

*Landscape of Plan
Options in
Massachusetts*

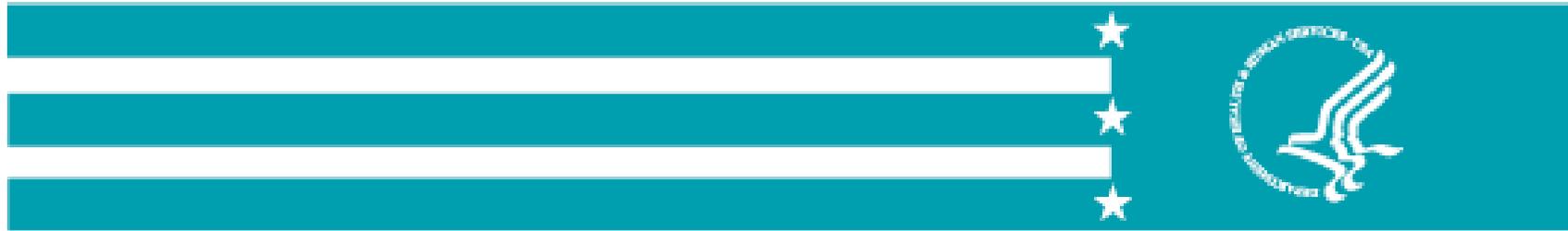
Medicare^{Rx}
Prescription Drug Coverage

**Medicare Advantage
Cost Plans and Demonstrations**

1-800-MEDICARE
TTY 1-877-486-2048
www.medicare.gov



CENTERS FOR MEDICARE & MEDICAID SERVICES



Medicare Advantage, Cost Plans, and Demonstrations Landscape

What is the Landscape of Local Plans?

The Landscape of Local Plans lists all plans available in your area, providing important information on:

- Cost (premiums, deductibles and payments)
- Coverage (important issues around what and how drugs are covered)
- Convenience (pharmacy and mail-order options)

How to read the Medicare Advantage, Cost Plans, and Demonstrations Landscape

Medicare Advantage Plans (like an HMO or PPO), Cost Plans, and Demonstrations allow you to get your health care, including prescription drug coverage at a significantly lower cost through a network of doctors, hospitals, and pharmacies. To help you better understand this information, read on for a description of each column in the Landscape. **Please note**, a dash in the "Drug Premium" column means that plan does not offer prescription drug coverage.

DESCRIPTION

County: The county where the plan is available. To find a plan for you, start by finding your county.

Organization Name: The name of the company offering the Medicare drug plan. Some organizations offer more than one Medicare drug plan.

Plan Name: The name of the Medicare Advantage or other Medicare Health Plan.

Type of Medicare Health Plan

HMO: A type of health plan in which you generally must see doctors and hospitals on the plan's list (network) except in an emergency. You also need a referral to see a specialist.

Local PPO or Regional PPO: A type of health plan in which you pay less if you use doctors and hospitals on the plan's list (network). You can go to any doctor or hospital not on the plan's list, but it will usually cost more. You do not need a referral to see a specialist. A regional PPO has a larger service area than a local PPO.

Private Fee-for-Service: A type of health plan in which you can go to any doctor or hospital that accepts the terms of the plan's payment. You do not need a referral to see a specialist.

Cost Plan: A type of health plan in which you can use doctors and hospitals on the plan's list (network). However, unlike Medicare Advantage Plans, if you get services from a non-network provider, they are covered under the Original Medicare Plan. Coverage in Medicare Cost Plans can include prescription drug coverage. These plans don't provide free additional benefits or savings on your Medicare Part B or prescription drug coverage premiums. There are a limited number of Medicare Cost Plans. Some Medicare Cost Plans cannot accept new enrollment, please check with the plan for enrollment availability.

Demo Plan: These plans are special projects that test possible future improvements in Medicare coverage, costs, and quality of care.

COST

Total Premium: The total amount you would pay the plan each month for your health care and prescription drug coverage.

Drug Premium: The amount of the total premium that goes toward the drug coverage portion of the Medicare Advantage or other Medicare Health Plan. This is not an additional amount you pay. *A dash in the "Drug Premium" column means that plan does not offer prescription drug coverage.*

Drug Deductible: The amount you pay before the drug plan begins to pay.

