

California 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 Mail Order Offered		
			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	
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
ALAMEDA	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*				*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*				*			88	*
	Health Net Of CA	Health Net Seniority Plus	*						\$39.00	\$14.66	*				*			97	*
		Health Net Seniority Plus	*						\$39.00	-									
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*			*	*			65	
		Kaiser Permanente Senior Advantage	*						\$70.00	\$0.00	*			*	*			65	
	Secure Horizons Medicare Advantage Plan	Secure Horizons Part B Only Plan	*						\$21.68	\$21.68		*						81	*
		Secure Horizons Medical Plan	*						\$35.00	-									
		Secure Horizons Classic Plan	*						\$59.00	\$16.03	*			*				81	*
		Secure Horizons Classic Plan II	*						\$150.00	\$17.31	*			*				81	*
ALPINE	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*				*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*				*			88	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
AMADOR	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*				*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*				*			88	*
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*			*	*			65	
		Kaiser Permanente Senior Advantage	*						\$70.00	\$0.00	*			*	*			65	
BUTTE	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*				*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*				*			88	*
CALAVERAS	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*				*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*				*			88	*
COLUSA	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*				*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*				*			88	*
CONTRA COSTA	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*				*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*				*			88	*
	Health Net Of CA	Health Net Seniority Plus	*						\$39.00	\$14.66	*				*			97	*
		Health Net Seniority Plus	*						\$39.00	-									
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*			*	*			65	
		Kaiser Permanente Senior Advantage	*						\$70.00	\$0.00	*			*	*			65	
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	*						\$35.00	-									
		Secure Horizons Classic Plan	*						\$59.00	\$15.99	*			*				81	*
DEL NORTE	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*				*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*				*			88	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-									

California 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			Includes Tiered Copayments for Drugs	Coverage		Number of Top 100 Drugs on Formulary	Convenience Mail Order Offered		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*			Drug Deductible				Generics Only	Generics and Brands				
											Zero	Reduced	Standard (\$250)							
EL DORADO	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*		
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*				88	*	
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*			*	*			65		
		Kaiser Permanente Senior Advantage	*						\$70.00	\$0.00	*			*	*			65		
FRESNO	Aetna Medicare	Aetna Golden Medicare Value Plan	*						\$71.00	\$26.50	*		*	*				85	*	
		Aetna Golden Medicare Premier Plan	*						\$98.00	\$50.84	*			*	*			97	*	
	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*				88	*	
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*				88	*	
	Blue Cross Of California	SmartValue Classic				*			\$14.00	-				*				88	*	
		SmartValue Plus				*			\$24.00	\$19.46		*		*				88	*	
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*							\$0.00	\$0.00	*			*	*			65	
		Kaiser Permanente Senior Advantage	*							\$75.00	\$0.00	*			*	*			65	
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	*							\$87.00	\$23.00	*			*				81	*
		SecureHorizons Direct					*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200					*			\$85.00	-									
