Missouri Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ADAIR	Blue Cross Blue Shield of Missouri	SmartValue Plus				•			$16.00	$10.00			•	•			88	•
		SmartValue Classic				•			$18.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
ANDREW	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
ATCHISON	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
AUDRAIN	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
BARRY	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	St. John's PremierPlus (no drug)	•						$59.00	-								
		St. Johns PremierPlus	•						$96.20	$37.34			•				95	•
		St. John's PremierPlus Enhanced Drug	•						$126.20	$67.03	•			•			95	•
	Premier Health Insurance Company, Inc.	St. John's PremierPlus Options (no drug)		•					$19.00	-								
		St. John's PremierPlus Options		•					$56.20	$37.26			•				95	•
		St. John's PremierPlus Options Enhanced RX		•					$82.20	$62.79	•			•			95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$18.19	$18.19	•			•			97	•
BARTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Premier Health Insurance Company, Inc.	PremierPlus Options Southwest (no Rx)		•					$34.00	-								
		PremierPlus Options Southwest		•					$71.20	$37.26			•				95	•
BATES	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BENTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
BOLLINGER	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
BOONE	Blue Cross Blue Shield of Missouri	SmartValue Plus				•			$70.00	$24.13			•	•			88	•
		SmartValue Classic				•			$73.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
BUCHANAN	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
BUTLER	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
CALDWELL	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
CALLAWAY	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
CAMDEN	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
CAPE GIRARDEAU	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
CARROLL	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CARTER	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
CASS	Coventry Health And Life Ins. Company	Advantra Freedom		•					$0.00	$0.00	•			•			98	•
	Coventry Health Care of Kansas, Inc.	Advantra Basic	•						$0.00	-								
		Advantra Advantage	•						$0.00	$0.00	•			•			98	•
	Humana Health Plan, Inc.	Humana Gold Plus HMO H2649-012	•						$0.00	-								
		Humana Gold Plus HMO H2649-004	•						$8.00	$2.94	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO H1716-001		•					$41.00	$27.97	•			•	•		97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-144				•			$84.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
CEDAR	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	St. John's PremierPlus (no drug)	•						$59.00	-								
		St. Johns PremierPlus	•						$96.20	$37.34			•				95	•
		St. John's PremierPlus Enhanced Drug	•						$126.20	$67.03	•			•			95	•
	Premier Health Insurance Company, Inc.	St. John's PremierPlus Options (no drug)		•					$19.00	-								
		St. John's PremierPlus Options		•					$56.20	$37.26			•				95	•
		St. John's PremierPlus Options Enhanced RX		•					$82.20	$62.79	•			•			95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
CHARITON	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
CHRISTIAN	Blue Cross Blue Shield of Missouri	SmartValue Classic				•			$5.00	-								
		SmartValue Plus				•			$7.00	$0.00			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	St. John's PremierPlus (no drug)	•						$59.00	-								
		St. Johns PremierPlus	•						$96.20	$37.34			•				95	•
		St. John's PremierPlus Enhanced Drug	•						$126.20	$67.03	•			•			95	•
	Premier Health Insurance Company, Inc.	St. John's PremierPlus Options (no drug)		•					$19.00	-								
		St. John's PremierPlus Options		•					$56.20	$37.26			•				95	•
		St. John's PremierPlus Options Enhanced RX		•					$82.20	$62.79	•			•			95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$18.19	$18.19	•			•			97	•

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			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CLARK	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
CLAY	Humana Health Plan, Inc.	Humana Gold Plus HMO H2649-012	•						$0.00	-								
		Humana Gold Plus HMO H2649-004	•						$8.00	$2.94	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO H1716-001		•					$41.00	$27.97	•			•	•		97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-144				•			$84.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
CLINTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-144				•			$84.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
COLE	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
COOPER	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
CRAWFORD	Blue Cross Blue Shield of Missouri	SmartValue Plus				•			$16.00	$10.00			•	•			88	•
		SmartValue Classic				•			$18.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	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 Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$18.19	$18.19	•			•			97	•