COVERAGE

Offers Variable Copayments (tiers): In plans that offer variable copayments, you will pay a fixed amount for each drug and this fixed amount may be different depending on the type of drug. For example, you may pay a lower copayment for generic medications compared to brand medications because generic medications may be on a lower formulary level (tier) than brand medications.

Type of Extra Coverage Offered in the Gap: All plans offer coverage until you hit a limit of \$2,250 in total drug costs. And all plans offer coverage when your out-of-pocket costs exceed \$3,600. Some plans offer coverage during the gap between \$2,250 in total costs and \$3,600 in out-of-pocket costs.

Generics Only: Plan covers generic drugs in coverage gap.

Generics and Brands: Plan covers generic and brand drugs in coverage gap.

Number of Top 100 Drugs on Formulary: How many of the most commonly used 100 drugs by people with Medicare the plan covers.

CONVENIENCE

Mail Order Offered: Whether you can get your drugs in the mail.

For more information about Medicare prescription drug coverage, visit www.medicare.gov on the web.

Technical Note: Medicare Advantage, Cost Plans, and Demonstrations Landscapes are large documents (most are in excess of 50 pages). We recommend you print just the county you are specifically interested in viewing. To print a single county:

- Open the state landscape file you wish to view/print
- Select the county you want to print by scrolling to the specific county page
- Choose **File>Print**
- In the Print Range area, choose **Current Page**
- Click the **OK** button

Massachusetts Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
Barnstable	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue	Local HMO	\$83.00	-					
		Medicare PPO Blue	Local PPO	\$101.00	-					
		Medicare HMO Blue	Local HMO	\$110.00	\$27.07	\$0	•		83	•
		Medicare HMO Blue	Local HMO	\$125.00	\$41.84	\$0	•	G	83	•
		Medicare PPO Blue	Local PPO	\$128.00	\$27.08	\$0	•		83	•
		Medicare PPO Blue	Local PPO	\$143.00	\$41.84	\$0	•	G	83	•
		Tufts Health Plan	Medicare Preferred HMO Value	Local HMO	\$32.00	-				
		Medicare Preferred HMO Prime	Local HMO	\$50.00	-					
		Medicare Preferred HMO Value Rx	Local HMO	\$52.00	\$19.55	\$0	•		94	•
		Medicare Preferred HMO Value Rx Plus	Local HMO	\$67.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred HMO Prime Rx	Local HMO	\$70.00	\$19.55	\$0	•		94	•
		Medicare Preferred HMO Prime Rx Plus	Local HMO	\$85.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred PPO	Local PPO	\$91.00	-					
		Medicare Preferred PPO Rx	Local PPO	\$111.00	\$19.55	\$0	•		94	•
	Medicare Preferred PPO Rx Plus	Local PPO	\$126.00	\$35.37	\$0	•	G	94	•	
Bristol	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue	Local HMO	\$83.00	-					
		Medicare PPO Blue	Local PPO	\$101.00	-					
		Medicare HMO Blue	Local HMO	\$110.00	\$27.07	\$0	•		83	•
		Medicare HMO Blue	Local HMO	\$125.00	\$41.84	\$0	•	G	83	•
		Medicare PPO Blue	Local PPO	\$128.00	\$27.08	\$0	•		83	•
		Medicare PPO Blue	Local PPO	\$143.00	\$41.84	\$0	•	G	83	•
		Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan, Inc.	Demo	\$0.00	-				
	Fresenius Medical Care Health Plan, Inc.	Demo	\$500.00	-						
	Tufts Health Plan	Medicare Preferred HMO Value	Local HMO	\$58.00	-					

