

Arizona Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

| County | Organization Name | Description Plan Name | Type of Medicare Advantage Plan | | | | | | Cost | | | | | Coverage | | | Convenience | |
|----------|---------------------------------|--|--|-----------|--------------|-------------------------|-----------|-----------|--|---------------------------|-----------------|---------|------------------|--------------------------------------|--|---------------------|--------------------------------------|--------------------|
| | | | HMO | Local PPO | Regional PPO | Private Fee-for-Service | Cost Plan | Demo Plan | Beneficiary Total Premium* (Including Drug Premium) | Beneficiary Drug Premium* | Drug Deductible | | | Includes Tiered Copayments for Drugs | Type of Additional Coverage Offered in Drug Coverage Gap | | Number of Top 100 Drugs on Formulary | Mail Order Offered |
| | | | | | | | | | | | Zero | Reduced | Standard (\$250) | | Generics Only | Generics and Brands | | |
| APACHE | APIPA Personal Care Plus | APIPA Personal Care Plus | * | | | | | | \$21.65 | \$21.65 | | | | | | | 84 | |
| | Health Choice Generations | Health Choice Generations | * | | | | | | \$23.07 | \$23.07 | | | | | | | 76 | * |
| | Health Net | Health Net Preferred | | | * | | | | \$41.00 | - | | | | | | | | |
| | | Health Net Preferred Plus | | | * | | | | \$57.00 | \$15.09 | * | | | * | | | 97 | * |
| | Humana Insurance Company | Humana Gold Choice PFFS H1804-005 | | | | * | | | \$0.00 | \$0.00 | * | | | * | | | 97 | * |
| | | Humana Gold Choice PFFS H1804-147 | | | | * | | | \$14.51 | \$14.51 | * | | | * | | | 97 | * |
| | | HumanaChoicePPO PPO R5826-028 | | | * | | | | \$16.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-042 | | | * | | | | \$58.00 | \$11.15 | * | | | * | | | 97 | * |
| | | HumanaChoicePPO PPO R5826-014 | | | * | | | | \$67.00 | \$20.47 | * | | | * | | | 97 | * |
| | | SecureHorizons Direct | SecureHorizons Direct Plan 4 | | | | * | | \$25.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 200 | | | | * | | \$85.00 | - | | | | | | | | | |
| COCHISE | APIPA Personal Care Plus | APIPA Personal Care Plus | * | | | | | | \$21.65 | \$21.65 | | | | | | | 84 | |
| | Health Net | APIPA Personal Care Plus | * | | | | | | \$21.65 | \$21.65 | | | | | | | 84 | |
| | | Health Net Preferred | | | * | | | | \$41.00 | - | | | | | | | | |
| | | Health Net Preferred Plus | | | * | | | | \$57.00 | \$15.09 | * | | | * | | | 97 | * |
| | Humana Insurance Company | Humana Gold Choice PFFS H1804-005 | | | | * | | | \$0.00 | \$0.00 | * | | | * | | | 97 | * |
| | | HumanaChoicePPO PPO R5826-028 | | | * | | | | \$16.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-042 | | | * | | | | \$58.00 | \$11.15 | * | * | | * | | | 97 | * |
| | | HumanaChoicePPO PPO R5826-014 | | | * | | | | \$67.00 | \$20.47 | * | | | * | | | 97 | * |
| | | SecureHorizons Direct | SecureHorizons Direct Plan 2 | | | | * | | \$0.00 | - | | | | | | | | |
| | | | SecureHorizons Direct Premier Plan 200 | | | | * | | \$85.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | * | | \$9.00 | - | | | | | | | | | |
| | Today's Option | Today's Options Basic | | | | * | | \$14.95 | - | | | | | | | | | |
| | | Today's Options Premier | | | | * | | \$26.95 | - | | | | | | | | | |
| | UnitedHealthcare Of Arizona Inc | UnitedHealthcare Medicare Complete | * | | | | | \$0.00 | - | | | | | | | | | |
| | | UnitedHealthcare Medicare Complete Rx | * | | | | | \$0.00 | \$0.00 | * | | | * | | | 97 | * | |
| | | Evercare Plan DH | * | | | | | \$14.90 | \$14.90 | * | | | * | | | 97 | * | |
| COCONINO | APIPA Personal Care Plus | APIPA Personal Care Plus | * | | | | | | \$21.65 | \$21.65 | | | | | | | 84 | |
| | Desert Canyon Community Care | Desert Canyon Community Care - Plus | * | | | | | | \$0.00 | \$0.00 | * | | | * | | | 95 | * |
| | | Desert Canyon Community Care - Basic | * | | | | | | \$0.00 | - | | | | | | | | |
| | | Desert Canyon Community Care - Advantage | * | | | | | | \$38.00 | \$24.62 | * | | | * | * | | 95 | * |
