems Ltd.-Minneapolis/St. Paul

O'Hare International Center, 10255 W. Higgins Road, Suite 260, Rosemort, Ill. 60018; 708-299-7560

See Private Healthcare Systems Ltd. under Massachusetts.

Select Care

1700 W. 82nd St., Suite 100, Bloomington, Minn. 55431; 612-885-5700; fax: 612-885-5718

Operational date: 1984.
Sponsorship: LifeSpan Inc.
Not for profit.
Accredited by AAPPO: 1990.
Staff: 2,000 participating physicians; 1,100 specialists; six administrative staff members; five marketing staff members; 70% board certified physicians.
Facilities: 35 hospitals; 230 pharmacies; four diagnostic labs.
Service area: Minnesota and western Wisconsin.
Services provided: General service, plus prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Network access, utilization review, case management available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 1,540 employer/payer groups; 120,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 5% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures, including catastrophic case management, but excluding second surgical opinion; utilization review provided by the PPO.
Officers: Jack G. Davis, president; Dr. Richard J. Frey, medical director; Michael L. Thielen, marketing director.

Travelers Preferred-Twin Cities

Select Care, 50 Shuman Blvd., Suite 500, Naperville, Ill. 60563; 708-983-2269

Operational date: July 1988.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 1,621 participating physicians.
Facilities: 22 hospitals.
Service area: 14 counties in Minnesota; Burnett County in Wisconsin.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 17 employer/payer groups; 3,707 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contacts: Pam Pauley, manager-provider relations; Ronald C. White, sales manager.

Wausau Preferred Care-Minnesota

2000 Westwood Drive, Wausau, Wis. 54402; 715-847-6896; fax: 715-847-8740

See Wausau Preferred Care under Wisconsin.



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-Mississippi

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Avesis Inc.-Mississippi

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 175 pharmacies.
Service area: Mississippi.
See Avesis Inc. under Arizona.

Medical Care Referral Group-Mississippi

4100 Rio Bravo, Suite 211, El Paso, Texas 79902; 800-247-7114; fax: 915-532-1772

See Medical Care Referral Group under Texas.

MetLife Network-Mississippi

5 Post Oak Park, Suite 2120, Houston, Texas 77027-3416; 713-961-9944

Contact: William S, Woodside, vp.
See Metlife Network under Connecticut.

Preferred Care

3545 Lakeland Drive E., Jackson, Miss. 39208; 601-932-3704

Operational date: February 1985.
Sponsorship: Blue Cross & Blue Shield of Mississippi Inc.
Staff: 926 preferred physicians.
Facilities: 27 hospitals.
Service area: 61 counties in Mississippi.
Users: 69,200 members.
Compensation: The PPO negotiates hospital charges by DRGs and percent of charges.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination, discharge planning; utilization review provided by the PPO.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.



Admar Corp.-Missouri

850 Town & Country Road, Orange, Calif. 92668; 714-953-9600; fax: 714-953-9060

See Admar Corp. under California.

Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Alliance/Alliance Plus

4444 Forest Park Blvd., St. Louis, Mo. 63108; 314-658-4490

Operational date: January 1985.
Sponsorship: Blue Cross & Blue Shield of Missouri.
Staff: 2,579 physicians.
Facilities: 36 hospitals.
Service area: 39 counties in Missouri.
Users: 304,923 members.
Compensation: The PPO negotiates hospital charges per case and per diem rates.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.

Avesis Inc.-Missouri

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: 32 participating dentists, 12 dental specialists; 56 participating optometrists, opthalmologists and opticians.
Facilities: 349 pharmacies.
Service area: Missouri.
Users: Dental: 1,218 employees with single coverage. Vision: 27 employer/payer groups; 167,076 employees with single coverage.
See Avesis Inc. under Arizona.

CNA Managed Care PPO-Kansas City

CNA Insurance Cos., 1010 Market St., Suite 560, St. Louis, Mo. 63178; 314-342-7945

Operational date: July 1987.
Staff: 1,152 participating physicians; 67% board certified physicians.
Facilities: 16 hospitals and medical facilities.
Service area: Jackson, Clay counties in Missouri; Douglas, Wyandotte counties in Kansas.
Users: 16,600 employees and dependents with access to the network.
Contact: Bill Carrol, manager-group sales; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

CNA Managed Care PPO-St. Louis

CNA Insurance Cos., 1010 Market St., Suite 560, St. Louis, Mo. 63178; 314-342-7945

Operational date: March 1987.
Staff: 1,103 participating physicians; 67% board certified physicians.
Facilities: 13 hospitals.
Service area: St. Louis, Franklin, St. Charles counties in Missouri; Madison, St. Clair counties in Illinois.
Users: 16,600 employees and dependents with access to the network.
Contact: Bill Carrol, manager-group sales; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

CIGNA/EQUICOR Preferred Provider Organization-Columbia

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Continued on next page

Continued from previous page

CIGNA/EQUICOR Preferred Provider Organization-St. Louis

Hartford, Conn. 06106;
203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

FOCUS Healthcare Management Inc.-CompNET

7101 Executive Center Drive, Suite 160, Brentwood, Tenn. 37027;
615-377-9936; fax: 615-377-6098

See FOCUS Healthcare Management Inc.-CompNET under Tennessee.

Great-West Care-Kansas City

8505 E. Orchard Road,
Englewood, Colo. 80111;
303-889-3375

Operational date: July 1987.
Staff: 1,106 participating physicians; 75% board certified physicians.
Facilities: 14 hospitals.
Service area: Metropolitan Kansas City in Kansas and Missouri.
See Great-West Care corporate listing under Colorado.

Great-West Care-St. Louis

8505 E. Orchard Road,
Englewood, Colo. 80111;
303-889-3375

Operational date: March 1987.
Staff: 1,019 participating physicians; 75% board certified physicians.
Facilities: 13 hospitals.
Service area: 11 counties in Kansas and 13 counties in Illinois.
See Great-West Care corporate listing under Colorado.

John Hancock Preferred Health Plan-Missouri

John Hancock Place, P.O. Box 111, Boston, Mass. 02117;
617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Hartford's Pulse Plan of Kansas City

200 Hopmeadow St., Simsbury, Conn. 06070; 203-547-5000

Operational date: June 1988.
Sponsorship: Hartford Life Insurance Cos.
For profit.
Staff: 540 primary care physicians; 562 specialists.
Facilities: 17 hospitals.
Service area: Douglas, Platte, Johnson, Wyandotte counties in Kansas; Clay, Jackson counties in Missouri.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: Eight employer/payer groups; 5,136 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures; utilization review provided by the PPO and Valutrac.
Contact: Carolyn S. Adair, regional sales manager, The Hartford Insurance Group, 7300 W. 110th St., Overland Park, Kan. 66210; 913-451-2324.

Healthlink

788 Office Parkway, St. Louis, Mo. 63141; 800-624-2356;
fax: 314-872-9634

Operational date: July 1985.
Sponsorship: Group of hospitals.
For profit.
Staff: 2,800 participating physicians; specialists; 1,750 administrative staff members; 15 marketing staff members; average of patients per primary physician; 80% board certified physicians.
Facilities: 54 hospitals.
Service area: Eastern Missouri; southern Illinois; Evansville, Ind.
Services provided: General service, plus substance abuse. Utilization review available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 1,095 employer/payer groups; 258,929 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by a per diem rate; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee, percent of services rendered; the PPO will contract to reduce its fee if savings are not met. The PPO is under contract with 25 insurers and third party administrators.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: John O'Rourke, president; Dr., Kirk Flury, medical director; David Ott, marketing director; Elise Eiken, director-operations; Marilyn Balsam, director-utilization management.
Contact: Joseph Eschbacher, sales manager, 314-872-9616.

HealthNet

2300 Main St., Suite 1090, Kansas City, Mo. 64108; 816-221-0222;
fax: 816-221-7709

Operational date: June 1984.
Sponsorship: Hospitals and group of physicians.
For profit.
Staff: 1,500 participating physicians; 610 specialists; 64 administrative staff members; eight marketing staff members; 70% board certified physicians.
Facilities: 17 hospitals; three diagnostic labs.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Utilization review available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 2,200 employer/payer groups; 173,480 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by a per diem rate; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee; the PPO is under contract with 18 insurance companies and 25 third party administrators.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Officers: Beverly K. Simmons, president; Dr.. Richard Brummett, medical director; Dennis G. Kasselman, senior vp-marketing; Rob Lundeen, vp-finance; Ron Coverdell, vp-health services.
Contact: Dennis Kasselman.

Lincoln National Preferred Plan

600 Emerson Road, Suite 300, St. Louis, Mo. 63141; 314-991-3938

Officers: Steve Coburn, general manager; Rob Noel, regional director; Allen Van Fossen, sales manager.
See Lincoln National Preferred Plan under Indiana.

MetLife Network-Missouri

The Bemiston Tower, 231 S. Bemiston Ave., Suite 300, St. Louis, Mo. 63105-1988;
314-726-5990

Contact: Frank C. Jurgensmeyer, vp.
See MetLife Network under Connecticut

Mutually Preferred-Missouri

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600;
fax: 402-978-2274

See Mutually Preferred under Nebraska.

New England Care-Kansas City

8505 E. Orchard Road,
Englewood, Colo. 80111;
303-889-3375

Operational date: July 1987.
Staff: 1,106 participating physicians; 75% board certified physicians.
Facilities: 14 hospitals.
Service area: Metropolitan Kansas City in Missouri and Kansas.
See New England Care corporate listing under Colorado.

New England Care-St. Louis

8505 E. Orchard Road,
Englewood, Colo. 80111;
303-889-3375

Operational date: March 1987.
Staff: 1,019 participating physicians; 75% board certified physicians.
Facilities: 13 hospitals.
Service area: 11 counties in Kansas; 13 counties in Illinois.
See New England Care corporate listing under Colorado.

Preferred Care

2301 Main St., Kansas City, Mo. 64108; 816-395-2583

Operational date: November 1983.
Sponsorship: Blue Cross & Blue Shield of Kansas City.
Staff: 1,823 preferred physicians.
Facilities: 18 hospitals.
Service area: 30 counties in Missouri; Johnson and Wyandotte counties in Kansas.
Users: 123,688 members.
Compensation: The PPO negotiates hospital charges by fee schedule.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.

Preferred Plus of Missouri

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: October 1987.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 2,600 participating physicians.
Facilities: 34 hospitals.
Service area: Clinton, Madison, Monroe, St. Clair, Jackson, portions of Union and Williamson counties in Illinois; St. Louis, Jefferson, Franklin, St. Charles, Butler, Boone, portions Callaway, Audrain, Howard, Cooper, Moniteau counties in Missouri.
Services provided: General service, plus psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 29 employer/payer groups; 4,815 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Ralph Barsanti, regional sales director, 7733 Forsyth Blvd., Suite 725, St. Louis, Mo. 314-721-1800.

Private Healthcare Systems Ltd.-Missouri

One American Center, 3100 West End Avenue, Suite 650, Nashville, Tenn. 37203; 615-386-9194

Service area: Kansas City, St. Louis, Mo.
See Private Healthcare Systems Ltd. under Massachusetts.

Prudential Healthcare Systems

1300 E. 104th St., Suite 320, Kansas City, Mo. 64131;
816-941-4500; fax: 816-941-9272

Ownership: The Prudential Insurance Co.
For profit.
Staff: 303 participating physicians; 269 specialists; 30 administrative staff members; 11 marketing staff members; 125-200 patients per primary physician; 70% board certified physicians.
Facilities: 11 hospitals; 56 pharmacies; three diagnostic labs.
Service area: Johnson, Leavenworth, Miami and Wyndotte counties in Kansas; Cass, Clay, Jackson and Platte counties in Missouri.
Services provided: General service, plus prescription drugs, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Prescription drug, mental health, substance abuse and vision services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by contract; the PPO is compensated by employers/payers; 10% of those with access to the system are covered by arrangements to adjsut fees if savings are realized or not met; the PPO is under contract with Argus Health Systems.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Sanus/Passport

P.O. Box 27379, St. Louis, Mo. 63141-1779; 314-434-6114;
fax: 314-434-8461

Operational date: 1985.
Ownership: General American Insurance Co., New York Life Insurance Co. and McDonnell Douglas Corp.
For profit.
Staff: 584 participating physicians; 1,703 specialists; 160 administrative staff members; 13 marketing staff members; average of 150 patients per primary physician; 75% board certified physicians.
Facilities: 32 hospitals; 107 pharmacies; 34 diagnostic labs.
Service area: 14 counties in Missouri; Bond, Calhoun, Clinton, Greene, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph, St. Clair counties in Illinois.
Services provided: General service, plus prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, hospital, physician, case management of catastrophic cases, preventive care, physical and speech therapy, chiropractic services, lab, x-ray, home care. Utilization review and network available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 485 employer/payer groups; more than 317,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO is under contract with General American Life Insurance Co., New York Life Insurance Co., Benefit Trust Life, John Alden; ALTA Health Strategies Inc., DBL Services Inc., Century Planners, Gallagher Bassett Services Inc., Spectrum Benefits Inc.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Officers: Mike Hogan, president; Barrett Toan, executive director; Gary Hawkins, marketing director; Jerry Hansen, deputy director; Brenda Haalboom, director-finance; Linda Logsdon, director-provider relations/utilization; Linda Stark, director-operations.
Contact: Gail Campbell.

Travelers Preferred-St. Louis

231 S. Bemiston, Suite 715, St. Louis, Mo. 63105; 314-727-0930

Operational date: December 1986.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 1,835 participating physicians.
Facilities: 15 hospitals.
Service area: Madison, Monroe, St. Clair counties in Illinois; Franklin, Jefferson, St. Charles, St. Louis counties and St. Louis City in Missouri.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 81 employer/payer groups; 4,614 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount of customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Officers: Denise Palmer, executive director-development; Gregory T. Taylor, sales manager.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020;
602-371-3880

See USA Healthnet Inc. under Arizona.

Wausau Preferred Care-Missouri

2000 Westwood Drive, Wausau, Wis. 54402; 715-847-6896;
fax: 715-847-8740

See Wausau Preferred Care under Wisconsin.



Avesis Inc.-Montana

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016;
602-956-7287; fax: 602-224-5620

Facilities: 28 pharmacies.
Service area: Montana.
See Avesis Inc. under Arizona.

Beech Street Inc.-Montana

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039;
214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Avesis Inc.-Nebraska

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016;
602-956-7287; fax: 602-224-5620

Staff: 22 participating dentists, seven dental specialists; 16 participating audiologists; 14 participating optometrists, opthalmologists and opticians.
Facilities: 71 pharmacies.
Service area: Nebraska.
Users: Hearing: one employer/payer groups; 65,133 employees with single coverage. Vision: eight employer/payer groups; 66,655 employees with single coverage.
See Avesis Inc. under Arizona.

Lincoln National Preferred Plan

302 S. 36th St., Omaha, Neb. 68131; 402-342-2420

Officers: Steve Lindstrom, general manager; John Huebert, regional manager.
See Lincoln National Preferred Plan under Indiana.

Continued on next page

Continued from previous page

MetLife Network-Nebraska

The Bemiston Tower, 231 S. Bemiston Ave., Suite 300, St. Louis, Mo. 63105-1988; 314-729-5990
1080

Contact: Frank C. Jurgensmeyer, vp.

See MetLife Network under Connecticut.

Mutually Preferred

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

Operational date: June 1985.
Sponsorship: Mutual of Omaha Insurance Co.
For profit.
Staff: Approximately 38,000 participating physicians; 26,000 specialists; 65% board certified physicians.
Facilities: 425 hospitals; 14,000 pharmacies; 140 diagnostic labs.
Service area: Alabama, Arizona, California, Colorado, Iowa, Illinois, Florida, Georgia, Kansas, Maryland, Minnesota, Missouri, Nevada, Ohio, Oklahoma, Oregon, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin, Washington, D.C.
Services provided: General service, plus prescription drugs, dental, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Prescription drug and dental services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 275 employer/payer groups.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, by DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures; utilization review provided by Mutual of Omaha's Care Review Unite.
Officers: Al Wagner, president; Robert S. Murphy, executive director; Dr. Kenneth McDonough, medical director; Steve Kohoskie, marketing director; Tom McKellar.
Contact: Robert S. Murphy.

Option One

8501 W. Dodge Road, Omaha, Neb. 68114; 402-391-7044; fax: 402-390-4819

Operational date: October 1984.
Sponsorship: Hospital and physician members.
Not for profit.
Staff: 450 participating physicians; 305 specialists; 10 administrative staff members; one marketing staff member; average of 229 patients per primary physician; 85% board certified physicians.
Facilities: Five hospitals.
Service area: Dodge, Douglas, Sarpy, Washington counties in Nebraska; Pottawattamie, Mills, Harrison counties in Iowa.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Utilization review available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 255 employer/payer groups; 33,250 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee, membership fees from hospitals and physicians; the PPO will contract to receive a higher fee if savings are realized; the PPO contracts with Aetna Life & Casualty Co., American United Life, Benefit Trust Life, Guardian Life Insurance Co. of America, Massachusetts Mutual Life Insurance Co., Northwestern National Life Insurance Co., Principal Mutual Life Insurance Co.
Control measures: Standard utilization review procedures, excluding second surgical opinion and hospital bill audits; utilization review provided by the PPO.
Gross revenues: $12.8 million in 1989; $10.2 million in 1988.
Officers: Ralph L. Morocco Jr., executive director; Dr. Joel T. Cotton, medical director; Marilyn B. Bryce, director-health resources management.

PPO Nebraska

P.O. Box 3248, Omaha, Neb. 68180; 402-390-1800; fax: 402-392-2141

Operational date: November 1988.
Ownership: Blue Cross & Blue Shield of Nebraska.
Not for profit.
Staff: 918 participating physicians; 798 specialists; five administrative staff members; 11 marketing staff members; 90% board certified physicians.
Facilities: Nine hospitals.
Service area: Douglas, Lancaster, Sarpy, Washington, Dodge counties in Nebraska.
Services provided: General service, plus substance abuse, psychiatric services. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 62 employer/payer groups; 8,837 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee (large groups), fully insured for smaller groups; the PPO is under contract with Blue Cross & Blue Shield of Nebraska.
Control measures: Standard utilization review procedures, excluding length of stay determination, second surgical opinion, outpatient service predetermination; utilization review provided by the PPO.
Officers: William H. Heavey, president; Steven A. Lorenzen, executive director; Dr. Roger Mason, medical director; Jerry Dworak, marketing director.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.



Affordable Health Care Concepts-Nevada

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Avesis Inc.-Nevada

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: Six participating optometrists, opthalmologists and opticians.
Facilities: 68 pharmacies.
Service area: Nevada.
See Avesis Inc. under Arizona.

Beech Street Inc.-Nevada

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

Blue Cross & Blue Shield of Nevada

5250 S. Virginia St., Reno, Nev. 89502; 702-829-4000; fax: 702-829-4101

Operational date: August 1985.
Ownership: Blue Cross & Blue Shield of Nevada.
Not for profit.
Staff: 800 participating physicians; 500 specialists; 50 administrative staff members; 10 marketing staff members; average of 133 patients per primary physician; 60% board certified physicians.
Facilities: 13 hospitals; one diagnostic lab.
Service area: Nevada.
Services provided: General service, plus vision, dental, substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 405 employer/payer groups; approximately 3,450 employees with single coverage; 7,850 employees with family coverage.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges for services as a part of insurance premium.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the PPO.
Gross revenues: $43.5 million in 1989; $44.9 million in 1988.
Officers: Keith A. Pitman, president; Dr. John Koster, medical director; Norman Becker, marketing director.
Contact: Keith A. Pitman.

Great West Care-Nevada

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: 1986.
Sponsorship: Great-West Life Assurance Co.
Participating network: Preferred HealthCare Network Inc.
For profit.
Staff: 550 physicians.
Facilities: 15 hospitals.
Service area: 13 counties in Nevada.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

Health Care Inc.

P.O. Box 26059, Las Vegas, Nev. 89126; 702-876-2600; fax: 702-876-6545

Operational date: 1983.
Not for profit.
Staff: 500 participating physicians; 400 specialists; three administrative staff members; one marketing staff member; 80% board certified physicians.
Facilities: Seven hospitals; seven pharmacies; five diagnostic labs.
Service area: Southern Nevada.
Services provided: General service, plus prescription drugs, chiropractic, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Utilization review and case management available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: Six employer/payer groups; 18,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Gross revenues: $300,000 in 1989; $300,000 in 1988.
Officers: Carol M. Abbott, executive director; Dr.. Eugene Speck, medical director.

Humana Health Insurance of Nevada Inc.

3107 S. Maryland Parkway, Las Vegas, Nev. 89109; 702-737-7211; fax: 702-791-5826

Officers: Maureen Cash, executive director; John Grady, sales manager; Linda Leeson, operations manager; Dr.. Lewis Friedman, medical director.

See Humana Health Care Plans under Kentucky.

Managed Care Consultants (AlterNet)

1321 S. Maryland Parkway, Las Vegas, Nev. 89104; 702-384-0800; fax: 702-384-2543

Operational date: July 1988.
For profit.
Staff: 450 participating physicians; 300 specialists; nine administrative staff members; three marketing staff members; 90% board certified physicians.
Facilities: Seven hospitals; 65 pharmacies; 18 diagnostic labs.
Service area: Clark County and Carson City in Nevada.
Services provided: General service, plus prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Prescription, vision and dental available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 120 employer/payer groups; 16,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers, insurance companies using network and utilization review; the PPO charges a flat fee per eligible employee; the PPO is under contract with Managed Care Administrators, Prudential Insurance Co. of America and Aetna Life Insurance Co., among others.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Joe Lawrence, president/executive director; Dr.. Kenneth Mower, medical director; Gerald W. Kring, vp.

MetLife Network-Nevada

50 Fremont St., Suite 1100, San Francisco, Calif. 94105; 415-957-4101

Contact: Vincent P. Welch, vp.
See MetLife Network under Connecticut.

Mutually Preferred-Nevada

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

Nevada Preferred Professionals

2300 S. Rancho Drive, Suite 203, Las Vegas, Nev. 89102; 702-384-3366; fax: 702-384-9781

Operational date: September 1983.
For profit.
Staff: 550 participating physicians; 470 specialists; six administrative staff members; one marketing staff members; 40% board certified physicians.
Facilities: Nine hospitals; 38 pharmacies; one diagnostic lab.
Service area: Clark County, Nevada.
Services provided: General service, plus prescription drugs, substance abuse, psychiatric services, durable medical equipment, home health care, outpatient I.V. services, hospice, podiatry, obstetrics/gynecology. Utilization review, precertification, case management available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 26 employer/payer groups.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Dr.. Robert Clark, president; Joana Scaletta, executive director/marketing director; Dr. A.J. Scully, treasurer; Dr.. Jack Hirsh, secretary; Dr.. Alan Feld, vp.

Continued on next page

Your life just got easier!

If you're not seeing Business Insurance every week — or are merely catching a dated pass-along copy now and then...you're missing important news and new developments in corporate risk and employee benefits management. Risky!

Make sure you have the business insurance news you need.

ENTER YOUR SUBSCRIPTION TO BUSINESS INSURANCE TODAY!

It will make your life a lot easier.

CALL TOLL-FREE on 1-800-992-9970. Fax your order in on 1-313-446-1650. Use the card in this issue, or if it's gone, use the coupon below.

Business Insurance gives you total news coverage of loss prevention, risk financing and benefit management. Every week. Annual subscription (52 issues) in U.S. dollars.

(Check here:)	Surface Mail	By Air
USA	☐ $75	☐ $152
Canada	☐ $107	☐ $162
Bermuda (air only)		☐ $157
United Kingdom		☐ $163 or £105
Europe/Middle East		☐ $163
All other foreign	☐ $107	Rates on request

☐ new subscription. ☐ renewal. ☐ payment enclosed.
☐ bill me. ☐ bill company.
☐ Please send information on your special 20%-off group rate for five or more subscriptions.

name (please print)
title telephone
company
nature of business
☐ business or ☐ home address
city state/country zip/postal code
☐ I prefer not to receive information or advertising by mail from companies not affiliated with Crain Communications.

Mail to: Business Insurance, Circulation Dept., 965 E. Jefferson Ave., Detroit, MI 48207 4COU9

Continued from previous page

New England Care-Nevada

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: 1986.
Sponsorship: Great-West Life Assurance Co.
Participating network: Preferred HealthCare Network Inc.
For profit.
Staff: 550 physicians.
Facilities: 15 hospitals.
Service area: 13 counties in Nevada.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

PP& M's MasterCare Network

518 Pyramid Way, Sparks, Nev. 89431; 702-359-3732; fax: 702-359-0162

Operational date: January 1985.
For profit.
Staff: 181 participating physicians; 111 specialists; three administrative staff members; one marketing staff member; 85% board certified physicians.
Facilities: Three pharmacies; two diagnostic labs.
Service area: Washoe County in Nevada.
Services provided: General service, plus prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, physical therapy, home health, outpatient surgery center, home nutritional and I.V. therapy. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment may be allowed depending on plan.
Users: Three employer/payer groups.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures, excluding preadmission hospital review, hospital bill audits, outpatient service predetermination, case management; utilization review provided by the PPO.
Officers: Dr. Joseph E. Evans, president/medical director.

Preferred Plans Inc.

2235 E. Flamingo Road, Suite 406, Las Vegas, Nev. 89119; 702-737-6005; fax: 702-737-8525

Operational date: February 1987.
Ownership: Heller Associates.
For profit.
Staff: 500 participating physicians; 220 specialists; four administrative staff members; two marketing staff members; 85% board certified physicians.
Facilities: 11 hospitals; 50 pharmacies; 12 diagnostic labs.
Service area: Nevada; Southern Lake Tahoe County in California; northwestern Arizona.
Services provided: General service, plus prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Hospital, physician or pharmacy services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 12 employer/payer groups; 5,500 employees with single coverage; 5,500 employees with family coverage; 11,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Officers: Glen E. Ogden, president; Frank Heller, Philip R. Steffensen.

Preferred Plus of Reno/Las Vegas

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext.3192; fax: 413-730-6229

Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Service area: Carson City, Churchill, Clark, Douglas, Lyon, Pershing and Washoe counties in Nevada; El Dorado County in California. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: One employer/payer group; twelve employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Frank J. Racioppo Jr., regional sales director, 333 Market St., Suite 3120, San Francisco, Calif. 415-777-3383.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.



Avesis Inc.-New Hampshire

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 73 pharmacies.
Service area: New Hampshire.
See Avesis Inc. under Arizona.

Healthsource Preferred Inc.

P.O. Box 2041, Donovan St. Extension, Concord, N.H. 03302-2041; 603-225-5077 or 800-531-3121; fax: 603-225-7621

Operational date: January 1989.
Ownership: Healthsource Preferred Inc.
For profit.
Staff: 632 participating physicians; 410 specialists; 10 administrative staff members; 14 marketing staff members.
Facilities: 20 hospitals; nine diagnostic labs.
Service area: Hillsborough, Strafford, Cheshire, Merrimack, Belknap, Sullivan and Rockingham counties in New Hampshire; northern Massachusetts.
Services provided: General service, plus obstetrics/gynecology. Life, accidental death and disability, dental and managed care are available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 14 employer/payer groups; 8,180 employees with single coverage; 12,270 employees with family coverage; 20,450 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers and claims administrators; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals. The PPO is under contract with Employee Benefit Plan Administration Inc., American International Group Inc.; American International Healthcare Inc.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Officers: Dr. Norman C. Payson, president; Sally W. Crawford, chief executive officer; Dr. John S. Argue, medical director; Donna K. Lencki, chief operating/marketing officer; Thomas Congoran, chief financial officer.
Contact: Donna K. Lencki.

MetLife Network-New Hampshire

Keystone Building, 21st Floor, 99 High St., Boston, Mass. 02110-2310; 617-574-3911

Contact: Ambrose J. Redmond Jr., vp.
See MetLife Network under Connecticut.



Avesis Inc.-New Jersey

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: Five participating dentists, five dental specialists.
Facilities: 316 pharmacies.
Service area: New Jersey.
See Avesis Inc. under Arizona.

Consumer Health Network

908 Oak Tree Road, Suite C, South Plainfield, N.J. 07080; 201-754-6200; fax: 201-754-4431

Operational date: August 1988.
For profit.
Staff: 650 participating physicians; 420 specialists; two administrative staff members; two marketing staff members; 95% board certified physicians.
Facilities: 26 hospitals.
Service area: New Jersey and Philadelphia.
Services provided: General service, plus prescription drug, chiropractic, outpatient radiology, urgent care centers, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. All services are available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 165 employer/payer groups; 121,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals. The PPO is under contract with Rasmussen, Insurance Design Administrators, PlanData, MacKinnon & Co., Total Plan Administrators, National Benefits Corp., Scibal Assn.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by Conservco.
Gross revenues: $14,000 in 1989.
Officers: Nancy C. Romeo, president; Dr. Art Maron, medical director; Thomas Crane, marketing director.

Delta Dental Plan of New Jersey

959 Route 46, Parsippany, N.J. 07054; 201-334-6300; fax: 201-334-2535

Operational date: January 1990.
Ownership: Delta Dental Plan of N.J.
Not for profit.
Staff: 150 administrative staff members; 15 marketing staff members.
Service area: New Jersey.
Services provided: Dental. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 750,000 employees and dependents with access to the network.
Compensation: The PPO is compensated by health care providers; the PPO charges a fee for service.
Control measures: Standard utilization review procedures include predetermination and retrospective review only; utilization review provided by the PPO.
Officers: Dr. Robert Ott, president; James Oxford, executive vp; Dr. Roger Post, medical vp; Douglas Smyth, marketing vp.

FOCUS Healthcare Management Inc.-CompNET-New Jersey

7101 Executive Center Drive, Suite 160, Brentwood, Tenn. 37027; 615-377-9936; fax: 615-377-6098

See FOCUS Healthcare Management Inc.-CompNET under Tennessee.

Lifecare Management Systems Inc.

