

Illinois Medicare Advantage, Cost Plans, and Demonstrations

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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			
ADAMS	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-									
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*			*			83		*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*					97
		HumanaChoicePPO PPO R5826-037				*			\$35.00	\$14.24	*	*							97
		HumanaChoicePPO PPO R5826-009				*			\$46.00	\$24.77	*			*					97
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
ALEXANDER	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*					97
		HumanaChoicePPO PPO R5826-037				*			\$35.00	\$14.24	*	*							97
		HumanaChoicePPO PPO R5826-009				*			\$46.00	\$24.77	*			*					97
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-									
		SecurityChoice Plus				*			\$13.00	\$9.00		*		*					88
BOND	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*					97
		HumanaChoicePPO PPO R5826-037				*			\$35.00	\$14.24	*	*							97
		HumanaChoicePPO PPO R5826-009				*			\$46.00	\$24.77	*			*					97
BOONE	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*					97
		HumanaChoicePPO PPO R5826-037				*			\$35.00	\$14.24	*	*							97
		HumanaChoicePPO PPO R5826-009				*			\$46.00	\$24.77	*			*					97
	OSF Care Preferred	OSF Care Preferred		*					\$68.00	-									
		OSF Care Preferred Basic Rx		*					\$98.00	\$30.48		*		*					96
		OSF Care Preferred Rx		*					\$138.00	\$69.62	*			*		*			96
		OSF Care Preferred Rx Plus		*					\$166.00	\$77.71	*			*		*			96
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
	Sterling Option I	Sterling Option I				*			\$9.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-									
		SecurityChoice Plus				*			\$13.00	\$9.00		*		*					88
BROWN	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-									
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*			*					83
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*					97
		HumanaChoicePPO PPO R5826-037				*			\$35.00	\$14.24	*	*							97
		HumanaChoicePPO PPO R5826-009				*			\$46.00	\$24.77	*			*					97
	OSF Care Preferred	OSF Care Preferred		*					\$68.00	-									
		OSF Care Preferred Basic Rx		*					\$98.00	\$30.48		*		*					96
		OSF Care Preferred Rx		*					\$138.00	\$69.62	*			*		*			96
		OSF Care Preferred Rx Plus		*					\$166.00	\$77.71	*			*		*			96
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-									
		SecurityChoice Plus				*			\$13.00	\$9.00		*		*					88

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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			
BUREAU	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-									
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*			*			83		*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*					*
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*					*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*					*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*					*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.43	*			*					*
		Secure Plus 15	*						\$64.00	-				*					*
		Secure Plus 20	*						\$69.00	\$29.43	*			*					*
		Secure Plus Prime	*						\$89.00	-				*					*
		Secure Plus 15	*						\$93.00	\$29.43	*			*					*
		Secure Plus 15	*						\$108.00	\$43.90	*			*					*
		Secure Plus Prime	*						\$118.00	\$29.43	*			*					*
		Secure Plus Prime	*						\$133.00	\$43.90	*			*					*
	OSF Care Preferred	OSF Care Preferred		*					\$68.00	-				*					*
		OSF Care Preferred Basic Rx		*					\$98.00	\$30.48		*		*					*
		OSF Care Preferred Rx		*					\$138.00	\$69.62	*			*		*			*
		OSF Care Preferred Rx Plus		*					\$166.00	\$77.71	*			*		*			*
CALHOUN	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*					*
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*					*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*					*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*					*
CARROLL	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*					*
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*					*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*					*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*					*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.43	*			*					*
		Secure Plus 15	*						\$64.00	-				*					*
		Secure Plus 20	*						\$69.00	\$29.43	*			*					*
		Secure Plus Prime	*						\$89.00	-				*					*
		Secure Plus 15	*						\$93.00	\$29.43	*			*					*
		Secure Plus 15	*						\$108.00	\$43.90	*			*					*
		Secure Plus Prime	*						\$118.00	\$29.43	*			*					*
		Secure Plus Prime	*						\$133.00	\$43.90	*			*					*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-				*					*
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-				*					*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-				*					*
		SecurityChoice Plus				*			\$13.00	\$9.00		*		*					*
CASS	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-									
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*			*					*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*					*
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*					*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*					*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*					*
	OSF Care Preferred	OSF Care Preferred		*					\$68.00	-				*					*
		OSF Care Preferred Basic Rx		*					\$98.00	\$30.48		*		*					*
		OSF Care Preferred Rx		*					\$138.00	\$69.62	*			*		*			*
		OSF Care Preferred Rx Plus		*					\$166.00	\$77.71	*			*		*			*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-				*					*
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-				*					*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-				*					*
		SecurityChoice Plus				*			\$13.00	\$9.00		*		*					*

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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			
CHAMPAIGN	Health Alliance Medical Plans	Health Alliance Medicare HMO 30	*						\$25.00	-									
		Health Alliance Medicare HMO 20	*						\$75.00	-									
		Health Alliance Medicare PPO 10		*					\$85.00	-									
			Health Alliance Medicare HMO 20 with Rx	*					\$120.63	\$45.63	*			*				83	*
			Health Alliance Medicare PPO 10 with Rx		*				\$130.63	\$45.63	*			*				83	*
		Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-									
			Humana Gold Choice PFFS H1804-137			*			\$0.00	\$0.00	*			*				97	*
			HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*					97	*
			HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*	*		*				97	*
		SecureHorizons Direct	SecureHorizons Direct Plan 2			*			\$0.00	-									
			SecureHorizons Direct Premier Plan 200			*			\$85.00	-									
		Unicare Life & Health Ins. Company	SecurityChoice Classic			*			\$0.00	-									
	SecurityChoice Plus				*			\$13.00	\$9.00		*		*				88	*	
CHRISTIAN	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*				\$85.00	-										
			Health Alliance Medicare PPO 10 with Rx		*				\$130.63	\$45.63	*			*				83	*
			HumanaChoicePPO PPO R5826-023			*			\$0.00	-									
		Humana Insurance Company	HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24	*	*						97	*
			HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*	*		*				97	*
			Humana Gold Choice PFFS H1804-125			*			\$104.00	\$23.13	*	*		*				97	*
CLARK	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*				\$85.00	-										
			Health Alliance Medicare PPO 10 with Rx		*				\$130.63	\$45.63	*			*				83	*
			HumanaChoicePPO PPO R5826-023			*			\$0.00	-									
		Humana Insurance Company	Humana Gold Choice PFFS H1804-137			*			\$0.00	\$0.00	*			*				97	*
			HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24	*	*						97	*
			HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*	*		*				97	*
		SecureHorizons Direct	SecureHorizons Direct Plan 3			*			\$0.00	-									
			SecureHorizons Direct Premier Plan 200			*			\$85.00	-									
		Unicare Life & Health Ins. Company	SecurityChoice Classic			*			\$0.00	-									
			SecurityChoice Plus			*			\$13.00	\$9.00		*		*				88	*
CLAY	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-										
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24	*	*						97	*	
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*	*		*				97	*	
		Humana Gold Choice PFFS H1804-125			*			\$104.00	\$23.13	*	*		*				97	*	
		Unicare Life & Health Ins. Company	SecurityChoice Classic			*			\$0.00	-									
		SecurityChoice Plus			*			\$13.00	\$9.00		*		*				88	*	
CLINTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-										
		Humana Gold Choice PFFS H1804-138			*			\$34.00	\$23.13	*	*		*				97	*	
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24	*	*						97	*	
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*	*		*				97	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 3			*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200			*			\$85.00	-										
COLES	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*				\$85.00	-										
			Health Alliance Medicare PPO 10 with Rx		*				\$130.63	\$45.63	*			*				83	*
			HumanaChoicePPO PPO R5826-023			*			\$0.00	-									
		Humana Insurance Company	Humana Gold Choice PFFS H1804-137			*			\$0.00	\$0.00	*			*				97	*
			HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24	*	*						97	*
			HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*	*		*				97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3			*			\$0.00	-										
		SecureHorizons Direct Premier Plan 200			*			\$85.00	-										

