

# National High Deductible Health Plan Market Report & Atlas™

## A Vimo Research Group™ Report

Expert, independent and objective health care industry analysis

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## Introduction and Objectives

Welcome to Vimo’s first National High Deductible Health Plan Market Report & Atlas™. The nationwide Atlas provides a snapshot of the HDHP market with independent statistics, and allows viewers to interactively navigate around the country to see currently available prices, premiums and HDHP product features. Additionally, this report distills useful information from various government and private research sources, including usage trends, product feature trends, and legal regulations. We plan to update the Atlas periodically. We invite consumers and insurers to comment on, blog, report errors and updates, and contribute additional information to the report by visiting the report’s companion website at [www.vimo.com/atlas/hdhp](http://www.vimo.com/atlas/hdhp).

**The nationwide Atlas provides a snapshot of the HDHP market with independent statistics, and allows viewers to interactively navigate around the country to see currently available prices, premiums and HDHP product features.**

## Background

The previous Vimo Reports “HSA Funding” (1) and “HSA Custodians” (2) describe several types of personal accounts that may accompany Consumer Directed Health Plans (CDHPs). These include: Health Savings Accounts (HSAs), Health Reimbursement Arrangements (HRAs), and Flexible Spending Accounts (FSAs). A “qualified” high deductible health plan is also known as an “HSA-compatible” health plan. Current regulations require consumers to have an HDHP in order to open a HSA. See Table One below for a comparison of HSAs, HRAs and FSAs:

**Table One: Types and Characteristics of Consumer-Directed Health Plans**

	Health Savings Account	Health Reimbursement Arrangement	Flexible Spending Account
Eligibility	Anyone enrolled in an HSA-qualified health plan, with no other first-dollar coverage	Depends on employer	Depends on employer
Requirements for Associated Health Plan	Minimum deductible (2007): \$1,100/\$2,200; Maximum OOP limit (2007): \$5,500 / \$11,000	None	None
Contribution Sources and Annual Limits	Employer or individual; combined maximum is the lesser of the deductible or \$2,850/\$5,650 in 2007	Employer sets amount	Generally, individual specifies salary reduction at the beginning of the year (the employer may set an upper limit)
Tax Treatment of Contributions	Employer's contribution: free of all income and payroll taxes and deducted as a business expense; individual's contribution: may be taken as an above-the-line income tax deduction or tax-free through payroll deduction.	Employer's contribution: free of all income and payroll taxes and deducted as a business expense as OOP costs are incurred; individual's contribution: not applicable	Employer's contribution: permitted but unusual; individual's contribution: free of all income and payroll taxes
Limits on and Tax Treatment of Withdrawals	Funds may be used for any qualified health care costs tax-free, and a 10% penalty applies if under age 65; funds used for other purposes taxed as income	Funds may be used for any health care costs permitted by the employer, tax-free, but may not be used for other purposes	Funds may be used for any health care costs permitted by the employer tax-free but may not be used for other purposes
Annual Rollover and Portability	Unused funds may be rolled over and are portable	Unused funds may be rolled over and employer decides whether or not the funds are portable	At the end of the year plus a grace period (if offered by employer), unused funds are forfeited
Year Authorized	2003	2002	1978
Most Recent Estimate of Enrollment	As of January 2007, 4.5 million policyholders and dependents	In January 2006, 2.9 million policyholders and dependents	In 2004, about 10 million to 12 million accounts (estimates)

Source: Congressional Budget Office, Notes: When two numbers are separated by a slash, the first is for an individual policy, the second for a family policy. OOP = out of pocket.

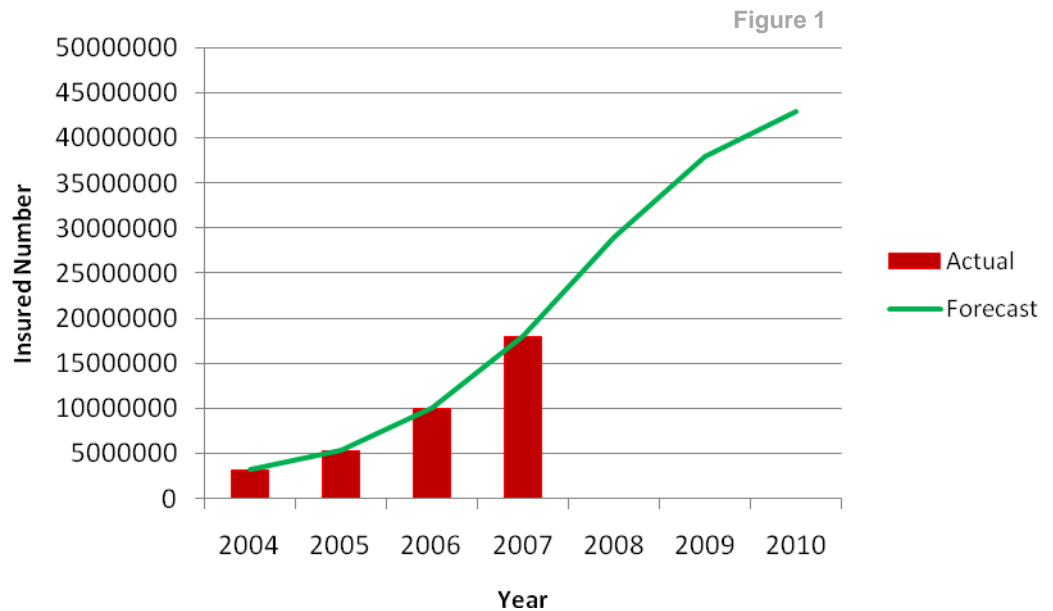
**Vimo Research forecasts that by 2010, between 50 and 55 million Americans will directly purchase health insurance fueling the proliferation of HDHP plans.**