Massachusetts Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		Medicare Preferred HMO Value Rx	Local HMO	\$78.00	\$19.55	\$0	•		94	•
		Medicare Preferred PPO	Local PPO	\$91.00	-					
		Medicare Preferred HMO Value Rx Plus	Local HMO	\$93.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred HMO Prime	Local HMO	\$96.00	-					
		Medicare Preferred PPO Rx	Local PPO	\$111.00	\$19.55	\$0	•		94	•
		Medicare Preferred HMO Prime Rx	Local HMO	\$116.00	\$19.55	\$0	•		94	•
		Medicare Preferred PPO Rx Plus	Local PPO	\$126.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred HMO Prime Rx Plus	Local HMO	\$131.00	\$35.37	\$0	•	G	94	•
Dukes	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	\$25.00	-					
Essex	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue	Local HMO	\$92.00	-					
		Medicare PPO Blue	Local PPO	\$111.00	-					
		Medicare HMO Blue	Local HMO	\$120.00	\$27.30	\$0	•		83	•
		Medicare HMO Blue	Local HMO	\$134.00	\$41.75	\$0	•	G	83	•
		Medicare PPO Blue	Local PPO	\$138.00	\$27.31	\$0	•		83	•
		Medicare PPO Blue	Local PPO	\$153.00	\$41.75	\$0	•	G	83	•
	Harvard Pilgrim Health Care	First Seniority MA Only	Local HMO	\$96.00	-					
		First Seniority	Local HMO	\$121.00	\$22.18	\$250	•		100	•
		First Seniority	Local HMO	\$465.00	\$22.18	\$250	•		100	•
	Tufts Health Plan	Medicare Preferred HMO Value	Local HMO	\$78.00	-					
		Medicare Preferred HMO Prime	Local HMO	\$96.00	-					
		Medicare Preferred HMO Value Rx	Local HMO	\$98.00	\$19.55	\$0	•		94	•
		Medicare Preferred PPO	Local PPO	\$101.00	-					
		Medicare Preferred HMO Value Rx Plus	Local HMO	\$113.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred HMO Prime Rx	Local HMO	\$116.00	\$19.55	\$0	•		94	•

Massachusetts Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		Medicare Preferred PPO Rx	Local PPO	\$121.00	\$19.55	\$0	•		94	•
		Medicare Preferred HMO Prime Rx Plus	Local HMO	\$131.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred PPO Rx Plus	Local PPO	\$136.00	\$35.37	\$0	•	G	94	•
	United HealthCare Insurance Company	Erickson Advantage No Rx	Demo	\$90.00	-					
		Erickson Advantage	Demo	\$132.00	\$41.66	\$0	•		100	•
Franklin	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue	Local HMO	\$81.00	-					
		Medicare PPO Blue	Local PPO	\$96.00	-					
		Medicare HMO Blue	Local HMO	\$108.00	\$27.23	\$0	•		83	•
		Medicare HMO Blue	Local HMO	\$122.00	\$41.71	\$0	•	G	83	•
		Medicare PPO Blue	Local PPO	\$123.00	\$27.23	\$0	•		83	•
		Medicare PPO Blue	Local PPO	\$137.00	\$41.71	\$0	•	G	83	•
	Fallon Community Health Plan	Fallon Senior Plan Saver	Local HMO	\$0.00	-					
		Fallon Senior Plan Saver Basic Rx	Local HMO	\$30.00	\$30.00	\$250	•		100	•
		Fallon Senior Plan Standard	Local HMO	\$40.00	-					
		Fallon Senior Plan Saver Enhanced Rx	Local HMO	\$47.00	\$47.00	\$0	•		100	•
		Fallon Senior Plan Plus	Local HMO	\$70.00	-					
		Fallon Senior Plan Standard Basic Rx	Local HMO	\$71.00	\$31.24	\$250	•		100	•
		Fallon Senior Plan Standard Enhanced Rx	Local HMO	\$87.00	\$46.82	\$0	•		100	•
		Fallon Senior Plan Plus Basic Rx	Local HMO	\$101.00	\$30.99	\$250	•		100	•
		Fallon Senior Plan Plus Enhanced Rx	Local HMO	\$117.00	\$46.41	\$0	•		100	•
		Fallon Senior Plan Preferred	Local PPO	\$135.00	-					
		Fallon Senior Plan Preferred Basic Rx	Local PPO	\$166.00	\$30.99	\$250	•		100	•
		Fallon Senior Plan Preferred Enhanced Rx	Local PPO	\$182.00	\$46.41	\$0	•		100	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	\$25.00	-					