51 Upper Montclair Plaza, Montclair, N.J. 07043; 800-232-7388; fax: 201-744-2829

Operational date: March 1988.
For profit.
Staff: 190 participating providers; 190 specialists; seven administrative staff members; two marketing staff members.
Facilities: 11 hospitals.
Service area: New Jersey; surrounding areas of Pennsylvania and New York.
Services provided: General service, plus mental heath, substance abuse, psychiatric services. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: Four employer/payer groups.
Compensation: The PPO negotiates hospital charges by a per diem rate and by a percent off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee and percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding second surgical opinion; utilization review provided by the PPO and by outside contractors.
Officers: Dr. Nicholas P. Armenti, president/executive director; James McGarry, marketing director; Bruce Nils Miller, vp-operations; Carmen Armenti, vp-finance; Marie Armenti, secretary.
Contact: Dr. Nicholas P. Armenti.

MetLife Network-Northern New Jersey

One Madison Ave., Area 1-GH and 6-YZ, New York, N.Y. 10010-3690; 212-578-3653

Contact: Samuel H. McLaughlin, vp.
See MetLife Network under Connecticut.

MetLife Network-Southern New Jersey

1515 Market St., Suite 1630, Philadelphia, Pa. 19102; 215-977-7050

Contact: Thomas J. Regan, vp.
See MetLife Network under Connecticut.

MultiPlan Inc.-New Jersey

17 W. 17th St., New York, N.Y. 10011; 212-727-9700; fax: 212-627-6396

See MultiPlan Inc. under New York.

PruCare Plus-New Jersey

One Campus Drive, Parsippany, N.J. 07054

Ownership: Prudential Insurance Co.
For profit.
Staff: 1,272 participating physicians; 1,653 specialists; 389 administrative staff members; 68 marketing staff members; average of 120 patients per primary physician; 95% board certified physicians.
Facilities: 47 hospitals; seven pharmacy chains; nine diagnostic labs.
Service area: New Jersey.
Services provided: General service, plus prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Prescription drug available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 64,011 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by DRGs; the PPO is compensated by employers/payers; the PPO charges a group premium.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the PPO.
Officers: William Link, president; Raymond C. Allen Jr., vp; Rhonda Stock, Valerie Williams, executive directors; Drs. Jonathan Kaplan and Philip Mercer, medical directors; Shelley Molnar, Justin Fiedler, marketing directors.

Travelers Preferred-Northern New Jersey

701 Westchester Ave., White Plains, N.Y. 10604; 914-761-9103

Operational date: December 1988.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 558 participating physicians.
Facilities: 13 hospitals.
Service area: Bergen, Essex, Hudson, Mercer, Morris, Passaic and Union counties in New Jersey.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet

Continued on next page

FREE:
HOW MANAGED CARE IS CHANGING U.S. HEALTHCARE

Managed care is creating a revolution in employee group health benefit plans. The HMO market share is expected to double and PPOs are expected to continue their rapid growth in enrollment.

This summary report is available free.

Write on company letterhead. Send a stamped, self-addressed envelope to: **American Business Publishing, Dept. 14, Brinley Professional Plaza, 3100 Highway 138, P.O. Box 1442, Wall Township, NJ 07719-1442; (908) 681-1133 — FAX (908) 681-0490.**

- Please send me information on the report, "The Many Faces of Managed Care."
- Please send me information on "The Executive Report on Managed Care" monthly newsletter.

Continued from previous page
employer specifications. Individual enrollment is allowed.

Users: 5,624 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.

Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.

Contacts: Robert Ehinger, director-providers relations; Charles E. Jones, David P. Thomas, Leonard J. Gilheany, sales managers.

U.S. Life Care

United States Life Insurance Co., 3600 Route 66, Neptune, N.J. 07754; 201-922-7591; fax: 201-922-7595

Operational date: July 1985.
Sponsorship: United States Life Insurance Co.
For profit.
Staff: 9,092 participating physicians; five administrative staff members.
Facilities: 88 hospitals; nine diagnostic labs.
Service area: Colorado, New Jersey; Cumberland County, Maine; Baton Rouge, La.; Columbus, Ohio; Maricopa and Pima counties in Arizona; Linn and Johnson counties in Iowa; city of Tulsa and Pawnee County in Oklahoma.
Services provided: General service, plus substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers.
Users: 664 employer/payer groups; 15,210 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs, prompt payment discounts, average mark-up factors; the PPO is compensated by employers/payers.
Control measures: Standard utilization review procedures, including retrospective outpatient review, but excluding discharge planning, second surgical opinion, hospital bill audits, case management; utilization review provided by Utilization Management Inc., Sooner Health Plan, Iowa Foundation Medical Care, Maricopa Foundation for Medical Care, U.S. Health Plan, Gulf South Health Plan.



Acute Care

12800 Indian School Road N.E., Albuquerque, N.M. 87112; 505-291-3526

Operational date: March 1988.
Sponsorship: New Mexico Blue Cross & Blue Shield.
Staff: 523 physicians.
Facilities: 12 hospitals.
Service area: Bernalillo, San Miguel, Santa Fe, Socorro and Valencia counties in New Mexico.
Users: 7,048 members.
Compensation: The PPO negotiates hospital charges by fee schedule.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.

Admar Corp.-New Mexico

850 Town & Country Road, Orange, Calif. 92668; 714-953-9600; fax: 714-953-9060

See Admar Corp. under California.

Affordable Health Care Concepts-New Mexico

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Augnet-New Mexico

2099 S. State College Blvd., Suite 400, Anaheim, Calif. 92806-6142; 714-938-2620; fax: 714-937-1910

See Augnet under California.

Avesis Inc.-New Mexico

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: 15 participating dentists, two dental specialists; one participating audiologist; nine participating optometrists, ophthalmologists and opticians.
Facilities: 114 pharmacies.
Service area: New Mexico.
Users: Dental: 517 employees with single coverage. Hearing: 72 employer/payer groups; 1,600 employees with single coverage. Vision: 79 employer/payer groups; 2,638 employees with single coverage.
See Avesis Inc. under Arizona.

Beech Street Inc.-New Mexico

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California

CIGNA/EQUICOR Preferred Provider Organization-Albuquerque

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Health Choice

7500 Jefferson N.E., Courtyard II, Albuquerque, N.M. 87109; P.O. Box 27489, Albuquerque, N.M. 87125; 505-823-0700; fax: 505-823-0718

Operational date: August 1988.
Sponsorship: North American Life & Casualty Co., Presbyterian Healthcare Service.
For profit.
Staff: 570 participating physicians; 433 specialists; 92 administrative staff members; 12 marketing staff members; 50 patients per primary physician; 100% board certified physicians.
Facilities: 10 hospitals; 33 pharmacies; 17 diagnostic labs.
Service area: Bernalillo, Valencia, Sandoval, Socorro, Santa Fe, Rio Arriba counties in New Mexico.
Services provided: General service, plus prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, physical, occupational and speech therapy, home health care. Can select non-PPO providers at the time of service. Cannot be customized to meet employer specifications.
Users: 35 employer/payer groups; 705 employees with single coverage; 799 employees with family coverage; 3,199 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Utilization review procedures include preadmission hospital review, discharge planning, case management only; utilization review provided by the PPO.
Gross revenues: $2.9 million in 1989; $298,280 in 1988.
Officers: Robert L. Simmons, president; Billie M. Peterman, chief operating officer; Dr. Neil I. Kaminsky, medical director; J.J. Parsons, marketing director; Richard G. Stracqualursi, director-management information systems; Carol A. Hinton, director-operations; Mary M. Roskom, manager-utilization review.

Medical Care Referral Group-New Mexico

4100 Rio Bravo, Suite 211, El Paso, Texas 79902; 800-247-7114; fax: 915-532-1772

See Medical Care Referral Group under Texas.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.



Avesis Inc.-New York

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 506 pharmacies.
Service area: New York.
See Avesis Inc. under Arizona.

CareNet

455 Commerce Drive, Amherst, N.Y. 14150; 716-691-8556

Operational date: 1989.
Ownership: North American Administrators Inc.
For profit.
Staff: 400 participating physicians; 250 specialists; seven administrative staff members; two marketing staff members; 100% board certified physicians.
Facilities: 10 hospitals; 150 pharmacies; three diagnostic labs.
Service area: Erie, Chautauqua, Niagara, Onondaga, Madison, Oneida and Herkimer counties in New York.
Services provided: General service, plus prescription drugs, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: One employer/payer group; 100 employees with single coverage; 100 employees with family coverage; 500 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by DRGs or by outpatient discounts; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.
Officers: Ronald K. Zoeller, president; Dr. Arthur Orlick, medical director; E. Timothy Danahy, vp; David W. Miller, treasurer.

DavisVision/IESS

159 Express St., Plainview, N.Y. 11803; 516-932-9500; fax: 516-932-9845

Operational date: 1965.
Ownership: Davis Optical.
For profit.
Staff: 750 participating physicians.
Service area: California, Connecticut, Florida, Illinois, Indiana, Louisiana, Maine, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Rhode Isalnd, Texas, Vermont, Virginia.
Services provided: Vision care. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 93 employer/payer groups; 1.8 million employees and dependents.
Compensation: The PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee.
Officers: Lawrence S. Davis, president; Richard Davis, executive vp; Kathy Sikora, vp.

HealthSource

801 Main St., Buffalo, N.Y. 14203; 716-852-1314; fax: 716-856-5990

Operational date: October 1988.
Ownership: Hospitals and a group of physicians.
For profit.
Staff: 613 participating physicians; 400 specialists; nine administrative staff members; two marketing staff members; 50% board certified physicians.
Facilities: Nine hospitals.
Service area: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties in New York.
Services provided: General service, plus vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Network access, utilization review and claims review available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 13 employer/payer groups; 7,986 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO is under contract with Lytle Associates and Comprehensive Benefits Services Co.
Control measures: Standard utilization review procedures, excluding second surgical opinion, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.
Gross revenues: $2.3 million in 1989; $46,488 in 1988.
Officers: Dr. John Greene, chairman; Dr. Frederick E. Boehmke, medical director; Sharon M. Finucane, associate director.
Contact: Dr. Sharon M. Finucane; Kathleen A. Pitts, administrative assistant.

MetLife Network-New York

One Madison Ave., Area 1-GH and 6-YZ, New York, N.Y. 10010-3690; 212-578-3653

Contact: Samuel H. McLaughlin, vp.
See MetLife Nework under Connecticut.

MetLife Network-Upstate New York

Keystone Building, 21st Floor, 99 High St., Boston, Mass. 02110-2310; 617-574-3911

Contact: Ambrose J. Redmond Jr., vp.
See MetLife Network under Connecticut.

MultiPlan Inc./Donald Rubin Inc.

17 W. 17th St., New York, N.Y. 10011; 212-727-9700; fax: 212-627-6396

Operational date: 1971.
Ownership: PPO MultiPlan Inc./Donald Rubin Inc.
For profit.
Facilities: 500 hospitals.
Service area: National network with emphasis on New York, New Jersey, Pennsylvania, Illinois, Arizona, Florida.
Services provided: General service, plus substance abuse, psychiatric services. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: More than 150 employer/payer groups; 600,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, percentage off DRG charges; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee, percentage of the savings. The PPO contracts with many insurers and third party administrators.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the PPO.
Officers: Donald Rubin, president; Roxanne Young and Edward Gluckmann, vps; Edward Rothstein, marketing director; William Shaw, director-provider relations.

National Health Plan Corp.

500 8th Ave., New York, N.Y. 10018; 212-279-3232; fax: 212-629-0749

Operational date: 1975.
For profit.
Staff: 3,000 participating physicians; 2,000 specialists; 10 administrative staff members; three marketing staff members; average of 10 patients per primary physician; 98% board certified physicians.
Facilities: 103 hospitals; 3,000 pharmacies.
Service area: 14 counties in New York; Bergen, Passaic, Monmouth, Morris, Onion, Hudson and Essex counties in New Jersey.
Services provided: General service, plus prescription drugs, chiropractic, home health, home IV therapy, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. All services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 60 employer/payer groups; 150,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 40% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: David H. Konigsberg, president; Alvin S. Konigsberg, executive director; Marvin S. Belsky, medical director; David H. Zaback.

Oxford Health Plans Inc.

521 Fifth Ave., New York, N.Y. 10175; 212-793-3455; fax: 212-599-3552

See Oxford Health Plans Inc. under Connecticut.

PruCare Plus-New York & Connecticut

1 Campus Drive, Parsippany, N.J. 07054; 201-631-9792; fax: 202-605-1418

Operational date: January 1987.
Ownership: The Prudential Insurance Co. of America.
For profit.
Staff: 2,687 participating physicians; 1,544 specialists; 44 administrative staff members; eight marketing staff members; average of 20 patients per primary physician; 81% board certified physicians.
Facilities: 35 hospitals; 824 pharmacies; seven diagnostic labs.
Service area: Kings, Queens, Richmond, Bronx, New York, Nassau, Suffolk, Westchester, Dutchess, Orange, Putnam, Ulster and Rockland counties in New York; Fairfield, New Haven, Middlesex, Litchfield counties in Connecticut.
Services provided: General service, plus prescription drugs, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers.
Users: 195 employer/payer groups; 22,984 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by DRGs in New York and prompt pay discounts in Connecticut; the PPO is compensated by employers/payers; the PPO charges a group premium.
Control measures: Standard utilization review procedures, excluding concurrent hospital treatment review, case management; utilization review provided by the PPO.
Gross revenues: $76.6 million in 1989.
Officers: William P. Link, president; William J. Marino and Louis Cella, vps; Dr. Stanley Kramer, medical director.
Contact: Kerry Haselton, associate manager.

Travelers Preferred-Greater Metropolitan New York

701 Westchester Ave., White Plains, N.Y. 10604; 914-761-9103

Operational date: November 1988.

Continued on next page

Continued from previous page

Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 2,080 participating physicians.
Facilities: 20 hospitals.
Service area: Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties in New York.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 17 employer/payer groups; 31,011 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the Travelers Insurance Co.
Contacts: Robert Ettinger, provider relations director; Robert L. Sweeney, Leonard Gilheany, Algie Andrews, Robert Ehinger, Peter Noonan and Jerome Misiewicz, sales managers.

Travelers Preferred-Syracuse

620 Erie Blvd. W., Suite 202, Syracuse, N.Y. 13204; 315-479-6667

Operational date: October 1989.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 133 participating physicians.
Facilities: Four hospitals.
Service area: Cayuga, Madison, Onondaga and Oswego counties.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 253 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the Travelers Insurance Co.
Officers: Kathryn Norton, executive director; Robert J. Mahoney, sales manager.

North Carolina

Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Avesis Inc.-North Carolina

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 805 pharmacies.
Service area: North Carolina.
See Avesis Inc. under Arizona.

Carolina Preferred Care

2150 Country Club Road, Suite 160, Winston-Salem, N.C. 27104; 919-721-1844; fax: 919-721-0543

Operational date: October 1984.
Ownership: MedCost Inc. in affiliation with HealthMark Corp.
For profit.
Staff: 550 participating physicians; 390 specialists; 22 administrative staff members; two marketing staff members; 94% board certified physicians.
Facilities: 20 hospitals.
Service area: 15 counties in North Carolina; Charleston, Florence, Dorchester, Berkley, Darlington, York and Lancaster counties in South Carolina.
Services provided: General service, plus vision, hearing, substance abuse, psychiatric services, obstetrics/gynecology. All services, utilization review and case management available unbundled. Employees cannot select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 485 employer/payer groups; more than 70,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 5% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Officers: Otto W. Mueller, president; Billie J. Davis, vp; William Lorentz Jr., medical director.
Contact: Kathryn C. Showalter, 919-721-1844; Ken Stanford, 704-597-7001.

CIGNA/EQUICOR Preferred Provider Organization-Charlotte

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

CIGNA/EQUICOR Preferred Provider Organization-Fayetteville

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

CIGNA/EQUICOR Preferred Provider Organization-Raleigh

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Family Health Plan Inc.

P.O. Box 222097, Charlotte, N.C. 28222; 704-364-8215; fax: 704-364-9718

Operational date: November 1986.
Ownership: Metrocare National Inc.
For profit.
Staff: 362 participating physicians; 279 specialists; 25 administrative staff members; two marketing staff members; 95% board certified physicians.
Facilities: Twelve hospitals.
Service area: Mecklenburg, Guilford, Forsyth, Catawba, Davidson counties in North Carolina; Greenville, Spartanburg, Richland counties in South Carolina.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, home health care services, intravenus home therapy, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 203 employer/payer groups; 11,182 employees with single coverage; 7,455 employees with family coverage; 41,001 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals. The PPO is under contract with several insurers and third party administrators.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Gross revenues: $6 million in 1989.
Officers: Dale A. White, president; Dr. James N. Shearer, medical director; Brenda Miller, marketing director; Stephen A. Gregg, chairman; Dr. Bruce Taylor, secretary.
Contact: Brenda Miller.

Great West Care-North Carolina/South Carolina

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: April 1989.
Sponsorship: Great-West Life Assurance Co.
Participating network: Family Health Plan of North Carolina.
For profit.
Staff: 215 physicians.
Facilities: 11 hospitals.
Service area: 37 counties in North Carolina, 19 counties in South Carolina.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

Hartford's Pulse Plan of North Carolina

200 Hopmeadow St., Simsbury, Conn. 06070; 203-547-5000

Operational date: August 1988.
Sponsorship: Hartford Life Insurance Cos.
For profit.
Staff: 90 primary care physicians; 267 specialists.
Facilities: 11 hospitals.
Service area: Mecklenburg County.
Services provided: General service, plus psychiatric services, durable medical equipment, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: Four employer/payer groups; 1,078 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding discharge planning, hospital bill audits and outpatient service predetermination; utilization review provided by the PPO and Valutrac.
Contact: Peter M. Arnette, regional sales manager, The Hartford Insurance Group, 6623 Executive Circle, Suite 108, Charlotte, N.C. 28212; 704-536-6230.

Health Care Savings Inc.

P.O. Box 27987, Raleigh, N.C. 27611; 919-828-1789; fax: 919-833-2023

Operational date: April 1985.
Sponsorship: Group of doctors, North Carolina Medical Society.
For profit.
Staff: 1,250 participating physicians; 900 specialists; seven administrative staff members; two marketing staff members; average of 2,000 patients per primary physician; 90% board certified physicians.
Facilities: Six hospitals.
Service area: Mecklenburg, Union, Iredell, Catawba, Burke and Guilford counties in North Carolina.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Utilization review available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 1,500 employer/payer groups; 28,000 employees with family coverage; 60,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee. The PPO contracts with eight insurers and 11 third party administrators.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Dr. Lawrence M. Cutchin, president; Richard Dunn, vp-marketing; Dr. Kevin J. Soden, vp/associate medical director; David Pete, vp/chief financial officer.
Contact: Dr. Lawrence M. Cusclim.

HealthChoice of Gaston County

P.O. Box 561300, Charlotte, N.C. 28256-1300; 704-597-7001; fax: 704-597-1429

Operational date: March 1989.
Ownership: Medical Alliance of Gaston County Inc.
Not for profit.
Staff: 64 participating physicians; 46 specialists; one administrative staff member; one marketing staff member; 78% board certified physicians.
Facilities: One hospital.
Service area: Gaston County in North Carolina.
Services provided: General service, plus psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 11 employer/payer groups; 1,460 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO is under contract with Provident Life & Accident Insurance Co., Association Life, CNA Insurance Cos.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by MedReview and Preferred Care of Carolinas.
Officers: Dr. Robert H. Lester, president; Kenneth L. Stanford, executive director.
Contact: Kenneth L. Stanford.

Lincoln National Preferred Plan

4601 Charlotte Park Drive, Suite 150, Charlotte, N.C. 28210; 704-525-6590

Officers: William Young, general manager; Carter Whitley, regional manager.
See Lincoln National Preferred Plan under Indiana.

Lincoln National Preferred Plan

5540 Centerview Drive, Suite 327, Raleigh, N.C. 27606; 919-851-5411

Officers: William Young, general manager; Darren Rodgers, sales manager.
See Lincoln National Preferred Plan under Indiana.

New England Care-North Carolina/South Carolina

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: April 1989.
Sponsorship: Great-West Life Assurance Co.
Participating network: Family Health Plan of North Carolina.
For profit.
Staff: 215 physicians.
Facilities: 11 hospitals.
Service area: 37 counties in North Carolina, 19 counties in South Carolina.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

Piedmont Managed Care

University South Center, 5108 N. I-85 Service Road, Suite 14, Charlotte, N.C. 28206; 704-597-7001; fax: 704-597-1429

Operational date: June 1989.
Ownership: Joint venture between HealthMark Corp. and Piedmont Managed Care Group Inc.
Not for profit.
Staff: 142 participating physicians; 106 specialists; five administrative staff members; one marketing staff members; 96% board certified physicians.
Facilities: Five hospitals.
Service area: Mecklenburg, Union, Cabarrus, Gaston and Lincoln counties in North Carolina; Lancaster and York counties in South Carolina.
Services provided: General service, plus prescription drugs, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Hospital and physician networks available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 200 employer/payer groups; 12,280 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee. The PPO is under contract with Alta Health Strategies, Florida Health Alliance, Fringe Benefits Review, General Administrators Inc., McDowell Agency Inc., Medical Claims Management Corp., Association Life Insurance Co., CNA Insurance Cos., John Hancock Mutual Insurance Cos., Mid-South Insurance Co., Provident Life & Accident Insurance Co.
Control measures: Standard utilization review procedures, including prenatal review, but excluding hospital bill audits; utilization review provided by MedReview, Preferred Care of Carolinas, ProReview.
Officers: Charles A. Evans, president; Kenneth L. Stanford, executive director; Dr. Charles B. Rich, medical director; Ken Stanford, marketing director; Jane Z. Messer, vp.
Contact: Ken Stanford.

Preferred Care

P.O. Box 2291, Durham, N.C. 27702-2291; 919-290-4124; fax: 919-490-3755

Operational date: April 1987.
Ownership: Blue Cross & Blue Shield of North Carolina.
Not for profit.
Staff: 8,777 participating physicians.
Facilities: 47 hospitals.
Service area: 64 counties in North Carolina.
Services: Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 569 employer/payer groups; 29,545 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by case payment and per diem rate; the PPO is compensated by employers/payers; self insured accounts contract to receive actual savings, 10% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures, excluding discharge planning, second surgical opinion, outpatient service pre-determination; utilization review provided by the PPO.
Gross revenues: $8.5 million in 1989; $4.4 million in 1988.
Officers: Thomas A. Rose, president; N. Earl Ridout, executive

Continued on next page

Continued from previous page
director; Dr. Don Bradley, medical director; John Griffin, marketing director; Daniel Butler, vp-health benefits management.

Preferred Plus of North Carolina

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: July 1986.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 200 participating physicians.
Facilities: Two hospitals.
Service area: Guilford and Burke counties in North Carolina.
Services provided: General service, plus psychiatric services and obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 12 employer/payer groups; 571 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Robert M. Godfrey, senior account executive, 301 N. Elm St. Suite 416, Greensboro, N.C. 27401-2413; 919-273-6953.

PruCare of Charlotte

2100 Rexford Road, Suite 314, Charlotte, N.C. 28211; 704-365-6070; fax: 704-365-5684

Operational date: November 1986.
Ownership: The Prudential Insurance Co.
For profit.
Staff: 52 participating physicians; 157 specialists; 13 administrative staff members; 12 marketing staff members; average of 80 patients per primary physician; 98% board certified physicians.
Facilities: Four hospitals; 24 pharmacies; one diagnostic lab.
Service area: Mecklenburg, Union, Cabarrus, Lincoln, Rowan, Gaston counties in North Carolina; York County in South Carolina.
Services provided: General service, plus prescription drugs, vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Employees can select non-PPO providers.
Users: 882 employees with single coverage; 976 employees with family coverage; 4,142 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: David B. Patterson, executive director; Dr. Herbert L. Widener, medical director; Robert C. Ward, marketing director.

Travelers Preferred-Charlotte

211 Perimeter Center Parkway, Atlanta, Ga. 30346; 404-395-4850

Operational date: July 1987.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 316 participating physicians.
Facilities: Five hospitals.
Service area: Cabarrus, Catawba, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly and Union counties in North Carolina; York County in South Carolina.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 60 employer/payer groups; 4,014 employees with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Officers: Ken Bryant, director-operations; Brad VanWinkle, sales manager.

Travelers Preferred-Greensboro

211 Perimeter Center Parkway, Atlanta, Ga. 30346; 404-395-4850

Operational date: September 1987.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 395 participating physicians.
Facilities: Four hospitals.
Service area: Alamance, Davidson, Davie, Forsyth, Guilford counties in North Carolina.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 60 employer/payer groups; 4,014 employees with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Officers: Ken Bryant, director-operations; Gene Brown, sales manager.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.

Ohio

Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-Ohio

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-8699

See Affordable Health Care Concepts under California.

Aultcare Corp.

2600 Sixth St. S.W.; Canton, Ohio 44710; 216-438-6360

Operational date: December 1985.
Ownership: Aultman Hospital and physicians.
Not for profit.
Staff: 350 participating physicians; two administrative staff members; four marketing staff members; average of 150 patients per primary physician; 85% board certified physicians.
Facilities: Five hospitals.
Service area: Stark, Holmes, Tuscarawas, Columbiana, Gurnsey counties in Ohio.
Services provided: General service, plus vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. All services available unbundled. Employees can select non-PPO providers at time of service. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 65 employer/payer groups; 4,237 employees with single coverage; 8,315 employees with family coverage; 31,363 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers and health care providers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Gross revenues: $12 million in 1989; $17 million in 1988.
Officers: Dr. Alan Rovner, president; Rick Haines, executive director; Dr. Greg Haban, medical director; Jack Brehany, marketing director.
Contact: Joe Novak.

Avesis Inc.-Ohio

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: Eight participating dentists; 12 participating optometrists, opthalmologists, opticians.
Facilities: 919 pharmacies.
Service area: Statewide.
See Avesis Inc. under Arizona.

Beech Street Inc.-Ohio

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

CNA Managed Care PPO-Akron

4 Summit Drive, Independence, Ohio 44131; 216-328-7870

Operational date: September 1987.
Staff: 367 participating physicians; 78% board certified physicians.
Facilities: Six hospitals and medical facilities.
Service area: Summit County in Ohio.
Users: 1,800 employees and dependents with access to the network.
Contact: Hal Demmerle, manager-sales; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

CNA Managed Care PPO-Cincinnati

4 Summit Drive, Independence, Ohio 44131; 216-328-7870

Operational date: December 1986.
Staff: 689 participating physicians; 74% board certified physicians.
Facilities: Eight hospitals.
Service area: Hamilton and Butler counties in Ohio; Kenton County in Kentucky.
Users: 11,300 employees and dependents with access to the network.
Contact: Hal Demmerle, manager-sales; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

CNA Managed Care PPO-Cleveland

CNA Insurance Cos., 4 Summit Drive, Independence, Ohio 44131; 216-328-7870

Operational date: 1987.
Staff: 845 participating physicians; 72% board certified physicians.
Facilities: 12 hospitals.
Service area: Cuyahoga, Geauga, Lorain and Lake counties in Ohio.
Users: 7,600 employees and dependents with access to the network.
Contact: Hal Demmerle, manager-sales; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

CNA Managed Care PPO-Columbus

4 Summit Drive, Independence, Ohio 44131; 216-328-7870

Operational date: December 1986.
Staff: 501 participating physicians; 77% board certified.
Facilities: Three hospitals.
Service area: Franklin County in Ohio.
Users: 10,800 employees and dependents with access to the network.
Contact: Hal Demmerle, manager-sales; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

CIGNA/EQUICOR Preferred Provider Organization-Cincinnati/Dayton

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

CIGNA/EQUICOR Preferred Provider Organization-Columbus

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Community Preferred Health Plan

4665 Cornell Road, Suite 300, Cincinnati, Ohio 45241; 513-247-6600; fax: 513-247-6719

Operational date: 1987.
Ownership: Community Mutual Insurance Co.
Not for profit.
Accredited by AAPPO.
Staff: 15,402 participating physicians; 6,636 specialists; one administrative staff members; 47 marketing staff members; average of 29 patients per primary physician.
Facilities: 118 hospitals; 2,500 pharmacies; 71 diagnostic labs.
Service area: All counties in Ohio; Boone, Kenton and Campbell counties in Kentucky.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Prescription drug, office visits available unbundled. Employees can select non-PPO providers at time of service; can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 1,200 employer/payer groups.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Utilization review procedures, excluding concurrent hospital treatment review, discharge planning, retrospective review, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.
Officers: Dwane Houser, president; William Varnell, executive director; Dr. Joseph Berman, medical director.

Great-West Care-Akron/Youngstown/Warren

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: September 1987.
Staff: 353 participating physicians; 75% board certified physicians.
Facilities: Four hospitals.
Service area: Medina, Summit, Portage, Trumbull, Mahoning and Columbiana counties in Ohio.
See Great-West Care corporate listing under Colorado.

Great-West Care-Cincinnati

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: 1986.
Staff: 663 participating physicians; 75% board certified physicians.
Facilities: Seven hospitals.
Service area: Southwest Ohio and southeast Indiana.
See Great-West Care corporate listing under Colorado.

Great-West Care-Cleveland

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: January 1987.
Staff: 840 participating physicians; 75% board certified physicians.
Facilities: 13 hospitals.
Service area: Ashtabula, Lake, Geauga, Cuyahoga, Lorain and Erie counties in Ohio.
See Great-West Care corporate listing under Colorado.

Great-West Care-Columbus

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375
Operational date: 1986.
Staff: 452 participating physicians; 75% board certified physicians.
Facilities: Three hospitals.
Service area: 15 counties in Ohio.
See Great-West Care corporate listing under Colorado.

Great-West Care-Dayton

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: June 1987.
Staff: 470 participating physicians; 75% board certified physicians.
Facilities: Four hospitals.
Service area: Mercer, Darke, Shelby, Miami, Clark, Montgomery, Greene, Preble, Butler and Warren counties in Ohio.
See Great-West Care corporate listing under Colorado.

Emerald Health Network Inc.