This Vimo Report focuses on the individual “qualified” HDHP market, where insurance policies are purchased directly by individuals for themselves or their families. This report does not encompass employer-purchased plans.

According to current government estimates there are seventeen million individuals who purchase their own health insurance - up from ten million in 2004 (3). Many of these individually purchased plans include HDHPs. Specifically, a study by America’s Health Insurance Plans (AHIP) in January 2007 (4) showed 4,532,000 persons enrolled in HDHPs, up from 1,031,000 in 2005. Out of these, individual HDHPs numbered 1,106,000.

Vimo Research forecasts that by 2010, between 50 and 55 million Americans will directly purchase health insurance fueling the proliferation of HDHP plans - see Figure 1 below. This is based on the following: online search trends, US Census, published AHIP data (4), and various polls including Harris Interactive (5). Also see Table Two, Health Insurance Direct Purchase in 2005, and Appendix 4.

### Vimo Forecast for the Individual Market



Source : Vimo Research Group. 2007

**Table Two - Americans Purchasing Health Insurance Directly in 2005**

	TOTAL	AGE				
		00 to 17	18 to 24	25 to 44	45 to 64	65 to 80+
2005 Census Population	293,834,358	73,984,917	27,965,189	82,601,685	73,777,776	35,504,791
Health Insurance: Direct-purchase in 2005	26,781,411	4,032,632	1,553,409	5,033,737	6,511,796	9,649,838

Source: U.S. Census

**Factors driving the move toward HDHPs include: the increasing number of self-employed Americans; an increasing number of employers who do not offer health insurance, and; strong public needs to set health care cost boundaries.**

### What is a “Qualified” HDHP?

In this report, HDHP refers to a “qualified” or HSA compatible high deductible health plan. The term qualified simply refers to the fact that the health plan may be purchased to accompany a Health Savings Account (HSA). For 2007, federal law requires a qualified HDHP to have the following:

- 1) A deductible of at least \$1,100 for an individual and \$2,200 for a family.
- 2) For individuals, the plan must have a \$5,500 maximum out-of-pocket limit. For a family, the maximum out of pocket limit is \$11,000.

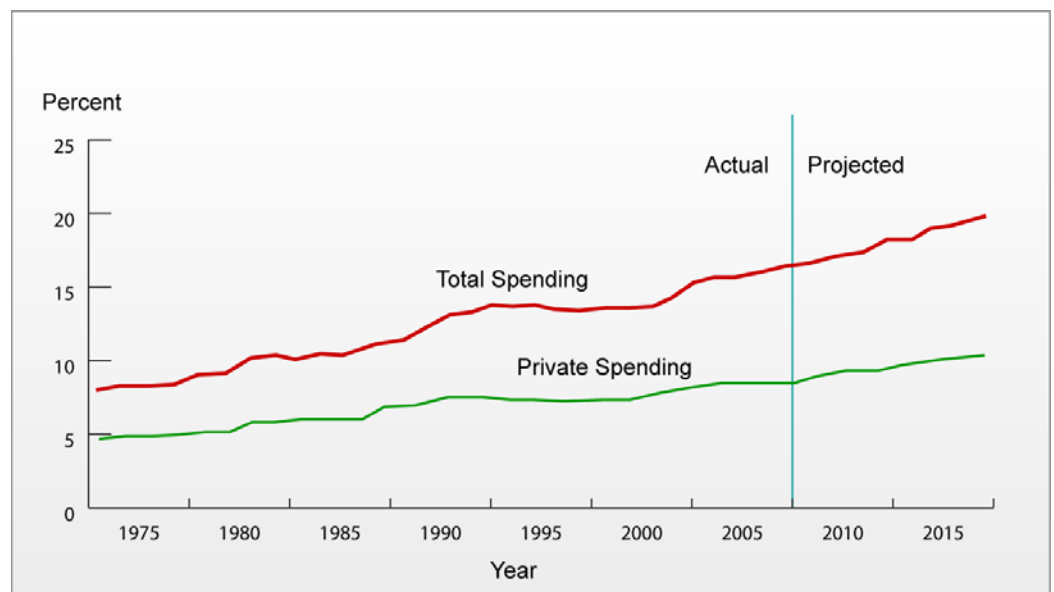
### Why is HDHP Enrollment Rising?