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DADE	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	St. John's PremierPlus (no drug)	•						$59.00	-								
		St. Johns PremierPlus	•						$96.20	$37.34			•				95	•
		St. John's PremierPlus Enhanced Drug	•						$126.20	$67.03	•			•			95	•
	Premier Health Insurance Company, Inc.	St. John's PremierPlus Options (no drug)		•					$19.00	-								
		St. John's PremierPlus Options		•					$56.20	$37.26			•				95	•
		St. John's PremierPlus Options Enhanced RX		•					$82.20	$62.79	•			•			95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
DALLAS	Blue Cross Blue Shield of Missouri	SmartValue Classic				•			$5.00	-								
		SmartValue Plus				•			$7.00	$0.00			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	St. John's PremierPlus (no drug)	•						$59.00	-								
		St. Johns PremierPlus	•						$96.20	$37.34			•				95	•
		St. John's PremierPlus Enhanced Drug	•						$126.20	$67.03	•			•			95	•
	Premier Health Insurance Company, Inc.	St. John's PremierPlus Options (no drug)		•					$19.00	-								
		St. John's PremierPlus Options		•					$56.20	$37.26			•				95	•
		St. John's PremierPlus Options Enhanced RX		•					$82.20	$62.79	•			•			95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$18.19	$18.19	•			•			97	•
DAVIESS	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
DE KALB	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
DENT	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•

Missouri Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DOUGLAS	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$18.19	$18.19	•			•			97	•
DUNKLIN	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
FRANKLIN	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	PremierPlus - Missouri (no RX)	•						$0.00	-								
		PremierPlus - Missouri	•						$67.20	$37.34	•			•			95	•
	Premier Health Insurance Company, Inc.	PremierPlus Options (no RX)		•					$0.00	-								
		PremierPlus Options		•					$63.20	$37.26	•			•			95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$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	•			•			97	•
	United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$18.19	$18.19	•			•			97	•
GASCONADE	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
GENTRY	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•

Missouri Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
GREENE	Blue Cross Blue Shield of Missouri	SmartValue Classic				•			$5.00	-								
		SmartValue Plus				•			$7.00	$0.00			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	St. John's PremierPlus (no drug)	•						$59.00	-								
		St. Johns PremierPlus	•						$96.20	$37.34			•				95	•
		St. John's PremierPlus Enhanced Drug	•						$126.20	$67.03	•			•			95	•
	Premier Health Insurance Company, Inc.	St. John's PremierPlus Options (no drug)		•					$19.00	-								
		St. John's PremierPlus Options		•					$56.20	$37.26			•				95	•
		St. John's PremierPlus Options Enhanced RX		•					$82.20	$62.79	•			•			95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$18.19	$18.19	•			•			97	•
GRUNDY	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
HARRISON	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
HENRY	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
HICKORY	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	St. John's PremierPlus (no drug)	•						$59.00	-								
		St. Johns PremierPlus	•						$96.20	$37.34			•				95	•
		St. John's PremierPlus Enhanced Drug	•						$126.20	$67.03	•			•			95	•
	Premier Health Insurance Company, Inc.	St. John's PremierPlus Options (no drug)		•					$19.00	-								
		St. John's PremierPlus Options		•					$56.20	$37.26			•				95	•
		St. John's PremierPlus Options Enhanced RX		•					$82.20	$62.79	•			•			95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
HOLT	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
HOWARD	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•

Missouri Medicare Advantage, Cost Plans, and Demonstrations

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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.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HOWELL	Blue Cross Blue Shield of Missouri	SmartValue Plus				•			$70.00	$24.13			•	•			88	•
		SmartValue Classic				•			$73.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
IRON	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
JACKSON	Coventry Health And Life Ins. Company	Advantra Freedom		•					$0.00	$0.00	•			•			98	•
	Coventry Health Care of Kansas, Inc.	Advantra Basic	•						$0.00	-								
		Advantra Advantage	•						$0.00	$0.00	•			•			98	•
	Humana Health Plan, Inc.	Humana Gold Plus HMO H2649-012	•						$0.00	-								
		Humana Gold Plus HMO H2649-004	•						$8.00	$2.94	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO H1716-001		•					$41.00	$27.97	•			•	•		97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-144				•			$84.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
JASPER	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Premier Health Insurance Company, Inc.	PremierPlus Options Southwest (no Rx)		•					$34.00	-								
		PremierPlus Options Southwest		•					$71.20	$37.26			•				95	•