7530 Lucerne Drive, Suite 200, Cleveland, Ohio 44130; 216-243-2030; fax: 216-826-5039

Operational date: January 1984.
Ownership: 12 hospital PPOs.
For profit.
Staff: 3,500 participating physicians; 2,000 specialists; 95 administrative staff members; 12 marketing staff members.
Facilities: 23 hospitals; 100 diagnostic labs.
Service area: Cuyahoga, Lorain, Lake, Ashtabula, Geauga, Medina, Summit, Portage, Trumbull, Stark, Mahoning and Mercer counties in Ohio; Mercer county in Pennsylvania.
Services provided: General service, plus substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Specialized services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 250 employer/payer groups; 23,699 employees with single coverage; 46,806 employees with family coverage; 182,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO will contract to reduce its fee if targeted savings are not met.
Control measures: Standard utilization review procedures, excluding precertification, second surgical opinion, hospital bill audits, outpatient service predetermination, case management; utilization review provided by the PPO.
Gross revenues: $123 million in 1989; $91 million in 1988.
Officers: Burt Bundgus, president/chief executive officer; James Spear, chief operating officer; Dr. David Montgomery, chief medical officer; Sam Yovanno, vp-marketing; Jeff Lehrich, vp-research, planning and corporate development; Victoria Nipple, vp-utilization management.
Contact: Sam Yovanno, vp-marketing.

HRM CarePASS-Ohio

8000 W. 78th St., Minneapolis, Minn. 55439; 800-824-3882; fax: 612-829-3578

See HRM CarePASS under Minnesota.

Continued on next page

Continued from previous page

John Hancock Preferred Health Plan-Ohio

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Hartford's Pulse Plan of Cincinnati

200 Hopmeadow St., Simsbury, Conn. 06070; 203-547-5000

Operational date: October 1990.
Sponsorship: Hartford Life Insurance Cos.
For profit.
Staff: 400 primary care physicians; 600 specialists.
Facilities: 11 hospitals; two diagnostic labs.
Service area: Hamilton, Butler, Montgomery and Greene counties in Ohio; Kenton, Campbell and Boone counties in Kentucky.
Services provided: General service, plus psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures except discharge planning and hospital bill audits; utilization review provided by the PPO and Valutrac.
Contact: Allen L. Collins, regional sales manager, Hartford Insurance Group, 600 Vine St., Cincinnati, Ohio 45202; 513-241-5180.

HealthResponse

793 W. State St., Columbus, Ohio 43222; 614-225-5632; fax: 614-221-6323

Operational date: October 1985.
Ownership: Mount Carmel Health Center and physicians.
Not for profit.
Staff: 620 participating physicians; 400 specialists; five administrative staff members.
Facilities: Four hospitals.
Service area: Franklin, Madison, Pickaway, Ross, Fairfield, Delaware and Licking counties in Ohio.
Services provided: General service, plus psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Psychiatry, heart and vascular services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: Five employer/payer groups; 25,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee. The PPO is under contract with Holy Cross Shared Services, Mutual of Omaha, Central Benefits/Prefer One, Blue Cross & Blue Shield, J.W. Didion & Associates, Medical Benefits Mutual Life Insurance.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Dr. Michael Cooney, president; Charles A. Turner III, chief operating officer; Dr. Dudley Briggs, physician adviser.

Health Service Preferred Inc.

6730 Roosevelt, Franklin, Ohio 45005; 513-424-3351; fax: 513-422-1281

Operational date: January 1989.
For profit.
Staff: 1,060 participating physicians; 425 specialists; 36 administrative staff members; six marketing staff members; 88% board certified physicians.
Facilities: 11 hospitals; 73 pharmacies; 22 diagnostic labs.
Service area: Hamilton, Clermont, Warren, Butler, Montgomery, Greene and Darke counties in Ohio; Campbell, Kenton and Boone counties in Kentucky; Dearborn County in Indiana.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, chiropractic, durable medical equipment, podiatry, obstetrics/gynecology. All services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 11 employer/payer groups; 1,920 employees with single coverage; 2,880 employees with family coverage; 12,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers, insurance companies; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures, including disability case management, workers compensation disability management, psychiatric case review, physician fee review, medical necessity review; utilization review provided by Health Service Review.
Officers: Mary J. Hanley, president; Thomas C. Colvin, executive director; Dr. Richard Dammel, medical director; Barry J. Shaffer, marketing director; William D. Stief and Donald J. Barker, vps.
Contact: Mary J. Hanley.

INSURx Inc.

4000 Terminal Tower, Cleveland, Ohio 44113; 216-861-4549; fax: 216-861-4364

Operational date: 1986.
For profit.
Staff: Four participating specialists; 65 administrative staff members; eight marketing staff members.
Facilities: 46,000 pharmacies.
Service area: Nationwide.
Services provided: Prescription drugs. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 16,500 employer/payer groups; 300,500 employees with single coverage; 350,000 employees with family coverage; 1.3 million employees and dependents with access to the network.
Compensation: The PPO is compensated by employers/payers, claims administrators; the PPO is under contract with Blue Cross of California, Blue Cross & Blue Shield of Mississippi.
Control measures: Utilization review procedures include retrospective review and case management of drug utilization. Utilization review provided by PPO.
Officers: Gerard N. Altieri, president; Ronald J. Rieth, chairman; Gerald Chalfin, chief operating officer/executive director; Michael J. Barone, vp-professional relations; Brett F. Altieri, vp-sales; Benjamin D. Zelman, vp-corporate development; Len Ploskonka, vp-information systems; Dennis D. Pijor, vp/chief financial officer.

Lincoln National Preferred Plan

11260 Chester Road, Suite 800, Cincinnati, Ohio 45246; 513-772-3518

Contact: Robert Sheehy, general manager; Louis Santoro, regional manager.
See Lincoln National Preferred Plan under Indiana.

Lincoln National Preferred Plan

Summit Two Office Building, Suite 520, Independence, Ohio 44131; 216-447-8535

Contact: Robert Sheehy, general manager; Herman Hardy, regional manager.
See Lincoln National Preferred Plan under Indiana.

Mental Health Provider Systems

8353 Mentor Ave., Mentor, Ohio 44060; 800-255-6339

Operational date: January 1989.
Not for profit.
Staff: 21 participating physicians; 120 specialists; three administrative staff members; one marketing staff members; 90% board certified physicians.
Service area: 14 counties in Ohio; Harris County in Texas.
Services provided: Substance abuse, psychiatric services; employees can select non-PPO providers; can be customized to meet employer specifications.
Users: Five employer/payer groups; 25,000 employees and dependents with access to the network.
Compensation. The PPO is compensated by employers/payers; the PPO charges a flat fee for eligible employee, occasionally an hourly rate.
Control measures: Standard utilization review procedures, except second surgical opinion, hospital bill audits; utilization review provided by the PPO.
Officers: Dr. Roger N. Hess, president/executive director; Dr. John B. Sawyer, medical director; David R. Lima, vp/treasurer/marketing director.
Contact: Roger N. Hess.

MetLife Network-Ohio

The Spectrum, Suite 400, 6060 Rockside Woods Blvd., Independence, Ohio 44131-2338; 216-642-6109

Contact: Michael J. McDermott, vp.
See MetLife Network under Connecticut.

Mutually Preferred-Ohio

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

New England Care-Akron/Youngstown/Warren

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: September 1987.
Staff: 353 participating physicians; 75% board certified physicians.
Facilities: Four hospitals.
Service area: Medina, Summit, Portage, Trumbull, Mahoning and Columbiana counties in Ohio.
See New England Care corporate listing under Colorado.

New England Care-Cincinnati

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: 1986.
Staff: 663 participating physicians; 75% board certified physicians.
Facilities: Seven hospitals.
Service area: Southwest Ohio and southeastern Indiana.
See New England Care corporate listing under Colorado.

New England Care-Cleveland

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: January 1987.
Staff: 840 participating physicians; 75% board certified physicians.
Facilities: 13 hospitals.
Service area: Ashtabula, Lake Geauga, Cuyahoga, Lorain and Erie counties in Ohio.
See New England Care corporate listing under Colorado.

New England Care-Columbus

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: 1986.
Staff: 452 participating physicians; 75% board certified physicians.
Facilities: Three hospitals.
Service area: 15 counties in Ohio.
See New England Care corporate listing under Colorado.

New England Care-Dayton

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: June 1987.
Staff: 470 participating physicians; 75% board certified physicians.
Facilities: Four hospitals.
Service area: Mercer, Darke, Shelby, Miami, Montgomery, Greene, Preble, Butler and Warren counties in Ohio.
See New England Care corporate listing under Colorado.

Ohio Health Choice Plan

2322 E. 22nd St., Cleveland, Ohio 44115; 216-363-1444; fax: 216-621-3178

Operational date: 1983.
Ownership: St. Vincent Charity Hospital.
Not for profit.
Staff: 5,310 participating physicians; 2,984 specialists; 26 administrative staff members; four marketing staff members; average of 40 patients per primary physician; 70% board certified physicians.
Facilities: 72 hospitals; 1,400 pharmacies; 110 diagnostic labs.
Service area: 33 counties in Ohio; Boone, Campbell, Grant and Kenton counties in Kentucky.
Services provided: General service, plus prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Utilization review, hospital/physician/mental health networks available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 2,100 employer/payer groups; 55,000 employees with single and family coverage; 130,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, some percentage of savings.
Control measures: Standard utilization review procedures, including ambulatory review but excluding hospital bill audits; utilization review provided by the PPO.
Officers: Russell C. Eckles, executive vp; Dr. Peirce Mullally, medical director; James Francisco, marketing director.

PCN-PLUS of Ohio

One Independence Place, Suite 200, 4807 Rockside Road, Independence, Ohio 44131; 216-642-3120; fax: 216-642-0161

Operational date: February 1989.
For profit.
Staff: 1,300 participating physicians; five administrative staff members; two marketing staff members; average of 50 patients per primary physician; 95% board certified physicians.
Facilities: 41 hospitals; 200 pharmacies.
Service area: Ohio.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 96 employer/payer groups; 13,500 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee or per percentage of savings; the PPO will contract to reduce its fee if savings are not met. The PPO contracts with several insurers and TPAs.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Officers: Tom Stateman, president; Les Reade, executive director; Rich Schuch, medical director; Lynn Dowling, marketing director; Bob Hofstadter, executive vp.
Contact: Lynn Dowling.

People's Preferred

6601 Centerville Business Parkway, P.O. Box 591216, Dayton, Ohio 45459-8016; 513-439-8878; fax: 513-439-8999

Operational date: 1989.
Sponsorship: Employer coalition.
Ownership: Western Ohio Health Care Corp.
For profit.
Staff: 430 participating physicians; 215 specialists; five administrative staff members; three marketing staff members; average of two patients per primary physician; 80% board certified physicians.
Facilities: Three hospitals; six diagnostic labs.
Service area: Darke, Shelby, Miami, Champaign, Clark, Preble, Montgomery, Greene, Clinton, Warren and Butler counties in Ohio.
Services provided: General service, plus vision, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: Two employer/payer groups; 100 employees with single coverage; 200 employees with family coverage; 660 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized.
Control measures: Standard utilization review procedures, excluding length of stay determination, second surgical opinion, outpatient service predetermination; utilization review provided by Western Ohio Health Care Plan.
Officers: G. David Shafer, president; Pamela B. Morris, executive director; Dr. John E. Bloom, medical director; Robert Black, marketing director.
Contact: Robert C. Bair.

Preferred Care of Ohio

2060 E. Ninth St.; Cleveland, Ohio 44115; 216-687-6252; fax: 216-687-7787

Operational date: 1983.
Ownership: Blue Cross/Blue Shield of Ohio.
For profit.
Staff: 545 participating physicians; 10,000 specialists; average of 79 patients per primary physician; 75% board certified physicians.
Facilities: 83 hospitals; 1,500 pharmacies; two diagnostic labs.
Service area: 18 counties in Ohio
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Some services available unbundled. Employees can select non-PPO providers.
Users: 1,100 employer/payer groups; 43,168 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by Blue Cross/Blue Shield of Ohio; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding second surgical opinion, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.
Officers: John S. Dorrell, vp; Gerry P. Long, executive director; Dr. John C. Johns, medical director; Richard Cooley/Terry Jones, marketing directors; Kathleen Butler, director-operations.
Contact: Toni L. Macey, specialist-systems communications.

Preferred Patient Plan Network/CoMed Management Inc.

525 Metro Place North, Suite 300, Dublin, Ohio 43017; 614-766-0061; fax: 614-889-2148

Operational date: October 1988.
Ownership: New York Life Insurance Co.
For profit.
Staff: 19,151 participating physicians; 13,000 specialists; 15 administrative staff members; five marketing staff members; 95% board certified physicians.
Facilities: 218 hospitals.
Service area: California and Ohio.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Continued on next page

Continued from previous page

Users: 1,881 employer/payer groups; 93,708 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; case rates for selected services; the PPO is compensated by employers/payers; the PPO charges a flat fee eligible employee, percentage of savings; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. The PPO is under contract with New York Life Insurance Co.

Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Officers: Janice Spillane, president; Dr. Dudley Briggs, medical director; Michael Franks, marketing director; Diane Schrimpf, vp-operations; Krista Ball, vp-health care management.

Contact: Toni Spruell, maintenance supervisor.

Preferred Plus of Southern Ohio

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: March 1988.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 1,200 participating physicians.
Facilities: 15 hospitals.
Service area: Belmont and portions of Jefferson counties in Ohio; Ohio and Marshall counties in West Virginia.
Services provided: General service, plus psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: Two employer/payer groups; 101 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: William Collins, Senior Account Executive, 441 Vine St., Cincinnati, Ohio 513-621-1134.

Primary Health Services Inc.

35 River St., Chagrin Falls, Ohio 44022; 216-247-3414; fax: 216-247-7018

Operational date: February 1983.
For profit.
Staff: 3,043 participating physicians; five administrative staff members; one marketing staff member; average of 1,175 patients per primary physician; 85% board certified physicians.
Facilities: 35 hospitals; 5,000 pharmacies; 15 diagnostic labs.
Service area: Ohio.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, durable medical equipment, chiropractic, physical therapy, podiatry, obstetrics/gynecology. Utilization review, hospital/physican services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 805 employer/payer groups; 235,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by insurance companies; the PPO charges a flat fee per eligible employee, percent of savings realized by client; the PPO contracts with 35 insurance companies and more than 15 TPAs.
Control measures: Standard utilization review procedures, excluding second surgical opinion; utilization review provided by the PPO.
Officers: Arthur W. Chandler, president; Dr. Frank Vargo, medical director.

Private Healthcare Systems Ltd.-Akron/Canton Youngstown

8600 Governors Hill Drive, Suite 211, Cincinnati, Ohio 45249; 513-677-3200

See Private Healthcare Systems Ltd. under Massachusetts.

Private Healthcare Systems Ltd.-Cincinnati

8600 Governors Hill Drive, Suite 211, Cincinnati, Ohio 45249; 513-677-3200

See Private Healthcare Systems Ltd. under Massachusetts.

Private Healthcare Systems Ltd.-Cleveland

8600 Governors Hill Drive, Suite 211, Cincinnati, Ohio 45249; 513-677-3200

See Private Healthcare Systems Ltd. under Massachusetts.

Private Healthcare Systems Ltd.-Columbus

8600 Governors Hill Drive, Suite 211, Cincinnati, Ohio 45249; 513-677-3200

See Private Healthcare Systems Ltd. under Massachusetts.

Private Healthcare Systems Ltd.-Dayton

8600 Governors Hill Drive, Suite 211, Cincinnati, Ohio 45249; 513-677-3200

See Private Healthcare Systems Ltd. under Massachusetts.

PruCare of Central Ohio

485 Metro Place South, Suite 450, Dublin, Ohio 43017; 614-761-0244

Operational date: March 1988.
Ownership: The Prudential Insurance Co. of America.
For profit.
Staff: 178 participating physicians; 215 specialists; 14 administrative staff members; nine marketing staff members; 93% board certified physicians.
Facilities: 12 hospitals; 62 pharmacies; two diagnostic labs.
Service area: Delaware, Franklin, Fairfield, Licking, Madison, Pickaway and Union counties in Ohio.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 99 employer/payer groups; 2,025 employees with single coverage; 2,796 employees with family coverage; 4,821 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, premium paid per eligible employee/dependent; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures; utilization review provided by Central Ohio Medical Group.
Officers: William P. Link, president; Budd Fisher, executive director; Dr. David Gundlach, medical director; Frederick C. Veazey, marketing director.

PruCare Plus of Cincinnati

525 Vine St., Suite 1850, Cincinnati, Ohio 45202; 513-621-2970; fax: 513-621-0081

Operational date: March 1986.
Ownership: The Prudential Insurance Co. of America.
For profit.
Staff: 1,050 participating physicians; 581 specialists; 28 administrative staff members; 19 marketing staff members; average of 66 patients per primary physician; 84% board certified physicians.
Facilities: Nine hospitals; two pharmacies; one diagnostic lab.
Service area: Boone, Campbell and Kenton counties in Kentucky; Butler, Clermont, Hamilton and Warren counties in Ohio; Dearborn County in Indiana.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 342 employer/payer groups; 4,639 employees with single coverage; 6,316 employees with family coverage; 25,527 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: William P. Link, president; Lynne Gross, executive director; Arthur Dickerson, medical director.
Contact: Mike Warner, supervisor-provider relations.

PruNetwork of Northern Ohio

1228 Euclid Ave., Suite 750, Cleveland, Ohio 44115; 216-241-5623; fax: 216-241-7561

Operational date: September 1988.
Ownership: The Prudential Insurance Co. of America.
For profit.
Staff: 291 participating physicians; 683 specialists; nine administrative staff members; 16 marketing staff members; average of 17 patients per primary physician; 80% board certified physicians.
Facilities: 15 hospitals; 95 pharmacies; three diagnostic labs.
Service area: Cuyahoga, Summit, Lake and parts of Portage, Geauga, Lorain and Medina counties in Ohio.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 75 employer/payer groups; 4,925 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, flat fee plus charge/claim transaction; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Officers: William P. Link, president; Linda Somers, director-health care management; Dr. A. Gus Kious, medical director.
Contact: Linda Somers.

Travelers Preferred-Cincinnati

312 Plum St., Suite 1210, Cincinnati, Ohio 45202; 614-433-2252

Operational date: October 1987.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 896 participating physicians.
Facilities: Seven hospitals.
Service area: Boone, Campbell and Kenton counties in Kentucky; Butler, Clermont and Hamilton counties in Ohio.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: One employer/payer group; 1,551 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Marilyn Nixon, director-operations; Bruce D. Johnson, sales manager-Dayton.

Travelers Preferred-Columbus

150 E. Campus View Blvd., Columbus, Ohio 43235; 614-433-2000

Operational date: October 1987.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 585 participating physicians.
Facilities: Seven hospitals.
Service area: Delaware, Fairfield, Fayette, Franklin, Licking, Marion, Pickaway and Ross counties in Ohio.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 26 employer/payer groups; 3,005 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the Travelers Insurance Co.
Contact: Paul Campbell, executive director; Harold J. Petersen, sales manager.

Travelers Preferred-Dayton

One Mellon Bank Center, 500 Grant St., Pittsburgh, Pa. 15219-2502; 412-338-5545

Operational date: November 1987.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 464 participating physicians.
Facilities: Nine hospitals.
Service area: Allen, Auglaize, Clark, Greene, Miami, Montgomery, Preble, Shelby, Logan, Mercer and Warren counties in Ohio.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications, individual enrollment is not allowed.
Users: Six employer/payer groups; 1,673 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Marilyn Nixon, director-operations; Bruce D. Johnson, sales manager.

Travelers Preferred-Northeast Ohio

1111 Superior Ave., Cleveland, Ohio 44114-2541; 216-574-4400

Operational date: 1987.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 1,682 participating physicians.
Facilities: 23 hospitals.
Service area: Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbell and Wayne counties in Ohio; Mercer County in Pennsylvania.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 41 employer/payer groups; 14,076 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Marilyn Nixon, director-operations; John Zilly, sales manager.

Travelers Preferred-Toledo

50 Shuman Blvd., Suite 400, Naperville, Ill. 60503; 800-752-4285

Operational date: 1988.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 335 participating physicians.
Facilities: Three hospitals.
Service area: Fulton, Lucas and Ottawa counties in Ohio.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: One employer/payer group; 1,556 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employer/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the Travelers Insurance Co.
Contact: Tim Dickman, executive director; John Leuthold, sales manager-Southfield.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.

U.S. Health Plan

3794 Olentangy River Road, Columbus, Ohio 43214; 614-457-0227; fax: 614-457-0708

Operational date: May 1985.
Ownership: Riverside Methodist/Grant Medical Center and medical staffs.
For profit.
Staff: 1,256 participating physicians; 878 specialists; 14 administrative staff members; two marketing staff members.
Facilities: 13 hospitals; 13 diagnostic labs.
Service area: City of Columbus, Franklin County and adjacent counties.
Services provided: General service, plus prescription drug, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Utilization management services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 91 employer/payer groups; 48,015 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals. The PPO is under contract with U.S. Life, CNA, Nationwide, Massachusetts Mutual, Central Benefits.
Control measures: Standard utilization review procedures, including outpatient mental health treatment review; utilization review provided by the PPO.
Officers: Dr. Stephen DeVoe, chairman; John W. Perkins, president/chief executive officer; Richard Birdsall, vp-administrative services; Dr. James Bowers, medical director; Mike Bourland, treasurer/chief financial officer; Steve Garlock, secretary.

Continued on next page

Continued from previous page



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Augnet-Oklahoma

2099 S. State College Blvd., Suite 400, Anaheim, Calif. 92806-6142; 714-938-2620; fax: 714-937-1910

See Augnet corporate listing under California.

Avesis Inc.-Oklahoma

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: Seven participating optometrists, ophthalmologists, opticians.
Facilities: 144 pharmacies.
Service area: Oklahoma.
See Avesis Inc. under Arizona.

CNA Managed Care PPO-Oklahoma City

CNA Insurance Cos., 1005 Ford Road, Suite 300, Dallas, Texas 75234; 214-620-5350

Operational date: February 1987.
Staff: 242 participating physicians; 73% board certified physicians.
Facilities: Five hospitals.
Service area: Oklahoma and Cleveland counties in Oklahoma.
Users: 10,600 employees and dependents with access to the network.
Contact: Gary Brown, manager-major group sales; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

CIGNA/EQUICOR Preferred Provider Organization-Tulsa

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Comprehensive Medical Care Affiliates Inc.

1924 S. Utica, Suite 520, Tulsa, Okla. 74104; 918-744-4422; fax: 918-749-4618

Operational date: January 1983.
Ownership: St. John Medical Center/Mercy Health Center.
For profit.
Accredited by AAPPO: September 1990.
Staff: 800 participating physicians; 500 specialists; three administrative staff members; three marketing staff members; average of 220 patients per primary physician; 70% board certified physicians.
Facilities: 10 hospitals; four diagnostic labs.
Service area: Oklahoma.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Utilization review, claims repricing available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 324 employer/payer groups; 15,652 employees with single coverage; 40,750 employees with family coverage; 106,790 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers, health care providers, claims administrators, consulting fees; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO will contract to reduce its fee if savings are not met; 10% of those with access to the network are covered by such contracts. The PPO is under contract with CIGNA Corp., MassMutual, General American Life Insurance Co., Time Insurance Co., Protective Life Insurance Co., Provident Insurance Co., Nationwide Insurance Co., Business News Assurance, Doorth Coombs TPA, Employee Benefit Plans TPA, American Admin. Services TPA.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO and insurance companies.
Gross revenues: $48 million in 1989; $37 million in 1988.
Officers: David J. Pynn, president/executive director; Dr. Robert Perryman, medical director; John Brandt, marketing director; Betty Newfield, vp.

FOCUS Healthcare Management Inc.-CompNET-Oklahoma

7101 Executive Center Drive, Suite 160, Brentwood, Tenn. 37027; 615-377-9936; fax: 615-377-6098

See FOCUS Healthcare Management Inc.-CompNET under Tennessee.

Great-West Care-Oklahoma City

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: February 1987.
Staff: 232 participating physicians; 75% board certified physicians.
Facilities: Five hospitals.
Service area: 28 counties in Oklahoma.
See Great-West Care corporate listing under Colorado.

MetLife Network-Oklahoma

5 Post Oak Park, Suite 2120, Houston, Texas 77027-3416; 713-961-9944

Contact: William S. Woodside, vp.
See MetLife Network under Connecticut.

Mutually Preferred-Oklahoma

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

New England Care-Oklahoma City

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: February 1987.
Staff: 232 participating physicians; 75% board certified physicians.
Facilities: Five hospitals.
Service area: 28 counties in Oklahoma.
See New England Care corporate listing under Colorado.

Preferred Plus of Oklahoma

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: June 1988.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 825 participating physicians.
Facilities: 10 hospitals.
Service area: 18 counties in Oklahoma.
Services provided: General service, plus outpatient psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 29 employer/payer groups; 6,635 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: James Ryan, Senior Account Executive, 6305 Waterford Blvd., Suite 355, Oklahoma City, Okla.; 405-843-8200.

Private Healthcare Systems Ltd.-Oklahoma

Northpark Town Center, 1000 Abernathy Road, Suite 840 N.E., Atlanta, Ga. 30328; 404-394-1084

Service area: Oklahoma City.
See Private Healthcare Systems Ltd. under Massachusetts.

Prudent Purchaser Option

1215 S. Boulder Ave., Tulsa, Okla. 74119; 918-560-3093

Operational date: October 1984.
Sponsorship: Blue Cross & Blue Shield of Oklahoma.
Staff: 2,000 preferred physicians.
Facilities: 35 hospitals.
Service area: 29 counties in Oklahoma.
Users: 166,383 members.
Compensation: The PPO negotiates hospital charges by fee schedule.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, second surgical opinion, outpatient service predetermination.

Prudential Plus-Oklahoma City

3330 N.W. 56th, Suite 500, Oklahoma City, Okla. 73112; 405-942-6687; fax: 405-949-2968

Operational date: January 1987.
Ownership: Prudential Insurance Co. of America.
For profit.
Staff: 350 participating physicians; 190 specialists; 25 administrative staff members; 12 marketing staff members; average of 113 patients per primary physician; 97% board certified physicians.
Facilities: Five hospitals; 14 pharmacies; three diagnostic labs.
Service area: Canadian, Cleveland, Grady, Kingfisher, Logan, Lincoln, McLain, Oklahoma, Pottawatomie counties in Oklahoma.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Psychiatric services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed if previously enrolled in group plan.
Users: 82 employer/payer groups; 17,300 total members.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Rick Rivers, vp-group operations; Dr. M. Boyd Shook, medical director; Dave Dingley, marketing director; Mike Duncan, manager-health care services.
Contact: Mike Duncan.

Prudential Plus of Tulsa

7912 East 31st Court, Suite 300, Tulsa, Okla. 74145; 918-624-4664; fax: 918-627-9759

Operational date: July 1986.
Ownership: The Prudential Insurance Co. of America.
For profit.
Staff: 432 participating physicians; 270 specialists; 28 administrative staff members; 12 marketing staff members; average of 68 patients per primary physician; 85% board certified physicians.
Facilities: Six hospitals; 13 pharmacies; nine diagnostic labs.
Service area: Tulsa, Rogers, Wagoner, Creek, Osage, Washington, Muskogee counties in Oklahoma.
Services provided: General service, plus home health, skilled nursing, in/out-of-area emergency care, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Prescription drug and dental are options. Mental health services available unbundled. Employees can select non-PPO providers. Individual enrollment is not allowed.
Users: 14,423 members.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures, including automated medical review, but excluding second surgical opinion; utilization review provided by the PPO.
Gross revenues: $7.6 million in 1989; $5 million in 1988.
Officers: John Kennedy, director-health care management; Dr. C.B. Rebsamen, medical director; Dave Dingley, regional group manager.

Sooner Health Plan

3555 N.W. 58th, Suite 400, Oklahoma City, Okla. 73112; 405-942-7818; fax: 405-942-1236

Operational date: January 1985.
Ownership: Baptist Medical Center, Deaconess Hospital, Midwest City Regional Hospital, St. Anthony Hospital.
Not for profit.
Staff: 600 participating physicians; 240 specialists; 10 administrative staff members; two marketing staff members; 70% board certified physicians.
Facilities: Four hospitals; three pharmacies; three diagnostic labs.
Service area: Oklahoma.
Services provided: General service, plus vision, psychiatric services, obstetrics/gynecology. Utilization review available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 400 employer/payer groups; 5,200 employees with single coverage; 14,800 employees with family coverage; 50,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee. The PPO is under contract with Principal Financial Group, U.S. Life, American Medical Securities, Protective Life, Provider Medical.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Gross revenues: $11.7 million in 1989; $9.4 million in 1988.
Officers: David C. Jacobson, president; Dr. Joe Paul Merritt, medical director; Harold Patton, marketing director.
Contact: Harold Patton.

Travelers Preferred-Oklahoma City

5310 E. 31st St., Tulsa, Okla. 74135; 918-665-8165

Operational date: June 1989.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 394 participating physicians.
Facilities: Seven hospitals.
Service area: Canadian, Cleveland, Garfield, Kingfisher, Lincoln, Logan, Oklahoma, Payne and Pottawatonie counties in Oklahoma.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: Four employer/payer groups; 1,766 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Denise Palmer, executive director-development; Ben F. Lewis Jr., sales manager.

Travelers Preferred-Tulsa

5310 E. 31st St., Tulsa, Okla. 74135; 918-665-8165

Operational date: December 1986.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 544 participating physicians.
Facilities: Four hospitals.
Service area: Tulsa and Rogers counties in Oklahoma.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 91 employer/payer groups; 9,105 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the PPO.
Contact: Denise Palmer, executive director-development; Ben F. Lewis Jr., sales manager.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-Oregon

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

American Health Network-Oregon

3988 N. Central Expressway, Dallas, Texas 75204; 214-841-1137; fax: 214-823-8052

See American Health Network under Texas.