In December 2006, the Congressional Budget Office released a study confirming that consumers are migrating towards HDHPs as a result of two primary factors: price and quality. Other factors driving the move toward HDHPs include: the increasing number of self-employed Americans; an increasing number of employers who do not offer health insurance, and; strong public needs to set health care cost boundaries. Healthcare spending as a share of Gross Domestic Product has increased approximately 8.4% a year since 2000 and is expected to account for 20% of GDP by 2015. This average increase is twice the yearly inflation rate (see Figure 2 below). In 2005, the Centers for Medicare & Medicaid Services indicated

that the rate of health care spending increases was 6.9 percent. Total health spending on a nationwide basis was \$1.988 trillion or \$6,697 per person.

## US Healthcare Spending as a Share of Gross Domestic Product

Figure 2



Source : Congressional Budget Office based on National Health Data compiled by the Department of Health and Human Services.

The HDHP market has grown rapidly from a standing start in January 2004. The Atlas indicates that there are 71 insurance carriers offering 3,987 distinct plan offerings across the country.

HDHPs typically offer lower premiums and more personal control over healthcare spending. HDHPs often cost less than traditional health plans because insurers cover fewer routine medical costs and do not have the high overhead costs associated with processing and paying low-dollar-amount claims.

The HDHP market is evolving quickly to meet consumer demand. HDHPs were introduced through the Medicare Modernization Act that went into effect in January 2004. As indicated in the Atlas, the HDHP market has grown rapidly from a standing start in January 2004. The Atlas indicates that there are 71 insurance carriers offering 3,987 distinct plan offerings across the country.

## Methodology

The HDHP Atlas is national in scope. The Atlas presents findings from 71 insurance companies who, on a combined basis, offer 3,987 individual health plans. For the purposes of consistency and comparison, the data set for all health plans is based upon the following hypothetical enrollee profile:

Gender: Male
Age: 36
Date of Birth: December 1970
Height: 6 feet
Weight: 170 lbs
Status: Single
No Dependents
No Health conditions
Non-Tobacco User

Future versions of the HDHP Atlas will present analysis from profiles with varying profiles (i.e. age, gender, zip code).

## Results & Findings

The charts and graphs below provide a high-level summary of some select results, statistics and findings.

### SAMPLE PLAN

For an HDHP with a \$1,100 deductible and \$5,000 out of pocket maximum, the monthly premium statistics for the studied profile are:

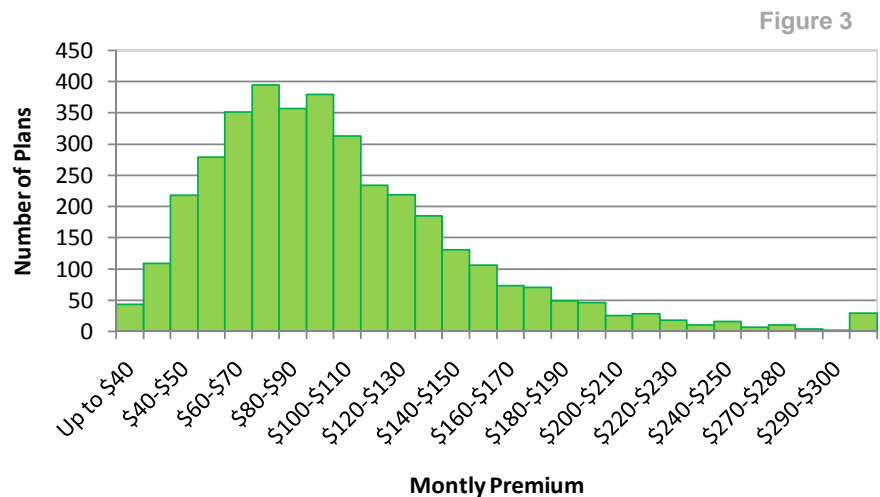
Lowest monthly premium	\$66
Average monthly premium	\$168
Mid (median) monthly premium	\$155
Highest monthly premium	\$401

## FINDINGS

Vimo calculates that for states without guaranteed issue, the average annual health insurance premium in 2006 was \$2,558. In contrast, for states with guaranteed issue mandates, the average annual premium was \$3,404.

- There are seventy one carriers offering qualified HDHPs across the United States.
- There are 297 general plans with plan features that can be adjusted to produce 3,987 distinct health plan offerings.
- American National Life Insurance Company offers the most plans, followed by United Health Care, World Insurance, and Time Insurance.
- States with over ten carriers include: Arizona, Illinois, Nebraska, Missouri and Michigan.
- Nearly half of studied plans have no coinsurance requirement (see Table Three definitions).
- 23% of the plans have deductibles of \$1,100, making it the most frequent or “typical” deductible.
- 29% of the plans have an out of pocket maximum that exceeds \$5,000. 18% have an out of pocket maximum of approximately \$3,000.
- 30% of the monthly plan premiums are between \$80 and \$110. This particular price range contains the largest concentration of plans (see Figure 3).
- Nearly one quarter of the plans have a deductible of \$1,500.