	GLENN	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*				88	*
Freedom Blue Plan II					*				\$32.00	\$22.00	*			*				88	*	
HUMBOLDT	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*				88	*	
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*				88	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 5				*			\$45.00	-									
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-										
IMPERIAL	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*				88	*	
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*				88	*	
INYO	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*				88	*	
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*				88	*	

California 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			Includes Tiered Copayments for Drugs	Coverage		Number of Top 100 Drugs on Formulary	Convenience Mail Order Offered	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*			Drug Deductible				Generics Only	Generics and Brands			
											Zero	Reduced	Standard (\$250)						
KERN	Aetna Medicare	Aetna Golden Medicare Premier Plan	*							\$0.00	\$0.00	*			*	*	97	*	
	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*					\$7.00	\$7.00	*			*		88	*	
		Freedom Blue Plan II			*					\$32.00	\$22.00	*			*		88	*	
	Blue Cross of California	Blue Cross Senior Secure		*						\$0.00	\$0.00	*			*	*	96	*	
		Blue Cross Senior Secure - Part B Only		*						\$27.03	\$27.03	*			*	*	96	*	
	Health Net Of CA	Health Net Seniority Plus		*						\$0.00	-	*			*				
		Health Net Seniority Plus		*						\$0.00	\$0.00	*			*		97	*	
		Health Net Seniority Plus		*						\$14.28	\$14.28	*	*		*		97	*	
	Kaiser Permanente	Kaiser Permanente Senior Advantage		*						\$0.00	\$0.00	*			*	*	66	*	
		Kaiser Permanente Senior Advantage		*						\$40.00	\$0.00	*			*	*	66	*	
	SCAN Health Plan	SCAN Health Plan		*						\$30.00	\$11.00	*			*	*	91	*	
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan		*						\$0.00	-	*			*				
		Secure Horizons Classic Plan		*						\$0.00	\$0.00	*			*		81	*	
	Universal Care Health Advantage	Secure Horizons Part B Only Plan		*						\$21.68	\$21.68	*	*		*		81	*	
		Universal Care Health Advantage		*						\$0.00	\$0.00	*		*	*		95	*	
Universal Care Health Advantage Medi	Universal Care Health Advantage Medi		*						\$23.25	\$23.25	*		*	*		95	*		
	Universal Care Health Advantage SMI Plan		*						\$23.25	\$23.25	*		*	*		95	*		
	Universal Care Health Advantage SMI Plan		*						\$23.25	\$23.25	*		*	*		95	*		
KINGS	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*		88	*		
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*		88	*		
	Kaiser Permanente	Kaiser Permanente Senior Advantage		*						\$0.00	\$0.00	*			*	*	65	*	
		Kaiser Permanente Senior Advantage		*						\$75.00	\$0.00	*			*	*	65	*	
SecureHorizons Direct	SecureHorizons Direct Plan 5				*				\$45.00	-	*			*					
	SecureHorizons Direct Premier Plan 200				*				\$85.00	-	*			*					
LAKE	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*		88	*		
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*		88	*		
	SecureHorizons Direct	SecureHorizons Direct Plan 5			*				\$45.00	-	*			*					
LASSEN	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*		88	*		
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*		88	*		

California 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			
LOS ANGELES	Aetna Medicare	Aetna Golden Medicare Premier Plan	*						\$0.00	\$0.00	*				*			97	*
	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*				*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*				*			88	*
	Blue Cross of California	Blue Cross Senior Secure Plan II	*						\$0.00	-	*				*				
		Blue Cross Senior Secure Plan I	*						\$0.00	\$0.00	*			*				96	*
		SecureCare	*						\$20.91	\$20.91	*		*		*			88	*
		Blue Cross Senior Secure - Part B Only	*						\$27.03	\$27.03	*			*				96	*
	Blue Shield of California	Blue Shield 65 Plus	*						\$0.00	\$0.00	*			*		*		82	*