Massachusetts Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
Hampden	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue	Local HMO	\$81.00	-					
		Medicare PPO Blue	Local PPO	\$96.00	-					
		Medicare HMO Blue	Local HMO	\$108.00	\$27.23	\$0	•		83	•
		Medicare HMO Blue	Local HMO	\$122.00	\$41.71	\$0	•	G	83	•
		Medicare PPO Blue	Local PPO	\$123.00	\$27.23	\$0	•		83	•
		Medicare PPO Blue	Local PPO	\$137.00	\$41.71	\$0	•	G	83	•
		Fallon Community Health Plan	Fallon Senior Plan Saver	Local HMO	\$0.00	-				
	Fallon Senior Plan Saver Basic Rx		Local HMO	\$30.00	\$30.00	\$250	•		100	•
	Fallon Senior Plan Standard		Local HMO	\$40.00	-					
	Fallon Senior Plan Saver Enhanced Rx		Local HMO	\$47.00	\$47.00	\$0	•		100	•
	Fallon Senior Plan Plus		Local HMO	\$70.00	-					
	Fallon Senior Plan Standard Basic Rx		Local HMO	\$71.00	\$31.24	\$250	•		100	•
	Fallon Senior Plan Standard Enhanced Rx		Local HMO	\$87.00	\$46.82	\$0	•		100	•
	Fallon Senior Plan Plus Basic Rx		Local HMO	\$101.00	\$30.99	\$250	•		100	•
	Fallon Senior Plan Plus Enhanced Rx		Local HMO	\$117.00	\$46.41	\$0	•		100	•
	Fallon Senior Plan Preferred		Local PPO	\$135.00	-					
	Fallon Senior Plan Preferred Basic Rx		Local PPO	\$166.00	\$30.99	\$250	•		100	•
	Fallon Senior Plan Preferred Enhanced Rx		Local PPO	\$182.00	\$46.41	\$0	•		100	•
	Fresenius Medical Care Health Plan		Fresenius Medical Care Health Plan, Inc.	Demo	\$0.00	-				
		Fresenius Medical Care Health Plan, Inc.	Demo	\$525.00	-					
	Tufts Health Plan	Medicare Preferred HMO Value	Local HMO	\$37.00	-					
		Medicare Preferred HMO Value Rx	Local HMO	\$57.00	\$19.55	\$0	•		94	•
		Medicare Preferred HMO Value Rx Plus	Local HMO	\$72.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred HMO Prime	Local HMO	\$75.00	-					

Massachusetts Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		Medicare Preferred PPO	Local PPO	\$81.00	-					
		Medicare Preferred HMO Prime Rx	Local HMO	\$95.00	\$19.55	\$0	•		94	•
		Medicare Preferred PPO Rx	Local PPO	\$101.00	\$19.55	\$0	•		94	•
		Medicare Preferred HMO Prime Rx Plus	Local HMO	\$110.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred PPO Rx Plus	Local PPO	\$116.00	\$35.37	\$0	•	G	94	•
Hampshire	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue	Local HMO	\$81.00	-					
		Medicare PPO Blue	Local PPO	\$96.00	-					
		Medicare HMO Blue	Local HMO	\$108.00	\$27.23	\$0	•		83	•
		Medicare HMO Blue	Local HMO	\$122.00	\$41.71	\$0	•	G	83	•
		Medicare PPO Blue	Local PPO	\$123.00	\$27.23	\$0	•		83	•
		Medicare PPO Blue	Local PPO	\$137.00	\$41.71	\$0	•	G	83	•
	Fallon Community Health Plan	Fallon Senior Plan Saver	Local HMO	\$0.00	-					
		Fallon Senior Plan Saver Basic Rx	Local HMO	\$30.00	\$30.00	\$250	•		100	•
		Fallon Senior Plan Standard	Local HMO	\$40.00	-					
		Fallon Senior Plan Saver Enhanced Rx	Local HMO	\$47.00	\$47.00	\$0	•		100	•
		Fallon Senior Plan Plus	Local HMO	\$70.00	-					
		Fallon Senior Plan Standard Basic Rx	Local HMO	\$71.00	\$31.24	\$250	•		100	•
		Fallon Senior Plan Standard Enhanced Rx	Local HMO	\$87.00	\$46.82	\$0	•		100	•
		Fallon Senior Plan Plus Basic Rx	Local HMO	\$101.00	\$30.99	\$250	•		100	•
		Fallon Senior Plan Plus Enhanced Rx	Local HMO	\$117.00	\$46.41	\$0	•		100	•
		Fallon Senior Plan Preferred	Local PPO	\$135.00	-					
		Fallon Senior Plan Preferred Basic Rx	Local PPO	\$166.00	\$30.99	\$250	•		100	•
		Fallon Senior Plan Preferred Enhanced Rx	Local PPO	\$182.00	\$46.41	\$0	•		100	•
	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan, Inc.	Demo	\$0.00	-					