### US Health Plan Pricing Distribution



Source : Vimo Research Group. 2007

## The Impact of Regulation

In states that are regulated by what is referred to as “guaranteed issue”, insurers are required to accept all health insurance applicants regardless of their health status. As a result, individuals are able to purchase health insurance without having their application for insurance subject to additional review and analysis (i.e. “medical underwriting”) by the insurance company.

Adopting rich data resources provided by CAHI (The Council for Affordable Health Insurance - [www.cahi.org](http://www.cahi.org)), Vimo calculates that for states without guaranteed issue, the average annual health insurance premium in 2006 was \$2,558. In contract, for states with guaranteed issue mandates, the average annual premium was \$3,404.

CAHI has created a robust set of indexes that rate each state on the extent to which that state regulates the health insurance market. The CAHI index includes factors such as whether that state requires guaranteed issue and how many other mandates are incumbent upon the industry (6, 7, 8, and 9). The following tables provide high level information on levels of health insurance regulation. Readers are encouraged to visit CAHI ([www.cahi.org](http://www.cahi.org)) to explore the issue of health insurance regulation in much greater detail.

Top State Mandates	
Mandate	Number of States with this Mandate
Alcoholism Treatment	44
Breast Reconstruction	47
Diabetic Supplies	46
Emergency Services	42
Mammograms	49
Maternity Stays	49
Mental Health Parity	41

States with Guaranteed Issue	
State	Number of Mandates in this State
Idaho	13
Maine	46
Massachusetts	40
New Jersey	40
New York	49
Rhode Island	41
Vermont	23
Oregon	31
Washington	48

Source: [www.cahi.org](http://www.cahi.org)