Missouri Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	**Organization Name**	**Plan Name**	**HMO**	**Local PPO**	**Regional PPO**	**Private Fee-for-Service**	**Cost Plan**	**Demo Plan**	**Beneficiary Total Premium*** (Including Drug Premium)	**Beneficiary Drug Premium***	Zero	Reduced	Standard ($250)	**Includes Tiered Copay-ments for Drugs**	Generics Only	Generics and Brands	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
JEFFERSON	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	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	PremierPlus - Missouri (no RX)	•						$0.00	-								
		PremierPlus - Missouri	•						$67.20	$37.34	•			•			95	•
	Premier Health Insurance Company, Inc.	PremierPlus Options (no RX)		•					$0.00	-								
		PremierPlus Options		•					$63.20	$37.26	•			•			95	•
	Sterling Option I	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	•
JOHNSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
KNOX	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
LACLEDE	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	St. John's PremierPlus (no drug)	•						$59.00	-								
		St. Johns PremierPlus	•						$96.20	$37.34			•				95	•
		St. John's PremierPlus Enhanced Drug	•						$126.20	$67.03	•			•			95	•
	Premier Health Insurance Company, Inc.	St. John's PremierPlus Options (no drug)		•					$19.00	-								
		St. John's PremierPlus Options		•					$56.20	$37.26			•				95	•
		St. John's PremierPlus Options Enhanced RX		•					$82.20	$62.79	•			•			95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$18.19	$18.19	•			•			97	•

Missouri Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LAFAYETTE	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-144				•			$84.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
LAWRENCE	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	St. John's PremierPlus (no drug)	•						$59.00	-								
		St. Johns PremierPlus	•						$96.20	$37.34			•				95	•
		St. John's PremierPlus Enhanced Drug	•						$126.20	$67.03	•			•			95	•
	Premier Health Insurance Company, Inc.	St. John's PremierPlus Options (no drug)		•					$19.00	-								
		St. John's PremierPlus Options		•					$56.20	$37.26			•				95	•
		St. John's PremierPlus Options Enhanced RX		•					$82.20	$62.79	•			•			95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$18.19	$18.19	•			•			97	•
LEWIS	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
LINCOLN	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	PremierPlus - Missouri (no RX)	•						$0.00	-								
		PremierPlus - Missouri	•						$67.20	$37.34	•			•			95	•
	Premier Health Insurance Company, Inc.	PremierPlus Options (no RX)		•					$0.00	-								
		PremierPlus Options		•					$63.20	$37.26	•			•			95	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
	United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$18.19	$18.19	•			•			97	•
LINN	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
LIVINGSTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								

Missouri 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.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MACON	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
MADISON	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
MARIES	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
MARION	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
MC DONALD	Blue Cross Blue Shield of Missouri	SmartValue Plus				•			$16.00	$10.00			•	•			88	•
		SmartValue Classic				•			$18.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Premier Health Insurance Company, Inc.	PremierPlus Options Southwest (no Rx)		•					$34.00	-								
		PremierPlus Options Southwest		•					$71.20	$37.26			•				95	•
	United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$18.19	$18.19	•			•			97	•
MERCER	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
MILLER	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
MISSISSIPPI	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
MONITEAU	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
MONROE	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•

Missouri Medicare Advantage, Cost Plans, and Demonstrations

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

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MONTGOMERY	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
MORGAN	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
NEW MADRID	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
NEWTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Premier Health Insurance Company, Inc.	PremierPlus Options Southwest (no Rx)		•					$34.00	-								
		PremierPlus Options Southwest		•					$71.20	$37.26			•				95	•
NODAWAY	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
OREGON	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
OSAGE	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
OZARK	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
PEMISCOT	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
PERRY	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
PETTIS	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								