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											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
COOK	Aetna Medicare	Aetna Golden Medicare Value Plan	*						\$0.00	\$0.00	*							85	*	
		Aetna Golden Medicare Standard Plan	*						\$40.00	\$35.47	*							85	*	
		Aetna Golden Medicare Premier Plan	*						\$65.00	\$56.50	*							97	*	
		Aetna Golden Choice Standard Plan	*	*					\$70.00	\$30.31			*					85	*	
	Aveta CarePartners	HealthSpring, Inc.	Aveta CarePartners	*					\$0.00	\$0.00	*							77	*	
			HealthSpring Advantage	*					\$0.00	-										
			HealthSpring Special Care	*					\$0.00	\$0.00			*					86	*	
			HealthSpring Advantage PremierRx	*					\$10.00	\$10.00	*			*				86	*	
			HealthSpring Total Care	*					\$11.81	\$11.81			*					86	*	
			HealthSpring Advantage Basic	*					\$15.00	\$15.00			*					86	*	
	Humana Health Plan, Inc.	Humana Insurance Company	Humana Gold Plus HMO H1406-021	*					\$0.00	-										
			Humana Gold Plus HMO H1406-013	*					\$0.00	\$0.00	*			*				97	*	
			Humana Gold Plus HMO H1406-006	*					\$84.00	\$25.88	*			*				97	*	
			HumanaChoicePPO PPO R5826-023	*		*			\$0.00	-				*						
			HumanaChoicePPO PPO R5826-037	*					\$35.00	\$14.24		*		*				97	*	
			HumanaChoicePPO PPO R5826-009	*		*			\$46.00	\$24.77	*			*				97	*	
			HumanaChoicePPO PPO H1418-002	*	*				\$50.00	\$31.07	*			*	*			97	*	
			Humana Gold Choice PFFS H1804-125	*			*		\$104.00	\$23.13	*			*				97	*	
		Sterling Option I	Sterling Option I					*	\$9.00	-										
		WellCare	WellCare Advance	*					\$0.00	-										
			WellCare Choice	*					\$0.00	\$0.00	*			*	*			85	*	
			WellCare Select	*					\$7.90	\$7.90			*	*				85	*	
			WellCare Access	*					\$25.48	\$25.48			*	*				85	*	
CRAWFORD	Health Alliance Medical Plans	Health Alliance Medicare PPO 10	*	*				\$85.00	-								85	*		
		Health Alliance Medicare PPO 10 with Rx	*	*				\$130.63	\$45.63	*			*				83	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023	*		*			\$0.00	-				*					97	*	
		Humana Gold Choice PFFS H1804-137	*		*	*		\$0.00	\$0.00	*			*				97	*		
		HumanaChoicePPO PPO R5826-037	*		*			\$35.00	\$14.24		*		*				97	*		
		HumanaChoicePPO PPO R5826-009	*		*			\$46.00	\$24.77	*	*		*				97	*		
	SecureHorizons Direct	SecureHorizons Direct Plan 2	*			*		\$0.00	-				*							
		SecureHorizons Direct Premier Plan 200	*			*		\$85.00	-				*							
Unicare Life & Health Ins. Company	SecurityChoice Classic	*			*		\$0.00	-				*								
	SecurityChoice Plus	*			*		\$13.00	\$9.00		*		*				88	*			
CUMBERLAND	Health Alliance Medical Plans	Health Alliance Medicare PPO 10	*	*				\$85.00	-								85	*		
		Health Alliance Medicare PPO 10 with Rx	*	*				\$130.63	\$45.63	*			*				83	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023	*		*			\$0.00	-				*					97	*	
		Humana Gold Choice PFFS H1804-137	*		*	*		\$0.00	\$0.00	*			*				97	*		
		HumanaChoicePPO PPO R5826-037	*		*			\$35.00	\$14.24		*		*				97	*		
		HumanaChoicePPO PPO R5826-009	*		*			\$46.00	\$24.77	*	*		*				97	*		
	SecureHorizons Direct	SecureHorizons Direct Plan 4	*			*		\$25.00	-				*							
		SecureHorizons Direct Premier Plan 100	*			*		\$95.00	-				*							
Unicare Life & Health Ins. Company	SecurityChoice Classic	*			*		\$0.00	-				*								
	SecurityChoice Plus	*			*		\$13.00	\$9.00		*		*				88	*			
DE KALB	HealthSpring, Inc.	HealthSpring Special Care	*					\$0.00	\$0.00	*							86	*		
		HealthSpring Advantage	*					\$8.65	-											
		HealthSpring Total Care	*					\$11.81	\$11.81			*					86	*		
		HealthSpring Advantage Basic	*					\$27.00	\$18.56	*		*					86	*		
	Humana Insurance Company	HealthSpring Advantage PremierRx	*					\$41.00	\$32.68	*			*	*			86	*		
		HumanaChoicePPO PPO R5826-023	*		*			\$0.00	-				*							
		HumanaChoicePPO PPO R5826-037	*		*			\$35.00	\$14.24		*		*				97	*		
		HumanaChoicePPO PPO R5826-009	*		*			\$46.00	\$24.77	*			*				97	*		
		Humana Gold Choice PFFS H1804-125	*		*	*		\$104.00	\$23.13	*			*	*			97	*		
		SecureHorizons Direct	SecureHorizons Direct Plan 3	*			*		\$0.00	-			*							
	SecureHorizons Direct Premier Plan 200	*			*		\$85.00	-				*								
	Sterling Option I	Sterling Option I	*				\$9.00	-												

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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			
DE WITT	Health Alliance Medical Plans	Health Alliance Medicare HMO 30	•						\$25.00	-									
		Health Alliance Medicare HMO 20	•						\$75.00	-									
		Health Alliance Medicare PPO 10		•					\$85.00	-									
			Health Alliance Medicare HMO 20 with Rx	•					\$120.63	\$45.63	•			•				83	•
			Health Alliance Medicare PPO 10 with Rx		•				\$130.63	\$45.63	•			•				83	•
		Humana Insurance Company	HumanaChoicePPO PPO R5826-023			•			\$0.00	-									
			Humana Gold Choice PFFS H1804-137				•		\$0.00	\$0.00	•			•				97	•
			HumanaChoicePPO PPO R5826-037				•			\$35.00	\$14.24		•					97	•
			HumanaChoicePPO PPO R5826-009				•			\$46.00	\$24.77	•			•			97	•
		OSF Care Preferred	OSF Care Preferred				•		\$68.00	-									
	OSF Care Preferred Basic Rx					•		\$98.00	\$30.48			•					96	•	
	OSF Care Preferred Rx					•		\$138.00	\$69.62			•			•		96	•	
	OSF Care Preferred Rx Plus					•		\$166.00	\$77.71	•			•		•		96	•	
DOUGLAS	Health Alliance Medical Plans	Health Alliance Medicare HMO 30	•					\$25.00	-										
		Health Alliance Medicare HMO 20	•					\$75.00	-										
		Health Alliance Medicare PPO 10		•					\$85.00	-									
			Health Alliance Medicare HMO 20 with Rx	•					\$120.63	\$45.63	•			•				83	•
			Health Alliance Medicare PPO 10 with Rx		•				\$130.63	\$45.63	•			•				83	•
		Humana Insurance Company	HumanaChoicePPO PPO R5826-023			•			\$0.00	-									
			Humana Gold Choice PFFS H1804-137				•		\$0.00	\$0.00	•			•				97	•
			HumanaChoicePPO PPO R5826-037				•			\$35.00	\$14.24		•					97	•
			HumanaChoicePPO PPO R5826-009				•			\$46.00	\$24.77	•			•			97	•
		SecureHorizons Direct	SecureHorizons Direct Plan 3				•		\$0.00	-									
SecureHorizons Direct Premier Plan 200					•			\$85.00	-										
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-										
SecurityChoice Plus					•			\$13.00	\$9.00			•					88	•	
DU PAGE	HealthSpring, Inc.	HealthSpring Special Care	•					\$0.00	\$0.00				•					86	•
		HealthSpring Advantage	•						\$8.65	-									
		HealthSpring Total Care	•						\$11.81	\$11.81				•				86	•
			HealthSpring Advantage Basic	•					\$27.00	\$18.56			•					86	•
			HealthSpring Advantage PremierRx	•					\$41.00	\$32.68	•			•				86	•
		Humana Insurance Company	HumanaChoicePPO PPO R5826-023			•			\$0.00	-									
			HumanaChoicePPO PPO R5826-037				•		\$35.00	\$14.24		•						97	•
			HumanaChoicePPO PPO R5826-009				•			\$46.00	\$24.77	•			•			97	•
			HumanaChoicePPO PPO H1418-002				•			\$50.00	\$31.07	•			•			97	•
			Humana Gold Choice PFFS H1407-001				•		\$154.00	\$23.13	•			•				97	•
	Sterling Option I	Sterling Option I				•		\$9.00	-										
		Health Alliance Medicare PPO 10		•				\$85.00	-										
EDGAR	Humana Insurance Company	Health Alliance Medicare PPO 10 with Rx		•				\$130.63	\$45.63	•				•				83	•
		HumanaChoicePPO PPO R5826-023			•			\$0.00	-										
		Humana Gold Choice PFFS H1804-137				•			\$0.00	\$0.00	•			•				97	•
			HumanaChoicePPO PPO R5826-037				•		\$35.00	\$14.24		•					97	•	
			HumanaChoicePPO PPO R5826-009				•		\$46.00	\$24.77	•			•			97	•	
		SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-									
	SecureHorizons Direct Premier Plan 200					•			\$85.00	-									
		Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
	SecurityChoice Plus					•			\$13.00	\$9.00			•					88	•
	EDWARDS	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			•			\$0.00	-									
Humana Gold Choice PFFS H1804-137						•			\$0.00	\$0.00	•			•				97	•
HumanaChoicePPO PPO R5826-037						•			\$35.00	\$14.24		•						97	•
			HumanaChoicePPO PPO R5826-009				•		\$46.00	\$24.77	•			•			97	•	
		SecureHorizons Direct	SecureHorizons Direct Plan 3				•		\$0.00	-									
SecureHorizons Direct Premier Plan 200						•			\$85.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-										
SecurityChoice Plus					•			\$13.00	\$9.00			•					88	•	