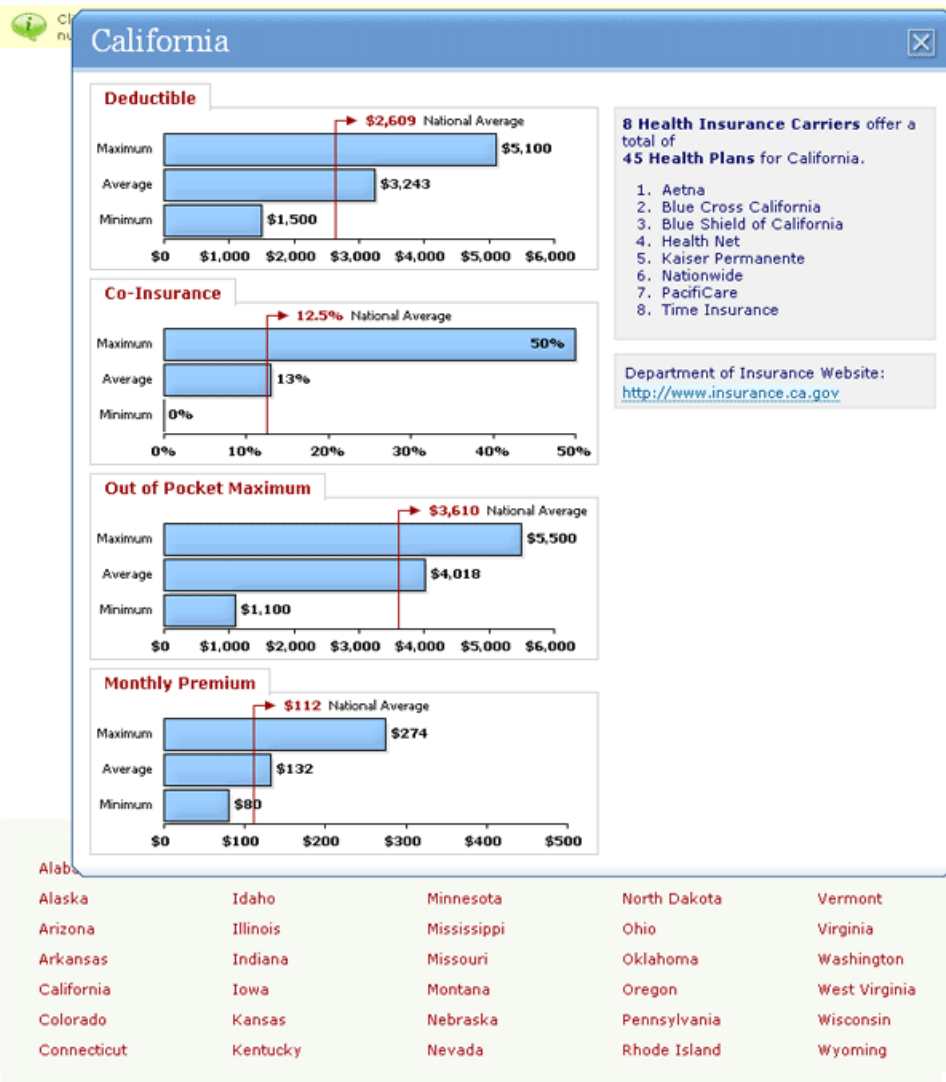


**STEP 2**

Click on a state in the Atlas or double click on the name of the states below the Atlas to bring up another window as in Figure 6. Table Three shows a list of definitions referenced in the Atlas. The companion HDHP Atlas PDF document with an appendix showing information for the 44 states and the District of Columbia with HDHP availability is at <http://www.vimo.com/reports/atlas.pdf> In addition to statistics, there is a link to each state department of insurance where consumers can get further information.

Figure 5

## Qualified High Deductible Health Plan (HDHP) Atlas



## Definitions

<b>Carrier</b>	Also known as “Insurance Carrier”: A corporation that engages in the business of selling insurance protection to the public, either directly or through employers, unions, etc.
<b>Coinsurance</b>	A form of medical cost-sharing in a health insurance plan that requires an insured person to pay a stated percentage of medical expenses after the deductible amount, if any, was paid. Once any deductible amount and coinsurance are paid, the insurer is responsible for the rest of the reimbursement for covered benefits up to allowed charges: the individual could also be responsible for any charges in excess of what the insurer determines to be “usual, customary and reasonable”. Coinsurance rates may differ if services are received from an approved provider (i.e., a provider with whom the insurer has a contract or an agreement specifying payment levels and other contract requirements) or if received by providers not on the approved list. In addition to overall coinsurance rates, rates may also differ for different types of services.
<b>Deductible</b>	A fixed dollar amount during the benefit period: usually a year: that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both per individual and family deductibles. Some plans may have separate deductibles for specific services. For example, a plan may have a hospitalization deductible per admission. Deductibles may differ if services are received from an approved provider or if received from providers not on the approved list.

<b>Guaranteed Issue</b>	A “guaranteed issue” state is a state that requires insurers to accept all health insurance applicants regardless of their health status.
<b>Out-of-Pocket Max (OOP Max)</b>	Also known as “maximum out-of-pocket expense”: The maximum dollar amount a group member is required to pay out of pocket during a year. Until this maximum is met, the plan and group member shares in the cost of covered expenses. After the maximum is reached, the insurance carrier pays all covered expenses, often up to a lifetime maximum.
<b>Monthly Premium</b>	Agreed upon fees paid for coverage of medical benefits period. Premiums can be paid by employers, unions, employees, or shared by both the insured individual and the plan sponsor.
<b>State Mandates</b>	<p>A health insurance mandate is a requirement by a State that an insurance plan include specific health care providers, benefits and patient populations. For example, these mandate include:</p> <ul style="list-style-type: none"> <li>• Providers including chiropractors, podiatrists, social workers, acupuncturists, and massage therapists, etc.</li> <li>• Benefits such as diabetic supplies, mammograms, well-child care, and alcohol abuse treatment, etc.</li> <li>• Covered persons such as adopted and non-custodial children, handicapped dependents, etc.</li> </ul>
<b>Carrier</b>	Also known as “Insurance Carrier”: A corporation that engages in the business of selling insurance protection to the public, either directly or through employers, unions, etc.
<b>Coinsurance</b>	A form of medical cost-sharing in a health insurance plan that requires an insured person to pay a stated percentage of medical expenses after the deductible amount, if any, was

paid. Once any deductible amount and coinsurance are paid, the insurer is responsible for the rest of the reimbursement for covered benefits up to allowed charges: the individual could also be responsible for any charges in excess of what the insurer determines to be “usual, customary and reasonable”. Coinsurance rates may differ if services are received from an approved provider (i.e., a provider with whom the insurer has a contract or an agreement specifying payment levels and other contract requirements) or if received by providers not on the approved list. In addition to overall coinsurance rates, rates may also differ for different types of services.

Sources: Definitions are adopted from the U.S. Department of Health and Human Services and The Council for Affordable Health Insurance ([www.cahi.org](http://www.cahi.org)).

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## Appendix 1

### Individual HDHPs - Tips & Characteristics

- Healthy individuals can buy health plans themselves for one-half to one-third of their companies' group plan.
- If you are self-employed, health insurance premiums are tax deductible.
- Nearly one million Americans are left bankrupt each year from medical bills they cannot pay.
- HSA contributions are tax deductible. To maximize HSA Tax benefits, consumers can fund the account fully as allowed by law for tax-deferred interest, pay medical bills with a non-HSA account, and then reimburse themselves tax-free. Alternatively, consumers can put money into the account right before a medical expense to make the HSA contribution tax deductible.
- Lower premium prices do not mean lower quality of health care. Better HDHP plans offer preventive medical coverage. The IRS specifies the following as qualified preventive care expenses:
  1. Annual physicals
  2. Immunizations
  3. Routine prenatal and well-child care
  4. Cancer and other degenerative diseases screening
  5. Tobacco cessation (stop smoking) programs
  6. Obesity weight-loss programs

For general information for each state and the District of Columbia, download "A Consumer Guide for Getting and Keeping Health Insurance" from Georgetown University Health Policy Institute at [www.healthinsuranceinfo.net](http://www.healthinsuranceinfo.net).