| | Health Choice Generations | Health Choice Generations | * | | | | | | \$23.07 | \$23.07 | | | | | | | 76 | * |
| | Health Net | Health Net Preferred | | | * | | | | \$41.00 | - | | | | | | | | |
| | | Health Net Preferred Plus | | | * | | | | \$57.00 | \$15.09 | * | | | * | | | 97 | * |
| | Humana Insurance Company | Humana Gold Choice PFFS H1804-005 | | | | * | | | \$0.00 | \$0.00 | * | | | * | | | 97 | * |
| | | HumanaChoicePPO PPO R5826-028 | | | * | | | | \$16.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-042 | | | * | | | | \$58.00 | \$11.15 | * | * | | * | | | 97 | * |
| | HumanaChoicePPO PPO R5826-014 | | | * | | | | \$67.00 | \$20.47 | * | | | * | | | 97 | * | |
| | Sterling Option I | Sterling Option I | | | | * | | \$9.00 | - | | | | | | | | | |
| GILA | Health Net | Health Net Preferred | | | * | | | | \$41.00 | - | | | | | | | | |
| | | Health Net Preferred Plus | | | * | | | | \$57.00 | \$15.09 | * | | | * | | | 97 | * |
| | Humana Insurance Company | Humana Gold Choice PFFS H1804-005 | | | | * | | | \$0.00 | \$0.00 | * | | | * | | | 97 | * |
| | | HumanaChoicePPO PPO R5826-028 | | | * | | | | \$16.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-042 | | | * | | | | \$58.00 | \$11.15 | * | * | | * | | | 97 | * |
| | | HumanaChoicePPO PPO R5826-014 | | | * | | | | \$67.00 | \$20.47 | * | | | * | | | 97 | * |
| | Sterling Option I | Sterling Option I | | | | * | | \$9.00 | - | | | | | | | | | |

Arizona Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

| Description | | | Cost | | | | | | | Coverage | | | Convenience | | | | | | | |
|-------------|-------------------------------|-----------------------------------|--|------------------------------------|--------------------------|-------------------------|-----------|-----------|---|---------------------------|-----------------|---------|------------------|--------------------------------------|--|---------------------|--------------------------------------|--------------------|----|---|
| County | Organization Name | Plan Name | Type of Medicare Advantage Plan | | | | Cost Plan | Demo Plan | Beneficiary Total Premium* (Including Drug Premium) | Beneficiary Drug Premium* | Drug Deductible | | | Includes Tiered Copayments for Drugs | Type of Additional Coverage Offered in Drug Coverage Gap | | Number of Top 100 Drugs on Formulary | Mail Order Offered | | |
| | | | HMO | Local PPO | Regional PPO | Private Fee-for-Service | | | | | Zero | Reduced | Standard (\$250) | | Generics Only | Generics and Brands | | | | |
| GRAHAM | APIPA Personal Care Plus | APIPA Personal Care Plus | * | | | | | | \$21.65 | \$21.65 | | | * | | | | 84 | | | |
| | | Health Net Preferred | | | * | | | | \$41.00 | - | | | | | | | | | | |
| | Humana Insurance Company | Health Net Preferred Plus | | | * | | | | \$57.00 | \$15.09 | * | | | * | | | | 97 | * | |
| | | Humana Gold Choice PFFS H1804-005 | | | | * | | | \$0.00 | \$0.00 | * | | | * | | | | 97 | * | |
| | | HumanaChoicePPO PPO R5826-028 | HumanaChoicePPO PPO R5826-028 | | | * | | | \$16.00 | - | | | | | | | | | | |
| | | | HumanaChoicePPO PPO R5826-042 | | | * | | | | \$58.00 | \$11.15 | * | * | | | | | | 97 | * |
| | | HumanaChoicePPO PPO R5826-014 | HumanaChoicePPO PPO R5826-014 | | | * | | | \$67.00 | \$20.47 | * | | | * | | | | | 97 | * |
| | | | SecureHorizons Direct | SecureHorizons Direct Plan 1 | | | | * | | \$0.00 | - | | | | | | | | | |
| | | SecureHorizons Direct | SecureHorizons Direct Premier Plan 200 | | | | * | | \$85.00 | - | | | | | | | | | | |
| | | | Today's Option | Today's Options Basic | | | | * | | \$14.95 | - | | | | | | | | | |
| | | UnitedHealthcare Of Arizona Inc | Today's Options Premier | | | | * | | \$26.95 | - | | | | | | | | | | |
| | | | UnitedHealthcare Medicare Complete | UnitedHealthcare Medicare Complete | * | | | | | \$0.00 | - | | | | | | | | | |
| | | UnitedHealthcare Of Arizona Inc | UnitedHealthcare Medicare Complete Rx | * | | | | | \$14.90 | \$14.90 | * | | | * | | | | | 97 | * |