Augnet-Oregon

2099 S. State College Blvd., Suite 400, Anaheim, Calif. 92806-6142; 714-938-2620; fax: 714-937-1910

See Augnet under California.

Avesis Inc.-Oregon

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 104 pharmacies.
Service area: Oregon.
See Avesis Inc. under Arizona.

Beech Street Inc.-Oregon

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

CIGNA/EQUICOR Preferred Provider Organization-Portland

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Great-West Care-Portland

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1987.

Continued on next page

Continued from previous page

Sponsorship: Great-West Life Assurance Co.

Participating Network: Managed Healthcare Northwest Inc.

For profit.

Staff: 1,114 physicians.

Facilities: 10 hospitals.

Service area: Northwest Oregon.

Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Compensation: The PPO negotiates hospital charges by per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare Systems Ltd.

Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.

Contact: Gail Perron, managed care specialist.

John Hancock Preferred Health Plan-Oregon

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Hartford's Pulse Plan of Portland

200 Hopmeadow St., Simsbury, Conn. 06070; 203-547-5000

Operational date: May 1990.

Sponsorship: Hartford Life Insurance Cos.

For profit.

Staff: 276 primary care physicians; 322 specialists.

Facilities: Nine hospitals; one diagnostic lab.

Service area: Clackamas, Columbia, Clarke, Multnomah, Washington and Yamhill counties in Oregon.

Services provided: General service, plus psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures except hospital bill audits; utilization review provided by the PPO and Valutrac.

Contact: Albert Meucci, Regional Sales Manager, The Hartford Insurance Group, 1820 E. Lake Ave., Seattle, Wash. 98102; 206-325-8600.

Lincoln National Preferred Plan

1221 S.W. Yamhill, Suite 300, Portland, Ore. 97205; 503-227-7051

Contact: Terry Bayer, general manager or Gene Maudlin, regional manager.

See Lincoln National Preferred Plan under Indiana.

Managed HealthCare Northwest Inc.

2701 N.W. Vaughn, Suite 710, Portland, Ore. 97210; 503-224-0409; 800-648-6356; fax: 503-224-0116

Operational date: March 1985.

Ownership: Legacy Health System, Portland Adventist Medical Center.

For profit.

Staff: 1,409 participating physicians; 997 specialists; 21 administrative staff members; three marketing staff members; average of 194 patients per primary physician; 80% board certified physicians.

Facilities: 15 hospitals; three diagnostic labs.

Service area: Multnomah, Washington, Clackamas, Hood River, Lane counties in Oregon; Clark County in Washington.

Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, workers compensation, obstetrics/gynecology. Hospital and physician panels, UR, case management, mental health, chemical dependency services, workers compensation available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.

Users: 520 employer/payer groups; 80,105 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, percent discount from billed charges; the PPO is compensated by employers/payers, health care providers, percentage of net claims payments; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals, percentage of savings; the PPO will contract to receive a higher fee if savings are realized. 1% of those with access to the network are covered by such contracts. The PPO is under contract with 33 TPAs and insurers.

Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Officers: Robert Pallari, president/chief executive officer; Dr. Frank Kurz, medical director; Sally LaFollette, sales director; Margaret Allee, director-medical management/provider relations; David Heyer, manager-finance; Joe Clayworth, director-management systems; Dallas Hardison, director-contracts/reimbursement; Dolores Russell, manager-marketing operations.

Contact: Dolores Russell.

MetLife Network-Oregon

50 Fremont St., Suite 1100, San Francisco, Calif. 94105; 415-957-4101

Contact: Vincent P. Welch, vp.

See MetLife Network under Connecticut.

Mutually Preferred-Oregon

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

New England Care-Portland

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1987.

Sponsorship: Great-West Life Assurance Co.

Participating network: Managed Healthcare Northwest Inc.

For profit.

Staff: 1,114 physicians.

Facilities: 10 hospitals.

Service area: Northwest Oregon.

Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Compensation: The PPO negotiates hospital charges by a per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare Systems Ltd.

Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.

Contact: Gail Perron, managed care specialist.

Preferred Option

100 S.W. Market St., Portland, Ore. 97201; 503-225-5447

Operational date: January 1987.

Sponsorship: Blue Cross & Blue Shield of Oregon.

Staff: 2,841 preferred physicians.

Facilities: 25 hospitals.

Service area: State of Oregon, Clark County in Washington.

Users: 296,012 members.

Compensation: The PPO negotiates hospital charges by per diem rate, per case, DRGs.

Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination.

Preferred Plus of Oregon

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: September 1989.

Ownership: Massachusetts Mutual Life Insurance Co.

For profit.

Staff: 950 participating physicians.

Facilities: 12 hospitals.

Service area: Clackamas, Multnomah and Washington counties in Oregon; Clark and Skamania counties in Washington.

Services provided: General service, plus substance abuse, inpatient psychiatric services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: 21 employer/payer groups; 2,242 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.

Contact: Philip K. Francis, Account Executive, 101 Stewart St., Suite 1000, Seattle, Wash.; 206-441-9010.

Travelers Preferred-Portland

1601 Fifth Ave., Suite 600, Seattle, Wash. 98101; 206-464-3472

Operational date: March 1987.

Sponsorship: The Travelers Insurance Co.

For profit.

Staff: 1,014 participating physicians.

Facilities: Six hospitals.

Service area: Clackamas, Multnomah, Washington counties in Oregon; Clark County in Washington.

Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: 17 employer/payer groups; 1,330 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.

Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.

Contact: Roland King, executive director; Gail Ptacek, health plan manager; Judd P. Stone, sales manager.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.

Vantage PPO

1235 N.E. 47th Ave., Suite 220, Portland, Ore. 97213; 503-288-0115; fax: 503-287-2638

Operational date: 1983.

Ownership: Sisters of Providence Hospitals in Oregon.

Not for profit.

Staff: 1,053 participating physicians; 709 specialists; 145 administrative staff members; 15 marketing staff members; average of 285 patients per primary physician; 40% board certified physicians.

Facilities: 11 hospitals; 11 diagnostic labs.

Service area: Multnomah, Washington, Clackamas, Yamhill, Columbia and Wasco counties in Oregon; Clark County in Washington.

Services provided: General service, plus dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Utilization review, mental health/chemical dependency available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 35 employer/payer groups; 99,125 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent off billed, packaged heart rates; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee. The PPO is under contract with multiple TPAs and insurers.

Control measures: Standard utilization review procedures, excluding precertification, hospital bill audits; utilization review provided by the PPO.

Gross revenues: $1.1 million in 1989; $656,172 in 1988.

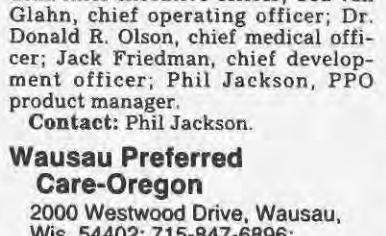
Officers: Mary McWilliams, president/chief executive officer; Ted von Glahn, chief operating officer; Dr. Donald R. Olson, chief medical officer; Jack Friedman, chief development officer; Phil Jackson, PPO product manager.

Contact: Phil Jackson.

Wausau Preferred Care-Oregon

2000 Westwood Drive, Wausau, Wis. 54402; 715-847-6896; fax: 715-847-8740

See Wausau Preferred Care under Wisconsin.



Access Care

70 N. Main St., Wilkes Barre, Pa. 18711; 717-829-6011; fax: 717-731-8001

Operational date: March 1986.

Ownership: Pennsylvania Blue Shield and Blue Cross of Northeastern Pennsylvania.

Not for profit.

Staff: 2,126 participating physicians; 1,466 specialists; average of 29 patients per primary physician; 100% board certified physicians.

Facilities: 34 hospitals; 276 pharmacies; 34 diagnostic labs.

Service area: Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming counties in Pennsylvania.

Services provided: General service, plus prescription drugs, dental, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers.

Users: 160 employer/payer groups; 19,058 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by DRGs; the PPO is compensated by Pennsylvania Blue Shield & Blue Cross of Northeastern Pennsylvania; the PPO charges per service.

Control measures: Standard utilization review procedures, excluding case management; utilization review provided by Pennsylvania Blue Shield & Blue Cross of Northeastern Pennsylvania.

Gross revenues: $9.7 million in 1989; $4.2 million in 1988.

Officers: Pennsylvania Blue Shield: Samuel D. Ross, president; Dr. Joseph A. Ricci, medical director; Lee H. Bowser, marketing director; Blue Cross of Northeastern Pennsylvania: Gilbert D. Tough, president; Michael Thomas.

Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-Pennsylvania

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Alpha Health Network

415 Holiday Drive, Foster Plaza, Pittsburgh, Pa. 15220; 412-937-1396; fax: 412-922-9345

Operational date: July 1985.

Ownership: Hospitals and physicians.

Not for profit.

Staff: Approximately 1,700 participating physicians; 1,100 specialists; 15 administrative staff members; two marketing staff members; 85% board certified physicians.

Facilities: 11 hospitals and 39 contract facilities.

Service area: Portions of Pennsylvania.

Services provided: General service, plus dental, substance abuse, psychiatric services, durable medical equipment, podiatry, rehabilitation, special infant needs, therapeutic radiology, trauma, burn treatment, obstetrics/gynecology. Utilization review service available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 107 employer/payer groups; 76,000 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee, membership dues for doctors/hospitals; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; the PPO is under contract with over 32 different TPAs and insurers.

Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO and outside contractor.

Officers: William D. Gross, president/executive director; Dr. Donald E. Fetterolf, medical director; Richard Chiocchi, marketing director; Linda Wostein, director-provider/payer relations; Mary Jo Fishier, director-quality systems.

Avesis Inc.-Pennsylvania

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 538 pharmacies.

Service area: Pennsylvania.

Users: Pharmaceutical: one employer/payer group; 2,096 employees with single coverage.

See Avesis Inc. under Arizona.

Beech Street Inc.-Pennsylvania

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

Berkshire Health Plan

6th Avenue and Spruce Street, West Reading, Pa. 19611; 215-372-8044; fax: 215-378-0112

Operational date: November 1986.

Ownership: Hospital and a group of physicians.

Not for profit.

Staff: 468 participating physicians; approximately 375 specialists; two administrative staff members; average of 200 patients per primary physician; 85% board certified physicians.

Facilities: Seven hospitals; 30 pharmacies.

Service area: Berks, Lancaster, Montgomery, Schuylkill and Chester counties in Pennsylvania.

Services provided: General service, plus prescription drugs, home care, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Utilization review available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.

Users: 95 employer/payer groups; 18,500 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers, claims administrators and insurers; the PPO charges a flat fee per eligible employee; the PPO is under contract with Equitable Beneficial Life.

Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by Medicus Resource

Continued on next page

Continued from previous page
Management.

Gross revenues: $225,000 in 1989; $150,000 in 1988.

Officers: Edward J. Wargo, president; Dr. Harold Cohn, medical director.

Contact: Edward J. Wargo, president.

CNA Managed Care PPO-Philadelphia

1101 Market St., 25th Floor, Philadelphia, Pa. 19107; 215-351-3842

Operational date: March 1987.

Staff: 1,346 participating physicians; 79% board certified physicians.

Facilities: 21 hospitals and medical facilities.

Service area: Philadelphia, Chester, Bucks, Montgomery and Delaware counties in Pennsylvania; Gloucester, Burlington and Camden counties in New Jersey.

Users: 20,000 employees and dependents with access to the network.

Officers: Bill Gabel, manager-sales; Ardyth Schuster, manager-cost containment.

See CNA Managed Care PPO corporate listing under Illinois.

CNA Managed Care-Pittsburgh/ Harrisburg

CNA Insurance Cos., 4 Summit Drive, Independence, Ohio 44131; 216-328-7870

Operational date: 1987.

Staff: 1,381 participating physicians; 68% board certified physicians.

Facilities: 13 hospitals.

Service area: Allegheny, Butler and Dauphin counties in Pennsylvania.

Users: 8,400 employees and dependents with access to the network.

Officers: Hal Demmerle, manager-sales; Ardyth Schuster, manager-cost containment development.

See CNA Managed Care PPO corporate listing under Illinois.

Central Susquehanna Healthcare Providers Inc.

One Hospital Drive, Lewisburg, Pa. 17837; 717-523-2505

Operational date: 1986.

Ownership: Physicians and hospitals.

Not for profit.

Staff: 98 participating physicians; 100% board certified physicians.

Facilities: Two hospitals.

Service area: Union, Snyder and Northumberland counties in Pennsylvania.

Services provided: General service, plus durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 35 employer/payer groups; 5,568 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Officers: Dr. James Morgan, president.

Contact: Brenda Templin, corporate secretary.

CIGNA/EQUICOR Preferred Provider Organization-Philadelphia

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

CIGNA/EQUICOR Preferred Provider Organization-Pittsburgh

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Custom Care Preferred

1800 Center St., Camp Hill, Pa. 17089-0089

Operational date: April 1986.

Sponsorship: Blue Cross of Western Pennsylvania & Pennsylvania Blue Shield.

Facilities: Client may select a customized network.

Service area: 29 counties in Pennsylvania.

Users: 56,530 members.

Compensation: The PPO negotiates hospital charges per case.

Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.

Family Health Plan

460 N. Gulph Road, Irwin Bldg., Suite 500, King of Prussia, Pa. 19406; 215-337-4242; fax: 215-337-7367

Operational date: February 1986.

Ownership: Metrocare Inc.

For profit.

Staff: 1,685 participating physicians; 999 specialists; 39 administrative staff members; three marketing staff members; average of 105 patients per primary physician; 70% board certified physicians.

Facilities: 33 hospitals; three diagnostic labs.

Service area: Camden, Burlington, Gloucester, Atlantic City, Cumberland, Cape May, Essex, Hudson, Union, Passaic, Bergen counties in New Jersey; Bucks, Chester, Delaware, Montgomery and Philadelphia counties in Pennsylvania.

Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, chiropractic, obstetrics/gynecology. Utilization review services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.

Users: 102 employer/payer groups.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, fixed care rates; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee. The PPO is under contract with Massachusetts Mutual Life Insurance Co., The Hartford Insurance Group, John Hancock Mutual Life Insurance Co., Lincoln National Life Insurance Co., Employers Health Insurance, Northwestern National Life Insurance Co.

Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.

Officers: Peter Linder, president-Metrocare; Leon W. Jalbert, president-Family Health Plan Pa.; Dr. Donald Lieberman, medical director; Patricia Berstler, marketing manager; Kathleen D. Morrissey, vp-operations.

Contact: Patricia Berstler, marketing manager.

FOCUS Healthcare Management Inc.-CompNET-Pennsylvania.

7101 Executive Center Drive, Suite 160, Brentwood, Tenn. 37027; 615-377-9936; fax: 615-377-6098

See FOCUS Healthcare Management Inc.-CompNET under Tennessee.

Great Lakes Managed Care Inc.

104 E. 2nd St., Erie, Pa. 16507; 814-870-7041; fax: 814-870-6188

Operational date: April 1989.

For profit.

Staff: 248 participating physicians; seven administrative staff members; one marketing staff member; 98% board certified physicians.

Facilities: Five hospitals; one pharmacy; two diagnostic labs.

Service area: Erie, Crawford and Venango counties in Pa.

Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, laboratory, rehabilitation hospital. Psychiatric/substance abuse available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: Seven employer/payer groups; 1,019 employees with single coverage; 975 employees with family coverage; 4,200 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs, volume-based discounts; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met. The PPO is under contract with Robinson-Conner of Pennsylvania Inc., McDonough Caperton Employee Insurance Group, PARTNERS/Aetna.

Control measures: Standard utilization review procedures, excluding hospital bill audits, outpatient service predetermination; utilization review provided by outside vendors.

Gross revenues: $8 million in 1989; $6.2 million in 1988.

Officers: William A. Higgins, president/chief executive officer; Dr. E. Buist Wells, medical director; Charles Iverson, chief financial officer.

Contact: William A. Higgins.

Great-West Care-Philadelphia

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: November 1988.

Staff: 1,258 participating physicians; 75% board certified physicians.

Facilities: 20 hospitals.

Service area: Bucks, Montgomery, Northampton, Lehigh, Chester, Delaware, Philadelphia counties in Pennsylvania.

See Great-West Care corporate listing under Colorado.

Great-West Care-Pittsburgh

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: November 1988.

Staff: 1,259 participating physicians; 75% board certified physicians.

Facilities: 13 hospitals.

Service area: Nine counties in Pennsylvania; Marshall, Ohio counties in West Virginia.

See Great-West Care corporate listing under Colorado.

HRM CarePASS-Pennsylvania

8000 W. 78th Street, Minneapolis, Minn. 55439; 800-824-3882; fax: 612-829-3578

See HRM CarePASS under Minnesota.

John Hancock Preferred Health Plan-Pennsylvania

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Hartford's Pulse Plan of Philadelphia

200 Hopmeadow St., Simsbury, Conn. 06070; 203-547-5000

Operational date: April 1988.

Sponsorship: Hartford Life Insurance Cos.

For profit.

Staff: 650 primary care physicians; 850 specialists.

Facilities: 30 hospitals; four diagnostic labs.

Service area: Bucks, Chester, Delaware, Montgomery, Philadelphia counties in Pennsylvania; Burlington, Camden, Gloucester counties in New Jersey.

Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: Nine employer/payer groups; 7,305 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, by a percent discount off customary rates for individual services or by DRGs in New Jersey; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures; utilization review provided by the PPO and Valutrac.

Contact: Elisabeth A. Secosky, regional sales manager, Hartford Insurance Group, 303 Lippincott Centre, Suite 220, Marlton, N.J. 08053; 609-596-2544.

HealthAssurance

Five Gateway Center, Suite 511, 60 Blvd. of the Allies, Pittsburgh, Pa. 15222; 412-553-5646; fax: 412-553-7508

Operational date: August 1990.

Sponsorship: American Service Life Insurance Co.

Ownership: Coventry Corp.

For profit.

Staff: 548 participating physicians; 392 specialists; 23 administrative staff members; eight marketing staff members; 80% board certified physicians.

Facilities: 16 hospitals; 65 pharmacies.

Service area: Allegheny, Armstrong, Butler, Fayette, Washington, Westmoreland counties in Pennsylvania.

Services provided: General service, plus prescription drugs, vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Compensation: The PPO negotiates hospital charges by per diem rate, DRGs; the PPO is compensated by employers/payers; the PPO charges a premium. The PPO is under contract with American Service Life Insurance Co.

Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Officers: C. Michael Blackwood, president; Dr. Gregg Allen, medical director; Paul E. Young, marketing director; Elizabeth Allen, general manager; Tom Murray, vp-marketing.

Healthpass PPA

905 Governor Road, Suite 301, Hershey, Pa. 17033-2306; 717-531-6950; fax: 717-531-6283

Operational date: October 1986.

Sponsorship: Penn State University.

Ownership: The Corporation for Penn State.

For profit.

Staff: 815 participating physicians; 586 specialists; three administrative staff members; one marketing staff member; average of 40 patients per primary physician; 90% board certified physicians.

Facilities: 20 hospitals.

Service area: Southcentral Pennsylvania.

Services provided: General service, plus vision, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Utilization review/managed care services are available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: Three employer/payer groups; 2,900 employees with single coverage; 6,100 employees with family coverage; 22,500 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized.

Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the PPO.

Officers: Gary J. Dillon, president/chief executive officer; Dr. Joseph J. Trautlein, medical director.

InterGroup Services Corp.-Select Provider Nework

Suite 150, 101 Lindenwood Drive, Malvern, Pa. 19355; 215-293-1200; fax: 215-647-5383

Operational date: May 1985.

For profit.

Staff: 1,125 participating physicians; 725 specialists; five administrative staff members; one marketing staff member.

Facilities: 60 hospitals.

Services provided: General service, plus prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. All services are available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.

Users: 2,100 employer/payer groups; 236,000 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee; the PPO will contract to reduce its fee if savings are not met. The PPO is under contract with Principal Financial Group, CAPP Care Inc., Focus Healthcare Management, plus 50 additional third party administrators and insurers.

Control measures: Standard utilization review procedures, including workers compensation review; utilization review provided by outside contractors.

Gross revenues: $15 million in 1989; $3.5 million in 1988.

Officers: G. Martin Dudley, president; Roger Halverson, marketing director; David R. Vaughn, chairman; John A. George, executive vp; John R. Strube, vp-client relations.

Lincoln National Preferred Plan

565 E. Swedesford Road, Suite 315, Wayne, Pa. 19087; 215-971-9880

Officers: William Young, general manager; Robert Mayfield, regional manager.

See Lincoln National Preferred Plan under Indiana.

Memorial Preferred Providers

1111 Franklin, Johnstown, Pa. 13905; 814-533-9164

Operational date: 1985.

Ownership: Hospital and a group of doctors.

Not for profit.

Staff: 156 participating physicians; two administrative members.

Facilities: Three hospitals; one pharmacy; one diagnostic lab.

Service area: Somerset and Cambria counties in Pennsylvania.

Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, physical rehabilitation, drug/alcohol, home health, nursing care, heart by-pass surgery. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: Nine employer/payer groups; 6,500 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized. The PPO is under contract with Aetna Life & Casualty Co., Nobel Group Benefits.

Control measures: Standard utilization review procedures, excluding hospital bill audits, outpatient service predetermination; utilization review provided by outside contractor.

Officers: Raymond DiBattista, president; Michael J. Gallagher, executive director; Dr. Richard McGinley, president-Highland Preferred Physicians.

MetLife Network-Pennsylvania

1515 Market St., Suite 1630, Philadelphia, Pa. 19102; 215-977-7050

Contact: Thomas J. Regan, vp.

See MetLife Network under Connecticut.

MultiPlan Inc.-Pennsylvania

17 W. 17th St., New York, N.Y. 10011; 212-727-9700; fax: 212-627-6396

See MultiPlan Inc. under New York

Continued on next page

Continued from previous page

New England Care-Philadelphia

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: November 1988.
Staff: 1,258 participating physicians; 75% board certified physicians.
Facilities: 20 hospitals.
Service area: Bucks, Montgomery, Northampton. Lehigh, Chester, Delaware and Philadelphia, counties in Pennsylvania.
See New England Care corporate listing under Colorado.

New England Care-Pittsburgh

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: November 1988.
Staff: 1,259 participating physicians; 75% board certified physicians.
Facilities: 13 hospitals.
Service area: Nine counties in Pennsylvania; Marshall and Ohio counties in West Virginia.
See New England Care corporate listing under Colorado.

Pennsylvania Blue Shield

1800 Center St., Camp Hill, Pa. 17089-0089; 717-763-3754; fax: 717-731-2846

Operational date: October 1986.
Ownership: Pennsylvania Blue Shield.
Not for profit.
Staff: 7,452 participating physicians; 5,764 specialists.
Facilities: 39 diagnostic labs.
Service area: 29 counties in Pennsylvania.
Services provided: General service, plus podiatry and obstetrics/gynecology. Employees can select non-PPO providers.
Users: Six employer/payer groups; 1,100 employees and dependents with access to the network.
Compensation: The PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination; utilization review provided by Health Related Services.
Officers: S.D. Ross, president; S.D. Sanker, marketing director; G. P. Coleman, manager-product management.
Contact: G. P. Coleman.

Pennsylvania Health Care Plan

4117 Penn Ave., Pittsburgh, Pa. 15224; 412-622-4300; fax: 412-621-6705

Operational date: 1986.
Ownership: St. Francis Health System.
For profit.
Staff: 2,000 participating physicians; 900 specialists; 21 administrative staff members; five marketing staff members; 95% board certified physicians.
Facilities: 27 hospitals; 400 pharmacies; 12 diagnostic labs.
Service area: Southwestern Pennsylvania; northern West Virginia.
Services provided: General service, plus prescription drugs, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. All services available unbundled. Employees can select non-PPO providers.
Users: More than 100 employer/payer groups; 4,500 employees with single coverage; 8,500 employees with family coverage; 26,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Gross revenues: $23 million in 1989; $17.5 million in 1988.
Officers: M. Daniel Splain, chief executive officer; Elizabeth Stolkowski, chief operating officer; Dr. Roy Cammarata, medical director.
Contact: M. Daniel Splain.

Pennsylvania Health Care Plan/Southwestern Pennsylvania

Route 906, R.D. 5, Box 25K, Belle Vernon, Pa. 15012; 412-684-7240; fax: 412-684-7581

Sponsorship: Monongahela Valley Hospital Inc.
Ownership: Mon-Vale Health Plans Inc.
For profit.
Staff: 130 participating physicians; 95 specialists; three administrative staff members; one marketing staff member; average of 76 patients per primary physician; 68% board certified physicians.
Facilities: One hospital.
Service area: Allegheny, Westmoreland, Washington, Fayette, Greene counties in Pennsylvania.
Services provided: General service, plus prescription drugs, psychiatric services, durable medical equipment, podiatry, visiting nurse, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 25 employer/payer groups; 421 employees with single coverage; 429 employees with family coverage; 2,663 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO is under contract with Pennsylvania Health Care Plan Provident Indemnity Life Insurance Co.
Control measures: Standard utilization review procedures; utilization review provided by ConServCo.
Gross revenues: $1.3 million in 1989; $1.9 million in 1988.
Officers: Anthony M. Lombardi, president; Victoria M. Levitske, vp; Louis J. Panza Jr., secretary/treasurer.

Personal Choice

1901 Market St., Philadelphia, Pa. 19103-1480; 215-241-3419

Operational date: July 1986.
Ownership: Independence Blue Cross & Pennsylvania Blue Shield.
Not for profit.
Staff: 12,570 participating physicians; 10,217 specialists; average of 21 patients per primary physician.
Facilities: 16 hospitals; 79 diagnostic labs.
Service area: Bucks, Chester, Delaware, Montgomery and Philadelphia counties in Pennsylvania.
Services provided: General service, plus prescription drugs, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Dental services are optional. Employees can select non-PPO providers. Individual enrollment is allowed.
Users: 47,800 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by prospective per case with a savings pool based on utilization; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.
Gross revenues: $22.8 million in 1989; $14.9 million in 1988.
Officers: Independent Blue Cross: Fred Dibona, president; Dr. Eleanor Nelson, medical director; Pennsylvania Blue Shield: Samuel Ross, president; Dr. Joseph Ricci, medical director.

Preferred Care

550 Pinetown Road, Suite 250, Fort Washington, Pa. 19034; 215-628-8108; fax: 215-628-0315

Operational date: January 1985.
Ownership: Preferred Health Inc.
For profit.
Staff: 1,700 participating physicians; 900 specialists; three administrative staff members; two marketing staff members; 65% board certified physicians.
Facilities: 38 hospitals; one chain of pharmacies; one diagnostic lab.
Service area: Lehigh, Chester, Bucks, Delaware, Montgomery and Philadelphia counties in Pennsylvania; southern New Jersey.
Services provided: General service, plus prescription drugs, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Substance abuse, psychiatric services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: More than 2,000 employer/payer groups; 74,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee, shared savings; the PPO is under contract with CIGNA, ALTA Health Strategies, National Benefits Corp., John Alder Life Insurance Co., Provident Indemnity Insurance Co., Health Corp. of America.
Control measures: Utilization review provided by outside contractors.
Officers: Larry W. Driscoll, president; Richard L. Matthew, executive director; Patti Sciubba, marketing director.

Preferred Plus of Western Pennsylvania

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: September 1989.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 1,300 participating physicians.
Facilities: 31 hospitals.
Service area: Allegheny, Blair, Cambria, Lawrence, Westmoreland and portions of Beaver, Bedford, Centre, Fayette, Huntingdon and Washington counties in Pennsylvania.
Services provided: General service, plus substance abuse, inpatient psychiatric services and obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: Six employer/payer groups; 240 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, but excluding hospital bill audits; utilization review provided by the PPO.
Contact: Thomas S. McIlwain, regional sales manager, 440 E. Swedesford Road, Suite 3080, Wayne, Pa. 215-687-5810.

Preferred Plus of Pennsylvania

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: July 1988.
Ownership: Massacusetts Mutual Life Insurance Co.
For profit.
Facilities: 35 hospitals.
Service area: Camden, Gloucester, Salem, Burlington, Ocean, Atlantic, Cape May, Cumberland counties in New Jersey; Delaware, Chester, Bucks, Montgomery, Philadelphia counties in Pennsylvania.
Services provided: General service, plus outpatient psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 59 employer/payer groups; employees with single coverage; 9,386 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Thomas S. McIllwain, regional sales manager, 440 Swedesford Road, Suite 3080, Wayne, Pa. 19087; 215-687-5810.

Preferred Provider Program

1800 Center St., Camp Hill, Pa. 17089-0089; 713-763-3754

Operational date: January 1985.
Sponsorship: Pennsylvania Blue Shield.
Staff: 15,008 preferred physicians.
Service area: Pennsylvania.
Users: 30,388 members.
Compensation: The PPO negotiates hospital charges by fee schedule.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination, discharge planning; utilization review provided by the PPO.

Private Healthcare Systems Ltd.-Pennsylvania

20 Maguire Road, Lexington, Mass. 02173; 617-861-5500

Service area: Pittsburgh, Harrisburg, Philadelphia, Pa.
See Private Healthcare Systems Ltd. under Massachusetts.

PruCare-Delaware

220 Gibraltar Road, Suite 200, Horsham, Pa. 19044; 800-458-0632; fax: 215-443-3338

Operational date: June 1990.
Ownership: The Prudential Insurance Co. of America.
Staff: 98 participating physicians; 28 administrative staff members; 13 marketing staff members; average of six patients per primary physician; 95% board certified physicians.
Facilities: Three hospitals; five pharmacies; one diagnostic lab.
Service area: New Castle County in Delaware.
Services provided: General service, plus prescription drugs, substance abuse, psychiatric services, durable medical equipment. Employees can select non-PPO providers.
Users: 306 employees and dependents with access to the network.
Compensation: The PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Officers: Kenneth W. Janda, executive director; Dr. Robert G. Altschuler, medical director; S. Scott Ringold, marketing director.