## Appendix 2

HDHP statistics in each state and the District of Columbia:

STATE	Average Deductible	Average Co-Insurance (%)	Average OOP Max	Average Monthly Premium
Alabama	\$2,847	7	\$3,161	\$117
Alaska	\$2,390	17	\$3,529	\$149
Arizona	\$2,548	13	\$3,472	\$105
Arkansas	\$2,492	13	\$3,426	\$104
California	\$3,243	13	\$4,018	\$132
Colorado	\$2,750	9	\$3,539	\$116
Connecticut	\$2,638	10	\$2,918	\$106
Delaware	\$2,474	14	\$3,403	\$104
District of Columbia	\$3,076	11	\$4,241	\$94
Florida	\$2,838	8	\$3,406	\$121
Georgia	\$2,823	7	\$3,550	\$120
Hawaii	\$2,020	2	\$3,273	\$137
Idaho	\$3,113	15	\$4,352	\$90
Illinois	\$2,606	12	\$3,513	\$127
Indiana	\$2,744	8	\$3,505	\$111
Iowa	\$2,555	13	\$3,394	\$95
Kansas	\$2,292	17	\$3,232	\$136
Kentucky	\$2,655	6	\$3,098	\$91
Louisiana	\$2,390	16	\$3,566	\$131
Maine	No data	No data	No data	No data
Maryland	\$2,874	6	\$3,499	\$105
Massachusetts	No data	No data	No data	No data
Michigan	\$2,574	13	\$3,670	\$100
Minnesota	\$2,597	15	\$3,595	\$115
Mississippi	\$2,625	6	\$2,997	\$133
Missouri	\$2,469	13	\$3,253	\$103
Montana	\$3,329	13	\$5,095	\$119
Nebraska	\$2,462	13	\$3,452	\$98
Nevada	\$2,295	19	\$3,606	\$119
New Hampshire	\$2,824	13	\$4,180	\$149
New Jersey	No data	No data	No data	No data
New Mexico	\$2,662	14	\$3,327	\$121

New York	No data	No data	No data	No data
North Carolina	\$1,560	12	\$3,044	\$129
North Dakota	\$3,273	14	\$4,141	\$63
Ohio	\$2,562	13	\$3,552	\$80
Oklahoma	\$2,484	14	\$3,546	\$113
Oregon	\$2,871	18	\$4,628	\$121
Pennsylvania	\$2,566	15	\$3,709	\$103
Rhode Island	No data	No data	No data	No data
South Carolina	\$2,433	14	\$3,437	\$117
South Dakota	\$2,698	12	\$3,603	\$106
Tennessee	\$2,453	13	\$3,340	\$108
Texas	\$2,598	9	\$3,426	\$126
Utah	\$2,344	19	\$3,525	\$85
Vermont	No data	No data	No data	No data
Virginia	\$2,660	11	\$3,535	\$110
Washington	\$2,237	20	\$4,993	\$103
West Virginia	\$2,481	17	\$3,678	\$115
Wisconsin	\$2,573	6	\$3,162	\$109
Wyoming	\$2,409	20	\$3,858	\$99

Source: Vimo Research Group

## Appendix 3

Number of Insurance Companies (“Carriers”) Offering Qualified High Deductible Health Plans (“HDHPs”) and the Associated Plan Counts:

STATE	Carrier Count	Listed Carriers	HDHP Count
Alabama	5	Celtic, Humana, Time Insurance, United Health Care, World Insurance	86
Alaska	5	American National Life Insurance, Celtic, Premera, Time Insurance, United Health Care	92
Arizona	13	Aetna, American Medical Security, American National Life Insurance Company, BlueCross BlueShield of Arizona, Celtic, CGI, Health Net, Humana, Lifewise, Time Insurance, United Health Care, United Security Life & Health, World Insurance,	173
Arkansas	8	American National Life Insurance Company, Arkansas Blue Cross and Blue Shield, Celtic, Humana, Time Insurance, United Health Care, United Security Life & Health, World Insurance	147
California	8	Aetna, BC Life & Health Insurance Company, Blue Cross California, Blue Shield of California , Health Net, Kaiser Permanente , Nationwide, PacifiCare, Time Insurance	45
Colorado	9	Aetna, American Medical Security, Anthem BlueCross BlueShield , Celtic, Humana, Rocky Mountain Health Plans, Time Insurance, United Health Care, World Insurance,	122
Connecticut	4	Aetna, Celtic, Time Insurance, United Health Care	32
Delaware	5	American Medical Security, American National Life Insurance Company, Celtic, Time Insurance , United Health Care	108
District of Columbia	5	Aetna, CareFirst BlueChoice, Celtic, Kaiser Permanente , Time Insurance	39
Florida	7	Aetna, American Medical Security, Celtic, Humana, Time Insurance, United Health Care, World Insurance	102
Georgia	8	Aetna, American Medical Security, Blue Cross Blue Shield of Georgia, Celtic, Humana, Kaiser Permanente, Time Insurance, United Health Care, World Insurance	114
Hawaii	1	American National Life Insurance Company	30
Idaho	3	Blue Cross of Idaho, Regence BlueShield of Idaho, Time Insurance	23
Illinois	12	Aetna, American Medical Security, American	162