Illinois Medicare Advantage, Cost Plans, and Demonstrations

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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					
EFFINGHAM	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-											
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*						83	*			
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-											
		Humana Gold Choice PFFS H1804-125			*				\$104.00	\$23.13	*										
FAYETTE	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-												
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24	*	*							97	*		
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*								97	*	
		Humana Gold Choice PFFS H1804-125			*				\$104.00	\$23.13	*								97	*	
FORD	Health Alliance Medical Plans	Health Alliance Medicare HMO 30	*					\$25.00	-												
		Health Alliance Medicare HMO 20	*					\$75.00	-												
		Health Alliance Medicare PPO 10		*					\$85.00	-											
		Health Alliance Medicare HMO 20 with Rx	*						\$120.63	\$45.63	*							83	*		
FRANKLIN	Humana Insurance Company	Health Alliance Medicare PPO 10 with Rx		*				\$130.63	\$45.63	*									83	*	
		HumanaChoicePPO PPO R5826-023			*				\$0.00	-											
		Humana Gold Choice PFFS H1804-137			*				\$0.00	\$0.00	*									97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*								97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*									97	*
		SecureHorizons Direct	SecureHorizons Direct Plan 4			*			\$25.00	-											
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-											
FULTON	Humana Insurance Company	Unicare Life & Health Ins. Company			*			\$0.00	-												
		SecurityChoice Classic			*			\$0.00	-												
		SecurityChoice Plus			*				\$13.00	\$9.00			*						88	*	
		HumanaChoicePPO PPO R5826-023			*				\$0.00	-											
GALLATIN	Humana Insurance Company	HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24	*	*								97	*	
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*									97	*
		Humana Gold Choice PFFS H1804-125			*				\$104.00	\$23.13	*									97	*
		OSF Care Preferred	OSF Care Preferred		*				\$68.00	-											
		OSF Care Preferred Basic Rx		*					\$98.00	\$30.48		*								96	*
		OSF Care Preferred Rx		*					\$138.00	\$69.62	*				*					96	*
		OSF Care Preferred Rx Plus		*					\$166.00	\$77.71	*				*	*				96	*
GREENE	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-												
		Humana Gold Choice PFFS H1804-137			*				\$0.00	\$0.00	*									97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*								97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*									97	*
GRUNDY	Humana Insurance Company	Unicare Life & Health Ins. Company			*			\$0.00	-												
		SecurityChoice Classic			*			\$0.00	-												
		SecurityChoice Plus			*				\$13.00	\$9.00			*						88	*	
HAMILTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-												
		Humana Gold Choice PFFS H1804-137			*				\$0.00	\$0.00	*									97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*								97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*									97	*
HAMILTON	Unicare Life & Health Ins. Company	SecurityChoice Classic			*			\$0.00	-												
		SecurityChoice Plus			*				\$13.00	\$9.00			*							88	*

Illinois Medicare Advantage, Cost Plans, and Demonstrations

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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			
HANCOCK	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-									
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*			*			83	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*				97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*						97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*				97	*
	OSF Care Preferred	OSF Care Preferred		*					\$68.00	-									
		OSF Care Preferred Basic Rx		*					\$98.00	\$30.48			*	*				96	*
		OSF Care Preferred Rx		*					\$138.00	\$69.62	*		*	*	*			96	*
		OSF Care Preferred Rx Plus		*					\$166.00	\$77.71	*		*	*	*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-									
		SecurityChoice Plus				*			\$13.00	\$9.00		*	*	*				88	*
HARDIN	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		Humana Gold Choice PFFS H1804-137			*				\$0.00	\$0.00	*			*				97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*						97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*				97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-									
		SecureHorizons Direct Premier Plan 100			*				\$95.00	-									
HENDERSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*						97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*				97	*
		Humana Gold Choice PFFS H1804-125			*				\$104.00	\$23.13	*	*		*				97	*
	OSF Care Preferred	OSF Care Preferred		*					\$68.00	-									
		OSF Care Preferred Basic Rx		*					\$98.00	\$30.48			*	*				96	*
		OSF Care Preferred Rx		*					\$138.00	\$69.62	*		*	*	*			96	*
		OSF Care Preferred Rx Plus		*					\$166.00	\$77.71	*		*	*	*			96	*
HENRY	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		Humana Gold Choice PFFS H1804-138			*				\$34.00	\$23.13	*			*				97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*						97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*				97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.43	*			*				89	*
		Secure Plus 15	*						\$64.00	-				*					
		Secure Plus 20	*						\$69.00	\$29.43	*			*				89	*
		Secure Plus Prime	*						\$89.00	-				*					
		Secure Plus 15	*						\$93.00	\$29.43	*			*				89	*
		Secure Plus 15	*						\$108.00	\$43.90	*			*				89	*
		Secure Plus Prime	*						\$118.00	\$29.43	*			*				89	*
		Secure Plus Prime	*						\$133.00	\$43.90	*			*				89	*
	OSF Care Preferred	OSF Care Preferred		*					\$68.00	-									
		OSF Care Preferred Basic Rx		*					\$98.00	\$30.48			*	*				96	*
		OSF Care Preferred Rx		*					\$138.00	\$69.62	*		*	*	*			96	*
		OSF Care Preferred Rx Plus		*					\$166.00	\$77.71	*		*	*	*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-									
		SecurityChoice Plus				*			\$13.00	\$9.00		*	*	*				88	*
IROQUOIS	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-									
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*			*				83	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*						97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*				97	*
		Humana Gold Choice PFFS H1804-125			*				\$104.00	\$23.13	*	*		*				97	*
JACKSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*						97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*				97	*
		Humana Gold Choice PFFS H1804-125			*				\$104.00	\$23.13	*	*		*				97	*

Illinois Medicare Advantage, Cost Plans, and Demonstrations

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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			
JASPER	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-									
	Humana Insurance Company	Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*						83	*	
		HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*							97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*						97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*							97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-									
		SecurityChoice Plus				*			\$13.00	\$9.00		*						88	*
JEFFERSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*						97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*							97	*
		Humana Gold Choice PFFS H1804-125				*			\$104.00	\$23.13	*							97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 5				*			\$45.00	-									
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-									
JERSEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		Humana Gold Choice PFFS H1804-138			*				\$34.00	\$23.13	*							97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*						97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*							97	*
JO DAVIESS	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		Humana Gold Choice PFFS H1804-137			*				\$0.00	\$0.00	*							97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*						97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*							97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.43	*							89	*
		Secure Plus 15	*						\$64.00	-									
		Secure Plus 20	*						\$69.00	\$29.43	*							89	*
		Secure Plus Prime	*						\$89.00	-									
		Secure Plus 15	*						\$93.00	\$29.43	*							89	*
		Secure Plus 15	*						\$108.00	\$43.90	*							89	*
		Secure Plus Prime	*						\$118.00	\$29.43	*							89	*
		Secure Plus Prime	*						\$133.00	\$43.90	*							89	*
	Medical Associates Health Plan, Inc.	Medical Associates Advantage Plan					*		\$89.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-									
		SecurityChoice Plus				*			\$13.00	\$9.00		*						88	*
JOHNSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		Humana Gold Choice PFFS H1804-137			*				\$0.00	\$0.00	*							97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*						97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*							97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-									
		SecurityChoice Plus				*			\$13.00	\$9.00		*						88	*
KANE	HealthSpring, Inc.	HealthSpring Special Care	*						\$0.00	\$0.00	*							86	*
		HealthSpring Advantage	*						\$8.65	-									
		HealthSpring Total Care	*						\$11.81	\$11.81	*							86	*
		HealthSpring Advantage Basic	*						\$27.00	\$18.56	*							86	*
		HealthSpring Advantage PremierRx	*						\$41.00	\$32.68	*		*					86	*
	Humana Health Plan, Inc.	Humana Gold Plus HMO H1406-023	*						\$0.00	-									
		Humana Gold Plus HMO H1406-022	*						\$0.00	\$0.00	*							97	*
		Humana Gold Plus HMO H1406-014	*						\$74.00	\$25.88	*							97	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*						97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*							97	*
		HumanaChoicePPO PPO H1418-002		*					\$50.00	\$31.07	*		*					97	*
		Humana Gold Choice PFFS H1804-125				*			\$104.00	\$23.13	*							97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-									

