



*Local Pharmacists Caring for You.*

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**Community CCRx<sup>SM</sup>**

## **2008 Summary of Benefits**

January 1, 2008—December 31, 2008

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*Local Pharmacists Caring for You.*

## **Section I—Introduction to Summary of Benefits**

Thank you for your interest in Community CCRx<sup>SM</sup>. Our plan is offered by Pennsylvania Life Insurance Company, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Pennsylvania Life Insurance Company and ask for the "Evidence of Coverage".

### **You have choices in your Medicare prescription drug coverage**

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As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Community CCRx. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

### **How can I compare my options?**

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The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by Community CCRx to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

### **Where is Community CCRx available?**

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The service area for this plan includes all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands. You must live in one of these areas to join this plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one and wish to switch to another, you may do so only during certain times of the year. Please call customer service for more information.

## **Who is eligible to join?**

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You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of a Medicare Private-Fee-For-Services plan or are enrolled in an 1876 Cost Plan.

## **Does my plan cover Medicare Part B or Part D drugs?**

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Community CCRx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

## **Where can I get my prescriptions?**

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Community CCRx has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Customer Service for an up-to-date list.

## **What is a prescription drug formulary?**

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Community CCRx uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [www.CommunityCCRx.com](http://www.CommunityCCRx.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## **What should I do if I have other insurance in addition to Medicare?**

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If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan and they will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Community CCRx. Get this information before you decide to enroll in this plan.

## **How can I get help with my drug plan costs?**

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If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Community CCRx, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

## **What are my protections in this plan?**

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All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Community CCRx, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

## **What is a Medication Therapy Management (MTM) program?**

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A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected.

## **Please call Pennsylvania Life Insurance Company for more information about this plan.**

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Visit us at [www.CommunityCCRx.com](http://www.CommunityCCRx.com) or, call us:

### **Customer Service Hours:**

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,  
7:00 a.m.—2:00 a.m. Eastern

### **Current and Prospective members should call**

1-866-684-5353 (TTY/TDD 1-866-684-5351)

### **For more information about Medicare, please call Medicare at**

1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048.

You can call 24 hours a day, 7 days a week.

Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.

If you have any questions about this plan's benefits or costs, please contact Pennsylvania Life Insurance Company for details.

## Section II—Summary of Benefits

Benefit	Original Medicare	Community CCRx Basic	Community CCRx Choice	Community CCRx Gold
<b>Premium</b>		\$2.60—\$48.90	\$24.70—\$57.30	\$20.80—\$85.90
Please refer to the premium table located after this section to find out what the premium is in your area.				
<b>Prescription Drugs</b>  Drugs covered under Medicare Part D- General		<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.CommunityCCRx.com">www.CommunityCCRx.com</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.CommunityCCRx.com">www.CommunityCCRx.com</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.CommunityCCRx.com">www.CommunityCCRx.com</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p>

Benefit	Original Medicare	Community CCRx Basic	Community CCRx Choice	Community CCRx Gold
		<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Community CCRx Basic for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>	<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Community CCRx Choice for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>	<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Community CCRx Gold for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>

Benefit	Original Medicare	Community CCRx Basic	Community CCRx Choice	Community CCRx Gold
		If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.	If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.	If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.

IN-NETWORK				
Initial Coverage*		\$275 yearly deductible.	\$0 deductible.	\$0 deductible.
	After you pay your yearly deductible			
		You pay the following until total yearly drug costs reach \$2,510:	You pay the following until total yearly drug costs reach \$2,100:	You pay the following until total yearly drug costs reach \$2,510:
	<b>Retail Pharmacy</b>			
		<u>Generic</u> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (30-day) supply of drugs</li> <li>• \$0 copay for a three-month (90-day) supply of drugs</li> </ul> <u>Preferred Brand</u> <ul style="list-style-type: none"> <li>• 30% coinsurance for a one-month (30-day) supply of drugs</li> <li>• 30% coinsurance for a three-month (90-day) supply of drugs</li> </ul>	<u>Generic</u> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (30-day) supply of drugs</li> <li>• \$0 copay for a three-month (90-day) supply of drugs</li> </ul> <u>Preferred Brand</u> <ul style="list-style-type: none"> <li>• \$20 copay for a one-month (30-day) supply of drugs</li> <li>• \$60 copay for a three-month (90-day) supply of drugs</li> </ul>	<u>Generic</u> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (30-day) supply of drugs</li> <li>• \$15 copay for a three-month (90-day) supply of drugs</li> </ul> <u>Preferred Brand</u> <ul style="list-style-type: none"> <li>• \$25 copay for a one-month (30-day) supply of drugs</li> <li>• \$75 copay for a three-month (90-day) supply of drugs</li> </ul>

\*The coinsurance rates for the Community CCRx Basic plan vary by state. The coinsurance rates indicated in this section are applicable to: Hawaii, North Carolina, Wisconsin.