		Blue Shield 65 Plus	*						\$33.20	\$33.20	*			*		*		82	*
	California Health Plan	California Medicare Advantage	*						\$0.00	\$0.00	*			*		*		95	*
		CareMore Value Plus	*						\$0.00	\$0.00	*			*		*		95	*
		California Medicare Advantage PPO	*	*					\$56.00	\$6.34	*			*		*		95	*
	Central Health Medicare Plan	Central Health Medicare Plan	*						\$0.50	\$0.50	*			*		*		96	*
	Citizens Choice Healthplan	Citizens Choice Healthplan	*						\$0.00	\$0.00	*			*		*		69	*
	Health Net Of CA	Health Net Seniority Plus	*						\$0.00	-	*			*		*			
		Health Net Seniority Plus	*						\$0.00	\$0.00	*			*		*		97	*
		Health Net Seniority Plus	*						\$14.28	\$14.28	*		*		*			97	*
	Inter Valley Health Plan	Inter Valley Health Plan	*						\$0.00	\$0.00	*			*		*		93	*
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*			*	*			66	*
		Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*			*	*			66	*
	Molina Healthcare of California	Molina Advantage	*						\$23.25	\$23.25	*		*		*			86	*
	POSITIVE HEALTHCARE PARTNERS	POSITIVE HEALTHCARE PARTNERS	*						\$18.37	\$18.37	*		*		*			83	*
	SCAN Health Plan	SCAN Health Plan	*				*		\$0.00	\$0.00	*			*		*		91	*
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	*						\$0.00	\$0.00	*			*		*		81	*
		Secure Horizons Enhanced Value Plan	*						\$0.00	\$0.00	*			*	*			81	*
		Secure Horizons Medical Plan	*						\$0.00	-	*			*		*			
		Secure Horizons Part B Only Plan	*						\$21.68	\$21.68	*	*		*		*		81	*
		Secure Horizons Gold Plan	*						\$23.00	\$23.00	*		*		*			81	*
		Secure Horizons Classic Plan II	*						\$40.00	\$23.00	*			*		*		81	*
		Secure Horizons Classic Enhanced Plan	*						\$43.00	\$22.99	*			*	*			81	*
	UHP Healthcare for Seniors	UHP Healthcare for Seniors	*						\$0.00	\$0.00	*			*		*		96	*
	Universal Care Health Advantage	Universal Care Health Advantage	*						\$0.00	\$0.00	*			*		*		95	*
		Universal Care Health Advantage Medi Medi	*						\$23.25	\$23.25	*		*		*			95	*
		Universal Care Health Advantage SMI Plan	*						\$23.25	\$23.25	*		*		*			95	*
LOS ANGELES - Partial	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*				*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*				*			88	*
	Blue Shield of California	Blue Shield 65 Plus Value Plan (Partial)	*						\$0.00	\$0.00	*			*		*		88	*
		Blue Shield 65 Plus Value Plan (Part B)	*						\$58.62	\$58.62	*		*		*		*	88	*

California 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		
MADERA	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*						88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*						88	*
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*		*				65	
		Kaiser Permanente Senior Advantage	*						\$75.00	\$0.00	*		*				65	
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	*						\$87.00	\$23.00	*						81	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
MARIN	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*						88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*						88	*
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*		*				65	
		Kaiser Permanente Senior Advantage	*						\$101.00	\$15.96	*		*				65	
MARIPOSA	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*						88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*						88	*
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*		*				65	
		Kaiser Permanente Senior Advantage	*						\$75.00	\$0.00	*		*				65	
MENDOCINO	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*						88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*						88	*
MERCED	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*						88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*						88	*
MODOC	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*						88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*						88	*
MONO	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*						88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*						88	*