Illinois Medicare Advantage, Cost Plans, and Demonstrations

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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				
KANKAKEE	Humana Insurance Company	HumanaChoicePPO PPO R5826-023				*			\$0.00	-										
		HumanaChoicePPO PPO R5826-037				*			\$35.00	\$14.24		*						97	*	
		HumanaChoicePPO PPO R5826-009				*			\$46.00	\$24.77	*			*				97	*	
		Humana Gold Choice PFFS H1804-125				*		*	\$104.00	\$23.13	*			*				97	*	
KENDALL	Sterling Option I	Sterling Option I				*			\$9.00	-										
		HealthSpring Special Care	*						\$0.00	\$0.00			*					86	*	
	HealthSpring, Inc.	HealthSpring Advantage	*						\$8.65	-										
		HealthSpring Total Care	*						\$11.81	\$11.81			*					86	*	
		HealthSpring Advantage Basic	*						\$27.00	\$18.56			*					86	*	
		HealthSpring Advantage PremieRx	*						\$41.00	\$32.68	*		*	*				86	*	
	Humana Health Plan, Inc.	Humana Gold Plus HMO H1406-023	*						\$0.00	-			*							
		Humana Gold Plus HMO H1406-022	*						\$0.00	\$0.00	*		*					97	*	
		Humana Gold Plus HMO H1406-014	*						\$74.00	\$25.88	*		*					97	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023				*			\$0.00	-										
		HumanaChoicePPO PPO R5826-037				*			\$35.00	\$14.24	*	*						97	*	
		HumanaChoicePPO PPO R5826-009				*			\$46.00	\$24.77	*			*				97	*	
HumanaChoicePPO PPO H1418-002			*					\$50.00	\$31.07	*		*	*				97	*		
SecureHorizons Direct	SecureHorizons Direct	Humana Gold Choice PFFS H1804-125				*			\$104.00	\$23.13	*			*				97	*	
		SecureHorizons Direct Plan 4				*			\$25.00	-										
	SecureHorizons Direct Premier Plan 200				*			\$85.00	-											
	Sterling Option I	Sterling Option I				*			\$9.00	-										
KNOX	Humana Insurance Company	HumanaChoicePPO PPO R5826-023				*			\$0.00	-										
		HumanaChoicePPO PPO R5826-037				*			\$35.00	\$14.24		*						97	*	
		HumanaChoicePPO PPO R5826-009				*			\$46.00	\$24.77	*	*		*				97	*	
		Humana Gold Choice PFFS H1804-125				*		*	\$104.00	\$23.13	*			*				97	*	
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.43	*			*				89	*	
		Secure Plus 15	*						\$64.00	-										
		Secure Plus 20	*						\$69.00	\$29.43	*			*				89	*	
		Secure Plus Prime	*						\$89.00	-										
		Secure Plus 15	*						\$93.00	\$29.43	*			*				89	*	
		Secure Plus 15	*						\$108.00	\$43.90	*			*				89	*	
	OSF Care Advantage	OSF Care Advantage	Secure Plus Prime	*						\$118.00	\$29.43	*			*				89	*
			Secure Plus Prime	*						\$133.00	\$43.90	*			*				89	*
		OSF Care Advantage Basic Rx	*						\$52.00	-			*							
		OSF Care Advantage Rx	*						\$83.00	\$30.76	*		*					96	*	
		OSF Care Advantage Rx Plus	*						\$124.00	\$71.99	*		*	*				96	*	
		OSF Care Preferred	OSF Care Preferred Rx Plus	*						\$133.00	\$80.76	*		*	*				96	*
	OSF Care Preferred	OSF Care Preferred	OSF Care Preferred	*						\$68.00	-									
			OSF Care Preferred Basic Rx	*						\$98.00	\$30.48	*		*					96	*
OSF Care Preferred Rx		*							\$138.00	\$69.62	*		*	*				96	*	
OSF Care Preferred Rx Plus		*							\$166.00	\$77.71	*		*	*				96	*	
LA SALLE	Humana Insurance Company	HumanaChoicePPO PPO R5826-023				*			\$0.00	-										
		Humana Gold Choice PFFS H1804-137				*		*	\$0.00	\$0.00	*		*					97	*	
		HumanaChoicePPO PPO R5826-037				*			\$35.00	\$14.24	*	*						97	*	
		HumanaChoicePPO PPO R5826-009				*			\$46.00	\$24.77	*			*				97	*	
OSF Care Preferred	OSF Care Preferred	OSF Care Preferred	*						\$68.00	-										
		OSF Care Preferred Basic Rx	*						\$98.00	\$30.48	*		*					96	*	
	OSF Care Preferred Rx	*							\$138.00	\$69.62	*		*	*				96	*	
	OSF Care Preferred Rx Plus	*							\$166.00	\$77.71	*		*	*				96	*	
LAKE	HealthSpring, Inc.	HealthSpring Special Care	*						\$0.00	\$0.00	*		*					86	*	
		HealthSpring Advantage	*						\$8.65	-										
		HealthSpring Total Care	*						\$11.81	\$11.81	*		*					86	*	
		HealthSpring Advantage Basic	*						\$27.00	\$18.56	*		*					86	*	
	HealthSpring Advantage PremieRx	*						\$41.00	\$32.68	*		*	*				86	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023				*			\$0.00	-										
		HumanaChoicePPO PPO R5826-037				*			\$35.00	\$14.24	*	*						97	*	
		HumanaChoicePPO PPO R5826-009				*			\$46.00	\$24.77	*			*				97	*	
HumanaChoicePPO PPO H1418-002			*					\$50.00	\$31.07	*		*	*				97	*		
Sterling Option I	Sterling Option I	Humana Gold Choice PFFS H1804-125				*			\$104.00	\$23.13	*			*				97	*	
		Sterling Option I				*			\$9.00	-										

Illinois Medicare Advantage, Cost Plans, and Demonstrations

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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				
LAWRENCE	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-								97	*	
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*								97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*							97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*								97	*
LEE	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-									97	*
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*								97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*							97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*								97	*
	OSF Care Preferred	OSF Care Preferred		*					\$68.00	-										
		OSF Care Preferred Basic Rx		*					\$98.00	\$30.48		*							96	*
		OSF Care Preferred Rx		*					\$138.00	\$69.62	*				*				96	*
		OSF Care Preferred Rx Plus		*					\$166.00	\$77.71	*				*	*			96	*
LIVINGSTON	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-										
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*								83	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-										
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*								97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*							97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*								97	*
	OSF Care Advantage	OSF Care Advantage		*					\$52.00	-										
		OSF Care Advantage Basic Rx		*					\$83.00	\$30.76		*							96	*
		OSF Care Advantage Rx		*					\$124.00	\$71.99	*				*				96	*
		OSF Care Advantage Rx Plus		*					\$133.00	\$80.76	*				*	*			96	*
	OSF Care Preferred	OSF Care Preferred		*					\$68.00	-										
		OSF Care Preferred Basic Rx		*					\$98.00	\$30.48		*			*				96	*
		OSF Care Preferred Rx		*					\$138.00	\$69.62	*				*	*			96	*
		OSF Care Preferred Rx Plus		*					\$166.00	\$77.71	*				*	*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4					*		\$25.00	-										
		SecureHorizons Direct Premier Plan 100					*		\$95.00	-										
	Sterling Option I	Sterling Option I					*		\$9.00	-										
LOGAN	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-										
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*								83	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-										
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*								97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*							97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*								97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic					*		\$0.00	-										
		SecurityChoice Plus					*		\$13.00	\$9.00		*							88	*
MACON	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-										
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*								97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*							97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*								97	*
MACOUPIN	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-										
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*								83	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-										
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*								97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*							97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*								97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4					*		\$25.00	-										
		SecureHorizons Direct Premier Plan 100					*		\$95.00	-										