Massachusetts Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		Fresenius Medical Care Health Plan, Inc.	Demo	\$525.00	-					
Middlesex	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue	Local HMO	\$92.00	-					
		Medicare PPO Blue	Local PPO	\$111.00	-					
		Medicare HMO Blue	Local HMO	\$120.00	\$27.30	\$0	•		83	•
		Medicare HMO Blue	Local HMO	\$134.00	\$41.75	\$0	•	G	83	•
		Medicare PPO Blue	Local PPO	\$138.00	\$27.31	\$0	•		83	•
		Medicare PPO Blue	Local PPO	\$153.00	\$41.75	\$0	•	G	83	•
	Fallon Community Health Plan	Fallon Senior Plan Saver	Local HMO	\$0.00	-					
		Fallon Senior Plan Saver Basic Rx	Local HMO	\$30.00	\$30.00	\$250	•		100	•
		Fallon Senior Plan Standard	Local HMO	\$40.00	-					
		Fallon Senior Plan Saver Enhanced Rx	Local HMO	\$47.00	\$47.00	\$0	•		100	•
		Fallon Senior Plan Plus	Local HMO	\$70.00	-					
		Fallon Senior Plan Standard Basic Rx	Local HMO	\$71.00	\$31.24	\$250	•		100	•
		Fallon Senior Plan Standard Enhanced Rx	Local HMO	\$87.00	\$46.82	\$0	•		100	•
		Fallon Senior Plan Plus Basic Rx	Local HMO	\$101.00	\$30.99	\$250	•		100	•
		Fallon Senior Plan Plus Enhanced Rx	Local HMO	\$117.00	\$46.41	\$0	•		100	•
		Fallon Senior Plan Preferred	Local PPO	\$135.00	-					
		Fallon Senior Plan Preferred Basic Rx	Local PPO	\$166.00	\$30.99	\$250	•		100	•
		Fallon Senior Plan Preferred Enhanced Rx	Local PPO	\$182.00	\$46.41	\$0	•		100	•
	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan, Inc.	Demo	\$0.00	-					
		Fresenius Medical Care Health Plan, Inc.	Demo	\$500.00	-					
	Harvard Pilgrim Health Care	First Seniority MA Only	Local HMO	\$96.00	-					
		First Seniority	Local HMO	\$121.00	\$22.18	\$250	•		100	•
		First Seniority	Local HMO	\$465.00	\$22.18	\$250	•		100	•

Massachusetts Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Tufts Health Plan	Medicare Preferred HMO Value	Local HMO	\$49.00	-					
		Medicare Preferred HMO Value Rx	Local HMO	\$69.00	\$19.55	\$0	•		94	•
		Medicare Preferred HMO Value Rx Plus	Local HMO	\$84.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred HMO Prime	Local HMO	\$87.00	-					
		Medicare Preferred PPO	Local PPO	\$91.00	-					
		Medicare Preferred HMO Prime Rx	Local HMO	\$107.00	\$19.55	\$0	•		94	•
		Medicare Preferred PPO Rx	Local PPO	\$111.00	\$19.55	\$0	•		94	•
		Medicare Preferred HMO Prime Rx Plus	Local HMO	\$122.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred PPO Rx Plus	Local PPO	\$126.00	\$35.37	\$0	•	G	94	•
Norfolk	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue	Local HMO	\$92.00	-					
		Medicare PPO Blue	Local PPO	\$111.00	-					
		Medicare HMO Blue	Local HMO	\$120.00	\$27.30	\$0	•		83	•
		Medicare HMO Blue	Local HMO	\$134.00	\$41.75	\$0	•	G	83	•
		Medicare PPO Blue	Local PPO	\$138.00	\$27.31	\$0	•		83	•
		Medicare PPO Blue	Local PPO	\$153.00	\$41.75	\$0	•	G	83	•
	Fallon Community Health Plan	Fallon Senior Plan Saver	Local HMO	\$0.00	-					
		Fallon Senior Plan Saver Basic Rx	Local HMO	\$30.00	\$30.00	\$250	•		100	•
		Fallon Senior Plan Standard	Local HMO	\$40.00	-					
		Fallon Senior Plan Saver Enhanced Rx	Local HMO	\$47.00	\$47.00	\$0	•		100	•
		Fallon Senior Plan Plus	Local HMO	\$70.00	-					
		Fallon Senior Plan Standard Basic Rx	Local HMO	\$71.00	\$31.24	\$250	•		100	•
		Fallon Senior Plan Standard Enhanced Rx	Local HMO	\$87.00	\$46.82	\$0	•		100	•
		Fallon Senior Plan Plus Basic Rx	Local HMO	\$101.00	\$30.99	\$250	•		100	•
		Fallon Senior Plan Plus Enhanced Rx	Local HMO	\$117.00	\$46.41	\$0	•		100	•