Benefit	Original Medicare	Community CCRx Basic	Community CCRx Choice	Community CCRx Gold
		<u>Brand</u> <ul style="list-style-type: none"> <li>• 50% coinsurance for a one-month (30-day) supply of drugs</li> <li>• 50% coinsurance for a three-month (90-day) supply of drugs</li> </ul>	<u>Brand</u> <ul style="list-style-type: none"> <li>• \$45 copay for a one-month (30-day) supply of drugs</li> <li>• \$135 copay for a three-month (90-day) supply of drugs</li> </ul> <u>Specialty</u> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs</li> <li>• 25% coinsurance for a three-month (90-day) supply of drugs</li> </ul>	<u>Brand</u> <ul style="list-style-type: none"> <li>• \$60 copay for a one-month (30-day) supply of drugs</li> <li>• \$180 copay for a three-month (90-day) supply of drugs</li> </ul> <u>Specialty</u> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs</li> <li>• 25% coinsurance for a three-month (90-day) supply of drugs</li> </ul>
		<b>Long Term Care Pharmacy</b>		
		<u>Generic</u> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (34-day) supply of drugs</li> </ul> <u>Preferred Brand</u> <ul style="list-style-type: none"> <li>• 30% coinsurance for a one-month (34-day) supply of drugs</li> </ul> <u>Brand</u> <ul style="list-style-type: none"> <li>• 50% coinsurance for a one-month (34-day) supply of drugs</li> </ul>	<u>Generic</u> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (34-day) supply of drugs</li> </ul> <u>Preferred Brand</u> <ul style="list-style-type: none"> <li>• \$20 copay for a one-month (34-day) supply of drugs</li> </ul> <u>Brand</u> <ul style="list-style-type: none"> <li>• \$45 copay for a one-month (34-day) supply of drugs</li> </ul> <u>Specialty</u> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs</li> </ul>	<u>Generic</u> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (34-day) supply of drugs</li> </ul> <u>Preferred Brand</u> <ul style="list-style-type: none"> <li>• \$25 copay for a one-month (34-day) supply of drugs</li> </ul> <u>Brand</u> <ul style="list-style-type: none"> <li>• \$60 copay for a one-month (34-day) supply of drugs</li> </ul> <u>Specialty</u> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs</li> </ul>

Benefit	Original Medicare	Community CCRx Basic	Community CCRx Choice	Community CCRx Gold
Coverage Gap		After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.	After your total yearly drug costs reach \$2,100, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.	<p>You pay the following:</p> <p>The plan covers All Generics through the gap.</p>
				<p><b>Retail Pharmacy</b></p> <p><u>Generic</u></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (30-day) supply of drugs</li> <li>• \$15 copay for a three-month (90-day) supply of drugs</li> </ul>
				<p><b>Long Term Care Pharmacy</b></p>
				<p><u>Generic</u></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (34-day) supply of drugs</li> </ul> <p>For all other covered drugs, after your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p>

<b>Benefit</b>	<b>Original Medicare</b>	<b>Community CCRx Basic</b>	<b>Community CCRx Choice</b>	<b>Community CCRx Gold</b>
<b>Catastrophic Coverage</b>		<p>After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>	<p>After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>	<p>After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>

<b>OUT-OF-NETWORK</b>				
<b>Initial Coverage</b>		Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.
		After you pay your yearly deductible		
		You pay the following until total yearly drug costs reach \$2,510:	You pay the following until total yearly drug costs reach \$2,100:	You pay the following until total yearly drug costs reach \$2,510:
		<b>Out-of-Network Pharmacy</b>		
		<u>Generic</u> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (30-day) supply of drugs</li> </ul>	<u>Generic</u> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (30-day) supply of drugs</li> </ul>	<u>Generic</u> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (30-day) supply of drugs</li> </ul>

Benefit	Original Medicare	Community CCRx Basic	Community CCRx Choice	Community CCRx Gold
		<u>Preferred Brand</u> • 30% coinsurance for a one-month (30-day) supply of drugs  <u>Brand</u> • 50% coinsurance for a one-month (30-day) supply of drugs	<u>Preferred Brand</u> • \$20 copay for a one-month (30-day) supply of drugs  <u>Brand</u> • \$45 copay for a one-month (30-day) supply of drugs  <u>Specialty</u> • 25% coinsurance for a one-month (30-day) supply of drugs	<u>Preferred Brand</u> • \$25 copay for a one-month (30-day) supply of drugs  <u>Brand</u> • \$60 copay for a one-month (30-day) supply of drugs  <u>Specialty</u> • 25% coinsurance for a one-month (30-day) supply of drugs
<b>Coverage Gap</b>			After your total yearly drug costs reach \$2,100, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.	You pay the following: <u>Generic</u> • \$5 copay for a one-month (30-day) supply of drugs
<b>Catastrophic Coverage</b>		After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:  • \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or  • 5% coinsurance.	After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:  • \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or  • 5% coinsurance.	After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:  • \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or  • 5% coinsurance.