MONTEREY	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*						88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*						88	*
NAPA	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*						88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*						88	*
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*		*				65	
		Kaiser Permanente Senior Advantage	*						\$101.00	\$15.96	*		*				65	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
NEVADA	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*						88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*						88	*
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	*						\$45.00	-								
		Secure Horizons Classic Plan	*						\$70.00	\$23.00	*						81	*

California 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			
ORANGE	Aetna Medicare	Aetna Golden Medicare Premier Plan	*						\$0.00	\$0.00	*				*			97	*
	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*				*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*				*			88	*
	Blue Cross of California	Blue Cross Senior Secure Plan I	*						\$0.00	\$0.00	*				*	*		96	*
		Blue Cross Senior Secure - Part B Only	*						\$27.03	\$27.03	*				*	*		96	*
		Blue Cross Senior Secure Plan II	*						\$60.00	-									
	Blue Shield of California	Blue Shield 65 Plus	*						\$0.00	\$0.00	*				*	*		82	*
		Blue Shield 65 Plus	*						\$33.20	\$33.20	*				*	*		82	*
	California Health Plan	California Medicare Advantage	*						\$0.00	\$0.00	*				*	*		95	*
		CareMore Value Plus	*						\$0.00	\$0.00	*				*	*		95	*
		California Medicare Advantage PPO	*	*					\$58.00	\$6.34	*				*	*		95	*
	Health Net Of CA	Health Net Seniority Plus	*						\$0.00	-					*			97	*
		Health Net Seniority Plus	*						\$0.00	\$0.00	*				*			97	*
		Health Net Seniority Plus	*						\$14.28	\$14.28	*	*			*			97	*
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*				*	*		66	*
		Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*				*	*		66	*
	OneCare	OneCare	*						\$22.79	\$22.79	*			*				87	*
	SCAN Health Plan	SCAN Health Plan						*	\$0.00	\$0.00	*				*	*		91	*
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	*						\$0.00	-					*				
		Secure Horizons Classic Plan	*						\$0.00	\$0.00	*				*			81	*
		Secure Horizons Premier Plan	*						\$0.00	\$0.00	*				*			81	*
		Secure Horizons Value Plan	*						\$0.00	\$0.00	*				*			81	*
		Secure Horizons Part B Only Plan	*						\$21.68	\$21.68	*	*			*			81	*
		Secure Horizons Gold Plan	*						\$23.00	\$23.00	*		*		*			81	*
		Secure Horizons Classic Enhanced Plan	*						\$43.00	\$23.00	*				*	*		81	*
	UHP Healthcare for Seniors	UHP Healthcare for Seniors	*						\$2.37	\$2.37	*				*			96	*
	Universal Care Health Advantage	Universal Care Health Advantage	*						\$0.00	\$0.00	*		*		*			95	*
		Universal Care Health Advantage Medi Medi	*						\$23.25	\$23.25	*		*		*			95	*
		Universal Care Health Advantage SMI Plan	*						\$23.25	\$23.25	*		*		*			95	*
ORANGE - Partial	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*				*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*				*			88	*
	Blue Shield of California	Blue Shield 65 Plus Value Plan (Partial)	*						\$0.00	\$0.00	*				*	*		88	*
		Blue Shield 65 Plus Value Plan (Part B)	*						\$58.62	\$58.62	*		*		*	*		88	*

California 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 Mail Order Offered		
			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	
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
PLACER	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*	
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*	
	Health Net Of CA	Health Net Seniority Plus	*						\$39.00	\$14.66	*			*			97	*	
		Health Net Seniority Plus	*						\$39.00	-	*			*					
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*			*	*		65		
		Kaiser Permanente Senior Advantage	*						\$70.00	\$0.00	*			*	*		65		
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	Secure Horizons Classic Plan	*						\$79.00	\$16.18	*			*		81	*	