Missouri Medicare Advantage, Cost Plans, and Demonstrations

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

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	**Organization Name**	**Plan Name**	**HMO**	**Local PPO**	**Regional PPO**	**Private Fee-for-Service**	**Cost Plan**	**Demo Plan**	**Beneficiary Total Premium*** (Including Drug Premium)	**Beneficiary Drug Premium***	Zero	Reduced	Standard ($250)	**Includes Tiered Copay-ments for Drugs**	Generics Only	Generics and Brands	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
PHELPS	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	St. John's PremierPlus (no drug)	•						$59.00	-								
		St. Johns PremierPlus	•						$96.20	$37.34			•				95	•
		St. John's PremierPlus Enhanced Drug	•						$126.20	$67.03	•			•			95	•
	Premier Health Insurance Company, Inc.	St. John's PremierPlus Options (no drug)		•					$19.00	-								
		St. John's PremierPlus Options		•					$56.20	$37.26			•				95	•
		St. John's PremierPlus Options Enhanced RX		•					$82.20	$62.79	•			•			95	•
PIKE	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
PLATTE	Humana Health Plan, Inc.	Humana Gold Plus HMO H2649-012	•						$0.00	-								
		Humana Gold Plus HMO H2649-004	•						$8.00	$2.94	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO H1716-001		•					$41.00	$27.97	•			•	•		97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-144				•			$84.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
POLK	Blue Cross Blue Shield of Missouri	SmartValue Classic				•			$5.00	-								
		SmartValue Plus				•			$7.00	$0.00			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	St. John's PremierPlus (no drug)	•						$59.00	-								
		St. Johns PremierPlus	•						$96.20	$37.34			•				95	•
		St. John's PremierPlus Enhanced Drug	•						$126.20	$67.03	•			•			95	•
	Premier Health Insurance Company, Inc.	St. John's PremierPlus Options (no drug)		•					$19.00	-								
		St. John's PremierPlus Options		•					$56.20	$37.26			•				95	•
		St. John's PremierPlus Options Enhanced RX		•					$82.20	$62.79	•			•			95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$18.19	$18.19	•			•			97	•

Missouri Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
PULASKI	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	St. John's PremierPlus (no drug)	•						$59.00	-								
		St. Johns PremierPlus	•						$96.20	$37.34			•				95	•
		St. John's PremierPlus Enhanced Drug	•						$126.20	$67.03	•			•			95	•
	Premier Health Insurance Company, Inc.	St. John's PremierPlus Options (no drug)		•					$19.00	-								
		St. John's PremierPlus Options		•					$56.20	$37.26			•				95	•
		St. John's PremierPlus Options Enhanced RX		•					$82.20	$62.79	•			•			95	•
PUTNAM	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
RALLS	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
RANDOLPH	Blue Cross Blue Shield of Missouri	SmartValue Plus				•			$16.00	$10.00			•	•			88	•
		SmartValue Classic				•			$18.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
RAY	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-144				•			$84.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
REYNOLDS	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
RIPLEY	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
SALINE	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
SCHUYLER	Blue Cross Blue Shield of Missouri	SmartValue Plus				•			$16.00	$10.00			•	•			88	•
		SmartValue Classic				•			$18.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								

Missouri 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.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SCOTLAND	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
SCOTT	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
SHANNON	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
SHELBY	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
ST. CHARLES	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	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	PremierPlus - Missouri (no RX)	•						$0.00	-								
		PremierPlus - Missouri	•						$67.20	$37.34	•			•			95	•
	Premier Health Insurance Company, Inc.	PremierPlus Options (no RX)		•					$0.00	-								
		PremierPlus Options		•					$63.20	$37.26	•			•			95	•
	Sterling Option I	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	•
ST. CLAIR	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
ST. FRANCOIS	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•