PruCare of Philadelphia

220 Gibraltar Road, Suite 200, Horsham, Pa. 19044; 215-672-1944; fax: 215-443-3338

Operational date: July 1987.
Ownership: The Prudential Insurance Co. of America.
For profit.
Staff: 2,319 participating physicians; 1,480 specialists; 28 administrative staff members; 13 marketing staff members; average of 33 patients per primary physician; 96% board certified physicians.
Facilities: 21 hospitals; 112 pharmacies; one diagnostic lab.
Service area: Bucks, Chester, Delaware, Montgomery and Philadelphia counties in Pennsylvania.
Services provided: General service, plus prescription drugs, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers.
Users: 27,347 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding preadmission hospital review, second surgical opinion, hospital bill audits; utilization review provided by the PPO.
Officers: Kenneth W. Janda, executive director; Dr. Philip D. Goldstein, medical director; S. Scott Ringold, marketing director.

Travelers Preferred-Greater Philadelphia/Southern New Jersey Area

3 Parkway Plaza, Philadelphia, Pa. 19102; 800-344-2705

Operational date: January 1988.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 1,515 participating physicians.
Facilities: 25 hospitals.
Service area: Mercer, Burlington, Camden, Gloucester counties in New Jersey; Bucks, Chester, Delaware, Montgomery, Philadelphia counties in Pennsylvania.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 13,302 employees with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contacts: Patricia Hedden, executive director; Peter W. Silcox, sales manager.

Travelers Preferred-Pittsburgh/ Southwestern Pennsylvania Area

One Mellon Bank Center, 500 Grant St., Pittsburgh, Pa. 15219; 412-338-5545

Operational date: June 1988.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 1,112 participating physicians.
Facilities: 16 hospitals.
Service area: Allegheny, Beaver, Butler, Fayette, Lawrence, Washington and Westmoreland counties.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: Four employer/payer groups; 2,617 employees with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contacts: Marilyn J. Nixon, executive director; William K. Wohlgemuth, sales manager.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.

University Health Network

Blue Cross-Western Pennsylvania, Fifth Ave. Place, Suite 731, Pittsburgh, Pa. 15222; 412-255-8142; fax: 412-255-8550

Operational date: July 1987.
Sponsorship: Joint venture between Blue Cross of Western Pennsylvania, Pennsylvania Blue Shield and University Health Services Inc.
Ownership: University of Pittsburgh, medical division.
For profit.
Staff: 926 participating physic-

Continued on next page

Continued from previous page

ians; 686 specialists; four administrative staff members; 100% board certified physicians.

Facilities: Seven hospitals; one diagnostic lab.

Service area: Allegheny County in Pennsylvania.

Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 11 employer/payer groups; 2,751 employees with single coverage; 1,208 employees with family coverage; 6,500 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by claims administrators; the PPO is under contract with Blue Cross of Western Pennsylvania and Pennsylvania Blue Shield.

Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by PPO and Health Related Services Inc.

Gross revenues: $3.5 million in 1989; $1.7 million in 1988.

Officers: John O'Neil, president; Dr. Michael Karpf, medical director.

Contact: Michael F. Zezulewicz, director.

VHA East Health Plans

200 Berwyn Park, Suite 202, Berwyn, Pa. 19312; 215-296-2558; fax: 215-296-8850

Operational date: June 1988.
Ownership: VHA East.
For profit.
Staff: 860 participating physicians; 685 specialists; two administrative staff members; two marketing staff members; 84% board certified physicians.
Facilities: 14 hospitals; 14 diagnostic labs.
Service area: Bucks, Chester, Delaware, Montgomery, Philadelphia counties in Pennsylvania; Burlington, Camden, Gloucester counties in New Jersey.
Services provided: General service, plus dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Hospital, physician and mental health services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: Five employer/payer groups; 56,300 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO is under contract with several insurers and third-party administrators.
Control measures: Standard utilization review procedures; utilization review provided by outside contracts.
Officers: Michael J. Daly, president; David E. Edman, vp.

Puerto Rico

Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Avesis Inc.-Puerto Rico

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 28 pharmacies.
Service area: Statewide.
Users: Pharmaceutical: one employer/payer group; 66 employees with single coverage.
See Avesis Inc. under Arizona.

CIGNA/EQUICOR Preferred Provider Organization-San Juan

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Rhode Island

Avesis Inc.-Rhode Island

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 72 pharmacies.
Service area: Rhode Island.
See Avesis Inc. under Arizona.

Healthmate

444 Westminster St., Providence, R.I. 02903; 401-272-8500; fax: 401-351-2050

Operational date: July 1986.
Ownership: Blue Cross & Blue Shield of Rhode Island.
Not for profit.
Staff: 2,400 participating physicians; 2,400 specialists.
Facilities: 17 hospitals; 210 pharmacies; 36 diagnostic labs.
Service area: Rhode Island and contiguous counties in Massachusetts and Connecticut.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Substance abuse, psychiatric services, prescription drug available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 20,500 employees with single coverage; 23,800 employees with family coverage; 102,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by cost-based contracts; the PPO is compensated by employers/payers; the PPO charges a percent of premium; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 5% of those with access to the network are covered by such contracts. The PPO is under contract with National Claims Administrative Services.
Control measures: Standard utilization review procedures; utilization review provided by the PPO and Green Spring Mental Health Services.
Gross revenues: $14.6 million in 1989; $44.8 million in 1988.
Officers: Douglas McIntosh, president; Dr. George Coleman, medical director; Colin MacGillivray, marketing director; Ron Battista, Armand Leco, Lew Antone.

South Carolina

AETNA Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See AETNA Life Insurance Co. under Texas.

Avesis Inc.-South Carolina

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 430 pharmacies.
Service area: South Carolina.
See Avesis Inc. under Arizona.

Beech Street Inc.-South Carolina

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

Blue Cross & Blue Shield of South Carolina Preferred Personal Care

Columbia, S.C. 29219; 803-788-3860; fax: 803-736-5084

Operational date: January 1984.
Ownership: Blue Cross & Blue Shield of South Carolina.
Not for profit.
Staff: 2,352 participating physicians; 1,723 specialists.
Facilities: 31 hospitals; 350 pharmacies.
Service area: South Carolina.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 150,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding second surgical opinion, outpatient service predetermination; utilization review provided by the PPO.
Officers: M. Edward Sellers, president; Douglas R. Fleming, executive director; Dr. Ashby Jordan, medical director; Don Nystrom and Wally Blalock, marketing directors.
Contact: Dale Rish, assistant vp, 803-788-0222 ext. 2508.

Great-West Care-South Carolina

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

See Great-West Care under North Carolina.

New England Care-South Carolina

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

See New England Care under North Carolina.

Preferred Personal Care

I-20 East at Alpine Road, Columbia, S.C. 29219; 803-788-3860

Operational date: January 1985.
Sponsorship: Blue Cross & Blue Shield of South Carolina.
Staff: 2,208 preferred physicians.
Facilities: 25 hospitals.
Service area: All counties in South Carolina except Anderson, Beaufort, Cherokee, Colleton, Greenwood, Lancaster, Oconee, Orangeburg and Sumter.
Users: 97,661 members.
Compensation: The PPO negotiates hospital charges by DRGs; the PPO charges by fee schedule.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination, second surgical opinion.

Travelers Preferred-Charleston

211 Perimeter Center Parkway, Atlanta, Ga. 30346; 404-395-4850

Operational date: March 1988.
For profit.
Staff: 161 participating physicians.
Facilities: Two hospitals.
Service area: Berkeley, Charleston and Dorchester counties in Georgia.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: Seven employer/payer groups; 522 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Ken Bryant, director-operations; Ralph M. Crafton, sales manager.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.

South Dakota

Avesis Inc.-South Dakota

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 17 pharmacies.
Service area: South Dakota.
See Avesis Inc. under Arizona.

Aware

1601 W. Madison St., Sioux Falls, S.D. 57104; 605-336-1976

Operational date: January 1987.
Sponsorship: Blue Cross of South Dakota & South Dakota Blue Shield.
Staff: 650 preferred physicians.
Facilities: 51 hospitals.
Service area: South Dakota.
Users: 7,517 members.
Compensation: The PPO negotiates hospital charges by prospective methods.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination, second surgical opinion.

HRM CarePASS-South Dakota

8000 W. 78th St., Minneapolis, Minn. 55439; 800-824-3882; fax: 612-829-3578

See HRM CarePASS under Minnesota.

Tennessee

Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-Tennessee

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

American Health Network-Tennessee

3988 N. Central Expressway, Dallas, Texas, 75204; 214-841-1137; fax: 214-823-8052

See American Health Network under Texas.

Avesis Inc.-Tennessee

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 529 pharmacies.
Service area: Statewide.
See Avesis Inc. under Arizona.

Beech Street Inc.-Tennessee

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

CNA Managed Care PPO-Memphis

2302 Parklake Drive N.E., Atlanta, Ga. 30345; 404-491-5375

Operational date: 1987.
Staff: 664 participating physicians; 61% board certified physicians.
Facilities: Six hospitals.
Service area: Shelby, Ceakley and Fayette counties in Tennessee; Crittenden county in Arkansas; DeSoto county in Mississippi.
Users: 20,100 employees and dependents with access to the network.
Contact: Charles Hart, manager-sales; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

CNA Managed Care PPO-Nashville

2302 Parklake Drive N.E., Atlanta, Ga. 30345; 404-491-5375

Operational date: September 1987.
Staff: 371 participating physicians; 75% board certified physicians.
Facilities: Eight hospitals.
Service area: Anderson, Dickson, Robertson, Coffee, Sumner, Maury and Davidson counties in Tennessee.
Users: 11,600 employees and dependents with access to the network.
Contact: Charles Hart, manager-sales; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

CIGNA/EQUICOR Preferred Provider Organization-Chattanooga

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

CIGNA/EQUICOR Preferred Provider Organization-Knoxville

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

CIGNA/EQUICOR Preferred Provider Organization-Memphis

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

FOCUS Healthcare Management Inc.-CompNET-Tenn.

7101 Executive Center Drive, Suite 160, Brentwood, Tenn. 37027; 615-377-9936; fax: 615-377-6098

Operational date: 1990.
Ownership: FOCUS Healthcare.
For profit.
Staff: 100 participating physicians; 90 specialists; 10 administrative staff members; 14 marketing staff members; 100% board certified physicians.
Facilities: 23 hospitals.
Service area: 15 counties in Tennessee.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, physical therapy/rehabilitation, vocational therapy, pain clinics, home health care, ambulance, chiropractors, hospice, home IV therapy. All services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 225 employer/payer groups.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, claims administrators; the PPO charges a percentage of savings.
Control measures: Standard utilization review procedures, including rehabilitation case management, physical therapy review, chiropractic

Continued on next page

Continued from previous page
review; utilization review provided by the PPO.

Officers: Stryker Warren Jr., president; David S. Iskowe, executive director; Dr. Arthur Brooks, medical director; M. Elizabeth Hand, marketing director.

Contact: Marilyn M. Doerr, manager-network services.

Great West Care-Chattanooga

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: October 1986.
Sponsorship: Great-West Life Assurance Co.
For profit.
Facilities: Five hospitals.
Service area: 15 counties in Tennessee and seven counties in Georgia.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

Great West Care-Knoxville

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: February 1989.
Sponsorship: Great-West Life Assurance Co.
Ownership: Preferred Health Partnership.
For profit.
Staff: 568 physicians.
Facilities: 11 hospitals.
Service area: 19 counties in Tennessee.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

Great-West Care-Memphis

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: March 1987.
Staff: 642 participating physicians; 75% board certified physicians.
Facilities: Six hospitals.
Service area: Portions of Tennessee, Arkansas and Mississippi.
See Great-West Care corporate listing under Colorado.

Great-West Care-Nashville

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: 1987.
Staff: 347 participating physicians; 75% board certified physicians.
Facilities: Eight hospitals.
Service area: 40 counties in Tennessee.
See Great-West Care corporate listing under Colorado.

Hartford's Pulse Plan of Nashville

200 Hopmeadow St., Simsbury, Conn. 06070; 203-547-5000

Operational date: September 1989.
Sponsorship: Hartford Life Insurance Cos.
For profit.
Staff: 141 primary care physicians; 23 specialists.
Facilities: Five hospitals.
Service area: Cheatham, Davidson, Robertson, Rutherford, Sumner. Williamson and Wilson counties in Tennessee.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: Two employer/payer groups; employees with single coverage; 77 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate or by a percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures except discharge planning and hospital bill audits; utilization review provided by the PPO and Valutrac.
Contact: Joseph W. Jolly, Regional Sales Manager, The Hartford Insurance Group, 1555 Lynnfield Road, Memphis, Tenn. 38119; 901-682-6665.

Health Net Inc.

4535 Harding Road, Suite 100, Nashville, Tenn. 37205; 615-269-7328; fax: 615-297-8691

Operational date: March 1984.
Not for profit.
Staff: 1,052 participating physicians; 610 specialists; 10 administrative staff members; five marketing staff members; average of 265 patients per primary physician.
Facilities: 18 hospitals; 45 pharmacies; two diagnostic labs.
Service area: 40 counties in Tennessee.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Utilization review is available unbundled. Employees can select non-PPO providers. Individual enrollment is allowed.
Users: 1,400 employer/payer groups; 60,000 employees with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee; the PPO is under contract with Horace Mann, Lincoln National, Protective Life, Principal Financial Group, Employer's Health Insurance, Life of Georgia, Durham Life, Plan American.
Control measures: Standard utilization review procedures, excluding hospital bill audits and case management; utilization review provided by the PPO.
Officers: Warren T. York, president; J. Dale Hawkins, senior vp; Ernest D. Davis, marketing director.
Contact: J. Dale Hawkins.

Humana Insurance Co.

Osborne Office Center, Suite 510, Chattanooga, Tenn. 37411; 615-899-5291; fax: 615-892-8642

Officers: Gordon Hanebutt, executive director; Doug Gregory, sales manager; Dr. William Rowe, medical director.
See Humana Health Care Plans under Kentucky.

Lincoln National Preferred Plan

215 Centerview Drive, Suite 208, Brentwood, Tenn. 37027; 615-371-8584

Contact: Steve Coburn, general manager; Terry Lloyd, regional manager.
See Lincoln National Preferred Plan under Indiana.

Lincoln National Preferred Plan

6401 Poplar Ave., Memphis, Tenn. 38119; 901-767-1158

Contact: Steve Coburn, general manager; Terry Lloyd, regional manager.
See Lincoln National Preferred Plan under Indiana.

Medical Care Referral Group-Tennessee

4100 Rio Bravo, Suite 211, El Paso, Texas 79902; 800-247-7114; fax: 915-532-1772

See Medical Care Referral Group under Texas.

MetLife Network-Tennessee

47 Perimeter Center E., Suite 600, Atlanta, Ga. 30346-2092; 404-393-1410

See MetLife Network under Connecticut.
Contact: James Crowley III, vp.

Mutually Preferred-Tennessee

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

New England Care-Chattanooga

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: October 1986.
Sponsorship: Great-West Life Assurance Co.
For profit.
Facilities: Five hospitals.
Service area: 15 counties in Tennessee and seven counties in Georgia.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

New England Care-Knoxville

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: February 1989.
Sponsorship: Great-West Life Assurance Co.
Ownership: Preferred Health Partnership.
For profit.
Staff: 568 physicians.
Facilities: 11 hospitals.
Service area: 19 counties in Tennessee.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

New England Care-Memphis

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: March 1987.
Staff: 642 participating physicians; 75% board certified physicians.
Facilities: Six hospitals.
Service area: Portions of Tennessee, Arkansas and Mississippi.
See New England Care corporate listing under Colorado.

New England Care-Nashville

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: 1987.
Staff: 347 participating physicians; 75% board certified physicians.
Facilities: Eight hospitals.
Service area: 40 counties in Tennessee.
See New England Care corporate listing under Colorado.

Preferred Care/Tennessee Preferred

801 Pine St., Chattanooga, Tenn. 37402; 615-755-5801; fax: 615-755-2178

Operational date: 1985/1988.
Ownership: Blue Cross & Blue Shield of Tennessee.
Not for profit.
Staff: 5,061 participating physicians.
Facilities: 123 hospitals; 423 pharmacies.
Service area: Tennessee; portions of Kentucky, Alabama, Georgia, Mississippi and North Carolina.
Services provided: General service, plus prescription drug, chiropractic, therapeutic optometry, psychiatric, social workers, oral surgery, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Specific services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 844,611 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, administrative fee.
Control measures: Standard utilization review procedures, excluding preadmission hospital review, discharge planning, outpatient service predetermination; utilization review provided by the PPO.
Officers: J. Robert McGuff, president; William Nuckols, executive director; Dr. Richard Armstrong, medical director; Kenneth Tolliver, marketing director.
Contact: Hicks Armor, manager-marketing operations.

Preferred Health Partnership

280 Fort Sanders W. Blvd., Suite 205, Knoxville, Tenn. 37922; 615-531-5747; fax: 615-531-5055

Operational date: April 1985.
Ownership: Fort Sanders Regional Medical Center/Methodist Medical Center of Oak Ridge.
For profit.
Accredited by AAPPO.
Staff: 650 participating physicians; 520 specialists; 17 administrative staff members; one marketing staff members; average of 150 patients per primary physician; 95% board certified physicians.
Facilities: 12 hospitals; 24 pharmacies; six diagnostic labs.
Service area: 17 counties in Tennessee.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Network, utilization review, claims payment, claims prepricing available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 636 employer/payer groups; 80,103 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee; the PPO is under contract with CIGNA, Employers Health Insurance, Lincoln National, Guardian, Principal Mutual Life Insurance Co., Old Northwest Agency, Tennessee Employer Plan (Durham Life), Protective Life, Time, Great West Life, Corroon & Black, Preferred Plan Administrators, Diversified Group Administrators Inc., Mutual of Omaha.
Control measures: Standard utilization review procedures, excluding hospital bill audits and case management; utilization review provided by the PPO.
Officers: Bill Rust, president/executive director; Dr. Tom Anderson, medical director; Jim Duncan, marketing director.

Preferred Provider Organization

85 N. Danny Thomas Blvd., Memphis, Tenn. 38103; 901-529-3041

Operational date: 1985.
Sponsorship: Blue Cross & Blue Shield of Memphis.
Staff: 1,800 preferred physicians.
Facilities: 16 hospitals.
Service area: Fayette, Haywood, Lauderdale, Shelby and Tipton counties in Tennessee.
Users: 161,046 individuals with access to the network.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination.

Preferred Plus of Greater Tennessee

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411; fax: 413-730-6229

Operational date: May 1990.
Ownership: Massachusetts Mutual Life Insurance Co..
For profit.
Service area: Fayette, Shelby and Tipton counties in Tennessee; DeSoto County in Mississippi.
Services provided: General service, plus outpatient psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: Two employer/payer groups; 58 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rates, percent off customary rates for individual services; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: James Horobetz, Account Executive, 6799 Great Oaks Road, Suite 207, Memphis, Tenn.; 901-755-9601.

Private Healthcare Systems Ltd.-Memphis

One American Center, 3100 West End Ave., Suite 650, Nashville, Tenn. 37203; 615-386-9194

See Private Healthcare Systems Ltd. under Massachusetts.

Private Healthcare Systems Ltd.-Nashville

One American Center, 3100 West End Ave., Suite 650, Nashville, Tenn. 37203; 615-386-9194

See Private Healthcare Systems Ltd. under Massachusetts.

Provident Preferred Networks

One Fountain Square, 3-North, Chattanooga, Tenn. 37402; 615-899-9880; fax: 615-755-1750

Operational date: 1985.
Ownership: Provident Life & Accident Insurance Co.
For profit.
Staff: 2,703 participating physicians; 2,009 specialists; six administrative staff members; eight marketing staff members; average of 407

Continued on next page

Continued from previous page
patients per primary physician; 95% board certified physicians.

Facilities: 103 hospitals; one pharmacy; two diagnostic labs.

Service area: Tennessee, Georgia, North Carolina, South Carolina, Virginia.

Services provided: General service, plus prescription drug, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 150 employer/payer groups; 105,743 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the PPO.

Officers: Dr. Steven George, medical director.

Prudential Plus of Nashville

Suite 300, 227 French Landing Drive, Nashville, Tenn. 37228; 615-248-7100; fax: 615-248-7167

Operational date: July 1987.

Sponsorship: The Prudential Insurance Co. of America.

For profit.

Staff: 87 participating physicians; 169 specialists; 22 administrative staff members; four marketing staff members; average of 23 patients per primary physician; 98% board certified physicians.

Facilities: Four hospitals; 31 pharmacies; one diagnostic lab.

Service area: Cheatham, Davidson, Robertson, Rutherford, Sumner, Williamson and Wilson counties in Tennessee.

Services provided: General service, plus prescription drug, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 72 employer/payer groups; 2,044 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers; the PPO charges a percentage of remitted premium.

Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Officers: Fred Dodson, director-group operations; Dr. Mark Mahler, medical director.

Contact: James Higgins, group manager.

St. Mary's Care Plan

Oak Hill Ave., Knoxville, Tenn. 37917; 615-971-6569

Operational date: 1985.

Ownership: St. Mary's Health System Inc.

For profit.

Staff: 160 participating physicians; 100 specialists; one administrative staff member; one marketing staff member; 75% board certified physicians.

Facilities: One hospital; one pharmacy; one diagnostic lab.

Service area: Knox and Anderson counties in Tennessee.

Services provided: General service, plus prescription drug, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology. Substance abuse available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications, individual enrollment is not allowed.

Users: 40 employer/payer groups; 7,000 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by health care providers; the PPO is under contract with Preferred Plan Administrators.

Control measures: Standard utilization review procedures, preadmission review, excluding retrospective review, second surgical opinion, hospital bill audits and outpatient service predetermination; utilization review provided by an outside contractor.

Officers: David R. Evans, director.

Travelers Preferred-Knoxville

211 Perimeter Center Parkway, Atlanta, Ga. 30346; 404-395-4850

Operational date: December 1987.

Sponsorship: The Travelers Insurance Co.

For profit.

Staff: 335 participating physicians.

Facilities: 10 hospitals.

Service area: Anderson, Bount, Bradley, Grainger, Hamblen, Jefferson, Knox, Loudon, McMinn, Monroe, Roane, Sevier and Union counties in Tennessee.

Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 29 employer/payer groups; 2,321 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.

Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the PPO.

Officers: Ken Bryant, director-operations; Jack Passafiume, sales manager.

Contact: Ken Bryant, director-operations.

Travelers Preferred-Nashville

211 Perimeter Center Parkway, Atlanta, Ga. 30346; 404-395-4850

Operational date: 1987.

Sponsorship: The Travelers Insurance Co.

For profit.

Staff: 394 participating physicians.

Facilities: 14 hospitals.

Service area: Cheatham, Davidson, DeKalb, Dickson, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson and Wilson counties in Tennessee.

Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications, individual enrollment is not allowed.

Users: 49 employer/payer groups; 1,914 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.

Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Officers: Ken Bryant, director-operations; Jerry J. Martin, sales manager.

Contact: Ken Bryant, director-operations.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.



Admar Corp.-Texas

850 Town & Country Road, Orange, Calif. 92668; 714-953-9600; fax: 714-953-9060

See Admar Corp. under California.

Aetna Life Insurance Co./PARTNERS National Health Plans*

2515 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500, fax: 214-401-8950

Operational date: May 1985.

Ownership: Aetna Life & Casualty Co.

For profit.

Staff: 70,000 participating physicians; 41,000 specialists; 5,000 administrative staff members; 80% board certified physicians.

Facilities: 780 hospitals; 92 diagnostic labs.

Service area: Nationwide (see individual state listings).

Services provided: General service, except prescription drug, durable medical equipment, utilization review available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications, individual enrollment is not allowed.

Users: 6,400 employer/payer groups; 1.3 million employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates of individual services, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.

Control measures: Standard utilization review procedures, including on-site concurrent review, prenatal care program to identify potential premature babies; utilization review provided by the PPO.

Officers: Charles T. Bell, president/senior vp-Aetna Life & Casualty Co.; Dr. Howard Bailit, medical director; Michael G. Dobbs, assistant vp-marketing; Patricia A. Hemmingway; Dennis J. Pedini; Thomas P. Hartnett; Douglas C. Werner; John E. Burnosky; Allen P. Maltz; Robert A. Hall and Carol J. Rady.

* Names of PARTNERS HMOs will be converted to Aetna Health Plans in 1991.

Affordable Health Care Concepts-Texas

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Alliance Health Providers

2600 N. Loop W., Suite 620, Houston, Texas 77092; 713-683-2903; fax: 713-680-1704

Operational date: June 1985.

Ownership: SCH Entercorp.

For profit.

Staff: 850 participating physicians; 511 specialists; seven administrative staff members; two marketing staff members; 60% board certified physicians.

Facilities: 26 hospitals; two pharmacies; two diagnostic labs.

Service area: Montgomery, Brazoria, Harris, Gaweston and Fort Bend counties in Texas.

Services provided: General service, plus prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, ambulatory care centers, outpatient surgery, outpatient rehabilitation, nursing services, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 33 employer/payer groups; 85,000 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee, percent of savings; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures includes utilization review provided by outside contractor.

Officers: Curtis Seay, executive director; Dr. W. Owen Kramer, medical director; Kathryn Meier, marketing director.

American Health Network

3988 N. Central Expressway, Dallas, Texas 75204; 214-841-1137; fax: 214-823-8052

Operational date: October 1983.

Ownership: Anthem Group Services Corp.

For profit.

Staff: 29,310 participating physicians; 19,635 specialists; 190 administrative staff members; average of 61 patients per primary physician.

Facilities: 468 hospitals.

Service area: California, Florida, Texas, Tennessee, Arizona, Oregon and Washington.

Services provided: General service, plus physical therapy, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 900 employer/payer groups; 600,000 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO is under contract with Anthem Life Insurance Cos., Hartford Group, Massachusetts Mutual, Life of Georgia, Benefit Trust Life, Harden & Co., Association Life, Administrative Services Inc., Allied Administrators, ANPAC Administrators, Benefit Claims Payors, Benefit Administrators, Group Services, Western States Administrators, Zenith Administrators and Dorth Coombs Insurance.

Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.

Gross revenues: $123 million in 1989; $56 million in 1988.

Officers: Howard Korn, president; Martin R. Kreis, senior vp/executive director; Dr. Charles French, medical director-California; Dr. James Menges, medical director-Florida; Dr. Allen Fain, medical director-Texas; Henry A. Arnold, marketing director; Linda J. Rossi; Venessa J. Wood; Margaret A. Hoffman-case management.

Avesis Inc.-Texas

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: 219 participating dentists, 39 dental specialists; 24 participating optometrists, ophthalmologists, opticians.

Facilities: 1,564 pharmacies.

Service area: Texas.

See Avesis Inc. under Arizona.

Beech Street Inc.-Texas

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

Benesys

1775 St. James Place, Houston, Texas 77056; 713-871-0821; fax: 713-871-6305

Ownership: Group Plan Clinic Inc.

For profit.

Staff: 241 specialists.

Services provided: General service, plus substance abuse, psychiatric services. Claims validation, utilization review, case management, quality assurance consultation, benefit design available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.

Users: 45 employer/payer groups; 400,000 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers and claims administrators; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 8% of those with access to the network are covered by such contracts.

Control measures: Standard utilization review procedures, excluding-second surgical opinion; utilization review provided by the PPO.

Officers: Dr. James F. Considine, medical director; Dorothy W. O'Shea, marketing director.

CNA Managed Care PPO-Austin

6565 W. Loop S., Suite 450, Bellaire, Texas 77401; 713-663-5320

Operational date: October 1987.

Staff: 307 participating physicians; 88% board certified physicians.

Facilities: Three hospitals.

Service area: Travis, Burnet and Williamson counties in Texas.

Users: 5,100 employees and dependents with access to the network.

Contact: Vera Cantrell, manager-sales; Ardyth Schuster, manager-cost containment.

See CNA Managed Care PPO corporate listing under Illinois.

CNA Managed Care PPO-Dallas/Fort-Worth

1005 Ford Road, Suite 300, Dallas, Texas 75234; 214-620-5350

Operational date: December 1986.

Staff: 985 participating physicians; 65% board certified physicians.

Facilities: 14 hospitals.

Service area: Dallas, Tarrant, Denton and Collin counties in Texas.

Users: 16,000 employees and dependents with access to the network.

Contact: Gary Brown, manager-sales; Ardyth Schuster, manager-cost containment development.

See CNA Managed Care PPO corporate listing under Illinois.

CNA Managed Care PPO-Houston

6565 W. Loop S., Suite 450, Bellaire, Texas 77401; 713-663-5320

Operational date: December 1986.

Staff: 1,364 participating physicians; 69% board certified physicians.

Facilities: 18 hospitals.

Service area: Harris and Fort Bend counties in Texas.

Users: 5,700 employees and dependents with access to the network.

Contact: Vera Cantrell, manager-sales; Ardyth Schuster, manager-cost containment development.

See CNA Managed Care PPO corporate listing under Illinois.

CNA Managed Care PPO-San Antonio/ Corpus Christi

6565 W. Loop S., Suite 450, Bellaire, Texas 77401; 713-663-5320

Operational date: December 1986.

Staff: 554 participating physicians; 75% board certified physicians.

Facilities: Eight hospitals.

Service area: Bexar and Nueces counties in Texas.

Users: 13,600 employees and dependents with access to the network.

Contact: Vera Cantrell, manager-sales; Ardyth Schuster, manager-cost containment.

See CNA Managed Care PPO corporate listing under Illinois.

CIGNA/EQUICOR Preferred Provider Organization-Dallas

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

CIGNA/EQUICOR Preferred Provider Organization-Houston

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

CorpHealth Behavioral Healthcare Network

1300 Summit Ave., Suite 636, Fort Worth, Texas 76102; 817-654-2400; fax: 817-335-9100

Operational date: 1989.

Ownership: CorpHealth Inc.

For profit.

Staff: 20 participating physicians; four administrative staff members; two marketing staff members; 100%

Continued on next page

Continued from previous page
board certified physicians.

Facilities: 14 hospitals.

Service area: Dallas, Tarrant, Harris, Bexar counties in Texas.