| | | | Evercare Plan DH | * | | | | | \$14.90 | \$14.90 | * | | | * | | | | | 97 | * |
| GREENLEE | APIPA Personal Care Plus | APIPA Personal Care Plus | * | | | | | | \$21.65 | \$21.65 | | | * | | | | 84 | | | |
| | | Health Net Preferred | | | * | | | | \$41.00 | - | | | | | | | | | | |
| | Humana Insurance Company | Health Net Preferred Plus | | | * | | | | \$57.00 | \$15.09 | * | | | * | | | | 97 | * | |
| | | Humana Gold Choice PFFS H1804-005 | | | | * | | | \$0.00 | \$0.00 | * | | | * | | | | 97 | * | |
| | | HumanaChoicePPO PPO R5826-028 | HumanaChoicePPO PPO R5826-028 | | | * | | | \$16.00 | - | | | | | | | | | | |
| | | | HumanaChoicePPO PPO R5826-042 | | | * | | | | \$58.00 | \$11.15 | * | * | | | | | | 97 | * |
| | | HumanaChoicePPO PPO R5826-014 | HumanaChoicePPO PPO R5826-014 | | | * | | | \$67.00 | \$20.47 | * | | | * | | | | | 97 | * |
| | | | SecureHorizons Direct | SecureHorizons Direct Plan 4 | | | | * | | \$25.00 | - | | | | | | | | | |
| | | SecureHorizons Direct | SecureHorizons Direct Premier Plan 200 | | | | * | | \$85.00 | - | | | | | | | | | | |
| | | | LAPAZ | APIPA Personal Care Plus | APIPA Personal Care Plus | * | | | | | \$21.65 | \$21.65 | | | * | | | | 84 | |
| | | Health Net | Health Net Preferred | | | * | | | | \$41.00 | - | | | | | | | | | |
| | | | Health Net Preferred Plus | | | * | | | | \$57.00 | \$15.09 | * | | | * | | | | 97 | * |
| | | Humana Insurance Company | HumanaChoicePPO PPO R5826-028 | | | * | | | | \$16.00 | - | | | | | | | | | |
| | | | Humana Gold Choice PFFS H1804-011 | | | | * | | | \$45.00 | \$18.80 | * | | | * | | | | 97 | * |
| | HumanaChoicePPO PPO R5826-042 | HumanaChoicePPO PPO R5826-042 | | | * | | | | \$58.00 | \$11.15 | * | * | | | | | | 97 | * | |
| | | HumanaChoicePPO PPO R5826-014 | | | * | | | | \$67.00 | \$20.47 | * | | | * | | | | 97 | * | |
| | Sterling Option I | Sterling Option I | | | | * | | | \$9.00 | - | | | | | | | | | | |

Arizona Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

| County | Organization Name | Description Plan Name | Type of Medicare Advantage Plan | | | | | | Cost | | | | | Coverage | | | Convenience | |
|----------|---|--|---------------------------------|-----------|--------------|-------------------------|-----------|-----------|---|---------------------------|-----------------|---------|------------------|--------------------------------------|--|---------------------|--------------------------------------|--------------------|
| | | | HMO | Local PPO | Regional PPO | Private Fee-for-Service | Cost Plan | Demo Plan | Beneficiary Total Premium* (Including Drug Premium) | Beneficiary Drug Premium* | Drug Deductible | | | Includes Tiered Copayments for Drugs | Type of Additional Coverage Offered in Drug Coverage Gap | | Number of Top 100 Drugs on Formulary | Mail Order Offered |
| | | | | | | | | | | | Zero | Reduced | Standard (\$250) | | Generics Only | Generics and Brands | | |
| MARICOPA | Abrazo Advantage Health Plan | Abrazo Advantage Plus | * | | | | | | \$28.84 | \$28.84 | | | * | | | | 72 | |
| | | Abrazo Advantage | * | | | | | | \$28.83 | \$28.83 | | | * | | | | 82 | |
| | Aetna Medicare | Aetna Golden Medicare Premier Plan | * | | | | | | \$0.00 | \$0.00 | * | | * | * | | | 97 | * |
| | | Aetna Golden Choice Value Plan | | * | | | | | \$35.00 | \$27.42 | | | * | * | | | 85 | * |
| | | Aetna Golden Choice Standard Plan | | * | | | | | \$45.00 | \$37.10 | * | | * | * | | | 85 | * |
| | | Aetna Golden Choice Premier Plan | | * | | | | | \$65.00 | \$52.20 | * | | * | * | | | 97 | * |
| | APIPA Personal Care Plus | APIPA Personal Care Plus | * | | | | | | \$21.65 | \$21.65 | | | * | * | | | 84 | |
| | | APIPA Personal Care Plus | * | | | | | | \$21.65 | \$21.65 | | | * | * | | | 84 | |
| | Care1st Health Plan Of Arizona | ONECare by Care1st Health Plan Arizona | * | | | | | | \$22.35 | \$22.35 | | | * | * | | | 97 | |