Massachusetts Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		Fallon Senior Plan Preferred	Local PPO	\$135.00	-					
		Fallon Senior Plan Preferred Basic Rx	Local PPO	\$166.00	\$30.99	\$250	•		100	•
		Fallon Senior Plan Preferred Enhanced Rx	Local PPO	\$182.00	\$46.41	\$0	•		100	•
	Harvard Pilgrim Health Care	First Seniority MA Only	Local HMO	\$96.00	-					
		First Seniority	Local HMO	\$121.00	\$22.18	\$250	•		100	•
		First Seniority	Local HMO	\$465.00	\$22.18	\$250	•		100	•
	Tufts Health Plan	Medicare Preferred HMO Value	Local HMO	\$32.00	-					
		Medicare Preferred HMO Prime	Local HMO	\$50.00	-					
		Medicare Preferred HMO Value Rx	Local HMO	\$52.00	\$19.55	\$0	•		94	•
		Medicare Preferred HMO Value Rx Plus	Local HMO	\$67.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred HMO Prime Rx	Local HMO	\$70.00	\$19.55	\$0	•		94	•
		Medicare Preferred HMO Prime Rx Plus	Local HMO	\$85.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred PPO	Local PPO	\$101.00	-					
		Medicare Preferred PPO Rx	Local PPO	\$121.00	\$19.55	\$0	•		94	•
		Medicare Preferred PPO Rx Plus	Local PPO	\$136.00	\$35.37	\$0	•	G	94	•
Plymouth	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue	Local HMO	\$83.00	-					
		Medicare PPO Blue	Local PPO	\$101.00	-					
		Medicare HMO Blue	Local HMO	\$110.00	\$27.07	\$0	•		83	•
		Medicare HMO Blue	Local HMO	\$125.00	\$41.84	\$0	•	G	83	•
		Medicare PPO Blue	Local PPO	\$128.00	\$27.08	\$0	•		83	•
		Medicare PPO Blue	Local PPO	\$143.00	\$41.84	\$0	•	G	83	•
	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan, Inc.	Demo	\$0.00	-					
		Fresenius Medical Care Health Plan, Inc.	Demo	\$500.00	-					
	Tufts Health Plan	Medicare Preferred HMO Value	Local HMO	\$32.00	-					

Massachusetts Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		Medicare Preferred HMO Prime	Local HMO	\$50.00	-					
		Medicare Preferred HMO Value Rx	Local HMO	\$52.00	\$19.55	\$0	•		94	•
		Medicare Preferred HMO Value Rx Plus	Local HMO	\$67.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred HMO Prime Rx	Local HMO	\$70.00	\$19.55	\$0	•		94	•
		Medicare Preferred HMO Prime Rx Plus	Local HMO	\$85.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred PPO	Local PPO	\$101.00	-					
		Medicare Preferred PPO Rx	Local PPO	\$121.00	\$19.55	\$0	•		94	•
		Medicare Preferred PPO Rx Plus	Local PPO	\$136.00	\$35.37	\$0	•	G	94	•
	United HealthCare Insurance Company	Erickson Advantage No Rx	Demo	\$90.00	-					
		Erickson Advantage	Demo	\$132.00	\$41.66	\$0	•		100	•
Suffolk	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue	Local HMO	\$92.00	-					
		Medicare PPO Blue	Local PPO	\$111.00	-					
		Medicare HMO Blue	Local HMO	\$120.00	\$27.30	\$0	•		83	•
		Medicare HMO Blue	Local HMO	\$134.00	\$41.75	\$0	•	G	83	•
		Medicare PPO Blue	Local PPO	\$138.00	\$27.31	\$0	•		83	•
		Medicare PPO Blue	Local PPO	\$153.00	\$41.75	\$0	•	G	83	•
	Harvard Pilgrim Health Care	First Seniority MA Only	Local HMO	\$96.00	-					
		First Seniority	Local HMO	\$121.00	\$22.18	\$250	•		100	•
		First Seniority	Local HMO	\$465.00	\$22.18	\$250	•		100	•
	Tufts Health Plan	Medicare Preferred HMO Value Rx	Local HMO	\$49.00	-					
		Medicare Preferred HMO Value Rx Plus	Local HMO	\$69.00	\$19.55	\$0	•		94	•
		Medicare Preferred HMO Value Rx Plus	Local HMO	\$84.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred HMO Prime	Local HMO	\$87.00	-					
		Medicare Preferred PPO	Local PPO	\$101.00	-					