Services provided: General service, plus substance abuse and psychiatric services. Provider network, utilization management and EAP gatekeeper services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.

Users: 10 employer/payer groups; 5,000 employees with single coverage; 20,000 employees with family coverage; 60,000 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals, shared savings/guaranteed rate; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.

Control measures: Standard utilization review procedures, excluding retrospective review, second surgical opinion; utilization review provided by the PPO.

Officers: Patrick D. Gotcher, president; Dr. Stuart Nemir Jr., medical director; David L. Roofield, vp/chief operating officer.

FOCUS Healthcare Management Inc.-CompNET-Texas

7101 Executive Center Drive, Suite 160, Brentwood, Tenn. 37027; 615-377-9936; fax: 615-377-6098

See FOCUS Healthcare Management Inc.-CompNET under Tennessee.

Great-West Care-Austin

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: October 1987.
Staff: 298 participating physicians; 75% board certified physicians.
Facilities: Four hospitals.
Service area: 12 counties in Texas.

See Great-West Care corporate listing under Colorado.

Great-West Care-Dallas/Fort Worth

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: 1986.
Staff: 1,312 participating physicians; 75% board certified physicians.
Facilities: 18 hospitals.
Service area: 15 counties in Texas.

See Great-West Care corporate listing under Colorado.

Great-West Care-Houston

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: 1986.
Staff: 1,312 participating physicians; 75% board certified physicians.
Facilities: 18 hospitals.
Service area: 15 counties in Texas.

See Great-West Care corporate listing under Colorado.

Great-West Care-San Antonia/Corpus Christi

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: 1986.
Staff: 532 participating physicians; 75% board certified physicians.
Facilities: Five hospitals.
Service area: 30 counties in Texas.

See Great-West Care corporate listing under Colorado.

HEC-Select PPO-Dallas/Fort Worth

1300 W. Mockingbird Lane, Suite 300, Dallas, Texas 75247; 214-905-4400; fax: 214-905-4412

Operational date: February 1989.
Ownership: Health Economics Corp.
For profit.
Staff: 667 participating physicians; 422 specialists; five administrative staff members; seven marketing staff members; average of 51 patients per primary physician; 98% board certified physicians.
Facilities: Nineteen hospitals; 46 pharmacies; one diagnostic lab.
Service area: Dallas, Tarrant, Collin, Denton, Johnson, Hood, Somervell and Kaufman counties in Texas.
Services provided: General service, plus prescription drug, chiropractic, substance abuse, psychiatric services, podiatry, obstetrics/gynecology. Hospital and specialty services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: Seven employer/payer groups; 19,650 employees with family coverage; 53,055 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO will contract to receive a higher fee if savings are realized.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the PPO.
Officers: Stephen F. Coady, president/chief executive officer; James R. McPhail, vp-managed health care/executive director; Dr. Laurence N. Dotin, medical director; Herbert D. Maxwell Jr., vp-marketing/ sales director.
Contact: James R. McPhail.

HEC-Select PPO-Houston

2700 Post Oak Blvd., Suite 1800, Houston, Texas 77056; 713-621-9330; fax: 961-3651

Ownership: Health Economics Corp.
For profit.
Staff: 1,354 participating physicians; 912 specialists; five administrative staff members; seven marketing staff members; average of 35 patients per primary physician; 95% board certified physicians.
Facilities: 17 hospitals; four diagnostic labs.
Service area: Harris, Montgomery, Wharton and Fort Bend counties in Texas.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, podiatry. Hospital and specialty services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications, individual enrollment is allowed.
Users: Three employer/payer groups; 31,000 employees with family coverage; 83,700 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO will contract to receive a higher fee if savings are realized.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the PPO.
Officers: Stephen F. Coady, president/chief executive officer; James R. McPhail, vp-executive director; Dr. Laurence N. Dotin, medical director; Herbert D. Maxwell Jr., vp-sales/ marketing director.
Contact: James R. McPhail, vp-executive director.

HRM CarePASS-Texas

8000 W. 78th St., Minneapolis, Minn. 55439; 800-824-3882; fax: 612-829-3578

See HRM CarePASS under Minnesota.

John Hancock Preferred Health Plan-Texas

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Hartford's Pulse Plan of Texas

200 Hopmeadow St., Simsbury, Conn. 06070; 203-547-5000

Operational date: February 1989.
Sponsorship: Hartford Life Insurance Cos.
For profit.
Staff: 1,957 primary care physicians; 5,152 specialists.
Facilities: 97 hospitals; two diagnostic labs.
Service area: 17 counties in Texas.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 22 employer/payer groups; 14,798 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, by a percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures except discharge planning and hospital bill audits; utilization review provided by the PPO and Valutrac.
Contact: Jerome S. Range, Regional Sales Manager, Hartford Insurance Group, 450 Gears Road, Suite 500, Houston, Texas 77067; 713-874-9600; or Daniel M. Amos, Regional Manager, Hartford Insurance Group, Heritage Square, 5001 LBJ Freeway, Dallas, Texas 75221; 214-980-1900.

Humana Insurance Co.

5350 S. Staples, Suite 301, Corpus Christi, Texas 78411; 512-994-2000; fax: 512-994-2002

Officers: Richard Willis, executive director; Mark Teixeira, sales manager; Shirlee J. Bryant, operations manager; Dr. Duran Benjamin Jr., medical director.

See Humana Health Care Plans under Kentucky.

Humana Insurance Co.

Med Center Plaza, 8431 Fredericksburg Road, San Antonio, Texas 78229; 512-558-1000; fax: 512-558-1019

Officers: Phil Stephens, executive director; Pat Mason and Clinton Jones, associate executive directors; Cindy Miller, director of sales; Barbara Wilkinson, associate sales manager; Dr. Lawrence Cohen, medical director.

See Humana Health Care Plans under Kentucky.

Lincoln National Preferred Plan

2900 N. Loop W., Suite 800, Houston, Texas 77092; 713-682-2244

Contact: Anthony Van Roekel, general manager; Daniel Schewe, regional manager.

See Lincoln National Preferred Plan under Indiana.

Lincoln National Preferred Plan

433 E. Las Colinas Blvd., Suite 1300, Irving, Texas 75039; 214-869-1020

Contact: Anthony Van Roekel, general manager; Patrick Curtis, regional manager.

See Lincoln National Preferred Plan under Indiana.

Lincoln National Preferred Plan

70 N.E. Loop 410, Suite 650, San Antonio, Texas 78216; 512-341-1105

Contact: Anthony Van Roekel, general manager; James McLeod, regional manager.

See Lincoln National Preferred Plan under Indiana.

Medical Care Referral Group

4100 Rio Bravo, Suite 211, El Paso, Texas 79902; 800-247-7114; fax: 915-532-1772

Operational date: 1986.
Sponsorship: Joseph R. Halow Co. Inc.
For profit.
Staff: 390 participating physicians; 195 specialists; 13 administrative staff members; four marketing staff members.
Facilities: Nine hospitals; eight diagnostic labs.
Service area: Texas, Georgia, Arkansas, Mississippi, Tennessee, New Mexico, Arizona.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, chiropractic, ophthalmology, accupuncture, hypnotherapy. All services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 19 employer/payer groups; 58,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates of individual services; the PPO is compensated by employers. payers; the PPO charges a flat fee per eligible employee; the PPO is under contract with Lincoln National Life, Employer's Health.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Lorri Harlow, president; Joseph Halow, executive director/ marketing director; Jim Snow, medical director.

Medical Control Inc.

9649 Webb Chapel Road, Dallas, Texas 75220; 214-352-2666; fax: 214-352-5777

Operational date: January 1988.
For profit.
Staff: 450 participating physicians; 15 administrative staff members; five marketing staff members.
Facilities: 112 hospitals.
Services: General services, including substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers at time of service. Will customize to meet employer specifications. Individual enrollment allowed.
Users: 18 employer/payer groups; 115,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by health care providers; the PPO charges a percentage of savings for its services; the PPO will contract to reduce its fee if savings are not met; 2% of those with access to the network are covered by such contracts.
Control measures: Utilization review provided by outside contractor.
Officers: J. Ward Hunt, president; A.J. Rosmarin, executive director/ chief operating officer.
Contact: A.J. Rosmarin.

MetLife Network-Texas

5 Post Oak Park, Suite 2120, Houston, Texas 77027-3416; 713-961-9944

See MetLife Network under Connecticut.

Mutually Preferred-Texas

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

National HealthCare Alliance Inc.

770 S. Post Oak Lane, Suite 445, Houston, Texas 77056; 713-439-0123; fax: 713-439-7529

Operational date: January 1988.
For profit.
Staff: 1,400 participating physicians; 850 specialists; 14 administrative staff members; four marketing staff members.
Facilities: 56 hospitals; 100 pharmacies; 18 diagnostic labs.
Service area: 15 counties in Texas.
Services provided: General service, plus chiropractic, prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Utilization review and hospital services available unbundled. Can be customized to meet employer specifications.
Users: 2,000 employer/payer groups; 9,000 employees with single coverage; 14,000 employees with family coverage; 60,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to reduce its fee if savings are not met; the PPO is under contract with Principal Mutual, New England Group, American National Insurance Co., Lincoln National Life, Employers Health, Third Party Administrators Inc., Insurance Benefit Services Inc.
Control measures: Standard utilization review procedures; utilization review provided by NHA Review Services.
Gross revenues: $28 million in 1989; $4 million in 1988.
Officers: Francis L. Browning, president/marketing director; Dr. John M. Baird, medical director; Francis L. Frank J. Berrier Jr., vp; Jerry Woodard, vp-provider relations; James H. Brock, vp-finance.

New England Care-Austin

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: October 1987.
Staff: 298 participating physicians; 75% board certified physicians.
Facilities: Four hospitals.
Service area: 12 counties in Texas.

See New England Care corporate listing under Colorado.

New England Care-Dallas/Fort Worth

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: 1986.
Staff: 932 participating physicians; 75% board certified physicians.
Facilities: 14 hospitals.
Service area: 23 counties in Texas.

See New England Care corporate listing under Colorado.

New England Care-Houston

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: 1986.
Staff: 1,312 participating physicians; 75% board certified physicians.
Facilities: 18 hospitals.
Service area: 15 counties in Texas.

See New England Care corporate listing under Colorado.

New England Care-San Antonio/Corpus Christi

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: 1986.
Staff: 532 participating physicians; 75% board certified physicians.
Facilities: Five hospitals.
Service area: 30 counties in Texas.

See New England Care corporate listing under Colorado.

North Texas Healthcare Network

5605 N. MacArthur Blvd. Suite 520, Irving, Texas 75038; 214-751-0047; fax: 214-518-2554

Operational date: 1986.
Ownership: Presbyterian Healthcare System, Methodist Hospitals of Dallas, Harris Methodist Healthcare Systems of Fort Worth.
Not for profit.
Staff: 1,500 participating physicians; 1,000 specialists; 25 administrative staff members; three marketing staff members; 100% board certified physicians.
Facilities: 24 hospitals; six diagnostic labs.
Service area: Parker, Johnson, Denton, Tarrant, Dallas, Mesquite counties in Texas.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Mental health services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 550 employer/payer groups;

Continued on next page

Continued from previous page

22,500 employees with single coverage; 22,500 employees with family coverage; 75,000 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, claims administrators, insurance companies; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals/mental health EPA; the PPO is under contract with insurers: Principal Mutual, Protective Life, Massachusetts Mutual, Nationwide, Provident Security Life.

Control measures: Standard utilization review procedures, including psychiatric and drug/alcohol treatment review services; utilization review provided by the PPO and outside contractor.

Gross revenues: $1.6 million in 1989; $750,000 in 1988.

Officers: Charles Coil, president/executive director; Mike Regan and John Shelton, marketing directors; Gail Edmondson, vp-operations; Lori Palmer, director-claims; Juli Mason, director-services.

Panhandle Provider Organization

1500 Coulter, Suite 5, Amarillo, Texas 79106; 806-358-8303; fax: 806-378-4504

Operational date: January 1987.
Sponsorship: Northwest Texas Hospital; St. Anthony's Hospital.
Not for profit.
Staff: 185 participating physicians; 40 specialists; two administrative staff members; two marketing staff members; average of 1,350 patients per primary physician; 81% board certified physicians.
Facilities: Two hospitals; one pharmacy; two diagnostic labs.
Service area: Texas, New Mexico, Oklahoma, Kansas.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, home health, home IV therapy, hearing aids, speech/hearing/language center; eye surgery center. All services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 210 employer/payer groups; 54,300 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee, percent of savings achieved; the PPO is under contract with ProAmerica, Travelers, Lincoln National, USA HealthNet.
Control measures: Standard utilization review procedures, excluding length of stay determination, discharge planning, retrospective review, second surgical opinion, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO and Health Economics Corporation.
Officers: Donald K. Reeves, executive director; Dr. Leslie Reese/Dr. Pablo Diaz, medical directors.

Preferred Plus of North Texas

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: March 1989.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 1,500 participating physicians.
Facilities: 22 hospitals.
Service area: Collin, Dallas, Denton, Ellis, Hood, Johnson, Kaufman, Parker, Rockwall, Tarrant and Wise counties in Texas.
Services provided: General service, plus psychiatric services and obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 67 employer/payer groups; 3,700 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Thomas J. Halloran, Regional Sales Director, 5001 LBJ Freeway, Suite 101, Dallas, Texas; 214-233-1886.

Preferred Plus of South & West Texas

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: March 1989.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 6,237 participating physicians.
Facilities: 65 hospitals.
Service area: Austin, El Paso and San Antonio areas.
Services provided: General service, plus psychiatric services and obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 62 employer/payer groups; 8,069 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Thomas J. Halloran, Regional Sales Director, 5001 LBJ Freeway, Suite 101, Dallas, Texas; 214-233-1886.

Private Healthcare Systems Ltd.-Austin

Central Tower at Williams Square, 5215 N. O'Connor Blvd., Suite 1775, Irving, Texas 75039; 214-869-1451

See Private Healthcare Systems Ltd. under Massachusetts.

Private Healthcare Systems Ltd.-Dallas/Fort Worth

Central Tower at Williams Square, 5215 N. O'Connor Blvd., Suite 1775, Irving, Texas 75039; 214-869-1451

See Private Healthcare Systems Ltd. under Massachusetts.

Private Healthcare Systems Ltd.-Houston

Central Tower at Williams Square, 5215 N. O'Connor Blvd., Suite 1775, Irving, Texas 75039; 214-869-1451

See Private Healthcare Systems Ltd. under Massachusetts.

Private Healthcare Systems Ltd.-San Antonio/ Corpus Christi

Central Tower at Williams Square, 5215 N. O'Connor Blvd., Suite 1775, Irving, Texas 75039; 214-869-1451

See Private Healthcare Systems Ltd. under Massachusetts.

ProAmerica Network

714 Main St., Fort Worth, Texas 76102; 800-523-3669; Fax: 817-347-3296

Operational date: 1986.
Sponsorship: Transport Life Insurance Co.
Ownership: Primerica Corp.
Staff: 729 physicians (Potter County and Dallas County only); 33 administrative staff members; six marketing staff members; 85% board certified physicians.
Facilities: 1,145 hospitals nationwide; two pharmacies.
Service area: 44 states and the District of Columbia.
Services provided: General service, plus dental, substance abuse, psychiatric services, obstetrics/gynecology. Utilization review, hospital network services are available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 1,062 employer/payer groups; 1.8 million employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers; the PPO charges a percentage of savings.
Control measures: Standard utilization review procedures; utilization review provided by outside contractors.
Gross revenues: $2 million in 1989; $1 million in 1988.
Officers: Norman Bruce, chief operating officer/president; Wilson Weatherford, medical director; Kris Nickovich, vp-marketing director; Donna Hill, vp.

Prudential Health Care Systems Inc.-Austin

8303 Mopac, Suite 210A, Austin, Texas 78755; 512-465-6661; fax: 512-346-4827

Operational date: April 1987.
Ownership: The Prudential Insurance Co. of America.
For profit.
Staff: 401 participating physicians; 269 specialists; 40 administrative staff members; 11 marketing staff members; average of 50 patients per primary physician; 93% board certified physicians.
Facilities: Six hospitals; 21 pharmacies; four diagnostic labs.
Service area: Travis, Hays and Bastrop counties and portions of Williamson and Caldwell counties in Texas.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Network and psychiatric services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 152 employer/payer groups; 19,360 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; 23% of those with access to the network are covered by contracts with such fee adjustment clauses.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: William Link, president; Michael R. Henderson, director-health care management; Dr. A. Bryan Spires Jr., medical director; Herman Wright, marketing director; Chris Jenkins, manager-administration.

Prudential Plus of Dallas

6060 N. Central Expressway, Suite 750, Dallas, Texas 75206; 214-369-8480; fax: 214-987-1923

Operational date: January 1987.
Ownership: The Prudential Insurance Co. of America.
For profit.
Staff: 459 participating physicians; 760 specialists; 90 administrative staff members; 28 marketing staff members; average of 300 patients per primary physician; 86% board certified physicians.
Facilities: 26 hospitals; 168 pharmacies; 10 diagnostic labs.
Service area: Dallas, Tarrant, Denton, Collin, Rockwall, Kaufman, Ellis, Johnson, Hood, Parker and Somervell counties in Texas.
Services provided: General service, plus prescription drug, vision, accidental dental injury, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Prescription drugs, vision, substance abuse and psychiatric services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 8,958 employees with single coverage; 6,240 employees with family coverage; 67,578 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, fee-for-service; the PPO is compensated by health care providers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Victor Lazzaro Jr., director-health care management; Dr. Robert H. Jacqmin, medical director; Joel N. Suarez, group marketing director; Ann M. Ledford, manager-administration.

Prudential Plus of Houston

24 Greenway Plaza, Suite 500, Houston, Texas 77046; 713-993-3801; fax: 713-993-8254

Operational date: January 1987.
Ownership: The Prudential Insurance Co. of America.
For profit.
Staff: 419 participating physicians; 475 specialists; 60 administrative staff members; 28 marketing staff members; average of 80 patients per primary physician; 93% board certified physicians.
Facilities: 19 hospitals; 120 pharmacies; two diagnostic labs.
Service area: Brazoria, Fort Bend, Galveston, Harris, Montgomery and Waller counties in Texas.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 205 employer/payer groups; 33,659 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: William Link, president-group operations; Vince Contorno, vp-health care management; Dr. James Gengelbach, medical director; DeWitt Smith, group marketing director; David Butler, manager-administration.
Contact: Dan Longanacre 713-993-3855; Mike Kaminski 713-993-3860.

Prudential Plus of San Antonio

613 N.W. Loop 410, Suite 600, San Antonio, Texas 78216; 512-366-1921; fax: 512-1209

Operational date: 1987.
Ownership: The Prudential Insurance Co. of America.
For profit.
Staff: 173 participating physicians; 289 specialists; 40 administrative staff members; 11 marketing staff members; 80% board certified physicians.
Facilities: 11 hospitals; 80 pharmacies; 24 diagnostic labs.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Prescription drugs available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.
Officers: James C. Cassity, president; Robert L. Smith Jr., executive director; Dr. C. William Metcalf, medical director; Philip W. Solomon, marketing director.

Sanus/Passport PPO

8600 Freeport Parkway, Suite 3040, Irving, Texas 75063; 214-929-0376; fax: 214-929-4873

Operational date: October 1987.
Ownership: Sanus Corp. Health Systems/New York Life Insurance Co.
For profit.
Staff: 636 participating physicians; 169 administrative staff members; 19 marketing staff members; average of 386 patients per primary physician; 90% board certified physicians.
Facilities: 33 hospitals; 15 diagnostic labs.
Service area: 20 counties in Texas.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology, AIDS consultation/treatment, radiation therapy. Hospital network, psychiatric/chemical dependency services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 496 employer/payer groups; 70,347 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals, negotiated fee per utilization review incident; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures, including psychiatric/chemical dependency services but excluding second surgical opinion, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.
Officers: Dr. Jospeh M. Cheek, executive/medical director; Susan K. Pohly, marketing director; Brenda McDonald, director-operations; Nate Eudaly, controller.
Contact: Patti Rogan.

Sanus Preferred Physicians Inc.

3800 Buffalo Speedway, Suite 200, Houston, Texas 77098; 713-992-9520; fax: 713-963-9417

Operational date: 1985.
Ownership: Sanus Corp. Health Systems/New York Life Insurance Co.
For profit.
Staff: 800 participating physicians; 800 specialists; 242 administrative staff members; 28 marketing staff members; 86% board certified physicians.
Facilities: 40 hospitals.
Service area: 17 counties in Texas.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 98 employer/payer groups; 32,625 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee; the PPO is under contract with New York Life, Donovan Benefit Systems, General American, Greater Southern Life, Southland Life, Third Party Administrator Inc.
Control measures: Standard utilization review procedures, excluding preadmission hospital review, hospital bill audits; utilization review provided by the PPO.
Officers: Joseph Lynaugh, president; Donald H. Triano, executive director; Dr. Frank J. Volpe, medical director; Douglas C. Hoffman, marketing director; Michael E. Stock, chief financial officer; Donald F. Carroll, director-operations.

Southwest Vision Service Plan Inc.

P.O. Box 28726, Dallas, Texas 75228; 214-771-5100; fax: 214-2983

Operational date: 1959.
Not for profit.

Continued on next page

Continued from previous page

Staff: 931 participating physicians; 13 administrative staff members; four marketing staff members.
Service area: Texas, Oklahoma, Arkansas and Louisiana.
Services provided: Vision care. Examination plan available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 663 employer/payer groups.
Compensation: The PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Gross revenues: $8 million in 1989; $6 million in 1988.
Officers: Donald H. Walker, president; Dr. E.R. Friedman, medical director; Gary R. Yeamans, marketing director.
Contact: Donald H. Walker.

Travelers Preferred-Austin

9442 Capital of Texas Highway N., Arboretum Plaza Two, Suite 600, Austin, Texas 78759; 519-338-6800

Operational date: March 1988.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 325 participating physicians.
Facilities: Eight hospitals.
Service area: Bell, Hayes, Travis and Williamson counties in Texas.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: Seven employer/payer groups; 4,023 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the PPO.
Contact: Connie Barron, executive director-operations; John Novelli, sales manager.

Travelers Preferred-Dallas/Fort Worth

433 E. Las Colinas Blvd., Suite 750, Irving, Texas 75039; 214-506-0000

Operational date: March 1988.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 775 participating physicians.
Facilities: 26 hospitals.
Service area: Collin, Dallas, Denton, Ellis, Johnson, Kaufman and Tarrant counties in Texas.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 96 employer/payer groups; 14,935 employees and dependents with access to the network.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: David Barker, executive director; John R. French and Robert G. Campbell Jr., sales manager.

Travelers Preferred-Houston

2000 Post Oak Blvd., Houston, Texas 77056; 713-622-6667

Operational date: March 1988.
Ownership: The Travelers Insurance Co.
For profit.
Staff: 904 participating physicians.
Facilities: 26 hospitals.
Service area: Galveston, Harris and Montgomery counties and parts of Brazoria, Fort Bend and Waller counties in Texas.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 72 employer/payer groups; 25,558 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Jeff Freeman, executive director; Richard C. Spears, sales manager.

Travelers Preferred-San Antonio

7550 IH 10 W., San Antonio, Texas 78230; 512-524-3300

Operational date: April 1988.
Ownership: The Travelers Insurance Co.
For profit.
Staff: 512 participating physicians.
Facilities: 10 hospitals.
Service area: Atacosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Kerr, Medina and Wilson counties.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 43 employer/payer groups; 4,988 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Officers: Thomas C. Jackson, executive director; Thomas G. Day, sales director.

USA Healthnet Inc.

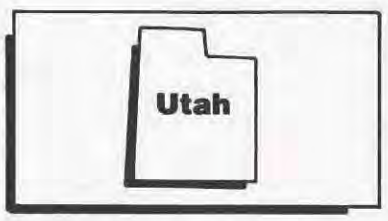
7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.

Wausau Preferred Care-Texas

2000 Westwood Drive, Wausau, Wis. 54402; 715-847-6896; fax: 715-847-8740

See Wausau Preferred Care under Wisconsin.



Affordable Health Care Concepts-Utah

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Augnet-Utah

2099 S. State College Blvd., Suite 400, Anaheim, Calif. 92806-6142; 714-938-2620; fax: 714-937-1910

See Augnet under California.

Avesis Inc.-Utah

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: One participating audiologist; 11 participating optometrists, ophthalmologists and opticians.
Facilities: 56 pharmacies.
Service area: Utah.
Users: Hearing: 37 employer/payer groups; 1,694 employees with single coverage; Vision: 57 employer/payer groups; 4,574 employees with single coverage.
See Avesis Inc. under Arizona.

Beech Street Inc.-Utah

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

Great West Care-Salt Lake City/Ogden

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: 1989.
Sponsorship: Great-West Life Assurance Co.
Participating network: Premier Medical Network.
For profit.
Staff: 460 physicians.
Facilities: Seven hospitals.
Service area: Box Elder, Cache, Rich, Morgan, Summit, Davis, Weber, Tooele, Utah, Salt Lake, Wasatch, Duchesne, Daggett, Uintah counties in Utah.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

MetLife Network-Utah

Bank of America Tower, Suite 700, One City Blvd. W., Orange, Calif. 92668-3651; 714-978-1991

Contact: Frederick F. Moran Jr., vp.
See MetLife Network under Connecticut.

Mutually Preferred-Utah

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

New England Care-Salt Lake City/Ogden

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: February 1989.
Sponsorship: Great-West Life Assurance Co.
Participating network: Premier Medical Network.
For profit.
Staff: 460 physicians.
Facilities: Seven hospitals.
Service area: Box Elder, Cache, Rich, Morgan, Summit, Davis, Weber, Tooele, Utah, Salt Lake, Wasatch, Duchesne, Daggett, Uintah counties in Utah.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

Premier Medical Network

2180 South 1300 East, Suite 210, Salt Lake City, Utah 84106; 801-486-3366; fax: 801-467-3376

Operational date: October 1985.
Ownership: Hospital and physician providers.
For profit.
Staff: 430 participating physicians; 298 specialists; six administrative staff members; one marketing staff members; average of 199 patients per primary physician; 95% board certified physicians.
Facilities: 12 hospitals; 52 pharmacies; 11 diagnostic labs.
Service area: Box Elder, Weber, Davis, Salt Lake, Uintah, Carbon counties in Utah.
Services provided: General service, plus prescription drugs, substance abuse, psychiatric services, workers compensation, obstetrics/gynecology. Utilization review available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 26 employer/payer groups; 34,500 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO is under contract with Principal Financial Group, Western Life Insurance Co., Mutual of Omaha Insurance Co., Pacific Heritage, Provident Life & Accident Insurance Co., Alta Health Strategies Inc.
Control measures: Standard utilization review procedures, excluding hospital bill audits and outpatient service predetermination; utilization review provided by the PPO.
Officers: Robert Immitt, executive director; Kevin Potts, marketing director; Josette Steadman, director-utilization review; Nancy Bullock and Heather Luttmer, employer/provider relations.
Contact: Kevin Potts.

Travelers Preferred-Salt Lake City

1601 Fifth Ave., Suite 600 420, Seattle, Wash. 98101; 206-464-3477

Operational date: May 1988.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 778 participating physicians.
Facilities: Nine hospitals.
Service area: Davis, Salt Lake, Utah, Wasatch, Summit, Weber counties in Utah.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 4,485 employees with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: David Freidman, executive director; James V. Skillings, sales manager.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.

ValueCare

2455 Parley's Way, Salt Lake City, Utah 84130-0270; 801-481-6179

Operational date: November, 1984.
Sponsorship: Blue Cross & Blue Shield of Utah.
Staff: 1,400 physicians.
Facilities: 17 hospitals.
Service area: Beaver, Box Elder, Davis, Juab, Salt Lake, Sanpete, Summit, Tooele, Utah, Weber counties in Utah.
Users: 60,121 members.
Compensation: The PPO negotiates hospital charges per diem rates and per discharge.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination, discharge planning, individual case management; utilization review provided by the PPO.



Avesis Inc.-Vermont

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 25 pharmacies.
Service area: Vermont.
See Avesis Inc. under Arizona.



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-Virginia

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Avesis Inc.-Virginia

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: 12 participating dentists, six dental specialists; 57 optometrists, ophthalmologists, opticians.
Facilities: 443 pharmacies.
Service area: Statewide.
Users: Vision: Two employer/payer groups; 32,759 employees with single coverage.
See Avesis Inc. under Arizona.

CNA Managed Care PPO-Richmond

1101 Market St., 25th Floor, Philadelphia, Pa. 19107; 215-351-3842

Operational date: August 1987.
Staff: 330 participating physicians; 75% board certified.
Facilities: Seven hospitals.
Service area: Henrico, Dinwiddle, Chesterfield, Powhatan and Hanover counties in Virginia.
Users: 9,800 employees and dependents with access to the network.
Contact: Bill Gabel, manager-sales; Ardyth Schuster, manager-cost containment.
See CNA Managed Care PPO corporate listing under Illinois.

CIGNA/EQUICOR Preferred Provider Organization-Hampton Roads/ Virginia Beach

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

CIGNA/EQUICOR Preferred Provider Organization-Richmond

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Continued on next page

Continued from previous page

Community CareNetwork-National Capital Area

2000 14th St. N., Suite 480, Arlington, Va. 22201; 202-626-6854; fax: 703-345-2347

Operational date: 1989.
Sponsorship: National Capital Area Health Care Coalition.
Ownership: CCN Inc.
Staff: 260 administrative staff members; one marketing staff member.
Facilities: 15 hospitals.
Service area: Washington, D.C., area.
Services provided: General service, plus workers compensation Employees can select non-PPO providers. Can be customized to meet employer specifications, individual enrollment is allowed.
Users: 11 employer/payer groups; 50,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers, workers compensation insurers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals, combination of per-capita fee and percent of savings; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures, excluding length of stay determination, second surgical opinion, hospital bill audits, outpatient service predetermination, case management; utilization review provided by outside contractor.
Officers: Robert M. Colasanto, president; George S. Murphy, executive director; Dr. Eugene Helsall, medical director; Patrick J. Sullivan, marketing director; Sandra Foote, vp-provider affairs; Nancy Plaxico, vp-purchaser affairs/field offices; Douglas Reeves, vp-information systems; Richard Morgan, vp-finance/administration.
Contact: Patrick J. Sullivan.