			SecureHorizons Direct				*			\$0.00	-	*			*				
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-	*			*					
		Western Health Advantage	WHA Care + MA Only	*						\$22.45	-	*			*				
	PLUMAS	BC LIFE & HEALTH INSURANCE COMPANY	WHA Care+ MA-PD	*						\$57.91	\$28.10	*			*	*		98	*
			Freedom Blue Plan I			*					\$7.00	\$7.00	*			*			88
	RIVERSIDE	Aetna Medicare	Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*
			Aetna Golden Medicare Premier Plan	*						\$0.00	\$0.00	*			*	*		97	*
RIVERSIDE	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*	
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*	
	Blue Cross of California	Blue Cross Senior Secure	*						\$0.00	\$0.00	*			*	*		96	*	
		SecureCare	*						\$20.91	\$20.91	*		*	*			88	*	
	Blue Cross of California	Blue Cross Senior Secure - Part B Only	*						\$27.03	\$27.03	*			*	*		96	*	
		Blue Shield of California	Blue Shield 65 Plus	*					\$0.00	\$0.00	*			*			82	*	
	Health Net Of CA	Health Net Seniority Plus	*						\$0.00	-	*			*					
		Health Net Seniority Plus	*						\$0.00	\$0.00	*			*	*		97	*	
		Health Net Seniority Plus	*						\$0.00	\$0.00	*			*			97	*	
	Inter Valley Health Plan	Health Net Seniority Plus	*						\$14.28	\$14.28	*			*			97	*	
		Inter Valley Health Plan	*						\$0.00	\$0.00	*			*			93	*	
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*			*	*		66		
		Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*			*	*		66		
	Molina Healthcare of California	Molina Advantage	*						\$23.25	\$23.25	*			*			86		
	SCAN Health Plan	SCAN Health Plan	*						\$0.00	\$0.00	*			*	*		91	*	
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	Secure Horizons Classic Plan	*						\$0.00	\$0.00	*			*			81	*
			Secure Horizons Medical Plan	*						\$0.00	-	*			*				
		Secure Horizons Part B Only Plan	*						\$21.68	\$21.68	*		*	*			81	*	
	Secure Horizons Gold Plan	Secure Horizons Gold Plan	*						\$23.00	\$23.00	*		*	*			81	*	
Secure Horizons Classic Enhanced Plan		*						\$43.00	\$22.99	*			*	*		81	*		
Universal Care Health Advantage	Universal Care Health Advantage	*						\$0.00	\$0.00	*			*	*		95	*		
	Universal Care Health Advantage Medi Medi	*						\$23.25	\$23.25	*			*			95	*		
Universal Care Health Advantage SMI Plan	Universal Care Health Advantage SMI Plan	*						\$23.25	\$23.25	*			*			95	*		

California 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		
SACRAMENTO	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			•			\$7.00	\$7.00	•			•			88	•	
		Freedom Blue Plan II			•			\$32.00	\$22.00	•			•			88	•	
	Health Net Of CA	Health Net Seniority Plus	•					\$39.00	\$14.66	•			•			97	•	
		Health Net Seniority Plus	•					\$39.00	-	•								
	Kaiser Permanente	Kaiser Permanente Senior Advantage	•					\$0.00	\$0.00	•			•	•		65		
		Kaiser Permanente Senior Advantage	•					\$70.00	\$0.00	•			•	•		65		
	Secure Horizons Medicare Advantage Plan	Secure Horizons Part B Only Plan	Secure Horizons Part B Only Plan	•					\$21.68	\$21.68		•					81	•
			Secure Horizons Classic Plan	•					\$79.00	\$13.11	•			•			81	•
		SecureHorizons Direct	SecureHorizons Direct Plan 2				•		\$0.00	-								
			SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
		Western Health Advantage	WHA Care + MA Only	•					\$22.45	-								
	WHA Care+ MA-PD		•					\$57.91	\$28.10	•			•	•		98	•	
SAN BENITO	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			•			\$7.00	\$7.00	•			•			88	•	
		Freedom Blue Plan II			•			\$32.00	\$22.00	•			•			88	•	

California 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		
SAN BERNARDINO	Aetna Medicare	Aetna Golden Medicare Premier Plan	•					\$0.00	\$0.00	•			•			97	•	
	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			•			\$7.00	\$7.00	•			•			88	•	
			Freedom Blue Plan II			•		\$32.00	\$22.00	•			•			88	•	
	Blue Cross of California		Blue Cross Senior Secure	•				\$0.00	\$0.00	•			•	•		96	•	
			SecureCare	•				\$20.91	\$20.91			•				88	•	
			Blue Cross Senior Secure - Part B Only	•				\$27.03	\$27.03	•			•	•		96	•	