| | CIGNA HealthCare for Seniors | CIGNA HealthCare for Seniors-Platinum Plan | * | | | | | | \$0.00 | \$0.00 | * | | * | * | | | 99 | * |
| | | CIGNA HealthCare for Seniors-Platinum Plus | * | | | | | | \$4.24 | \$4.24 | * | | * | * | | | 99 | * |
| | Health Choice Generations | Health Choice Generations | * | | | | | | \$23.07 | \$23.07 | | | * | * | | | 76 | * |
| | Health Net | Health Net Preferred | | | * | | | | \$41.00 | - | | | * | * | | | 99 | * |
| | | Health Net Preferred Plus | | | * | | | | \$57.00 | \$15.09 | * | | * | * | | | 97 | * |
| | Health Net of Arizona, Inc. | Health Net SeniorCare | * | | | | | | \$0.00 | \$0.00 | * | | * | * | | | 97 | * |
| | | Health Net Essential | * | | | | | | \$0.00 | - | | | * | * | | | | |
| | | Health Net Essential Gold | * | | | | | | \$0.00 | - | | | * | * | | | | |
| | | Health Net SeniorCare Complete | * | | | | | | \$0.00 | \$0.00 | * | | * | * | | | 97 | * |
| | | Health Net Platinum | * | | | | | | \$14.74 | \$14.74 | | | * | * | | | 97 | * |
| | | Health Net SeniorCare Complete (B-Only) | * | | | | | | \$15.09 | \$15.09 | * | | * | * | | | 97 | * |
| | Humana Health Plan, Inc. | Humana Gold Plus HMO H0307-008 | * | | | | | | \$0.00 | \$0.00 | * | | * | * | | | 97 | * |
| | Humana Insurance Company | Humana Gold Choice PFFS H1804-005 | | | | * | | | \$0.00 | \$0.00 | * | | * | * | | | 97 | * |
| | | Humana Gold Choice PFFS H1804-147 | | | | * | | | \$14.51 | \$14.51 | * | | * | * | | | 97 | * |
| | | HumanaChoicePPO PPO R5826-028 | | | * | | | | \$16.00 | - | | | * | * | | | | |
| | | HumanaChoicePPO PPO H0317-001 | | * | | | | | \$47.00 | \$27.34 | * | | * | * | | | 97 | * |
| | | HumanaChoicePPO PPO R5826-042 | | | * | | | | \$58.00 | \$11.15 | * | * | * | * | | | 97 | * |
| | | HumanaChoicePPO PPO R5826-014 | | | * | | | | \$67.00 | \$20.47 | * | | * | * | | | 97 | * |
| | MediSun Private Fee For Service | Sun Health MediSun CareOptions | | | | * | | | \$45.00 | - | | | * | * | | | | |
| | Mercy Care Advantage | Mercy Care Advantage | * | | | | | | \$24.62 | \$24.62 | | | * | * | | | 77 | * |
| | Secure Horizons Medicare Advantage Plan | Secure Horizons Classic Plan | * | | | | | | \$0.00 | \$0.00 | * | | * | * | | | 81 | * |
| | | Secure Horizons Gold Plan | * | | | | | | \$23.00 | \$23.00 | | | * | * | | | 81 | * |
| | | Secure Horizons Classic Enhanced Plan | * | | | | | | \$53.00 | \$23.00 | * | | * | * | | | 81 | * |
| | SecureHorizons Direct | SecureHorizons Direct Plan 4 | | | | * | | | \$25.00 | - | | | * | * | | | | |
| | | SecureHorizons Direct Premier Plan 200 | | | | * | | | \$85.00 | - | | | * | * | | | | |
| | Sierra Spectrum | Sierra Spectrum | | * | | | | | \$39.00 | \$28.64 | * | | * | * | | | 76 | * |
| | Sterling Option I | Sterling Option I | | | | * | | | \$9.00 | - | | | * | * | | | | |
| | Sun Health MediSunONE | Sun Health MediSunONE | * | | | | | | \$0.00 | \$0.00 | * | | * | * | | | 85 | * |
| | | Sun Health MediSunONE HeartSmart | * | | | | | | \$0.00 | \$0.00 | * | | * | * | | | 85 | * |
| | Today's Option | Today's Options Basic | | | | * | | | \$14.95 | - | | | * | * | | | | |
| | | Today's Options Premier | | | | * | | | \$26.95 | - | | | * | * | | | | |
| | United HealthCare Insurance Company | Evercare Plan CP No Rx | | * | | | | | \$0.00 | - | | | * | * | | | | |
| | | Evercare Plan IP | | * | | | | | \$7.49 | \$7.49 | * | | * | * | | | 97 | * |
| | | Evercare Plan DP | | * | | | | | \$22.74 | \$22.74 | * | | * | * | | | 97 | * |
| | | Evercare Plan CP | | * | | | | | \$27.00 | \$27.00 | * | | * | * | | | 97 | * |

Arizona Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

| County | Organization Name | Description Plan Name | Type of Medicare Advantage Plan | | | | | Cost | | | | Coverage | | | Convenience | | | |
|--------|---|--|---------------------------------|-----------|--------------|-------------------------|-----------|-----------|---|---------------------------|-----------------|----------|------------------|--------------------------------------|--|---------------------|--------------------------------------|--------------------|