Illinois Medicare Advantage, Cost Plans, and Demonstrations

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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			
MADISON	Group Health Plan, Inc.	Gold Advantage Option 1	•						\$0.00	\$0.00	•						74	•	
		Advantra Option 1	•						\$0.00	\$0.00	•						76	•	
			Advantra PPO		•				\$29.00	-									
			Gold Advantage Option 2	•					\$30.00	\$24.33	•						98	•	
			Advantra Option 2	•					\$66.00	\$23.40	•						98	•	
		Humana Insurance Company	HumanaChoicePPO PPO R5826-023			•			\$0.00	-									
			Humana Gold Choice PFFS H1804-138				•		\$34.00	\$23.13	•							97	•
			HumanaChoicePPO PPO R5826-037				•			\$35.00	\$14.24	•	•					97	•
			HumanaChoicePPO PPO R5826-009				•			\$46.00	\$24.77	•						97	•
		Mercy Health Plans, Inc.	PremierPlus - Illinois (no RX)	•					\$0.00	-									
			PremierPlus - Illinois	•					\$67.20	\$37.34	•							95	•
			SecureHorizons Direct					•		\$25.00	-								
			SecureHorizons Direct Plan 4					•	\$95.00	-									
			SecureHorizons Direct Premier Plan 100					•	\$9.00	-									
			Sterling Option I					•		-									
		United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx			•			\$28.00	\$0.00	•							97	•
		United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	•					\$0.00	-									
			UnitedHealthcare Medicare Complete Opt 2	•					\$0.00	-									
			UnitedHealthcare Medicare Complete Opt2 Rx	•					\$0.00	\$0.00	•							97	•
			UnitedHealthcare Medicare Complete Rx	•					\$0.00	\$0.00	•							97	•
		UnitedHealthcare Medicare Complete Plus Rx	•					\$18.19	\$18.19	•							97	•	
MARION	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			•			\$0.00	-										
		HumanaChoicePPO PPO R5826-037				•		\$35.00	\$14.24		•						97	•	
		HumanaChoicePPO PPO R5826-009				•		\$46.00	\$24.77	•							97	•	
		Humana Gold Choice PFFS H1804-125					•		\$104.00	\$23.13	•						97	•	
MARSHALL	Health Alliance Medical Plans	Health Alliance Medicare PPO 10			•			\$85.00	-										
		Health Alliance Medicare PPO 10 with Rx			•			\$130.63	\$45.63	•							83	•	
		Humana Insurance Company	HumanaChoicePPO PPO R5826-023			•			\$0.00	-									
			Humana Gold Choice PFFS H1804-137				•		\$0.00	\$0.00	•							97	•
			HumanaChoicePPO PPO R5826-037				•		\$35.00	\$14.24		•						97	•
			HumanaChoicePPO PPO R5826-009				•		\$46.00	\$24.77	•							97	•
		OSF Care Advantage	OSF Care Advantage	•					\$52.00	-									
			OSF Care Advantage Basic Rx	•					\$83.00	\$30.76			•					96	•
			OSF Care Advantage Rx	•					\$124.00	\$71.99	•							96	•
			OSF Care Advantage Rx Plus	•					\$133.00	\$80.76	•							96	•
		OSF Care Preferred	OSF Care Preferred			•			\$68.00	-									
			OSF Care Preferred Basic Rx			•			\$98.00	\$30.48			•					96	•
			OSF Care Preferred Rx			•			\$138.00	\$69.62	•							96	•
			OSF Care Preferred Rx Plus			•			\$166.00	\$77.71	•							96	•
		SecureHorizons Direct	SecureHorizons Direct Plan 1					•	\$0.00	-									
			SecureHorizons Direct Premier Plan 200					•	\$85.00	-									
		Unicare Life & Health Ins. Company	SecurityChoice Classic					•	\$0.00	-									
	SecurityChoice Plus						•	\$13.00	\$9.00			•					88	•	
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx					•	\$0.00	\$0.00	•							97	•	
MASON	Health Alliance Medical Plans	Health Alliance Medicare PPO 10			•			\$85.00	-										
		Health Alliance Medicare PPO 10 with Rx			•			\$130.63	\$45.63	•							83	•	
		Humana Insurance Company	HumanaChoicePPO PPO R5826-023			•			\$0.00	-									
			Humana Gold Choice PFFS H1804-137				•		\$0.00	\$0.00	•							97	•
			HumanaChoicePPO PPO R5826-037				•		\$35.00	\$14.24		•						97	•
		HumanaChoicePPO PPO R5826-009				•		\$46.00	\$24.77	•							97	•	

Illinois Medicare Advantage, Cost Plans, and Demonstrations

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											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
MASSAC	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-								97	*
		Humana Gold Choice PFFS H1804-137				*		\$0.00	\$0.00	*							97	*
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24		*						97	*
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*							97	*
MC DONOUGH	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*				\$85.00	-									
		Health Alliance Medicare PPO 10 with Rx		*				\$130.63	\$45.63	*							83	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-									
		Humana Gold Choice PFFS H1804-137				*		\$0.00	\$0.00	*							97	*
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24		*						97	*
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*							97	*
	OSF Care Preferred	OSF Care Preferred		*				\$68.00	-									
		OSF Care Preferred Basic Rx		*				\$98.00	\$30.48		*						96	*
		OSF Care Preferred Rx		*				\$138.00	\$69.62	*				*			96	*
		OSF Care Preferred Rx Plus		*				\$166.00	\$77.71	*				*			96	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-									
		SecurityChoice Plus				*		\$13.00	\$9.00		*						88	*
MC HENRY	HealthSpring, Inc.	HealthSpring Special Care	*					\$0.00	\$0.00		*						86	*
		HealthSpring Advantage	*					\$8.65	-									
		HealthSpring Total Care	*					\$11.81	\$11.81		*						86	*
		HealthSpring Advantage Basic	*					\$27.00	\$18.66		*						86	*
		HealthSpring Advantage PremieRx	*					\$41.00	\$32.68	*				*			86	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-									
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24		*						97	*
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*							97	*
		HumanaChoicePPO PPO H1418-002		*				\$50.00	\$31.07	*				*			97	*
		Humana Gold Choice PFFS H1804-125				*		\$104.00	\$23.13	*				*			97	*
	Sterling Option I	Sterling Option I				*		\$9.00	-									
MC LEAN	Health Alliance Medical Plans	Health Alliance Medicare HMO 30	*					\$25.00	-									
		Health Alliance Medicare HMO 20	*					\$75.00	-									
		Health Alliance Medicare PPO 10		*				\$85.00	-									
		Health Alliance Medicare HMO 20 with Rx	*					\$120.63	\$45.63	*				*			83	*
		Health Alliance Medicare PPO 10 with Rx		*				\$130.63	\$45.63	*				*			83	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-									
		Humana Gold Choice PFFS H1804-137				*		\$0.00	\$0.00	*							97	*
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24		*						97	*
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*							97	*
	OSF Care Advantage	OSF Care Advantage	*					\$52.00	-									
		OSF Care Advantage Basic Rx	*					\$83.00	\$30.76		*			*			96	*
		OSF Care Advantage Rx	*					\$124.00	\$71.99	*				*			96	*
		OSF Care Advantage Rx Plus	*					\$133.00	\$80.76	*				*			96	*
	OSF Care Preferred	OSF Care Preferred		*				\$68.00	-									
		OSF Care Preferred Basic Rx		*				\$98.00	\$30.48		*			*			96	*
		OSF Care Preferred Rx		*				\$138.00	\$69.62	*				*			96	*
		OSF Care Preferred Rx Plus		*				\$166.00	\$77.71	*				*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$9.00	-									