	Blue Shield of California		Blue Shield 65 Plus	•				\$0.00	\$0.00	•			•			82	•	
	Health Net Of CA		Health Net Seniority Plus	•				\$0.00	-									
			Health Net Seniority Plus	•				\$0.00	\$0.00	•			•	•		97	•	
			Health Net Seniority Plus	•				\$0.00	\$0.00	•			•			97	•	
			Health Net Seniority Plus	•				\$14.28	\$14.28			•				97	•	
	Inter Valley Health Plan		Inter Valley Health Plan	•				\$0.00	\$0.00	•			•			93	•	
	Kaiser Permanente		Kaiser Permanente Senior Advantage	•				\$0.00	\$0.00	•			•	•		66		
			Kaiser Permanente Senior Advantage	•				\$0.00	\$0.00	•			•	•		66		
	Molina Healthcare of California		Molina Advantage	•				\$23.25	\$23.25			•				86		
	SCAN Health Plan		SCAN Health Plan				•	\$0.00	\$0.00	•			•	•		91	•	
	Secure Horizons Medicare Advantage Plan		Secure Horizons Medical Plan	•				\$0.00	-									
			Secure Horizons Classic Plan	•				\$0.00	\$0.00	•			•			81	•	
			Secure Horizons Part B Only Plan	•				\$21.68	\$21.68			•				81	•	
			Secure Horizons Gold Plan	•				\$23.00	\$23.00			•				81	•	
		Secure Horizons Classic Enhanced Plan	•				\$43.00	\$23.00	•			•	•		81	•		
UHP Healthcare for Seniors		UHP Healthcare for Seniors	•				\$18.52	\$6.77	•			•			96	•		
Universal Care Health Advantage		Universal Care Health Advantage	•				\$0.00	\$0.00			•	•			95	•		
		Universal Care Health Advantage Medi Medi	•				\$23.25	\$23.25			•				95	•		
		Universal Care Health Advantage SMI Plan	•				\$23.25	\$23.25			•				95	•		

California 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			
SAN DIEGO	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*	
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*	
	Blue Cross of California	SecureCare	*						\$20.91	\$20.91		*					88	*	
		Blue Cross Senior Secure - Part B Only	*						\$27.03	\$27.03	*			*	*			96	*
		Blue Cross Senior Secure Plan I	*						\$29.00	\$26.23	*			*	*			96	*
		Blue Cross Senior Secure Plan II	*						\$80.00	-	*			*	*				
	Health Net Life Insurance Company	Health Net Options Plus		*					\$89.00	\$14.66	*			*				97	*
	Health Net Of CA	Health Net Seniority Plus	*						\$25.00	-	*			*					
		Health Net Seniority Plus	*						\$39.00	\$14.66	*			*				97	*
		Health Net Seniority Plus	*						\$85.00	-	*			*					
		Health Net Seniority Plus	*						\$99.00	\$14.66	*			*				97	*
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*			*	*			66	
		Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*			*	*			66	
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	*						\$0.00	-	*			*					
		Secure Horizons Classic Plan	*						\$0.00	\$0.00	*			*				81	*
		Secure Horizons Value Plan	*						\$0.00	\$0.00	*			*				81	*
		Secure Horizons Part B Only Plan	*						\$21.68	\$21.68	*	*		*				81	*
		Secure Horizons Enhanced Value Plan	*						\$39.00	\$23.00	*			*	*			81	*
		Secure Horizons Classic Plan III	*						\$69.00	\$22.99	*			*				81	*
		Secure Horizons Classic Enhanced Plan	*						\$101.00	\$23.00	*			*	*			81	*
SAN FRANCISCO	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*	
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*				88	*
	Blue Cross Of California	SmartValue Classic				*			\$14.00	-	*			*					
		SmartValue Plus				*			\$24.00	\$19.46	*			*				88	*
	Chinese Community Health Plan	CCHP Senior Plan B-only Plan	*						\$2.00	\$2.00	*			*	*			79	*
		CCHP Senior Program	*						\$15.00	\$2.00	*			*	*			79	*
		CCHP Senior Select Program	*						\$21.66	\$21.66	*			*	*			79	*
	Health Net Of CA	Health Net Seniority Plus	*						\$20.00	-	*			*					
		Health Net Seniority Plus	*						\$40.00	\$14.66	*			*				97	*
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*			*	*			65	
		Kaiser Permanente Senior Advantage	*						\$96.00	\$15.96	*			*	*			65	
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	*						\$72.00	\$16.03	*			*				81	*
SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-	*			*						
	SecureHorizons Direct Premier Plan 200				*			\$85.00	-	*			*						