		National Life Insurance Company, BlueCross BlueShield of Illinois, Celtic, CGI, Humana, Time Insurance, Unicare, United Health Care, United Security Life and Health, World Insurance	
Indiana	10	American Community Mutual Insurance Company, American Medical Security, Celtic, Consumers Life Insurance Company, Humana, Time Insurance, Unicare, United Health Care, United Security Life and Health, World Insurance	114
Iowa	7	American Community Mutual Insurance Company, American National Life Insurance Company, Celtic, Humana, Time Insurance, United Health Care, World Insurance	122
Kansas	7	American Medical Security, American National Life Insurance Company, Celtic, CoventryOne, Humana, Time Insurance, World Insurance	94
Kentucky	3	Humana, Time Insurance, United Health Care	53
Louisiana	8	American National Life Insurance Company, BlueCross BlueShield of Louisiana, Celtic, CoventryOne, Humana, Time Insurance, United Health Care, World Insurance	114
Maine	0		
Maryland	5	Aetna, CareFirst BlueCross BlueShield, Kaiser Permanente, Time Insurance, United Health Care	55
Massachusetts	0		
Michigan	11	Aetna, Alliance Health and Life Insurance Company, American Community Mutual Insurance Company, American Medical Security, American National Life Insurance Company, Celtic, Humana, Time Insurance, Unicare, United Health Care, World Insurance	170
Minnesota	4	Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica of Minnesota, Time Insurance	22
Mississippi	5	Celtic, Humana, Time Insurance, United Health Care, World Insurance	72
Missouri	11	Aetna, American Community Mutual Insurance Company, American Medical Security, American National Life Insurance Company, Anthem BlueCross BlueShield, Celtic, CGI, Humana, Time Insurance, United Health Care, World Insurance	169
Montana	3	Blue Cross Blue shield of Montana, Celtic, Time Insurance	27
Nebraska	11	ACMIC, American Medical Security, American National Life Insurance Company, Blue Cross Blue shield of Nebraska, Celtic, Coventry, Humana, Time Insurance, United Health Care, United Security Life And Health, World	149

		Insurance	
Nevada	5	American National Life Insurance Company, Anthem, Humana, Time Insurance, World Insurance	82
New Hampshire	2	Celtic, Time Insurance	21
New Jersey	0		
New Mexico	4	Blue Cross Blue Shield of New Mexico, Celtic, Time Insurance, World Insurance	48
New York	0		
North Carolina	7	American Medical Security, American National Life Insurance Company, Celtic, Humana, Time Insurance, United Health Care, World Insurance	123
North Dakota	1	Time Insurance	15
Ohio	10	Aetna, American Community Mutual Insurance Company, American Medical Security, American National Life Insurance Company, Celtic, Humana, Medical Mutual, Time Insurance, United Health Care, World Insurance	155
Oklahoma	7	American Medical Security Life Insurance Company, American National Life Insurance Company, Celtic, Humana, Time Insurance, United Health Care, World Insurance	123
Oregon	6	Health Net of Oregon, LifeWise Health Plan of Oregon, ODS, Pacific Source Health Plans, Regence BlueCross BlueShield of Oregon, Time Insurance	26
Pennsylvania	8	Aetna, American Medical Security, American National Life Insurance Company, Celtic, HealthAmerica, Time Insurance, United Health Care, World Insurance	134
Rhode Island	0		
South Carolina	7	American National Life Insurance Company, Blue Cross and Blue Shield of South Carolina, Celtic, Humana, Time Insurance, United Health Care, World Insurance	130
South Dakota	3	Celtic, Medica, Time Insurance	25
Tennessee	9	Aetna, American Medical Security, American National Life Insurance Company, BlueCross BlueShield of Tennessee, Celtic, Humana, Time Insurance, United Health Care, World Insurance	125
Texas	8	Aetna, American Medical Security, American National Life Insurance Company, Blue Cross and Blue Shield of Texas, Celtic, Humana, Unicare, United Health Care	83
Utah	5	American National Life Insurance Company, Humana, Regence BlueCross BlueShield of Utah, SELECT HEALTH, Time Insurance	74
Vermont	0		