| | | | HMO | Local PPO | Regional PPO | Private Fee-for-Service | Cost Plan | Demo Plan | Beneficiary Total Premium* (Including Drug Premium) | Beneficiary Drug Premium* | Drug Deductible | | | Includes Tiered Copayments for Drugs | Type of Additional Coverage Offered in Drug Coverage Gap | | Number of Top 100 Drugs on Formulary | Mail Order Offered |
| | | | | | | | | | | | Zero | Reduced | Standard (\$250) | | Generics Only | Generics and Brands | | |
| MOHAVE | APIPA Personal Care Plus | APIPA Personal Care Plus | • | | | | | | \$21.65 | \$21.65 | | | • | | | | 84 | |
| | | APIPA Personal Care Plus | • | | | | | | \$21.65 | \$21.65 | | | • | | | | 84 | |
| | Desert Canyon Community Care | Desert Canyon Community Care - Plus | • | | | | | | \$0.00 | \$0.00 | • | | | • | | | 95 | • |
| | | Desert Canyon Community Care - Basic | • | | | | | | \$0.00 | - | | | | | | | | |
| | | Desert Canyon Community Care - Advantage | • | | | | | | \$38.00 | \$24.62 | • | | | • | | | 95 | • |
| | Health Net | Health Net Preferred | | | • | | | | \$41.00 | - | | | | | | | | |
| | | Health Net Preferred Plus | | | • | | | | \$57.00 | \$15.09 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-028 | | | • | | | | \$16.00 | - | | | | | | | | |
| | | Humana Gold Choice PFFS H1804-011 | | | | • | | | \$45.00 | \$18.80 | • | | | • | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-042 | | | • | | | | \$58.00 | \$11.15 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-014 | | | • | | | | \$67.00 | \$20.47 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 4 | | | | • | | | \$25.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 100 | | | | • | | | \$95.00 | - | | | | | | | | |
| | Sierra Spectrum | Sierra Spectrum | | • | | | | | \$39.00 | \$28.64 | • | | | • | | | 76 | • |
| NAVAJO | APIPA Personal Care Plus | APIPA Personal Care Plus | • | | | | | | \$21.65 | \$21.65 | | | • | | | | 84 | |
| | Health Choice Generations | Health Choice Generations | • | | | | | | \$23.07 | \$23.07 | | | • | | | | 76 | • |
| | Health Net | Health Net Preferred | | | • | | | | \$41.00 | - | | | | | | | | |
| | | Health Net Preferred Plus | | | • | | | | \$57.00 | \$15.09 | • | | | • | | | 97 | • |
| | Humana Insurance Company | Humana Gold Choice PFFS H1804-005 | | | | • | | | \$0.00 | \$0.00 | • | | | • | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-028 | | | • | | | | \$16.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-042 | | | • | | | | \$58.00 | \$11.15 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-014 | | | • | | | | \$67.00 | \$20.47 | • | | | • | | | 97 | • |
| PIMA | APIPA Personal Care Plus | APIPA Personal Care Plus | • | | | | | | \$21.65 | \$21.65 | | | • | | | | 84 | |
| | | APIPA Personal Care Plus | • | | | | | | \$21.65 | \$21.65 | | | • | | | | 84 | |
| | Health Choice Generations | Health Choice Generations | • | | | | | | \$23.07 | \$23.07 | | | • | | | | 76 | • |
| | Health Net | Health Net Preferred | | | • | | | | \$41.00 | - | | | | | | | | |
| | | Health Net Preferred Plus | | | • | | | | \$57.00 | \$15.09 | • | | | • | | | 97 | • |
| | Health Net of Arizona, Inc. | Health Net SeniorCare | • | | | | | | \$0.00 | \$0.00 | • | | | • | | | 97 | • |
| | | Health Net Essential | • | | | | | | \$0.00 | - | | | | | | | | |
| | | Health Net Essential Gold | • | | | | | | \$0.00 | - | | | | | | | | |
| | | Health Net SeniorCare Complete | • | | | | | | \$0.00 | \$0.00 | • | | | • | | | 97 | • |
| | | Health Net Platinum | • | | | | | | \$14.74 | \$14.74 | | | • | | | | 97 | • |
| | | Health Net SeniorCare Complete (B-Only) | • | | | | | | \$15.09 | \$15.09 | • | | | • | | | 97 | • |
| | Humana Insurance Company | Humana Gold Choice PFFS H1804-005 | | | | • | | | \$0.00 | \$0.00 | • | | | • | | | 97 | • |