SAN JOAQUIN	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*	
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*				88	*
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*			*	*			65	
		Kaiser Permanente Senior Advantage	*						\$101.00	\$15.96	*			*	*			65	
	Medcore HP	Medcore Gold Select (Medicare & Medi-Cal)	*						\$14.21	\$14.21	*			*				79	*
		Medcore Silver	*						\$21.00	-	*			*					
		Medcore Gold	*						\$59.00	\$26.77	*			*				79	*
SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-	*			*						
	SecureHorizons Direct Premier Plan 200				*			\$85.00	-	*			*						

California 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			
SAN LUIS OBISPO	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*	
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*	
	Secure Horizons Medicare Advantage Plan	Secure Horizons Part B Only Plan	*						\$21.68	\$21.68		*					81	*	
		Secure Horizons Medical Plan	*						\$50.00	-									
		Secure Horizons Classic Plan	*						\$64.00	\$23.00	*			*				81	*
SAN MATEO	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*				88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*				88	*
	Health Net Of CA	Health Net Seniority Plus	*						\$65.00	\$14.66	*			*				97	*
		Health Net Seniority Plus	*						\$65.00	-									
	Health Plan of San Mateo	HPSM CareAdvantage	*						\$19.97	\$19.97		*						94	
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*			*	*			65	
		Kaiser Permanente Senior Advantage	*						\$96.00	\$15.96	*			*	*			65	
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	*						\$47.00	-									
		Secure Horizons Classic Plan	*						\$79.00	\$18.60	*			*				81	*
	SANTA BARBARA	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*				88
Freedom Blue Plan II					*				\$32.00	\$22.00	*			*				88	*
Blue Cross of California		Blue Cross Senior Secure - Part B Only	*						\$27.03	\$27.03	*			*	*			96	*
		SmartValue Classic				*			\$45.00	-									
		SmartValue Plus				*			\$50.00	\$19.46		*		*				88	*
		Blue Cross Senior Secure	*						\$130.00	\$26.23	*			*	*			96	*
Health Net Of CA		Health Net Seniority Plus	*						\$25.00	-									
		Health Net Seniority Plus	*						\$39.00	\$14.66	*			*				97	*
Secure Horizons Medicare Advantage Plan		Secure Horizons Part B Only Plan	*						\$21.68	\$21.68		*						81	*
		Secure Horizons Classic Plan	*						\$49.00	\$23.00	*			*				81	*
SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-										
	SecureHorizons Direct Premier Plan 200				*			\$85.00	-										
SANTA CLARA	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*				88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*				88	*
	Health Net Of CA	Health Net Seniority Plus	*						\$75.00	\$14.66	*			*				97	*
		Health Net Seniority Plus	*						\$75.00	-									
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*			*	*			65	
		Kaiser Permanente Senior Advantage	*						\$75.00	\$0.00	*			*	*			65	
	Secure Horizons Medicare Advantage Plan	Secure Horizons Part B Only Plan	*						\$21.68	\$21.68		*						81	*
		Secure Horizons Classic Plan	*						\$92.00	\$17.73	*			*				81	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-									
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-									

California 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	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*
	Secure Horizons Medicare Advantage Plan	*						\$110.00	\$20.63			*				81	*	
	SecureHorizons Direct				*			\$25.00	-									
	SecureHorizons Direct Premier Plan 100				*			\$95.00	-									
SHASTA	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*
SIERRA	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*
SISKIYOU	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*
SOLANO	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*
	Health Net Of CA	*						\$60.00	\$14.66	*			*			97	*	
	Health Net Seniority Plus	*						\$60.00	-	*			*					
	Kaiser Permanente	*						\$0.00	\$0.00	*			*	*		65		