Community Care Network-Roanoke Valley

2000 14th St. N., Suite 480, Arlington, Va. 22201; 202-626-6854; fax: 703-345-2347

Operational date: 1989.
Sponsorship: Blue Ridge Regional Health Care Coalition.
Ownership: CCN Inc.
Staff: 260 administrative staff members; one marketing staff member.
Facilities: Four hospitals.
Service area: Blue Ridge Region of Virginia.
Services provided: General service, plus workers compensation program. Employees can select non-PPO providers. Can be customized to meet employer specifications, individual enrollment is allowed.
Users: 10 employer/payer groups; 8,198 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers, workers compensation insurers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals, combination of per-capita fee and percent of savings; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures, excluding second surgical opinion, hospital bill audits, outpatient service predetermination, case management; utilization review provided by outside contractor.
Officers: Robert M. Colasanto, president; George S. Murphy, executive director; Dr. Eugene Helsall, medical director; Patrick J. Sullivan, marketing director; Sandra Foote, vp-provider affairs; Nancy Plaxico, vp-purchaser affairs/field offices; Douglas Reeves, vp-information systems; Richard Morgan, vp-finance/administration.
Contact: Patrick J. Sullivan.

Great-West Care-Richmond

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1987.
Staff: 291 participating physicians; 75% board certified physicians.
Facilities: Five hospitals.
Service area: 21 counties in Virginia.
See Great West-Care corporate listing under Colorado.

HRM Care Pass-Virginia

8000 W. 78th St., Minneapolis, Minn. 55439; 800-824-3882; fax: 612-829-3578

See HRM CarePASS under Minnesota.

John Hancock Preferred Health Plan-Virginia

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

InterNet Health Plan

1945 Old Gallows Road, Suite 308, Vienna, Va. 22182; 703-790-4669; fax: 703-790-8022

Operational date: 1988.
Sponsorship: InterNet Health System.
Ownership: Member hospitals.
Not for profit.
Staff: 1,030 participating physicians; 750 specialists; six administrative staff members; one marketing staff member; 85% board certified physicians.
Facilities: 13 hospitals.
Service area: Fairfax, Loudoun and Prince William counties and city of Alexandria in Virginia; Frederick, Charles, Prince Georges and Montgomery counties in Maryland; District of Columbia.
Services provided: General service, plus substance abuse, home health care, psychiatric services, durable medical equipment. Utilization review, claims preprocessing available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: Two employer/payer groups; 25,000 employees with single coverage; 60,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures, including mental health and substance abuse review, but excluding hospital bill audits, outpatient service predetermination; utilization review provided by the health care cost consultants.
Gross revenues: $4 million in 1989.
Officers: Donald R. Wallace, president; Luanna Carpenter, marketing director.

KeyCare-Virginia

P.O. Box 27401, Richmond, Va. 23279; 804-354-2322; fax: 804-354-2225

Operational date: 1983.
Sponsorship: Blue Cross & Blue Shield of Virginia.
Not for profit.
Staff: 5,633 participating physicians; 2,200 specialists; three administrative staff members; 87% board certified physicians.
Facilities: 91 hospitals.
Service area: 59 counties in Virginia.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetric, physical therapy, home health-skilled nursing facilities, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 2,270 employer/payer groups; 225,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a premium based on actuarial rating.
Control measures: Standard utilization review procedures, excluding second surgical opinion, outpatient service predetermination, case management; utilization review provided by the PPO.
Officers: Edward C. Peple Jr., executive director.

MetLife Network-Virginia

1515 Market St., Suite 1630, Philadelphia, Pa. 19102; 215-977-7050

Contact: Thomas J. Regan, vp.
See MetLife Network under Connecticut.

Mutually Preferred-Virginia

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

New England Care-Richmond

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1987.
Staff: 291 participating physicians; 75% board certified physicians.
Facilities: 291 hospitals.
Service area: 21 counties in Virginia.
See New England Care corporate listing under Colorado.

Protocol Inc.

8180 Greensboro Drive, Suite 800, McLean, Va. 22102; 703-506-3100; fax: 703-506-3199

Operational date: October 1986.
Sponsorship: Blue Cross & Blue Shield of the National Capital Area.
Ownership: GHMSI, Protocol Inc.
For profit.
Staff: 1,200 participating physicians; 800 specialists; 25 administrative staff members; seven marketing staff members; 60% board certified physicians.
Facilities: 11 hospitals; two diagnostic labs.
Service area: District of Columbia; Montgomery and Prince George's counties in Maryland; city of Alexandria and portions of Arlington, Fairfax and Prince William counties in Virginia.
Services provided: General service, plus prescription drug, vision, dental, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. All services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 98 employer/payer groups; 10,547 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination; utilization review provided by Health Management Strategies, Pacific Review Services.
Officers: Hollins W. Riley Jr., president; Dr. Jack Kleh, medical director; Cynthia Atwater, marketing director; Eva Cohen, director-health services; Rob Hutchison, director-customer service; Melanie Frishman Moreno, director-product development; Patty Tihansky, controller; Rob Hanna, director-B'nai B'rith Insurance Program.
Contact: Melanie Frishman Moreno.

PruCare of Richmond

1000 Boulders Parkway, Richmond, Va. 23225; 804-323-0900

Operational date: October 1986.
Sponsorship: Prudential Insurance Co. of America.
For profit.
Staff: 129 participating physicians; 290 specialists; 25 administrative staff members; nine marketing staff members; average of 500 patients per primary physician; 86% board certified physicians.
Facilities: Eight hospitals; 16 pharmacies; one diagnostic lab.
Service area: 18 counties in Virginia.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications, individual enrollment is allowed for retirees.
Compensation: The PPO negotiates hospital charges by per diem rate.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Officers: Wallace H. Dawson, regional group manager; David Hunsaker, director of group operations.

Travelers Preferred-Norfolk

Travelers Health Network, 100 W. Plume St., Norfolk, Va. 23510; 804-622-6711

Operational date: May 1988.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 523 participating physicians.
Facilities: Eight hospitals.
Service area: Chesapeake, Norfolk, Portsmouth, Suffolk and Virginia Beach counties in Virginia.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications, individual enrollment is not allowed.
Users: 10 employer/payer groups; 1,414 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Mike Sherman, executive director; Susan J. Fiske, sales manager.

Travelers Preferred-Richmond

Travelers Health Network, 300 Arbretun Place, Richmond, Va. 23236; 804-330-6676

Operational date: March 1987.
Sponsorship: The Travelers Insurance Co.
For profit.
Staff: 1,089 participating physicians.
Facilities: Six hospitals.
Service area: Chesterfield, Colonial Heights, Dinwiddie, Hanover, Henrico, Hopewell City, Petersburg City, Prince George counties and city of Richmond in Virginia.
Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 60 employer/payer groups; 5,756 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by The Travelers Insurance Co.
Contact: Mike Sherman, executive director; Robert Moore, sales manager.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.

Virginia Health Network

7400 Beaufont Springs Drive, Suite 300, Richmond, Va. 23225; 804-320-3837

Operational date: September 1988.
Ownership: Group of hospitals.
For profit.
Staff: 1,025 participating physicians; 635 specialists; six administrative staff members; one marketing staff member; 86% board certified physicians.
Facilities: 14 hospitals.
Service area: Richmond and Hampton Roads areas of Virginia.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Hospital and physician services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 15 employer/payer groups; 63,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of savings; 40% of those with access to the network are covered by contracts with such fee adjustment clauses; the PPO is under contract with Lincoln National Provident Life/Accident, John Alden, Nationwide, Association Life, The Principal, Prudential.
Control measures: Standard utilization review procedures; utilization review provided by outside contractors.
Officers: James W. Brittain, president; Dr. Robert O. Williams, medical director; J. David Keplinger, vp-marketing director.

Wausau Preferred Care-Virginia

2000 Westwood Drive, Wausau, Wis. 54402; 715-847-6896; fax: 715-847-8740

See Wausau Preferred Care under Wisconsin.



Affordable Health Care Concepts-Washington

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

American Health Network-Washington

3988 N. Central Expressway, Dallas, Texas 75204; 214-841-1137; fax: 214-823-8052

See American Health Network under Texas.

Avesis Inc.-Washington

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 183 pharmacies.
Service area: Washington.
See Avesis Inc. under Arizona.

Beech Street Inc.-Washington

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

CNA Managed Care PPO-Seattle

CNA Insurance Cos., 50 Fremont St., San Francisco, Calif. 94105; 415-243-4982

Operational date: August 1987.
Sponsorship: CNA Insurance Cos.
For profit.
Staff: 697 participating physicians; 83% board certified physicians.
Facilities: Twelve hospitals.
Service area: King, Snohomish and Pierce counties in Washington.
Users: 10,100 employees and dependents with access to the network.
Contacts: Robert Shaffer, manager-sales; Ardyth Schuster, manager-cost containment development.
See CNA Managed Care PPO corporate listing under Illinois.

CIGNA/EQUICOR Preferred Provider Organization—Seattle

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Continued on next page

Continued from previous page

Family Health Plan Inc.

11400 S.E. 8th St., Suite 265, Bellevue, Wash. 98004; 206-455-9936; fax: 206-454-9125

Operational date: July 1986.
Ownership: Metrocare National Inc.
For profit.
Staff: Approximately 1,600 participating physicians; 640 specialists; four administrative staff members; three marketing staff members; 85% board certified physicians.
Facilities: 42 hospitals; two diagnostic labs.
Service area: 22 counties in Washington; portions of Alaska and Montana.
Services provided: General service, plus vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Hospital network and utilization review services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 253 employer/payer groups; 115,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals. The PPO is under contract with Lincoln National Life Insurance Co., The Hartford, Great-West Life Assurance Co., Northwest Administrators, Concept Administrator, Western Benefits Administrators Inc., Northwest Employee Benefits Inc., Kipp & Co., Glen Slaughter & Associates.
Control measures: Standard utilization review procedures, including specialized chemical dependency/mental health review; large claim negotiation; chronic care management; utilization review provided by the PPO.
Officers: Candace Sellers, president; Dr. Frank Schramm, medical director; Laurie Shorett, marketing director.
Contact: Laurie Shorett.

First Choice Health Network Inc.

1100 Olive Way, Suite 1480, Seattle, Wash. 98101-1838; 206-292-8255; fax: 206-624-4953

Operational date: September 1984.
Ownership: Six hospitals.
For profit.
Staff: 4,000 participating physicians; 1,000 specialists; 15 administrative staff members; one marketing staff member; average of 60 patients per primary physician; 80% board certified physicians.
Facilities: 40 hospitals; eight diagnostic labs.
Service area: Washington and Oregon.
Services provided: General service, plus substance abuse, psychiatric services, podiatry, psychologists, chiropractic. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 4,000 employer/payer groups; 170,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers, health care providers, claims administrators; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; less than 1% of those with access to the network are covered by such contracts.
Control measures: Standard utilization review procedures, including an evaluation of appropriate service delivery; utilization review provided by the PPO.
Officers: Clayton S. Field, president; Dr. Anna H. Chavelle, vp/medical director; Ross D. Heyl, vp-marketing; Randy Barker, vp-finance; Sherry Perry, vp-patient care services; Charlotte Wheeler, secretary.
Contact: Clayton S. Field.

Great-West Care-Seattle

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1987.
Staff: 662 participating physicians; 75% board certified physicians.
Facilities: 12 hospitals.
Service area: Seattle metropolitan area; King, Snohomish, Pierre, Kitsap counties in Washington.
See Great-West Care corporate listing under Colorado.

Great-West Care-Vancouver

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: January 1989.
Sponsorship: Great-West Life Assurance Co.
Participating network: Managed Healthcare Northwest Inc.
For profit.
Staff: 38 physicians.
Facilities: Two hospitals.
Service area: Clark, Skamania, Cowlitz counties in Washington.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

Great-West Care-Washington State

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: January 1989.
Sponsorship: Great-West Life Assurance Co.
Participating network: Family Health Plan of Washington.
For profit.
Staff: 339 physicians.
Facilities: 17 hospitals.
Service area: Statewide excluding Seattle and Vancouver areas.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

John Hancock Preferred Health Plan-Washington

John Hancock Place, P.O. Box 111, Boston, Mass. 02117; 617-572-7036; fax: 617-572-7138

See John Hancock Preferred Health under Massachusetts.

Hartford's Pulse Plan of Seattle

200 Hopmeadow St., Simsbury, Conn. 06070; 203-547-5000

Operational date: October 1989.
Sponsorship: Hartford Life Insurance Cos.
For profit.
Staff: 644 primary care physicians; 764 specialists.
Facilities: 37 hospitals; two diagnostic labs.
Service area: King, Mason, Pierce, Snohomish and Thurston counties in Washington.
Services provided: General service, plus substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: Two employer/payer groups; 595 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate or by a percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures except hospital bill audits; utilization review provided by the PPO and Valutrac.
Contact: Albert Meucci, regional sales manager, The Hartford Insurance Group, 1820 E. Lake Ave., Seattle, Wash. 98102; 206-325-8600.

King County Medical Blue Shield

1800 Ninth Ave., P.O. Box 21267, Seattle, Wash. 98111; 206-464-3600; 206-343-0848

Operational date: May 1985.
Ownership: King County Medical Blue Shield.
Not for profit.
Staff: 4,550 participating physicians; 1,601 specialists. 75% board certified physicians.
Facilities: 19 hospitals; 32 diagnostic labs.
Service area: King, Pierce, Snohomsih, Kitsap, Lewis, Yakima and Thurston counties in Washington.
Services provided: General service, plus psychiatric services, podiatry, obstetrics/gynecology, optometry, laboratory, home health, hospice. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 11,487 employer/payer groups; 380,340 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs, global per case rates; the PPO charges a monthly premiums.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Gross revenues: $317.9 million in 1989; $245.7 million in 1988.
Officers: Winlock W. Pickering, president; Dale M. Francis, executive vp; Dr. Robert W. Hoffman, medical director; Herb Breitenborn, marketing director.

Lincoln National Preferred Plan

11400 S.E. 8th St., Bellevue, Wash. 98004; 206-455-5622

Officers: Terry Bayer, general manager; Steve Burkholder, regional manager.
See Lincoln National Preferred Plan under Indiana.

MetLife Network-Washington

50 Fremont St., Suite 1100, San Francisco, Calif. 94105; 415-957-4101

Contact: Vincent P. Welch, vp.
See MetLife Network under Connecticut.

Mutually Preferred-Washington

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

New England Care-Seattle

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: August 1987.
Staff: 662 participating physicians; 75% board certified physicians.
Facilities: 12 hospitals.
Service area: Seattle metropolitan area; King, Snohomish, Pierre, Kitsap counties in Washington.
See New England Care corporate listing under Colorado.

New England Care-Vancouver

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: January 1989.
Sponsorship: Great-West Life Assurance Co.
Participating network: Managed Healthcare Northwest Inc.
For profit.
Staff: 38 physicians.
Facilities: Two hospitals.
Service area: Clark, Skamania, Cowlitz counties in Washington.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

New England Care-Washington State

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: January 1989.
Sponsorship: Great-West Life Assurance Co.
Participating network: Family Health Plan of Washington.
For profit.
Staff: 339 physicians.
Facilities: 17 hospitals.
Service area: Statewide excluding Seattle and Vancouver areas.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Compensation: The PPO negotiates hospital charges by a per diem rate and percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures excluding outpatient service predetermination; utilization review provided by Private Healthcare System Ltd.
Officers: Alan MacLennan, senior vp; Jeffrey Kraines, medical director; Robert Kavanagh and Jim Motz, vps; David Grapko, manager.
Contact: Gail Perron, managed care specialist.

Preferred Plan of Seattle

1800 Ninth Ave., Seattle, Wash. 98101; 206-464-3791

Operational date: January 1987.
Sponsorship: King County Medical Blue Shield.
Staff: 3,500 physicians.
Facilities: 19 hospitals.
Service area: Cowlitz, King, Kitsap, Lewis, Snohomish and Yakima counties in Washington.
Users: 369,712 members.
Compensation: The PPO negotiates hospital charges per case and per diem rates.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.

The Preferred Plan of Spokane

E. 3900 Sprague Ave., Spokane, Wash. 99202; 509-536-4644

Operational date: February 1986.
Sponsorship: Medical Service Corp. of Eastern Washington.
Staff: 737 physicians.
Facilities: Nine hospitals.
Service area: Benton, Franklin, Grant, Spokane and Whitman counties in Washington.
Users: 49,685 members.
Compensation: The PPO negotiates hospital charges by DRGs.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.

Preferred Plan of Tacoma

1114 Broadway Plaza, Tacoma, Wash. 98402; 206-597-6500

Operational date: January 1985.
Sponsorship: Pierce County Medical Bureau Inc.
Staff: 1,134 physicians.
Facilities: Ten hospitals.
Service area: Pierce County in Washington.
Users: 88,441 members.
Compensation: The PPO negotiates hospital charges per case and per diem rates.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.

Preferred Plus of Washington

1295 State St., J235, Springfield, Mass. 01111; 413-788-8411, ext. 3192; fax: 413-730-6229

Operational date: September 1989.
Ownership: Massachusetts Mutual Life Insurance Co.
For profit.
Staff: 3,671 participating physicians.
Facilities: 43 hospitals.
Service area: All counties in Washington except Clark and Skamania.
Services provided: General service, plus substance abuse, psychiatric services, obstetrics/gynecology. Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 34 employer/payer groups; 3,305 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding hospital bill audits; utilization review provided by the PPO.
Contact: Philip K. Francis, account executive, 101 Stewart St., Suite 1000, Seattle, Wash. 98101; 206-441-9010.

Private Healthcare Systems Ltd.-Seattle

The Atrium, 19100 Von Karman Ave., Suite 700, Irvine, Calif. 92715; 714-476-9816

See Private Healthcare Systems Ltd. under Massachusetts.

Prudent Buyer Plan

15700 Dayton Ave. N., Seattle, Wash. 98133; 206-361-3873

Operational date: October 1985.
Sponsorship: Blue Cross of Washington & Alaska.
Staff: 5,286 physicians.
Facilities: 64 hospitals in Washington; four hospitals in Alaska.
Service area: Washington; Anchorage, Fairbanks, Ketchikan and Seward counties in Alaska.
Users: 242,218 members.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination, second surgical opinion; utilization review provided by the PPO.

Sound Health Network

1501 4th Ave., Suite 500, Seattle, Wash. 98101; 206-622-6111 or 800-443-0996; fax: 206-623-5173

Operational date: November 1986.
Sponsorship: Sisters of Providence Hospital, Eastern Washington Dominican & Franciscan Services, Washington Health Network.
Not for profit.
Accredited by AAPPO.
Staff: 1,252 participating physicians; 2,533 referral physicians; 28 administrative staff members; four marketing staff members; 90% board certified physicians.
Facilities: 48 hospitals.
Service area: Washington and Oregon.
Services provided: General service, plus vision, psychiatric services,

Continued on next page

Continued from previous page
durable medical equipment, podiatry, obstetrics/gynecology. Can be customized to meet employer specifications. Individual enrollment is allowed.

Users: 2,437 employer/payer groups.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO is under contract with Alta Health Strategies Inc., Concept Administrators Inc., Control Data Corp., Direct Administrators Inc., Healthcare Management Administrators, NCAS Northwest.

Control measures: Standard utilization review procedures, excluding hospital bill audits and discharge planning; utilization review provided by the PPO.

Officers: Jerry Coe, chief executive officer; Jeff Blancett, chief operating officer; Don Stewart, medical director; Ty Tabor, marketing director; Cassandra Undin.

Contact: Nikki Demko, PPO group service representative.

Travelers Preferred-Puget Sound

1601 Fifth Ave., Suite 600, Seattle, Wash. 98101; 206-464-3472

Operational date: December 1986.

Sponsorship: The Travelers Insurance Co.

For profit.

Staff: 1,230 participating physicians.

Facilities: Nine hospitals.

Service area: King, Pierce and Snohomish counties in Washington.

Services provided: General service. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 3,939 employees with access to the network.

Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates, DRGs; the PPO is compensated by employers/payer groups; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.

Control measures: Standard utilization review procedures, excluding outpatient service predetermination; utilization review provided by the Travelers Insurance Co.

Contact: David Friedman, executive director; Robert A. LaPlant, sales manager.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.

United Northwest Services Inc.

N. 1014 Pines Road, Suite 205, Spokane, Wash. 99214; 509-928-2569; fax: 509-924-7422

Operational date: June 1984.

For profit.

Staff: 2,600 participating physicians; 1,700 specialists; three administrative staff members; two marketing staff members; average of 85 patients per primary physician; 85% board certified physicians.

Facilities: 30 hospitals; six diagnostic labs.

Service area: Alaska, Idaho, Oregon, Washington.

Services provided: General service, plus vision, chiropractic, wellness, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Services available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.

Users: 26 employer/payer groups; 31,000 employees with family coverage; 77,000 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services, CPT relative value; the PPO charges a percent of services rendered by participating doctors/hospitals; the PPO is under contract with A.W. Rehn Company, Sheetmetal Workers Health Care Plans, Washington/Idaho Engineers, Administrative Services, Western Growers, National Rural Electric Cooperative and United Administrators Inc..

Control measures: Standard utilization review procedures; utilization review provided by the PPO.

Officers: Dr. Milan Jeckle, president; Tom Markson, executive director; Dr. Larry Worth, medical director; Heidi Jeckle, marketing director.

West Virginia

Avesis Inc.-West Virginia

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Staff: Six participating dentists; 16 participating optometrists, ophthalmologists, opticians.

Facilities: 193 pharmacies.

Service area: Statewide.

See Avesis Inc. under Arizona.

HRM CarePASS-West Virginia

8000 W. 78th St., Minneapolis, Minn. 55439; 800-824-3882; fax: 612-829-3578

See HRM CarePASS under Minnesota.

MedSelect of West Virginia

1 Hillcrest Drive, Charleston, W.Va. 25326; 304-347-1527; fax: 304-347-0746

Operational date: 1986.

Sponsorship: Jefferson-Pilot Corp.; MCIG Inc.

For profit.

Staff: Three administrative staff members; one marketing staff member.

Facilities: 20 hospitals.

Service area: West Virginia and contiguous counties in Ohio, Virginia and Kentucky.

Services provided: Hospital services only. Employees can select non-PPO providers. Can be customized to meet employer specifications.

Users: 200 employer/payer groups; 25,000 employees and dependents with access to the network.

Compensation: The PPO negotiates hospital charges by a per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized; the PPO will contract to reduce its fee if savings are not met; the PPO is under contract with Guardian Life Insurance, Jefferson-Pilot, Hartford, Association Life.

Control measures: Standard utilization review procedures, excluding precertification, retrospective review, outpatient service predetermination, case management; utilization review provided by MedCert.

Gross revenues: $10 million in 1989; $5.4 million in 1988.

Officers: Janet Robertson, executive director; Dave Cook, marketing director.

Contact: Jennings Hart.

MetLife Network-West Virginia

1515 Market St., Suite 1630, Philadelphia, Pa. 19102; 215-977-7050

Contact: Thomas J. Regan, vp.

See MetLife Network under Connecticut.

Preferred Health Plan

200 Kanawha Blvd. E., Charleston, W.Va. 25301; 304-347-7600

Operational date: July 1985.

Sponsorship: Blue Cross & Blue Shield of West Virginia Inc.

Staff: 1,612 physicians.

Facilities: 21 hospitals.

Service area: West Virginia.

Users: 16,319 members.

Compensation: The PPO negotiates hospital charges per case and per diem rates.

Control measures: Standard uti-

Continued on next page

Frequent flier...



bonus miles

ISSUE	CLOSING*	1991 MEETING/CONFERENCE	LOCATION
Mar 4	Feb 19	International Captive & Reinsurance Forum	Bermuda
Apr 29	Apr 16	Risk & Insurance Management Society	New Orleans
May 13	Apr 30	Public Risk Management Association	Atlanta
May 27	May 14	National Association of Insurance Brokers	Sea Island, GA
Jun 10	May 29	National Association of Insurance Commissioners	Indianapolis
Jun 17	Jun 5	National Association of Insurance Women	Grand Rapids, MI
Jun 24	Jun 11	Group Health Association of America/GHI	New York
Jun 24	Jun 11	Human Resource Management/SHRM Conference	Cincinnati
Jul 1	Jun 18	World Insurance Congress	London
Aug 19	Aug 7	American Risk & Insurance Association	San Diego
Sep 2	Aug 20	Monte Carlo Rendez-Vous de Septembre	Monte Carlo
Sep 30	Sep 18	Independent Insurance Agents of America	Honolulu, HI
Oct 7	Sep 24	National Assn. of Casualty & Surety Agents & Executives	Greenbrier, WV
Oct 7	Sep 24	AEAI/RIMS	Monte Carlo
Oct 14	Oct 2	Self-Insurance Institute of America	Orlando, FL
Oct 21	Oct 8	Baden-Baden Conference	Baden-Baden, W. Germany
Oct 21	Oct 8	Chartered Property & Casualty Underwriters	New Orleans
Nov 4	Oct 22	National Association of Independent Insurers	New Orleans
Nov 18	Nov 5	National Association of Professional Insurance Agents	San Francisco
Dec 9	Nov 26	National Association of Insurance Commissioners	Houston

Every week Business Insurance covers the globe ... reporting worldwide news events for readers on every continent.

Our bonus distribution issues reach these important executives even while they travel to industry meetings and conventions. These issues give advertisers wider reach and greater impact.

Join our 1991 itinerary and get more mileage out of your advertising in Business Insurance.

*For advertising information call: Martin Ross 212-210-0228
For circulation information call: Customer Service 800-992-9970

Business Insurance
a publication of Crain Communications Inc

Continued from previous page
lization review procedures, excluding retrospective review, hospital bill audits, outpatient service predetermination.

Preferred Health Plan Inc.

Suite 400, Riley Building, Wheeling, W.Va. 26003; 304-233-3110; fax: 304-233-3114

Operational date: June 1985.
Not for profit.
Accredited by AAPPO: 1989.
Staff: 380 participating physicians; 205 specialists; six administrative staff members; three marketing staff members; average of 118 patients per primary physician; 58% board certified physicians.
Facilities: Eight hospitals; four diagnostic labs.
Service area: Jefferson, Belmont, Monroe counties in Ohio; Marshall, Ohio, Wetzel, Brooke counties in West Virginia.
Services provided: General service, plus vision, substance abuse, psychiatric services, durable medical equipment, podiatry, obstetrics/gynecology. Vision care is available unbundled. Can be customized to meet employer specifications.
Users: 294 employer/payer groups; 3,690 employees with single coverage; 5,120 employees with family coverage; 22,800 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by a per diem rate, DRGs; the PPO is compensated by employers/payers, claims administrators; the PPO charges a flat fee per eligible employee; the PPO will contract to receive a higher fee if savings are realized.
Control measures: Standard utilization review procedures, excluding hospital bill audits, outpatient service predetermination; utilization review provided by Benefit Management Program.
Gross revenues: $18 million in 1939; $13 million in 1988.
Officers: Richard DeLuca, executive director; Tom Clark, medical director; Shirley Jacobs, director-operations.
Contact: Richard DeLuca.



Aetna Life Insurance Co./PARTNERS National Health Plans

5215 N. O'Connor Blvd., 24th Floor, Irving, Texas 75039; 214-869-2500; fax: 214-401-8940

See Aetna Life Insurance Co. under Texas.

Affordable Health Care Concepts-Wisconsin

2485 Natomas Park Drive, Suite 600, Sacramento, Calif. 95833; 916-925-7800; fax: 916-925-8699

See Affordable Health Care Concepts under California.

Avesis Inc.

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 198 pharmacies.
Service area: Wisconsin.
Users: Pharmaceutical: one employer/payer group; 1,525 employees with single coverage.

See Avesis Inc. under Arizona.

Beech Street Inc.-Wisconsin

2 Ada, Suite 200, Irvine, Calif. 92718; 714-727-1353; fax: 714-727-1793

See Beech Street Inc. under California.

CNA Managed Care PPO-Milwaukee

CNA Insurance Cos., CNA Plaza-22W, Chicago, Ill. 60685; 312-822-7626

Operational date: April 1987.
Staff: 657 participating physicians; 58% board certified physicians.
Facilities: Nine hospitals and medical facilities.
Service area: Kenosha, Milwaukee, Ozaukee, Sheboygan and Waukesha counties in Wisconsin.
Users: 3,400 employees and dependents with access to the network.
Officers: Tom Dolatowski, manager-major group sales; Ardyth Schuster, manager-cost containment development.
Contact: Tom Dolatowski.

See CNA Managed Care PPO corporate listing under Illinois.

CIGNA/EQUICOR Preferred Provider Organization-Milwaukee

Hartford, Conn. 06106; 203-726-6904

See CIGNA/EQUICOR Preferred Provider Organization under Connecticut.

Delta PPO

P.O. Box 828, Stevens Point, Wis. 54481; 715-344-6087; fax: 715-344-2446

Operational date: August 1990.
Ownership: Delta Dental Plan of Wisconsin.
Not for profit.
Service area: Kenosha, Racine, Milwaukee, Ozaukee, Washington and Waukesha counties in Wisconsin.
Services provided: Dental only. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Control measures: Utilization review provided by the PPO.
Officers: Dennis L. Brown, president; Dennis L. Peterson, vp-operations, Patty Glennon, chief financial officer.
Contact: Dennis Peterson.

Great-West Care-Milwaukee

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: April 1987.
Sponsorship: Great-West Life Assurance Co.
Staff: 647 participating physicians; 75% board certified physicians.
Facilities: Nine hospitals.
Service area: Calumet, Fond du Lac, Sheboygan, Ozaukee, Washington, Dodge, Manitowac, Jefferson, Waukesha, Milwaukee, Walworth, Racine and Kenosha counties in Wisconsin.
Contact: Gail Perron, managed care specialist.