| | | Humana Gold Choice PFFS H1804-147 | | | | • | | | \$14.51 | \$14.51 | • | | | • | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-028 | | | • | | | | \$16.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-042 | | | • | | | | \$58.00 | \$11.15 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-014 | | | • | | | | \$67.00 | \$20.47 | • | | | • | | | 97 | • |
| | Mercy Care Advantage | Mercy Care Advantage | • | | | | | | \$24.62 | \$24.62 | | | • | | | | 77 | • |
| | Secure Horizons Medicare Advantage Plan | Secure Horizons Classic Plan | • | | | | | | \$0.00 | \$0.00 | • | | | • | | | 81 | • |
| | | Secure Horizons Gold Plan | • | | | | | | \$23.00 | \$23.00 | | | • | | | | 81 | • |
| | | Secure Horizons Classic Enhanced Plan | • | | | | | | \$50.00 | \$23.00 | • | | | • | | | 81 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 1 | | | | • | | | \$0.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 200 | | | | • | | | \$85.00 | - | | | | | | | | |
| | Sierra Spectrum | Sierra Spectrum | | • | | | | | \$39.00 | \$28.64 | • | | | • | | | 76 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | \$9.00 | - | | | | | | | | |
| | Today's Option | Today's Options Basic | | | | • | | | \$14.95 | - | | | | | | | | |
| | | Today's Options Premier | | | | • | | | \$26.95 | - | | | | | | | | |
| | United HealthCare Insurance Company | Evercare Plan IP | | | • | | | | \$7.49 | \$7.49 | • | | | • | | | 97 | • |
| | | Evercare Plan DP | | | • | | | | \$22.74 | \$22.74 | • | | | • | | | 97 | • |
| | UnitedHealthcare Of Arizona Inc | UnitedHealthcare Medicare Comp Prem Refund | • | | | | | | \$0.00 | - | | | | | | | | |
| | | UnitedHealthcare Medicare Complete | • | | | | | | \$0.00 | - | | | | | | | | |
| | | UnitedHealthcare Medicare Complete Rx | • | | | | | | \$0.00 | \$0.00 | • | | | • | | | 97 | • |

Arizona Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

| County | Organization Name | Description Plan Name | Type of Medicare Advantage Plan | | | | | | Cost Plan | Demo Plan | Cost | | | | Coverage | | | Convenience Mail Order Offered |
|-----------------|---|--|---------------------------------|-----------|--------------|-------------------------|--|---------------------------|-----------|-----------|-----------------|---------|------------------|--------------------------------------|--|---------------------|--------------------------------------|-----------------------------------|
| | | | HMO | Local PPO | Regional PPO | Private Fee-for-Service | Beneficiary Total Premium* (Including Drug Premium) | Beneficiary Drug Premium* | | | Drug Deductible | | | Includes Tiered Copayments for Drugs | Type of Additional Coverage Offered in Drug Coverage Gap | | Number of Top 100 Drugs on Formulary | |
| | | | | | | | | | | | Zero | Reduced | Standard (\$250) | | Generics Only | Generics and Brands | | |
| PINAL | Abrazo Advantage Health Plan | Abrazo Advantage Plus | * | | | | | | | \$28.64 | \$28.64 | * | | | | | 72 | |
| | Aetna Medicare | Aetna Golden Medicare Value Plan | * | | | | | | | \$100.00 | \$27.42 | * | | | | | 85 | * |
| | | Aetna Golden Choice Value Plan | | * | | | | | | \$150.00 | \$27.42 | * | | | | | 85 | * |
| | CIGNA HealthCare for Seniors | CIGNA HealthCare for Seniors-Platinum Plan | * | | | | | | | \$0.00 | \$0.00 | * | | * | | | 99 | * |
| | | CIGNA HealthCare for Seniors-Platinum Plus | * | | | | | | | \$4.24 | \$4.24 | * | | | | | 99 | * |
| | Health Choice Generations | Health Choice Generations | * | | | | | | | \$23.07 | \$23.07 | * | | | | | 76 | * |
| | Health Net | Health Net Preferred | | | * | | | | | \$41.00 | - | | | | | | | |
| | | Health Net Preferred Plus | | | * | | | | | \$57.00 | \$15.09 | * | | | | | 97 | * |
| | Health Net of Arizona, Inc. | Health Net SeniorCare | * | | | | | | | \$0.00 | \$0.00 | * | | | | | 97 | * |
| | | Health Net Essential | * | | | | | | | \$0.00 | - | | | | | | | |
| | | Health Net Essential Gold | * | | | | | | | \$0.00 | - | | | | | | | |
| | | Health Net SeniorCare Complete | * | | | | | | | \$0.00 | \$0.00 | * | | | | | 97 | * |
| | | Health Net Platinum | * | | | | | | | \$14.74 | \$14.74 | * | | | | | 97 | * |