Illinois 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			
MENARD	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-									
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*			*			83		*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*					*
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*					*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*					*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*					*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-				*					*
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-				*					*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-				*					*
		SecurityChoice Plus				*			\$13.00	\$9.00		*		*					*
MERCER	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*					*
		Humana Gold Choice PFFS H1804-138				*			\$34.00	\$23.13	*			*					*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*					*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*					*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.43	*			*					*
		Secure Plus 15	*						\$64.00	-				*					*
		Secure Plus 20	*						\$69.00	\$29.43	*			*					*
		Secure Plus Prime	*						\$89.00	-				*					*
		Secure Plus 15	*						\$93.00	\$29.43	*			*					*
		Secure Plus 15	*						\$108.00	\$43.90	*			*					*
		Secure Plus Prime	*						\$118.00	\$29.43	*			*					*
		Secure Plus Prime	*						\$133.00	\$43.90	*			*					*
	OSF Care Preferred	OSF Care Preferred		*					\$68.00	-				*					*
		OSF Care Preferred Basic Rx		*					\$98.00	\$30.48		*		*					*
		OSF Care Preferred Rx		*					\$138.00	\$69.62	*			*		*			*
		OSF Care Preferred Rx Plus		*					\$166.00	\$77.71	*			*		*			*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-				*					*
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-				*					*
	Sterling Option I	Sterling Option I				*			\$9.00	-				*					*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-				*					*
		SecurityChoice Plus				*			\$13.00	\$9.00		*		*					*
MONROE	Essence Inc.	Essence	*						\$0.00	\$0.00	*			*					*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-				*					*
		Humana Gold Choice PFFS H1804-138				*			\$34.00	\$23.13	*			*					*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*		*					*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*					*
	Mercy Health Plans, Inc.	PremierPlus - Illinois (no RX)	*						\$0.00	-				*					*
		PremierPlus - Illinois	*						\$67.20	\$37.34	*			*					*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-				*					*
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-				*					*
	Sterling Option I	Sterling Option I				*			\$9.00	-				*					*
	United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx		*					\$28.00	\$0.00	*			*					*
	United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-				*					*
		UnitedHealthcare Medicare Complete Opt 2	*						\$0.00	-				*					*
		UnitedHealthcare Medicare Complete Opt2 Rx	*						\$0.00	\$0.00	*			*					*
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*					*
		UnitedHealthcare Medicare Complete Plus Rx	*						\$18.19	\$18.19	*			*					*

Illinois 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.

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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						
MONTGOMERY	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-												
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*			*			83	*				
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-												
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*					97	*		
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*							97	*		
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*			*					97	*			
MORGAN	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-												
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*			*					83	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-												
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*						97	*	
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*							97	*		
			HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*			*					97	*		
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-												
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-												
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-												
	MOULTRIE	Health Alliance Medical Plans	Health Alliance Medicare HMO 30	*						\$25.00	-											
Health Alliance Medicare HMO 20			*						\$75.00	-												
			Health Alliance Medicare PPO 10		*				\$85.00	-												
			Health Alliance Medicare HMO 20 with Rx	*					\$120.63	\$45.63	*			*					83	*		
Humana Insurance Company		Health Alliance Medicare PPO 10 with Rx			*				\$130.63	\$45.63	*			*						83	*	
	HumanaChoicePPO PPO R5826-023			*				\$0.00	-													
	Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*						97	*		
	HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*								97	*		
	HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*						97	*		
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-												
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-												
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-												
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-												
		SecurityChoice Plus				*			\$13.00	\$9.00			*		*					88	*	
SecurityChoice Plus					*			\$13.00	\$9.00			*		*					88	*		
OGLE	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-												
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*						97	*	
			HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24	*	*								97	*	
			HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*			*						97	*	
	OSF Care Preferred	OSF Care Preferred			*					\$68.00	-											
		OSF Care Preferred Basic Rx			*					\$98.00	\$30.48		*		*						96	*
		OSF Care Preferred Rx			*					\$138.00	\$69.62		*		*						96	*
		OSF Care Preferred Rx Plus			*					\$166.00	\$77.71		*		*						96	*
		OSF Care Preferred Rx Plus			*					\$166.00	\$77.71		*		*						96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*				\$0.00	-											
		SecureHorizons Direct Premier Plan 200				*				\$85.00	-											
		SecureHorizons Direct Premier Plan 100				*				\$95.00	-											
	Sterling Option I				*				\$9.00	-												
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*				\$0.00	-											
		SecurityChoice Plus				*				\$13.00	\$9.00			*		*					88	*

Illinois 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		
PEORIA	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-								
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*			*			83	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-								
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037				*			\$35.00	\$14.24	*	*					97	*
		HumanaChoicePPO PPO R5826-009				*			\$46.00	\$24.77	*			*			97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.43	*			*			89	*
		Secure Plus 15	*						\$64.00	-								
		Secure Plus 20	*						\$69.00	\$29.43	*			*			89	*
		Secure Plus Prime	*						\$89.00	-								
		Secure Plus 15	*						\$93.00	\$29.43	*			*			89	*
		Secure Plus 15	*						\$108.00	\$43.90	*			*			89	*
		Secure Plus Prime	*						\$118.00	\$29.43	*			*			89	*
		Secure Plus Prime	*						\$133.00	\$43.90	*			*			89	*
	OSF Care Advantage	OSF Care Advantage	*						\$52.00	-								
		OSF Care Advantage Basic Rx	*						\$83.00	\$30.76			*	*			96	*
		OSF Care Advantage Rx	*						\$124.00	\$71.99	*			*			96	*
		OSF Care Advantage Rx Plus	*						\$133.00	\$80.76	*			*			96	*
	OSF Care Preferred	OSF Care Preferred	*						\$68.00	-								
		OSF Care Preferred Basic Rx	*						\$98.00	\$30.48			*	*			96	*
		OSF Care Preferred Rx	*						\$138.00	\$69.62	*			*			96	*
		OSF Care Preferred Rx Plus	*						\$166.00	\$77.71	*			*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1					*		\$0.00	-								
		SecureHorizons Direct Premier Plan 200					*		\$85.00	-								
	Sterling Option I	Sterling Option I					*		\$9.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic					*		\$0.00	-								
		SecurityChoice Plus					*		\$13.00	\$9.00			*	*			88	*
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx					*		\$0.00	\$0.00	*			*			97	*
PERRY	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-								
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
		Humana Gold Choice PFFS H1804-125				*			\$104.00	\$23.13	*			*			97	*
PIATT	Health Alliance Medical Plans	Health Alliance Medicare HMO 30	*						\$25.00	-								
		Health Alliance Medicare HMO 20	*						\$75.00	-								
		Health Alliance Medicare PPO 10		*					\$85.00	-								
		Health Alliance Medicare HMO 20 with Rx	*						\$120.63	\$45.63	*			*			83	*
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*			*			83	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-								
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3					*		\$0.00	-								
		SecureHorizons Direct Premier Plan 200					*		\$85.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic					*		\$0.00	-								
		SecurityChoice Plus					*		\$13.00	\$9.00			*	*			88	*
PIKE	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-								
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*			*			83	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-								
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24	*	*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic					*		\$0.00	-								
		SecurityChoice Plus					*		\$13.00	\$9.00			*	*			88	*

Illinois Medicare Advantage, Cost Plans, and Demonstrations

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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		
POPE	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-								97	*
		Humana Gold Choice PFFS H1804-137				*		\$0.00	\$0.00	*							97	*
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24		*						97	*
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*							97	*
PULASKI	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-								97	*
		Humana Gold Choice PFFS H1804-137			*			\$0.00	\$0.00	*							97	*
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24		*						97	*
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*							97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-									
		SecurityChoice Plus				*		\$13.00	\$9.00		*						88	*
PUTNAM	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*				\$85.00	-									
		Health Alliance Medicare PPO 10 with Rx		*				\$130.63	\$45.63	*							83	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-									
		Humana Gold Choice PFFS H1804-137			*			\$0.00	\$0.00	*							97	*
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24		*						97	*
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*							97	*
	OSF Care Preferred	OSF Care Preferred		*				\$68.00	-									
		OSF Care Preferred Basic Rx		*				\$98.00	\$30.48		*						96	*
		OSF Care Preferred Rx		*				\$138.00	\$69.62	*							96	*
		OSF Care Preferred Rx Plus		*				\$166.00	\$77.71	*							96	*
RANDOLPH	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-									
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24		*						97	*
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*							97	*
		Humana Gold Choice PFFS H1804-125			*			\$104.00	\$23.13	*							97	*
	Mercy Health Plans, Inc.	PremierPlus - Illinois (no RX)	*					\$0.00	-									
		PremierPlus - Illinois	*					\$67.20	\$37.34	*							95	*
RICHLAND	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-									
		Humana Gold Choice PFFS H1804-137			*			\$0.00	\$0.00	*							97	*
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24		*						97	*
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*							97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4			*			\$25.00	-									
		SecureHorizons Direct Premier Plan 200			*			\$85.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic			*			\$0.00	-									
		SecurityChoice Plus			*			\$13.00	\$9.00		*						88	*
ROCK ISLAND	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-									
		Humana Gold Choice PFFS H1804-138			*			\$34.00	\$23.13	*							97	*
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24		*						97	*
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*							97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*					\$37.00	\$29.43	*							89	*
		Secure Plus 15	*					\$64.00	-									
		Secure Plus 20	*					\$69.00	\$29.43	*							89	*
		Secure Plus Prime	*					\$89.00	-									
		Secure Plus 15	*					\$93.00	\$29.43	*							89	*
		Secure Plus 15	*					\$108.00	\$43.90	*							89	*
		Secure Plus Prime	*					\$118.00	\$29.43	*							89	*
		Secure Plus Prime	*					\$133.00	\$43.90	*							89	*
	Sterling Option I	Sterling Option I			*			\$9.00	-									
SALINE	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-									
		Humana Gold Choice PFFS H1804-137			*			\$0.00	\$0.00	*							97	*
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24		*						97	*
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*							97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4			*			\$25.00	-									
		SecureHorizons Direct Premier Plan 200			*			\$85.00	-									