Massachusetts Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		Medicare Preferred HMO Prime Rx	Local HMO	\$107.00	\$19.55	\$0	•		94	•
		Medicare Preferred PPO Rx	Local PPO	\$121.00	\$19.55	\$0	•		94	•
		Medicare Preferred HMO Prime Rx Plus	Local HMO	\$122.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred PPO Rx Plus	Local PPO	\$136.00	\$35.37	\$0	•	G	94	•
Worcester	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue	Local HMO	\$98.00	-					
		Medicare PPO Blue	Local PPO	\$113.00	-					
		Medicare HMO Blue	Local HMO	\$126.00	\$27.42	\$0	•		83	•
		Medicare HMO Blue	Local HMO	\$140.00	\$41.76	\$0	•	G	83	•
		Medicare PPO Blue	Local PPO	\$141.00	\$27.41	\$0	•		83	•
		Medicare PPO Blue	Local PPO	\$155.00	\$41.76	\$0	•	G	83	•
	Fallon Community Health Plan	Fallon Senior Plan Saver	Local HMO	\$0.00	-					
		Fallon Senior Plan Saver Basic Rx	Local HMO	\$30.00	\$30.00	\$250	•		100	•
		Fallon Senior Plan Standard	Local HMO	\$40.00	-					
		Fallon Senior Plan Saver Enhanced Rx	Local HMO	\$47.00	\$47.00	\$0	•		100	•
		Fallon Senior Plan Plus	Local HMO	\$70.00	-					
		Fallon Senior Plan Standard Basic Rx	Local HMO	\$71.00	\$31.24	\$250	•		100	•
		Fallon Senior Plan Standard Enhanced Rx	Local HMO	\$87.00	\$46.82	\$0	•		100	•
		Fallon Senior Plan Plus Basic Rx	Local HMO	\$101.00	\$30.99	\$250	•		100	•
		Fallon Senior Plan Plus Enhanced Rx	Local HMO	\$117.00	\$46.41	\$0	•		100	•
		Fallon Senior Plan Preferred	Local PPO	\$135.00	-					
		Fallon Senior Plan Preferred Basic Rx	Local PPO	\$166.00	\$30.99	\$250	•		100	•
		Fallon Senior Plan Preferred Enhanced Rx	Local PPO	\$182.00	\$46.41	\$0	•		100	•
	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan, Inc.	Demo	\$0.00	-					
		Fresenius Medical Care Health Plan, Inc.	Demo	\$500.00	-					

Massachusetts Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Tufts Health Plan	Medicare Preferred HMO Value	Local HMO	\$47.00	-					
		Medicare Preferred HMO Value Rx	Local HMO	\$67.00	\$19.55	\$0	•		94	•
		Medicare Preferred HMO Value Rx Plus	Local HMO	\$82.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred HMO Prime	Local HMO	\$85.00	-					
		Medicare Preferred PPO	Local PPO	\$91.00	-					
		Medicare Preferred HMO Prime Rx	Local HMO	\$105.00	\$19.55	\$0	•		94	•
		Medicare Preferred PPO Rx	Local PPO	\$111.00	\$19.55	\$0	•		94	•
		Medicare Preferred HMO Prime Rx Plus	Local HMO	\$120.00	\$35.37	\$0	•	G	94	•
		Medicare Preferred PPO Rx Plus	Local PPO	\$126.00	\$35.37	\$0	•	G	94	•