	Kaiser Permanente Senior Advantage	*						\$101.00	\$15.96	*			*	*		65		
	SecureHorizons Direct				*			\$0.00	-									
	SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
SONOMA	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*
	Health Net Of CA	*						\$60.00	\$14.66	*			*			97	*	
	Health Net Seniority Plus	*						\$60.00	-	*			*					
	Kaiser Permanente	*						\$0.00	\$0.00	*			*	*		65		
	Kaiser Permanente Senior Advantage	*						\$101.00	\$15.96	*			*	*		65		
	Secure Horizons Medicare Advantage Plan	*						\$70.00	\$23.00	*			*			81	*	
	SecureHorizons Direct				*			\$25.00	-									
STANISLAUS	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*
	Kaiser Permanente	*						\$0.00	\$0.00	*			*	*		65		
	Kaiser Permanente Senior Advantage	*						\$96.00	\$15.96	*			*	*		65		
	Secure Horizons Medicare Advantage Plan	*						\$21.68	\$21.68	*		*				81	*	
	Secure Horizons Medical Plan	*						\$44.00	-									
		Secure Horizons Classic Plan	*					\$68.00	\$19.06	*			*			81	*	

California 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		
SUTTER	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*		*	*			65	
		Kaiser Permanente Senior Advantage	*						\$70.00	\$0.00	*		*	*			65	
TEHAMA	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*
TRINITY	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*
TULARE	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*
	Blue Cross Of California	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$19.46			*	*			88	*
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*		*	*			65	
		Kaiser Permanente Senior Advantage	*						\$75.00	\$0.00	*		*	*			65	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
TUOLUMNE	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*
VENTURA	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*				\$7.00	\$7.00	*			*			88	*
		Freedom Blue Plan II			*				\$32.00	\$22.00	*			*			88	*
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*						\$0.00	\$0.00	*		*	*			66	
		Kaiser Permanente Senior Advantage	*						\$40.00	\$0.00	*		*	*			66	
	SCAN Health Plan	SCAN Health Plan	*						\$30.00	\$12.00	*		*	*			91	*
	Secure Horizons Medicare Advantage Plan	Secure Horizons Part B Only Plan	*						\$21.68	\$21.68		*					81	*
		Secure Horizons Medical Plan	*						\$35.00	-								
		Secure Horizons Classic Plan	*						\$55.00	\$21.55	*		*	*			81	*
Universal Care Health Advantage	Universal Care Health Advantage Medi Medi	*						\$23.25	\$23.25			*	*			95	*	
	Universal Care Health Advantage SMI Plan	*						\$23.25	\$23.25			*	*			95	*	
	Universal Care Health Advantage	*						\$30.00	\$22.00	*		*	*			95	*	

California 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		
YOLO	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*			\$7.00	\$7.00	*			*			88	*	
		Freedom Blue Plan II			*			\$32.00	\$22.00	*			*			88	*	
	Blue Cross Of California	SmartValue Classic				*		\$14.00	-				*					
		SmartValue Plus				*		\$24.00	\$19.46			*	*			88	*	
	Health Net Of CA	Health Net Seniority Plus	*					\$49.00	\$14.66	*			*			97	*	
		Health Net Seniority Plus	*					\$49.00	-				*					
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*					\$0.00	\$0.00	*			*	*		65		
		Kaiser Permanente Senior Advantage	*					\$70.00	\$0.00	*			*	*		65		
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	*					\$72.00	\$13.11	*			*			81	*	
		SecureHorizons Direct				*		\$0.00	-									
	Western Health Advantage	WHA Care + MA Only	SecureHorizons Direct Premier Plan 200				*	\$85.00	-									
			WHA Care + MA Only	*				\$22.45	-									
			WHA Care+ MA-PD	*				\$57.91	\$28.10	*			*	*		98	*	
YUBA	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I			*			\$7.00	\$7.00	*			*			88	*	
		Freedom Blue Plan II			*			\$32.00	\$22.00	*			*			88	*	
	Kaiser Permanente	Kaiser Permanente Senior Advantage	*					\$0.00	\$0.00	*			*	*		65		
		Kaiser Permanente Senior Advantage	*					\$70.00	\$0.00	*			*	*		65		