Illinois Medicare Advantage, Cost Plans, and Demonstrations

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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		
SANGAMON	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-								
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*			*			83	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-								
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
SCHUYLER	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-								
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*			*			83	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-								
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	OSF Care Preferred	OSF Care Preferred		*					\$68.00	-								
		OSF Care Preferred Basic Rx		*					\$98.00	\$30.48		*		*			96	*
		OSF Care Preferred Rx		*					\$138.00	\$69.62	*			*	*		96	*
		OSF Care Preferred Rx Plus		*					\$166.00	\$77.71	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-								
		SecurityChoice Plus				*			\$13.00	\$9.00		*		*			88	*
SCOTT	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-								
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*			*			83	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-								
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-								
		SecurityChoice Plus				*			\$13.00	\$9.00		*		*			88	*
SHELBY	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-								
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*					97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*			97	*
		Humana Gold Choice PFFS H1804-125				*			\$104.00	\$23.13	*			*			97	*

Illinois Medicare Advantage, Cost Plans, and Demonstrations

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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		
ST. CLAIR	Essence Inc.	Essence	*						\$0.00	\$0.00		*				97		
	Group Health Plan, Inc.	Gold Advantage Option 1	*						\$0.00	\$0.00	*					74	*	
			Advantra Option 1	*					\$0.00	\$0.00	*					76	*	
			Advantra PPO		*				\$29.00	-								
			Gold Advantage Option 2	*					\$30.00	\$24.33	*					98	*	
			Advantra Option 2	*					\$66.00	\$23.40	*					98	*	
		Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-								
			Humana Gold Choice PFFS H1804-138				*		\$34.00	\$23.13	*					97	*	
			HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24		*				97	*	
			HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*					97	*	
		Mercy Health Plans, Inc.	PremierPlus - Illinois (no RX)	*					\$0.00	-								
			PremierPlus - Illinois	*					\$67.20	\$37.34	*					95	*	
			Sterling Option I				*		\$9.00	-								
		United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx		*				\$28.00	\$0.00	*					97	*	
		United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	*					\$0.00	-								
			UnitedHealthcare Medicare Complete Opt 2	*					\$0.00	-								
			UnitedHealthcare Medicare Complete Opt2 Rx	*					\$0.00	\$0.00	*					97	*	
			UnitedHealthcare Medicare Complete Rx	*					\$0.00	\$0.00	*					97	*	
			UnitedHealthcare Medicare Complete Plus Rx	*					\$18.19	\$18.19	*					97	*	
	STARK	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*				\$85.00	-	*							
		Health Alliance Medicare PPO 10 with Rx		*				\$130.63	\$45.63	*					83	*		
		Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*		\$0.00	-									
			Humana Gold Choice PFFS H1804-137				*	\$0.00	\$0.00	*					97	*		
			HumanaChoicePPO PPO R5826-037			*		\$35.00	\$14.24		*				97	*		
			HumanaChoicePPO PPO R5826-009			*		\$46.00	\$24.77	*					97	*		
		John Deere Health Plan, Inc.	Secure Plus 25	*				\$37.00	\$29.43	*					89	*		
			Secure Plus 15	*				\$64.00	-									
			Secure Plus 20	*				\$69.00	\$29.43	*					89	*		
			Secure Plus Prime	*				\$89.00	-									
			Secure Plus 15	*				\$93.00	\$29.43	*					89	*		
			Secure Plus 15	*				\$108.00	\$43.90	*					89	*		
			Secure Plus Prime	*				\$118.00	\$29.43	*					89	*		
			Secure Plus Prime	*				\$133.00	\$43.90	*					89	*		
		OSF Care Advantage	OSF Care Advantage	*				\$52.00	-									
			OSF Care Advantage Basic Rx	*				\$83.00	\$30.76		*				96	*		
			OSF Care Advantage Rx	*				\$124.00	\$71.99	*			*		96	*		
			OSF Care Advantage Rx Plus	*				\$133.00	\$80.76	*			*		96	*		
		OSF Care Preferred	OSF Care Preferred		*			\$68.00	-									
			OSF Care Preferred Basic Rx	*				\$98.00	\$30.48		*		*		96	*		
		OSF Care Preferred Rx	*				\$138.00	\$69.62	*			*		96	*			
		OSF Care Preferred Rx Plus	*				\$166.00	\$77.71	*			*	*	96	*			
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*	\$0.00	-										
		SecureHorizons Direct Premier Plan 200				*	\$85.00	-										
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*	\$0.00	-										
		SecurityChoice Plus				*	\$13.00	\$9.00		*		*		88	*			

Illinois Medicare Advantage, Cost Plans, and Demonstrations

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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				
STEPHENSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-								97	*	
		Humana Gold Choice PFFS H1804-137				*			\$0.00	\$0.00	*								97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*							97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*								97	*
	OSF Care Preferred	OSF Care Preferred		*					\$68.00	-										
		OSF Care Preferred Basic Rx		*					\$98.00	\$30.48		*							96	*
		OSF Care Preferred Rx		*					\$138.00	\$69.62	*				*				96	*
		OSF Care Preferred Rx Plus		*					\$166.00	\$77.71	*	*			*				96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-										
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-										
	Sterling Option I	Sterling Option I				*			\$9.00	-										
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-										
		SecurityChoice Plus				*			\$13.00	\$9.00		*							88	*
TAZEWELL	Health Alliance Medical Plans	Health Alliance Medicare PPO 10		*					\$85.00	-										
		Health Alliance Medicare PPO 10 with Rx		*					\$130.63	\$45.63	*								83	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-										
		Humana Gold Choice PFFS H1804-137			*		*		\$0.00	\$0.00	*								97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*							97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*								97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.43	*								89	*
		Secure Plus 15	*						\$64.00	-										
		Secure Plus 20	*						\$69.00	\$29.43	*								89	*
		Secure Plus Prime	*						\$89.00	-										
		Secure Plus 15	*						\$93.00	\$29.43	*								89	*
		Secure Plus 15	*						\$108.00	\$43.90	*								89	*
		Secure Plus Prime	*						\$118.00	\$29.43	*								89	*
		Secure Plus Prime	*						\$133.00	\$43.90	*								89	*
	OSF Care Advantage	OSF Care Advantage	*						\$52.00	-										
		OSF Care Advantage Basic Rx	*						\$83.00	\$30.76		*							96	*
		OSF Care Advantage Rx	*						\$124.00	\$71.99	*				*				96	*
		OSF Care Advantage Rx Plus	*						\$133.00	\$80.76	*				*				96	*
	OSF Care Preferred	OSF Care Preferred		*					\$68.00	-										
		OSF Care Preferred Basic Rx		*					\$98.00	\$30.48		*							96	*
		OSF Care Preferred Rx		*					\$138.00	\$69.62	*				*				96	*
		OSF Care Preferred Rx Plus		*					\$166.00	\$77.71	*	*			*				96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-										
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-										
	Sterling Option I	Sterling Option I				*			\$9.00	-										
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-										
		SecurityChoice Plus				*			\$13.00	\$9.00		*							88	*
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*								97	*
UNION	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*				\$0.00	-										
		Humana Gold Choice PFFS H1804-137			*		*		\$0.00	\$0.00	*								97	*
		HumanaChoicePPO PPO R5826-037			*				\$35.00	\$14.24		*							97	*
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*								97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-										
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-										
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*			\$0.00	-										
		SecurityChoice Plus				*			\$13.00	\$9.00		*							88	*