See Great-West Care corporate listing under Colorado.

Health Care Network of Greater Milwaukee

16535 W. Bluemound Road, Suite 220, Brookfield, Wis. 53008-0978; 414-784-0223; fax: 414-784-2976

Operational date: July 1987.
Ownership: Greater Milwaukee Health Care Purchasing Plan Inc.
Not for profit.
Staff: 1,221 participating physicians; 823 specialists; 16 administrative staff members; two marketing staff members; 75% board certified physicians.
Facilities: 12 hospitals; two diagnostic labs.
Service area: Milwaukee, Waukesha, Washington and Ozaukee counties in Wisconsin.
Services provided: General service, plus prescription drug, outpatient surgery center, substance abuse, psychiatric services, obstetrics/gynecology. Mail order prescription drug program available unbundled. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 47 employer/payer groups; 130,000 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, plus a percentage of inpatient hospital savings where the payer is primary. The PPO is under contract with

Continued on next page

Insurance services guide

MEDWATCH ©
Utilization Review Software Tool, Acute and Ambulatory, Custom knowledge Base, Provider Information Management, Input/Output facility to Claims
HEALTH MANAGEMENT TECHNOLOGIES, INC.
1042 Country Club Dr. Ste. 2-C
Moraga, CA 94556, 415/376-0980

RETURN©
Case Management PC Software
Workers' Compensation & Disability.
Data base, Case Management tools, knowledge base & management reports.
HEALTH MANAGEMENT TECHNOLOGIES
1042 Country Club Drive • Suite 2C
Moraga, California 94556
1-(415)-376-0980 • FAX 1-(415)-376-7178

GROUP INSURANCE ASSISTANCE FOR EMPLOYERS
- Consolidation/Plan Design
- Alternative Funding/Reinsurance
- Cost Containment
- Specs preparation for Competitive Bidding
- General Review, etc.

CALL: (615) 321-4027

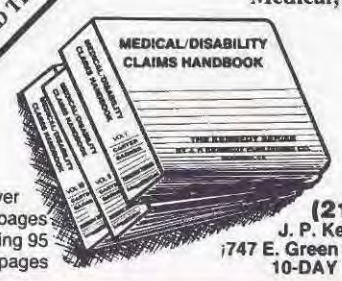
TEMPORARY CLAIMS EXAMINERS
CSRG CLAIM SERVICES RESOURCE GROUP
- Exclusively Medical/Dental Claims
- Nationwide Service
- 10 Years Service to Over 800 Clients
- Proven Performance Record
- Rapid Start Up
- Effective Quality Control Program

CLAIM SERVICES RESOURCE GROUP • 800-331-5039
The Claims Productivity People©

MEDICAL
COST CONTAINMENT SOFTWARE
>> CALL TODAY << for a FREE copy of our demonstration disk... 1-800-829-1841
- ✓ Physician Bill Review
- ✓ Hospital Bill Review
- ✓ Medical Case Mgmt.
- ✓ Provider Analysis
- ✓ Claimant Tracking
- ✓ Treatment Analysis

SOFTOUCH SOFTWARE INCORPORATED
5200 SW Macadam Ave. #255
Portland, Oregon 97201
Software, Custom Development & Consulting
DEMO DISK
Compatible with most claims management systems

YOUR AD SHOULD BE HERE
1-800-678-2724 EXT. 5340

SPECIAL Introductory Offer LIMITED TIME ONLY
CLAIMS MANUALS
Medical, Disability, Dental


SPEED UP CLAIMS HANDLING • IMPROVE ACCURACY • MAINTAIN CONSISTENCY • DEVELOP GUIDELINES •
Comprehensive Reference Basis for Training Updates Available
Over 1460 pages including 95 index pages
(213) 681-3300
J. P. Kennedy Publishing Co.
747 E. Green Street, Pasadena, CA 91101
10-DAY REFUND GUARANTEE

THE LEADER IN RISK MANAGEMENT SOFTWARE PRESENTS THE NEW
ISP HEALTHSTAR
EMPLOYEE HEALTH BENEFITS MANAGEMENT SYSTEM
Fully Adjudicating Claims Processing Software
FEATURE # 3
Single Screen Claim Entry
Put ISP's experience, resources and expertise to work for you!
Installations coast to coast
Call for information on the other ISP HealthStar features ...
INSURANCE SOFTWARE PACKAGES, INC.
5118 N. 56th Street • Tampa, FL 33610
(800) 237-8133 US • (813) 621-6069 FL

AUTOMATED HEALTH CARE CLAIMS MANAGEMENT SYSTEMS
- **Claims Processing**
- **PPO Management**
- **Billing & Administration**
- **Utilization Revue**
- **Cobra Administration**
- **Section 125/Cafeteria Plan**

For Self Insureds, TPA's, Associations, Insurance Companies

COMING SOON...
Managed Care Review System
Including Bundling, Un-Bundling and Out-Patient Review

ELDORADO COMPUTING INC.
2880 East Northern Ave. Suite 4 • Phoenix, Arizona 85028 • (602) 493-0288

For advertising information in the INSURANCE SERVICES GUIDE Contact: Margaret Hikido, 740 N. Rush Street, Chicago, Illinois 60611. Telephone (312) 649-5340

Continued from previous page
Cigna Corp., Travelers Preferred, Association Life Insurance Co., Midwestern National Insurance Co., Benefit Trust Life Insurance Co.

Control measures: Standard utilization review procedures, including ambulatory review; utilization review provided by payer's contracted utilization review vendors; CNR Health Inc. is preferred vendor under contract.

Officers: James Wrocklage, executive director; Mary D. Joe, marketing director; Michele Holzman, manager-Wisconsin program; Shelley Morgan, manager-purchaser affairs; Richard Dowdle, manager-hospital contracts; Marianne Schaubel, manager-Midwest claims.

Contact: Mary D. Joe.

Lincoln National Preferred Plan

1011 N. Mayfair Road, Suite 204, Wauwatosa, Wis. 53226; 414-476-2828

Contact: Dr. John Blank, general manager, or Scott Evelyn, regional manager.

See Lincoln National Preferred Plan under Indiana.

MetLife Network-Wisconsin

200 E. Randolph Drive, Suite 6836, Chicago, Ill. 60601-6804; 312-861-3000

Contact: P. Kerry Finnegan, vp.

See MetLife Network under Connecticut.

Mutually Preferred-Wisconsin

Mutual of Omaha Plaza, Omaha, Neb. 68175; 402-342-7600; fax: 402-978-2274

See Mutually Preferred under Nebraska.

Network Exclusive Provider Option Inc.

111 W. Pleasant St., Milwaukee, Wis. 53212; 414-223-3300 or 800-289-0260; fax: 414-223-7777

Operational date: October 1987.
Sponsorship: 15 hospitals throughout southeastern Wisconsin.
Ownership: CareNetwork Inc.
For profit.
Staff: 2,100 participating physicians; 1,450 specialists; 165 administrative staff members; 25 marketing staff members; average of 10 patients per primary physician; 100% board certified physicians.
Facilities: 15 hospitals; 350 pharmacies.
Service area: Milwaukee, Waukesha, Ozaukee, Washington, Sheboygan, Kenosha and Racine counties in Wisconsin.
Services provided: General service, plus prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, chiropractic, podiatry, obstetrics/gynecology. Prescription drugs, psychiatric care, substance abuse, chiropractic services available unbundled. Employees cannot select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 35 employer/payer groups; 975 employees with single coverage; 2,135 employees with family coverage; 8,900 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee, percent of services rendered by participating doctors/hospitals.
Control measures: Standard utilization review procedures; utilization review provided by the PPO.
Officers: Kipton Kaplan, chief executive director/president; Dr. Carl F. Myers, vp-medical affairs; Thomas R. Sobocinski, vp-marketing; Mark E. Daley, vp/chief operating officer-operations; Craig Kastern, vp-operations/systems.

New England Care-Milwaukee

8505 E. Orchard Road, Englewood, Colo. 80111; 303-889-3375

Operational date: April 1987.
Sponsorship: Great-West Life Assurance Co.
Staff: 647 participating physicians; 75% board certified physicians.
Facilities: Nine hospitals.
Service area: Calumet, Fond du Lac, Sheboygan, Ozaukee, Washington, Dodge, Manitowac, Jefferson, Waukesha, Milwaukee, Walworth, Racine and Kenosha counties in Wisconsin.
Contact: Gail Perron, managed care specialist.

See New England Care corporate listing under Colorado.

Pharmacy Select Corp.

6425 Odana Road, Suite B, Madison, Wis. 53719; 608-274-7732; fax: 608-274-8107

Operational date: January 1986.
Sponsorship: Independent Pharmacy Coop.
For profit.
Facilities: 725 pharmacies.
Service area: Wisconsin, Minnesota, North Dakota, Michigan (upper peninsula).
Services provided: Prescription drug only. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is allowed.
Users: 53 employer/payer groups; 50,000 employees with family coverage; 95,000 employees and dependents with access to the network.
Compensation: The PPO is compensated by employers/payers, claims administrators; the PPO charges a fee per claim based on volume of prescriptions. The PPO is under contract with PAS, NBC, LaHood & Associates, AHC Inc.
Control measures: Prescription drug utilization review provided by the PPO.
Officers: John B. Pike, president; Fred Bahr, senior consultant.

Preferred Health Insurance Corp.

1101 N. Market St., Milwaukee, Wis. 53202; 414-347-0500; fax: 414-277-9245

Operational date: November 1987.
Ownership: Preferred Health Insurance Corp., a joint venture between Samaritan Health Plan and Wausau Insurance Cos.
For profit.
Staff: 1,200 participating physicians; 727 specialists; two directly employed administrative staff members; marketed by joint venture partners.
Facilities: 14 hospitals; pharmacies accepting PCS.
Service area: Milwaukee, Waukesha, Washington, Ozaukee, Racine and Kenosha counties in Wisconsin.
Services provided: General service, plus prescription drug, vision, substance abuse, psychiatric services, durable medical equipment, mail order prescription drugs, obstetrics/gynecology. Claim payment services available unbundled. Employees can select non-PPO providers. Can be customized for larger employers. Individual enrollment is not allowed.
Users: 113 employer/payer groups; 1,962 employees with single coverage; 3,074 employees with family coverage; 12,527 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee. The PPO will contract to receive a higher fee if savings are realized or to reduce its fee if savings are not met.
Control measures: Standard utilization review procedures, excluding length of stay determination, hospital bill audits, outpatient service predetermination; utilization review provided by the PPO.
Gross revenues: $4.3 million in 1989; $404,250 in 1988.
Officers: James A. Schultz, president; James H. Yahnke, executive director; Dr. Winfred H. Stringer, medical director; William Hattendorf and Michael Silgen, marketing directors.
Contact: James H. Yahnke.

Preferred Provider Option/PPO Plus

401 W. Michigan St., Milwaukee, Wis. 53203; 414-224-6000

Operational date: January 1984.
Sponsorship: Blue Cross & Blue Shield United of Wisconsin.
Staff: 1,650 preferred physicians.
Facilities: 32 hospitals.
Service area: 16 counties in Wisconsin.
Users: 48,779 members.
Compensation: The PPO negotiates hospital charges by a per diem rate.
Control measures: Standard utilization review procedures, excluding retrospective review, hospital bill review, outpatient service predetermination.

Private Healthcare Systems Ltd.-Milwaukee

O'Hare International Center, 10255 W. Higgins Road, Suite 260, Rosemont, Ill. 60018; 708-299-7560

See Private Healthcare Systems Ltd. under Massachusetts.

USA Healthnet Inc.

7301 N. 16th St., Suite 201, Phoenix, Ariz. 85020; 602-371-3880

See USA Healthnet Inc. under Arizona.

Wausau Preferred Care*

2000 Westwood Drive, Wausau, Wis. 54402; 715-847-6896; fax: 715-847-8740

Operational date: Varies by location.
Sponsorship: Wausau Insurance Cos.
Ownership: Employers Life Insurance Co. of Wausau.
For profit.
Staff: 35,966 participating physicians; 75% board certified physicians.
Facilities: 360 hospitals.
Service area: Arizona, California, Illinois, Indiana, Kansas, Maryland, Michigan, Minnesota, Missouri, Oregon, Texas, Virginia, Washington, Wisconsin.
Services provided: General service, plus prescription drug, substance abuse, psychiatric services, durable medical equipment, obstetrics/gynecology, with other services varying by location. Employees can select non-PPO providers. Can be customized to meet employer specifications. Individual enrollment is not allowed.
Users: 302 employer/payer groups; 6,670 employees with single coverage; 7,606 employees with family coverage; 31,722 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by per diem rate, percent discount off customary rates for individual services, DRGs; the PPO is compensated by employers/payers; the PPO charges a flat fee per eligible employee.
Control measures: Standard utilization review procedures, excluding second surgical opinion; utilization review provided by the PPO.
Gross revenues: $33.3 million in 1989.
Officers: James Magalska, executive vp/chief operating officer; Terry Bolz, assistant vp-ALT Health Care; John Laehn, manager-managed care development.

* Figures are corporate, including all Wausau Preferred Care PPOs sponsored by Employers Life Insurance Co. of Wausau.



Avesis Inc.-Wyoming

4201 N. 24th St., Suite 300, Phoenix, Ariz. 85016; 602-956-7287; fax: 602-224-5620

Facilities: 19 pharmacies.
Service area: Wyoming.

See Avesis Inc. corporate listing under Arizona.

* * *



The following PPO was inadvertently omitted from the Massachusetts listing.

Delta Dental Plan of Massachusetts

P.O. Box 9104, Medford, Mass. 02155; 617-393-1000 or 800-451-1249; fax: 617-393-1199

Operational date: 1966.
Not for profit.
Staff: 4,400 dentists; 130 administrative staff members; five marketing staff members.
Service area: Massachusetts.
Services provided: Employees can select non-PPO providers. Can be customized to meet employer specifications.
Users: 1,599 employer/payer groups; 112,348 employees with single coverage; 134,787 employees with family coverage; 449,316 employees and dependents with access to the network.
Compensation: The PPO negotiates hospital charges by percent discount off customary rates for individual services; the PPO is compensated by employers/payers.
Control measures: Utilization review procedures include case management only; utilization review provided by the PPO.
Officers: Dr. Robert E. Hunter, president; Dr. Michael A. Segal, dental director; Scott F. O'Gorman, marketing director; Harold S. Page, chairman; Thomas Raffin, vp-operations; Donald Hutchinson and Howard Kassler, vps; George Wezniak, treasurer. ■

From The Reprint Department Of:
Business Insurance
Reporting weekly for corporate risk, employee benefit and financial executives

Reprints/Permission
If you want copies of articles appearing in BI to distribute at corporate or industry meetings, or for promotional mailings — or permission to produce your own reprints — contact the BI Reprint Dept. We've expanded to provide you with fast, low-cost service. (Minimum print order is 100 copies.) Call or write:
REPRINT DEPARTMENT
Business Insurance
220 East 42nd Street
New York, NY 10017
(212)210-0229.

Article Photocopies
If you missed an article in BI and would like a photocopy — send your request along with $3.50 per copy / per article and a self-addressed envelope to the BI Reprint Dept. Please specify issue date and headline of article. Only pre-paid written requests will be fulfilled.

Issue Sales
For a copy(s) of any back issue of *Business Insurance*, contact Single Copy Sales. Call (313)446-1609.

Extra copies available

Additional copies of *Business Insurance's* 1990-1991 Managed Care Market Report are available for $25 plus postage.

To order, contact Single Issue Sales, *Business Insurance*, 965 E. Jefferson Ave., Detroit, Mich. 48207-3185; 313-446-1609 or 800-992-9970.

Advertiser **Index**

December

Advertiser	Page #
Aetna Health Plans	40-41
American Business Publishing	99
Avesis	5
Blue Cross/Blue Shield Assn.	16-17
Blue Cross/Blue Sheild, SC	51
Business Insurance	83,87,93,117
Celtic Life Insurance	49
CIGNA	3
Claimnet	83
CNA Insurance Co.	25
Comp Pro	67
Computations Inc.	15
Corroon & Black	7
Erisco	22-23
General Rehabilitation Serv.	56-57
John Hancock Mutual Life	55
Health Net	11
Humana, Incorporated	39
Hyatt Legal Services	71
Int'l Found. Empl. Ben.	81
Intl Medical Group	89
Intl. Workers Comp. Found.	93
Intracorp	Cover 3
ITT Hartford Insurance Co.	26-27
JCAHO	73
Kaiser Permanente	65
Lincoln Natl. Emp. Benefits	46-47
Mass Mutual Insurance	35
Maxicare Health Plans Inc	31
M.I.D.A. Dental Plans	77
Miller Mason & Dickenson	18
Mutual of Omaha	Cover 4
Oxford Health Plan	9
Pace Group,	75
Peer Review Analysis	43
Pharmaceutical Card Systems	32-33
Provider Medical Pharm Sys.	87
Quality Health Services	88
Randmark Management Inc.	95
Reliance National	Cover 2
San Marcos Treatment Center	63
Travelers Insurance Co.	13
USA Healthnet	21
U.S. Health Care Systems	60-61

Business Insurance

HMOs operating in multiple states

Aetna Life Insurance Co./PARTNERS National Health Plans: Alabama, Arizona, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Wisconsin.

Blue Cross & Blue Shield Plans: Alabama, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Tennessee, Utah, Virginia, Washington, Wisconsin.

CIGNA/EQUICOR Healthplans: Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Kansas, Louisiana, Maryland, Massachusetts, Missouri, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin.

Community Health Plans: Massachusetts, New York.

FHP Health Care: Arizona, California, Guam, New Mexico, Utah.

Good Health Plans: Oregon, Washington.

Health Insurance Plans (HIP): Florida, New Jersey, New York.

Healthsource Plans: Maine, New Hampshire, South Carolina.

Humana Health Care Plans: Alabama, Arizona, Colorado, Florida, Indiana, Kentucky, Nevada, Texas, Missouri.

Kaiser Permanente Medical Care Program: California, Colorado, Connecticut, District of Columbia, Georgia, Hawaii, Kansas, North Carolina, Ohio, Oregon, Texas.

Lincoln National Health Plan: Arizona, California, Colorado, District of Columbia, Idaho, Indiana, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, Missouri, Nebraska, North Carolina, Ohio, Pennsylvania, Virginia, Wyoming.

Maxicare Health Plans: California, Illinois, Indiana, Louisiana, Wisconsin, North Carolina, South Carolina.

MetLife Healthcare Network: Arizona, California, Colorado, Florida, Georgia, Illinois, Kansas, Kentucky, Massachusetts, Missouri, New Jersey, New York, Ohio, Texas, Wisconsin.

Oxford Health Plans Inc.: Connecticut, New York, New Jersey.

Pacificare Health Systems Inc.: California, Oklahoma, Oregon, Texas.

Physicians Health Plan: Minnesota, Missouri.

Physicians Health Services: New York, Connecticut.

Prudential Insurance Co. of America-sponsored plans: California, Connecticut, District of Columbia, Florida, Georgia, Illinois, Maryland, Missouri, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia.

Sanus Corp. Health Systems: Maryland, Missouri, New York, Texas.

Share Health Plans: Illinois, Iowa, Minnesota, Nebraska.

Travelers Health Network: California, Louisiana, New York, Texas, Virginia.

U.S. Healthcare Inc.: Connecticut, Delaware, Massachusetts, New Jersey, New York, Pennsylvania.

United Healthcare Corp.: See Physicians Health Plan and Share Health Plans. ■

Guide to PPOs with operations in multiple states

Admar Corp.: Arizona, Colorado, District of Columbia, Kansas, Massachusetts, Missouri, New Mexico, Texas.

Aetna Life Insurance Co./PARTNERS National Health Plans: Alabama, Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, South Carolina, Tennessee, Texas, Virginia, Wisconsin.

Affordable Health Care Concepts: Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Massachusetts, Mississippi, Missouri, Nevada, New Mexico, Ohio, Oregon, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin.

American Health Network: Arizona, California, Florida, Oregon, Tennessee, Texas, Washington.

Anthem Group Services Corp.: See American Health Network.

Augnet: California, Oregon, Oklahoma, New Mexico, Utah.

August International: See Augnet.

Avesis Inc.: Arizona, Alabama, Arkansas, California, Colorado, Connecticut, District of Columbia, Delaware, Florida, Georgia, Hawaii, Iowa, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, Mississippi, Montana, North Carolina, Nebraska, New Hampshire, New Jersey, New Mexico, Nevada, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Vermont, Washington, West Virginia, Wisconsin, Wyoming.

Beech Street Inc.: Arizona, California, Florida, Georgia, Illinois, Indiana, Iowa, Louisiana, Minnesota, Montana, Nevada, New Mexico, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Washington, Wisconsin.

Blue Cross & Blue Shield Plans: Alaska, Arizona, California, Connecticut, District of Columbia, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Missouri, Mississippi, New Mexico, North Carolina, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, Washington, West Virginia, Wisconsin.

CNA Managed Care PPO: Alabama, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia, Washington, Wisconsin.

CAPP Care Inc.: Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Louisiana, Michigan, Missouri, Nebraska, Nevada, New Mexico, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Washington, Wisconsin, Wyoming.

CIGNA/EQUICOR Preferred Provider Organization: Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Louisiana, Michigan, Minnesota, Missouri, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Tennessee, Texas, Virginia, Washington, Wisconsin.

Columbia American Corp.: See USA Healthnet.

Community Care Network: Arizona, California, Virginia.

Delta Dental Plans: California, Michigan, New Jersey, Wisconsin.

FOCUS Healthcare Management Inc.-CompNET: Alabama, Colorado, Florida, Georgia, Illinois, Indiana, Louisiana, Missouri, Oklahoma, Pennsylvania, New Jersey, Tennessee, Texas, Wisconsin.

Great-West Care: Alabama, Alaska, Arizona, California, Colorado, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin.

HRM CarePASS: Arizona, Florida, Iowa, Illinois, Indiana, Kentucky, Maryland, Minnesota, Ohio, Pennsylvania, South Dakota, Texas, Virginia, West Virginia.

John Hancock Preferred Health Plan: Alaska, Arizona, California, District of Columbia, Florida, Illinois, Louisiana, Maryland, Massachusetts, Michigan, Missouri, New Hampshire, New Jersey, Ohio, Oregon, Pennsylvania, Texas, Virginia, Washington.

Hartford's Pulse Plan: California, District of Columbia, Florida, Georgia, Maryland, Minnesota, Missouri, Ohio, Oregon, Pennsylvania, Connecticut, North Carolina, Texas, Washington.

Health Risk Management Inc.: See HRM CarePASS.

Humana Health Care Plans: Alabama, Arizona, California, Colorado, Florida, Kentucky, Tennessee, Texas.

Lincoln National Preferred Plan: Arizona, California, Colorado, District of Columbia, Georgia, Indiana, Illinois, Kansas, Maryland, Michigan, Minnesota, Missouri, Nebraska, North Carolina, Ohio, Oregon, Pennsylvania, Tennessee, Texas, Washington, Wisconsin.

Massachusetts Mutual Life Insurance Co.: See Preferred Plus.

Medical Care Referral Group: Arizona, Arkansas, Georgia, Mississippi, New Mexico, Tennessee, Texas.

MetLife Network: Alabama, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin.

Multiplan Inc./Donald Rubin Inc.: Arizona, Florida, Illinois, New Jersey, New York, Pennsylvania.

Mutually Preferred: Alabama, Arizona, California, Colorado, District of Columbia, Iowa, Illinois, Florida, Georgia, Kansas, Maryland, Minnesota, Missouri, Nebraska, Nevada, Ohio, Oklahoma, Oregon, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin.

New England Care: Alabama, Alaska, Arizona, California, Colorado, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin.

Oxford Health Plans Inc.: New York, Connecticut.

PCN Plans: Georgia, Illinois, Ohio.

Preferred Plus: California, Colorado, District of Columbia, Florida, Georgia, Illinois Indiana, Maryland, Massachusetts, Michigan, Minnesota, Minnesota, Missouri, Nevada, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Washington.

Private Healthcare Systems Ltd.: Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Washington, Wisconsin.

Prudential Insurance Co. of America-sponsored plans: California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Maryland, Massachusetts, Michigan, Missouri, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia.

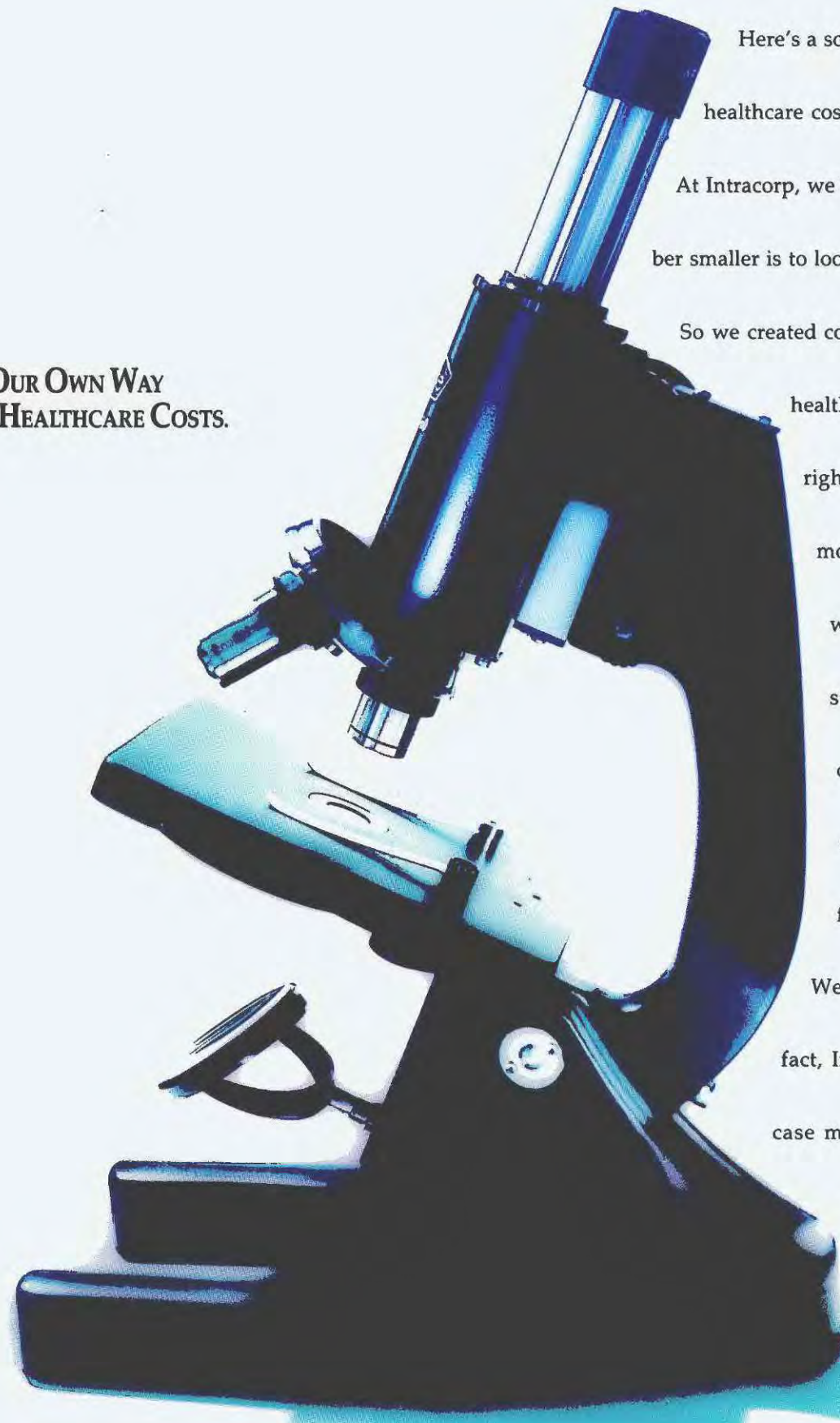
Sanus Corp. Health Systems: California, Maryland, Missouri, Texas.

Travelers Preferred: Arizona, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, Ohio Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington.

USA Healthnet Inc.: Alaska, Arkansas, Alabama, Arizona, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Missouri, Mississippi, Nebraska, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin, West Virginia.

Wausau Preferred Care: Arizona, California, Illinois, Indiana, Kansas, Maryland, Michigan, Minnesota, Missouri, Oregon, Texas, Virginia, Washington, Wisconsin. ■

We Have Our Own Way Of Looking At Healthcare Costs.



Here's a sobering thought: by the end of next year, healthcare costs are expected to climb to $620 billion. At Intracorp, we believe the only way to make that number smaller is to look at healthcare costs closer. A lot closer.

So we created cost control measures at every step of the healthcare cycle, from the onset of an illness, right through to its resolution. We closely monitor hospital admissions to determine whether hospitalization and length of stay are appropriate. We offer the same critical assessment of outpatient cases and provide reviews of treatment plans for mental health and substance abuse.

We pay special attention to serious cases. In fact, Intracorp pioneered the concept of total case management for catastrophic illnesses.

Lastly, we painstakingly scrutinize healthcare bills looking for inaccurate charges or inappropriate treatments. If you'd like us to take a closer look at your healthcare costs, write Intracorp, Dept. I3, 1205 Westlakes Drive, Suite 300, Berwyn, PA 19312. After all, the closer we look, the better you'll look.

INTRACORP

Performance Without Consistency Isn't Enough.

Any group insurance company can promise fast claims service, but we guarantee it. ◆ We're confident enough about the quality of our claims service to put our high standards in writing, guaranteeing to meet our promised



turnaround time. We're comfortable offering this guarantee because we routinely exceed industry standards in turnaround time of claims processing. Our resources include an advanced cost-management technology in processing systems -- a Personalized Claims Administration system which provides flexible, adaptable administration of any benefits program. ◆ Clients who depend on your advice want to know what group insurance companies promise. Now you can tell them what we *guarantee.* For more information, call Tom McKellar at 1-800-877-1052.

Mutual of Omaha®
Companies
Group Operation

The Managed-Cost Professionals℠