Virginia	9	Aetna, American National Life Insurance Company, Anthem Blue Cross and Blue Shield, Humana, Kaiser Permanente, Time Insurance, Unicare, United Health Care, World Insurance	114
Washington	4	Group Health Cooperative, KPS Health Plans, LifeWise Health Plan of Washington, Regence BlueShield	8
West Virginia	4	American National Life Insurance Company, Celtic, Time Insurance, World Insurance	69
Wisconsin	8	American Medical Security, American National Life Insurance Company, Anthem, Celtic, Humana, Time Insurance, United Health Care, World Insurance	110
Wyoming	4	American National Life Insurance Company, Celtic, Time Insurance, World Insurance	86

Source: Vimo Research Group

## Appendix 4

Summarizing the information in Appendix 3 above, the following table lists the carriers in the HDHP Atlas in alphabetical order:

CARRIERS
ACMIC
Aetna
Alliance Health and Life Insurance Company
American Community Mutual Insurance Company
American Medical Security
American Medical Security Life Insurance Company
American National Life Insurance Company
Anthem
Arkansas Blue Cross and Blue Shield
Assurant Health
BC Life & Health Insurance Company
Blue Cross and Blue Shield of Minnesota
Blue Cross and Blue Shield of South Carolina
Blue Cross and Blue Shield of Texas
Blue Cross Blue Shield of Georgia
Blue Cross Blue shield of Montana
Blue Cross Blue shield of Nebraska
Blue Cross Blue Shield of New Mexico
Blue Cross of California
Blue Cross of Idaho
Blue Shield of California
BlueCross BlueShield of Arizona
BlueCross BlueShield of Illinois
BlueCross BlueShield of Louisiana
BlueCross BlueShield of Tennessee
CareFirst BlueChoice
CareFirst BlueCross BlueShield
Celtic
CGI
Consumers Life Insurance Company
Coventry
CoventryOne
Group Health Cooperative
Health Net
Health Net of Oregon

HealthAmerica
HealthPartners
Humana
Kaiser Permanente
KPS Health Plans
Lifewise
LifeWise Health Plan of Oregon
LifeWise Health Plan of Washington
Medica
Medica of Minnesota
Medical Mutual
Medical Mutual of Ohio
Nationwide
ODS
Pacific Source Health Plans
PacifiCare
Premera
Regence BlueCross BlueShield of Oregon
Regence BlueCross BlueShield of Utah
Regence BlueShield
Regence BlueShield of Idaho
Rocky Mountain Health Plans
Select Health
Time Insurance (Assurant Health)
Unicare
United Health Care
United Security Life & Health
United Security Life and Health
World Insurance

Source: Vimo Research Group

## Appendix 5

The following table provides a summary of the number of health insurance policies “purchased directly” (i.e. health insurance that is not obtained through an employer sponsored plan) in 2005:

State	Census Population	Direct Purchase of Health Insurance in 2005
AL	4,524,295	331,388
AK	658,758	34,917
AZ	6,047,213	449,348
AR	2,759,934	284,267
CA	35,939,668	3,711,807
CO	4,640,517	461,913
CT	3,486,676	371,738
DE	844,437	49,390
DC	539,620	42,310
FL	17,885,620	2,006,981
GA	9,044,837	625,475
HI	1,279,003	106,203
ID	1,442,263	173,262
IL	12,607,996	1,049,645
IN	6,140,761	556,277
IA	2,908,756	398,959
KS	2,694,731	367,590
KY	4,052,044	278,215
LA	4,088,262	361,421
ME	1,320,244	114,703
MD	5,568,836	426,232
MA	6,327,811	435,565
MI	9,981,846	703,305
MN	5,129,280	639,837
MS	2,853,620	257,998
MO	5,709,542	668,727
MT	928,137	132,888
NE	1,765,883	230,796
NV	2,447,622	178,038
NH	1,300,979	125,416
NJ	8,725,273	629,778

NM	1,938,215	115,893
NY	19,022,205	1,527,276
NC	8,561,103	846,926
ND	626,120	101,494
OH	11,334,079	844,012
OK	3,505,021	292,977
OR	3,627,458	421,949
PA	12,280,598	1,395,986
RI	1,053,826	79,353
SC	4,180,680	309,079
SD	768,137	145,661
TN	5,867,031	540,666
TX	22,819,486	1,623,582
UT	2,523,518	218,994
VT	621,767	53,801
VA	7,453,830	645,279
WA	6,249,888	607,408
WV	1,799,060	103,687
WI	5,447,054	633,065
WY	510,817	69,934
ALL STATES		26,781,411

Source: Vimo Research Group

## About Vimo

Vimo is the nation's first integrated comparison-shopping portal for healthcare products and services. On January 24, 2006 we launched a website that allows businesses and consumers to research, rate and purchase health insurance plans and Health Savings Accounts (HSAs), and choose doctors from across the country. Vimo brings together a variety of private and public data sources so that shoppers can find a physician and compare hospital prices for medical procedures. Vimo users can read and post reviews about any of the services or products available.