| | Humana Health Plan, Inc. | Humana Gold Plus HMO H0307-008 | * | | | | | | | \$0.00 | \$0.00 | * | | * | | | 97 | * |
| | Humana Insurance Company | Humana Gold Choice PFFS H1804-005 | | | | * | | | | \$0.00 | \$0.00 | * | | * | | | 97 | * |
| | | Humana Gold Choice PFFS H1804-147 | | | | * | | | | \$14.51 | \$14.51 | * | | * | | | 97 | * |
| | | HumanaChoicePPO PPO R5826-028 | | | * | | | | | \$16.00 | - | | | | | | | |
| | | HumanaChoicePPO PPO R5826-042 | | | * | | | | | \$58.00 | \$11.15 | * | * | | | | 97 | * |
| | | HumanaChoicePPO PPO R5826-014 | | | * | | | | | \$67.00 | \$20.47 | * | | * | | | 97 | * |
| | Secure Horizons Medicare Advantage Plan | Secure Horizons Classic Plan | * | | | | | | | \$0.00 | \$0.00 | * | | * | | | 81 | * |
| | | Secure Horizons Classic Enhanced Plan | * | | | | | | | \$49.00 | \$23.00 | * | | * | | | 81 | * |
| | SecureHorizons Direct | SecureHorizons Direct Plan 4 | | | | * | | | | \$25.00 | - | | | | | | | |
| | | SecureHorizons Direct Premier Plan 200 | | | | * | | | | \$85.00 | - | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | * | | | | \$9.00 | - | | | | | | | |
| | United HealthCare Insurance Company | Evercare Plan IP | | * | | | | | | \$7.49 | \$7.49 | * | | * | | | 97 | * |
| PINAL - Partial | Health Net | Health Net Preferred | | | * | | | | | \$41.00 | - | | | | | | | |
| | | Health Net Preferred Plus | | | * | | | | | \$57.00 | \$15.09 | * | | * | | | 97 | * |
| | Health Net of Arizona, Inc. | Health Net SeniorCare | * | | | | | | | \$0.00 | \$0.00 | * | | * | | | 97 | * |
| | | Health Net Essential | * | | | | | | | \$0.00 | - | | | | | | | |
| | | Health Net Essential Gold | * | | | | | | | \$0.00 | - | | | | | | | |
| | | Health Net SeniorCare Complete | * | | | | | | | \$0.00 | \$0.00 | * | | * | | | 97 | * |
| | | Health Net Platinum | * | | | | | | | \$14.74 | \$14.74 | * | | * | | | 97 | * |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-028 | | | * | | | | | \$16.00 | - | | | | | | | |
| | | HumanaChoicePPO PPO R5826-042 | | | * | | | | | \$58.00 | \$11.15 | * | * | | | | 97 | * |
| | | HumanaChoicePPO PPO R5826-014 | | | * | | | | | \$67.00 | \$20.47 | * | | * | | | 97 | * |
| | Secure Horizons Medicare Advantage Plan | Secure Horizons Classic Plan | * | | | | | | | \$0.00 | \$0.00 | * | | * | | | 81 | * |
| | | Secure Horizons Gold Plan | * | | | | | | | \$23.00 | \$23.00 | * | | * | | | 81 | * |
| | | Secure Horizons Classic Enhanced Plan | * | | | | | | | \$53.00 | \$23.00 | * | | * | | | 81 | * |

Arizona Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

| County | Organization Name | Description Plan Name | Type of Medicare Advantage Plan | | | | | | Cost | | | | | Coverage | | | Convenience | |
|------------|------------------------------|--|---|-----------|--------------|-------------------------|-----------|-----------|---|---------------------------|-----------------|---------|------------------|--------------------------------------|--|---------------------|--------------------------------------|--------------------|
| | | | HMO | Local PPO | Regional PPO | Private Fee-for-Service | Cost Plan | Demo Plan | Beneficiary Total Premium* (Including Drug Premium) | Beneficiary Drug Premium* | Drug Deductible | | | Includes Tiered Copayments for Drugs | Type of Additional Coverage Offered in Drug Coverage Gap | | Number of Top 100 Drugs on Formulary | Mail Order Offered |
| | | | | | | | | | | | Zero | Reduced | Standard (\$250) | | Generics Only | Generics and Brands | | |
| SANTA CRUZ | APIPA Personal Care Plus | APIPA Personal Care Plus | * | | | | | | \$21.65 | \$21.65 | | | * | | | | 84 | |
| | Health Net | Health Net Preferred | | | * | | | | \$41.00 | - | | | | | | | | |
| | | Health Net Preferred Plus | | | * | | | | \$57.00 | \$15.09 | * | | * | | | | 97 | * |
| | | Health Net of Arizona, Inc. | Health Net SeniorCare | * | | | | | \$0.00 | \$0.00 | * | | * | | | | 97 | * |
| | | | Health Net Essential | * | | | | | \$0.00 | - | | | | | | | | |