Missouri 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.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ST. LOUIS	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	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	PremierPlus - Missouri (no RX)	•						$0.00	-								
		PremierPlus - Missouri	•						$67.20	$37.34	•			•			95	•
	Premier Health Insurance Company, Inc.	PremierPlus Options (no RX)		•					$0.00	-								
		PremierPlus Options		•					$63.20	$37.26	•			•			95	•
	Sterling Option I	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	•
ST. LOUIS CITY	Blue Cross Blue Shield of Missouri	SmartValue Plus				•			$70.00	$24.13			•	•			88	•
		SmartValue Classic				•			$73.00	-								
	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	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	PremierPlus - Missouri (no RX)	•						$0.00	-								
		PremierPlus - Missouri	•						$67.20	$37.34	•			•			95	•
	Premier Health Insurance Company, Inc.	PremierPlus Options (no RX)		•					$0.00	-								
		PremierPlus Options		•					$63.20	$37.26	•			•			95	•
	Sterling Option I	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	•

Missouri Medicare Advantage, Cost Plans, and Demonstrations

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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.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
STE. GENEVIEVE	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
STODDARD	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
STONE	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	St. John's PremierPlus (no drug)	•						$59.00	-								
		St. Johns PremierPlus	•						$96.20	$37.34			•				95	•
		St. John's PremierPlus Enhanced Drug	•						$126.20	$67.03	•			•			95	•
	Premier Health Insurance Company, Inc.	St. John's PremierPlus Options (no drug)		•					$19.00	-								
		St. John's PremierPlus Options		•					$56.20	$37.26			•				95	•
		St. John's PremierPlus Options Enhanced RX		•					$82.20	$62.79	•			•			95	•
SULLIVAN	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
TANEY	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	St. John's PremierPlus (no drug)	•						$59.00	-								
		St. Johns PremierPlus	•						$96.20	$37.34			•				95	•
		St. John's PremierPlus Enhanced Drug	•						$126.20	$67.03	•			•			95	•
	Premier Health Insurance Company, Inc.	St. John's PremierPlus Options (no drug)		•					$19.00	-								
		St. John's PremierPlus Options		•					$56.20	$37.26			•				95	•
		St. John's PremierPlus Options Enhanced RX		•					$82.20	$62.79	•			•			95	•
TEXAS	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$18.19	$18.19	•			•			97	•
VERNON	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								

Missouri Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WARREN	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	PremierPlus - Missouri (no RX)	•						$0.00	-								
		PremierPlus - Missouri	•						$67.20	$37.34	•			•			95	•
	Premier Health Insurance Company, Inc.	PremierPlus Options (no RX)		•					$0.00	-								
		PremierPlus Options		•					$63.20	$37.26	•			•			95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	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 Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$18.19	$18.19	•			•			97	•
WASHINGTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
WAYNE	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
WEBSTER	Blue Cross Blue Shield of Missouri	SmartValue Classic				•			$5.00	-								
		SmartValue Plus				•			$7.00	$0.00			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Mercy Health Plans, Inc.	St. John's PremierPlus (no drug)	•						$59.00	-								
		St. Johns PremierPlus	•						$96.20	$37.34			•				95	•
		St. John's PremierPlus Enhanced Drug	•						$126.20	$67.03	•			•			95	•
	Premier Health Insurance Company, Inc.	St. John's PremierPlus Options (no drug)		•					$19.00	-								
		St. John's PremierPlus Options		•					$56.20	$37.26			•				95	•
		St. John's PremierPlus Options Enhanced RX		•					$82.20	$62.79	•			•			95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$18.19	$18.19	•			•			97	•

Missouri 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.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	**Organization Name**	**Plan Name**	**HMO**	**Local PPO**	**Regional PPO**	**Private Fee-for-Service**	**Cost Plan**	**Demo Plan**	**Beneficiary Total Premium*** (Including Drug Premium)	**Beneficiary Drug Premium***	Zero	Reduced	Standard ($250)	**Includes Tiered Copay-ments for Drugs**	Generics Only	Generics and Brands	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
WORTH	Humana Insurance Company	Humana Gold Choice PFFS H1804-131				•			$64.00	$20.58	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
WRIGHT	Humana Insurance Company	Humana Gold Choice PFFS H1804-130				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$18.19	$18.19	•			•			97	•