Illinois Medicare Advantage, Cost Plans, and Demonstrations

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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					
VERMILION	Health Alliance Medical Plans	Health Alliance Medicare HMO 30	*						\$25.00	-											
		Health Alliance Medicare HMO 20	*						\$75.00	-											
		Health Alliance Medicare PPO 10		*					\$85.00	-											
		Health Alliance Medicare HMO 20 with Rx	*					\$120.63	\$45.63	*			*				83	*			
		Health Alliance Medicare PPO 10 with Rx		*				\$130.63	\$45.63	*			*				83	*			
	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-				*								
		Humana Gold Choice PFFS H1804-137				*		\$0.00	\$0.00	*			*					97	*		
		HumanaChoicePPO PPO R5826-037				*			\$35.00	\$14.24	*	*		*					97	*	
		HumanaChoicePPO PPO R5826-009				*			\$46.00	\$24.77	*			*					97	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-				*							
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-				*								
WABASH	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-				*								
		Humana Gold Choice PFFS H1804-137				*		\$0.00	\$0.00	*			*					97	*		
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24	*	*		*						97	*	
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*			*					97	*		
WARREN	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-				*								
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24	*	*		*						97	*	
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*					97	*	
		Humana Gold Choice PFFS H1804-125				*			\$104.00	\$23.13	*			*					97	*	
		John Deere Health Plan, Inc.	Secure Plus 25	*					\$37.00	\$29.43	*			*					89	*	
			Secure Plus 15	*					\$64.00	-				*						89	*
			Secure Plus 20	*					\$69.00	\$29.43	*			*					89	*	
			Secure Plus Prime	*					\$89.00	-				*						89	*
			Secure Plus 15	*					\$93.00	\$29.43	*			*						89	*
			Secure Plus 15	*					\$108.00	\$43.90	*			*						89	*
			Secure Plus Prime	*					\$118.00	\$29.43	*			*						89	*
			Secure Plus Prime	*					\$133.00	\$43.90	*			*						89	*
			OSF Care Preferred	OSF Care Preferred		*				\$68.00	-				*						
		OSF Care Preferred Basic Rx		*				\$98.00	\$30.48			*	*					96	*		
		OSF Care Preferred Rx		*				\$138.00	\$69.62	*			*	*				96	*		
		OSF Care Preferred Rx Plus		*				\$166.00	\$77.71	*			*	*				96	*		
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-				*								
		SecurityChoice Plus				*		\$13.00	\$9.00			*	*					88	*		
WASHINGTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-				*								
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24	*	*		*						97	*	
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*					97	*	
		Humana Gold Choice PFFS H1804-125				*		\$104.00	\$23.13	*			*					97	*		
WAYNE	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-				*								
		Humana Gold Choice PFFS H1804-137				*		\$0.00	\$0.00	*			*						97	*	
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24	*	*		*						97	*	
		HumanaChoicePPO PPO R5826-009			*			\$46.00	\$24.77	*			*					97	*		
WHITE	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-				*								
		Humana Gold Choice PFFS H1804-137				*		\$0.00	\$0.00	*			*						97	*	
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24	*	*		*						97	*	
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*					97	*	
		Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-				*							
	SecurityChoice Plus				*		\$13.00	\$9.00			*	*						88	*		
WHITESIDE	Humana Insurance Company	HumanaChoicePPO PPO R5826-023			*			\$0.00	-				*								
		Humana Gold Choice PFFS H1804-138				*		\$34.00	\$23.13	*			*						97	*	
		HumanaChoicePPO PPO R5826-037			*			\$35.00	\$14.24	*	*		*						97	*	
		HumanaChoicePPO PPO R5826-009			*				\$46.00	\$24.77	*			*					97	*	
		OSF Care Preferred	OSF Care Preferred		*				\$68.00	-				*							
		OSF Care Preferred Basic Rx		*				\$98.00	\$30.48			*	*					96	*		
		OSF Care Preferred Rx		*				\$138.00	\$69.62	*			*	*				96	*		
		OSF Care Preferred Rx Plus		*				\$166.00	\$77.71	*			*	*				96	*		
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-				*								
		SecureHorizons Direct Premier Plan 100				*		\$95.00	-				*								
	Sterling Option I	Sterling Option I				*		\$9.00	-				*								

Illinois Medicare Advantage, Cost Plans, and Demonstrations

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			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				
WILL	HealthSpring, Inc.	HealthSpring Special Care	•					\$0.00	\$0.00			•					86	•		
		HealthSpring Advantage	•					\$8.65	-											
		HealthSpring Total Care	•					\$11.81	\$11.81			•						86	•	
		HealthSpring Advantage Basic	•					\$27.00	\$18.56			•						86	•	
		HealthSpring Advantage PremierRx	•					\$41.00	\$32.68	•			•					86	•	
		Humana Insurance Company	HumanaChoicePPO PPO R5826-023				•		\$0.00	-										
			HumanaChoicePPO PPO R5826-037				•		\$35.00	\$14.24		•							97	•
			HumanaChoicePPO PPO R5826-009				•		\$46.00	\$24.77	•								97	•
			HumanaChoicePPO PPO H1418-002						\$50.00	\$31.07	•								97	•
			Humana Gold Choice PFFS H1804-125		•				\$104.00	\$23.13	•				•				97	•
			Sterling Option I WellCare						\$9.00	-										
		WellCare	WellCare Choice	•					\$0.00	\$0.00	•					•			85	•
			WellCare Advance	•					\$0.00	-										
			WellCare Select	•					\$7.90	\$7.90			•						85	•
			WellCare Access	•					\$25.48	\$25.48			•						85	•
Humana Insurance Company	HumanaChoicePPO PPO R5826-023					•	\$0.00	-												
WILLIAMSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-137				•	\$0.00	\$0.00	•								97	•		
	HumanaChoicePPO PPO R5826-037				•		\$35.00	\$14.24		•							97	•		
	HumanaChoicePPO PPO R5826-009				•		\$46.00	\$24.77	•								97	•		
SecureHorizons Direct	SecureHorizons Direct Plan 4				•	\$25.00	-													
WINNEBAGO	Humana Insurance Company	SecureHorizons Direct Premier Plan 100				•	\$95.00	-												
		HumanaChoicePPO PPO R5826-023				•	\$0.00	-												
		Humana Gold Choice PFFS H1804-137				•	\$0.00	\$0.00	•									97	•	
		HumanaChoicePPO PPO R5826-037				•	\$35.00	\$14.24		•								97	•	
		HumanaChoicePPO PPO R5826-009				•	\$46.00	\$24.77	•									97	•	
		OSF Care Preferred	OSF Care Preferred		•				\$68.00	-										
			OSF Care Preferred Basic Rx		•				\$98.00	\$30.48			•						96	•
			OSF Care Preferred Rx		•				\$138.00	\$69.62	•								96	•
			OSF Care Preferred Rx Plus		•				\$166.00	\$77.71	•								96	•
			SecureHorizons Direct	SecureHorizons Direct Plan 2				•	\$0.00	-										
		Sterling Option I	SecureHorizons Direct Premier Plan 200					•	\$85.00	-										
			Sterling Option I					•	\$9.00	-										
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•	\$0.00	-										
		WOODFORD	Health Alliance Medical Plans	SecurityChoice Plus				•	\$13.00	\$9.00			•						88	•
				Health Alliance Medicare HMO 30	•					\$25.00	-									
Health Alliance Medicare HMO 20	•							\$75.00	-											
Health Alliance Medicare PPO 10				•				\$85.00	-											
Health Alliance Medicare HMO 20 with Rx	•							\$120.63	\$45.63	•								83	•	
Health Alliance Medicare PPO 10 with Rx				•				\$130.63	\$45.63	•								83	•	
Humana Insurance Company	HumanaChoicePPO PPO R5826-023						•		\$0.00	-										
	Humana Gold Choice PFFS H1804-137						•		\$0.00	\$0.00	•								97	•
	HumanaChoicePPO PPO R5826-037						•		\$35.00	\$14.24		•							97	•
HumanaChoicePPO PPO R5826-009						•		\$46.00	\$24.77	•								97	•	
OSF Care Advantage	OSF Care Advantage			•					\$52.00	-										
	OSF Care Advantage Basic Rx			•					\$83.00	\$30.76			•						96	•
	OSF Care Advantage Rx			•					\$124.00	\$71.99	•								96	•
	OSF Care Advantage Rx Plus			•					\$133.00	\$80.76	•								96	•
	OSF Care Preferred			OSF Care Preferred		•			\$68.00	-										
OSF Care Preferred	OSF Care Preferred Basic Rx		•				\$98.00	\$30.48			•						96	•		
	OSF Care Preferred Rx		•				\$138.00	\$69.62	•								96	•		
	OSF Care Preferred Rx Plus		•				\$166.00	\$77.71	•								96	•		
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•	\$0.00	-												
	SecureHorizons Direct Premier Plan 200					•	\$85.00	-												
Sterling Option I	Sterling Option I					•	\$9.00	-												
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•	\$0.00	-												
	SecurityChoice Plus					•	\$13.00	\$9.00			•						88	•		
United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx					•	\$0.00	\$0.00	•								97	•		