| | | | Health Net Essential Gold | * | | | | | \$0.00 | - | | | | | | | | |
| | | | Health Net SeniorCare Complete | * | | | | | \$0.00 | \$0.00 | * | | * | | | | 97 | * |
| | | | Health Net Platinum | * | | | | | \$14.74 | \$14.74 | * | | * | | | | 97 | * |
| | | | Health Net SeniorCare Complete (B-Only) | * | | | | | \$15.09 | \$15.09 | * | | * | | | | 97 | * |
| | | Humana Insurance Company | Humana Gold Choice PFFS H1804-005 | | | | * | | \$0.00 | \$0.00 | * | | * | | | | 97 | * |
| | | | HumanaChoicePPO PPO R5826-028 | | | * | | | \$16.00 | - | | | | | | | | |
| | | | HumanaChoicePPO PPO R5826-042 | | | * | | | \$58.00 | \$11.15 | * | * | | | | | 97 | * |
| | | | HumanaChoicePPO PPO R5826-014 | | | * | | | \$67.00 | \$20.47 | * | | * | | | | 97 | * |
| | | Mercy Care Advantage | Mercy Care Advantage | * | | | | | \$24.62 | \$24.62 | * | | * | | | | 77 | * |
| | | SecureHorizons Direct | SecureHorizons Direct Plan 1 | | | | * | | \$0.00 | - | | | | | | | | |
| | | | SecureHorizons Direct Premier Plan 200 | | | | * | | \$85.00 | - | | | | | | | | |
| | | Sterling Option I | Sterling Option I | | | | * | | \$9.00 | - | | | | | | | | |
| | | Today's Option | Today's Options Basic | | | | * | | \$14.95 | - | | | | | | | | |
| | | | Today's Options Premier | | | | * | | \$26.95 | - | | | | | | | | |
| | | UnitedHealthcare Of Arizona Inc | UnitedHealthcare Medicare Complete | * | | | | | \$0.00 | - | | | | | | | | |
| | | UnitedHealthcare Medicare Complete Rx | * | | | | | \$0.00 | \$0.00 | * | | * | | | | 97 | * | |
| YAVAPAI | | Evercare Plan DH | * | | | | | \$14.90 | \$14.90 | * | | * | | | | 97 | * | |
| | APIPA Personal Care Plus | APIPA Personal Care Plus | * | | | | | \$21.65 | \$21.65 | | | * | | | | 84 | | |
| | Desert Canyon Community Care | Desert Canyon Community Care - Plus | * | | | | | \$0.00 | \$0.00 | * | | * | * | | | 95 | * | |
| | | Desert Canyon Community Care - Basic | * | | | | | \$0.00 | - | | | | | | | | | |
| | | Desert Canyon Community Care - Advantage | * | | | | | \$38.00 | \$24.62 | * | | * | * | | | 95 | * | |
| | | Health Net | Health Net Preferred | | | * | | | \$41.00 | - | | | | | | | | |
| | | | Health Net Preferred Plus | | | * | | | \$57.00 | \$15.09 | * | | * | | | | 97 | * |
| | | Humana Insurance Company | Humana Gold Choice PFFS H1804-005 | | | | * | | \$0.00 | \$0.00 | * | | * | | | | 97 | * |
| | | | HumanaChoicePPO PPO R5826-028 | | | * | | | \$16.00 | - | | | | | | | | |
| | | | HumanaChoicePPO PPO R5826-042 | | | * | | | \$58.00 | \$11.15 | * | * | | | | | 97 | * |
| | | HumanaChoicePPO PPO R5826-014 | | | * | | | \$67.00 | \$20.47 | * | | * | | | | 97 | * | |
| | SecureHorizons Direct | SecureHorizons Direct Plan 2 | | | | * | | \$0.00 | - | | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 200 | | | | * | | \$85.00 | - | | | | | | | | | |
| | Today's Option | Today's Options Basic | | | | * | | \$14.95 | - | | | | | | | | | |
| | | Today's Options Premier | | | | * | | \$26.95 | - | | | | | | | | | |
| YUMA | APIPA Personal Care Plus | APIPA Personal Care Plus | * | | | | | \$21.65 | \$21.65 | | | * | | | | 84 | | |
| | | APIPA Personal Care Plus | * | | | | | \$21.65 | \$21.65 | | | * | | | | 84 | | |
| | | Health Net | Health Net Preferred | | | * | | | \$41.00 | - | | | | | | | | |
| | | | Health Net Preferred Plus | | | * | | | \$57.00 | \$15.09 | * | | * | | | | 97 | * |
| | | Humana Insurance Company | HumanaChoicePPO PPO R5826-028 | | | * | | | \$16.00 | - | | | | | | | | |
| | | | Humana Gold Choice PFFS H1804-011 | | | | * | | \$45.00 | \$18.80 | * | | * | | | | 97 | * |
| | | | HumanaChoicePPO PPO R5826-042 | | | * | | | \$58.00 | \$11.15 | * | * | | | | | 97 | * |
| | | | HumanaChoicePPO PPO R5826-014 | | | * | | | \$67.00 | \$20.47 | * | | * | | | | 97 | * |
| | | Sterling Option I | Sterling Option I | | | | * | | \$9.00 | - | | | | | | | | |
| | | United HealthCare Insurance Company | Evercare Plan IP | | * | | | | \$7.49 | \$7.49 | * | | * | | | | 97 | * |