## Premium rate charts

Community CCRx's Medicare Part D plans are available in all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands. We offer three plans: Community CCRx Basic, Community CCRx Choice and Community CCRx Gold.

### Listed below are the monthly premiums for each plan by state.

To determine the amount you will pay each month, just locate your state and the plan of interest:

State	Community CCRx Basic	Community CCRx Choice	Community CCRx Gold
Alabama	\$25.70	\$43.70	\$49.70
Alaska	\$48.90	\$57.30	\$85.90
Arizona	\$23.20	\$39.50	\$31.20
Arkansas	\$26.00	\$44.20	\$52.20
California	\$32.30	\$41.20	\$42.50
Colorado	\$23.50	\$52.80	\$65.60
Connecticut	\$22.80	\$43.70	\$44.80
Delaware	\$25.40	\$42.90	\$51.40
District of Columbia	\$25.40	\$42.90	\$51.40
Florida	\$17.70	\$36.90	\$41.90
Georgia	\$26.30	\$41.70	\$51.80
Hawaii	\$22.70	\$51.60	\$63.60
Idaho	\$27.30	\$48.90	\$60.20
Illinois	\$25.50	\$42.30	\$48.30
Indiana	\$27.60	\$43.40	\$51.60
Iowa	\$23.40	\$45.90	\$48.10
Kansas	\$24.30	\$52.50	\$60.00
Kentucky	\$27.60	\$43.40	\$51.60
Louisiana	\$23.20	\$43.60	\$48.10
Maine	\$25.90	\$44.50	\$52.10
Maryland	\$25.40	\$42.90	\$51.40
Massachusetts	\$22.80	\$43.70	\$44.80
Michigan	\$27.20	\$43.20	\$48.80
Minnesota	\$23.40	\$45.90	\$48.10
Mississippi	\$26.70	\$44.00	\$53.60
Missouri	\$24.20	\$45.30	\$45.50

<b>State</b>	<b>Community CCRx Basic</b>	<b>Community CCRx Choice</b>	<b>Community CCRx Gold</b>
Montana	\$23.40	\$45.90	\$48.10
Nebraska	\$23.40	\$45.90	\$48.10
Nevada	\$30.20	\$32.30	\$35.70
New Hampshire	\$25.90	\$44.50	\$52.10
New Jersey	\$24.20	\$50.20	\$66.80
New Mexico	\$19.80	\$34.70	\$44.70
New York	\$19.90	\$41.30	\$46.70
North Carolina	\$28.80	\$39.40	\$50.40
North Dakota	\$23.40	\$45.90	\$48.10
Ohio	\$24.40	\$44.10	\$46.20
Oklahoma	\$24.00	\$43.50	\$56.40
Oregon	\$24.30	\$35.50	\$45.90
Pennsylvania	\$25.50	\$42.10	\$48.10
Puerto Rico	\$2.60	\$24.70	\$20.80
Rhode Island	\$22.80	\$43.70	\$44.80
South Carolina	\$27.90	\$42.40	\$54.90
South Dakota	\$23.40	\$45.90	\$48.10
Tennessee	\$25.70	\$43.70	\$49.70
Texas	\$22.00	\$36.40	\$41.30
U.S. Virgin Islands	\$4.30	\$29.30	\$39.40
Utah	\$27.30	\$48.90	\$60.20
Vermont	\$22.80	\$43.70	\$44.80
Virginia	\$26.40	\$41.90	\$51.60
Washington	\$24.30	\$35.50	\$45.90
West Virginia	\$25.50	\$42.10	\$48.10
Wisconsin	\$26.20	\$48.70	\$57.20
Wyoming	\$23.40	\$45.90	\$48.10

Community CCRx<sup>SM</sup>  
Customer Service Center  
1-866-684-5353 (TTY/TDD 1-866-684-5351)  
8:00 a.m. to 8:00 p.m., every day

**MedicareRx**  
Prescription Drug Coverage

The Community CCRx Medicare Prescription Drug Plan is offered by Pennsylvania Life Insurance Company and American Progressive Life & Health Insurance Company of New York, which are contracted with the Federal government.  
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