

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost Plan	Demo Plan	Cost			Coverage			Convenience Mail Order Offered			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*			Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary		
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
ADAMS	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•					\$70.80	\$40.58		•				90	•		
		MedicareBlue PPO Enhanced			•					\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•					\$124.60	\$40.58		•				90	•		
		MedicareBlue PPO Enhanced Plus Rx 2			•					\$137.92	\$53.90	•					97	•		
		Humana Insurance Company Sterling Option I	Humana Gold Choice PFFS H1804-081 Sterling Option I					•			\$0.00 \$38.00	\$0.00 -	•					97	•	
		Unicare Life & Health Ins. Company	SecurityChoice Classic SecurityChoice Plus					•			\$0.00 \$13.00	- \$9.00								
		ANTELOPE	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-							
				MedicareBlue PPO Essential Plus Rx 1			•					\$70.80	\$40.58		•				90	•
				MedicareBlue PPO Enhanced			•					\$84.02	-							
MedicareBlue PPO Enhanced Plus Rx 1					•					\$124.60	\$40.58		•				90	•		
MedicareBlue PPO Enhanced Plus Rx 2					•					\$137.92	\$53.90	•					97	•		
Humana Insurance Company Sterling Option I	Humana Gold Choice PFFS H1804-081 Sterling Option I							•			\$0.00 \$38.00	\$0.00 -	•					97	•	
Unicare Life & Health Ins. Company	SecurityChoice Classic SecurityChoice Plus							•			\$0.00 \$13.00	- \$9.00								
ARTHUR	Blue Cross and Blue Shield of Nebraska			MedicareBlue PPO Essential			•					\$30.22	-							
				MedicareBlue PPO Essential Plus Rx 1			•					\$70.80	\$40.58		•				90	•
				MedicareBlue PPO Enhanced			•					\$84.02	-							
		MedicareBlue PPO Enhanced Plus Rx 1			•					\$124.60	\$40.58		•				90	•		
		MedicareBlue PPO Enhanced Plus Rx 2			•					\$137.92	\$53.90	•					97	•		
		Humana Insurance Company Sterling Option I	Humana Gold Choice PFFS H1804-081 Sterling Option I					•			\$0.00 \$38.00	\$0.00 -	•					97	•	
		Unicare Life & Health Ins. Company	SecurityChoice Classic SecurityChoice Plus					•			\$0.00 \$13.00	- \$9.00								
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx					•		\$0.00	\$0.00	•					97	•	

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Description										Cost			Coverage			Convenience		
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
BANNER	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*		*				97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081			*	*		\$0.00	\$0.00	*		*				97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1			*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200			*			\$85.00	-									
	Sterling Option I	Sterling Option I			*			\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic			*			\$0.00	-									
		SecurityChoice Plus			*			\$13.00	\$9.00		*	*				88	*	
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx			*			\$0.00	\$0.00	*		*				97	*	
BLAINE	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*		*				97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081			*	*		\$0.00	\$0.00	*		*				97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1			*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200			*			\$85.00	-									
	Sterling Option I	Sterling Option I			*			\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic			*			\$0.00	-									
		SecurityChoice Plus			*			\$13.00	\$9.00		*	*				88	*	
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx			*			\$0.00	\$0.00	*		*				97	*	
BOONE	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*		*				97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081			*	*		\$0.00	\$0.00	*		*				97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1			*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200			*			\$85.00	-									
	Sterling Option I	Sterling Option I			*			\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic			*			\$0.00	-									
		SecurityChoice Plus			*			\$13.00	\$9.00		*	*				88	*	
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx			*			\$0.00	\$0.00	*		*				97	*	

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County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost					Coverage			Convenience Mail Order Offered		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary	
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
BOX BUTTE	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•			•			97	•
		SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
			Sterling Option I				•			\$38.00	-								
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-								
		SecurityChoice Plus				•		\$13.00	\$9.00			•	•			88	•		
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97	•		
BOYD	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•			•			97	•
			Sterling Option I				•			\$38.00	-								
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-								
				SecurityChoice Plus				•		\$13.00	\$9.00			•	•			88	•
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97	•
BROWN	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•			•			97	•
		SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
			Sterling Option I				•			\$38.00	-								
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-								
		SecurityChoice Plus				•		\$13.00	\$9.00			•	•			88	•		
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97	•		

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County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost Plan	Demo Plan	Cost			Coverage			Convenience Mail Order Offered		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*			Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary	
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
BUFFALO	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•					\$70.80	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced			•					\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•					\$124.60	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•					\$137.92	\$53.90	•					97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•				\$0.00	\$0.00	•					97	•
		SecureHorizons Direct	SecureHorizons Direct Plan 1				•				\$0.00	-							
			SecureHorizons Direct Premier Plan 200				•				\$85.00	-							
			Sterling Option I				•				\$38.00	-							
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-							
				SecurityChoice Plus				•			\$13.00	\$9.00		•				88	•
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•					97	•
BURT	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•					\$70.80	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced			•					\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•					\$124.60	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•					\$137.92	\$53.90	•					97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•				\$0.00	\$0.00	•					97	•
		SecureHorizons Direct	SecureHorizons Direct Plan 4				•				\$25.00	-							
			SecureHorizons Direct Premier Plan 200				•				\$85.00	-							
			Sterling Option I				•				\$38.00	-							
			UnitedHealthcare Insurance Company	UnitedHealthcare Medicare Comp Choice Rx	•						\$0.00	\$0.00	•					97	•
				UnitedHealthcare Medicare Complete Choice	•						\$0.00	-							
				UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•					97	•
		Evercare Plan DH	•						\$15.55	\$15.55	•					97	•		

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											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
BUTLER	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•			•		90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•			•		90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•				•		97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•				•		97	•
		SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
			Sterling Option I				•			\$38.00	-								
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-								
				SecurityChoice Plus				•		\$13.00	\$9.00			•		•		88	•
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•				•		97	•
		CASS	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-							
MedicareBlue PPO Essential Plus Rx 1					•				\$70.80	\$40.58		•			•		90	•	
MedicareBlue PPO Enhanced					•				\$84.02	-									
MedicareBlue PPO Enhanced Plus Rx 1					•				\$124.60	\$40.58		•			•		90	•	
MedicareBlue PPO Enhanced Plus Rx 2					•				\$137.92	\$53.90	•				•		97	•	
Humana Insurance Company	Humana Gold Choice PFFS H1804-081						•			\$0.00	\$0.00	•				•		97	•
SecureHorizons Direct	SecureHorizons Direct Plan 4						•			\$25.00	-								
	SecureHorizons Direct Premier Plan 200						•			\$85.00	-								
	Sterling Option I						•			\$38.00	-								
	Unicare Life & Health Ins. Company			SecurityChoice Classic				•		\$0.00	-								
				SecurityChoice Plus				•		\$13.00	\$9.00			•		•		88	•
	UnitedHealthcare Insurance Company			UnitedHealthcare Medicare Comp Choice Rx	•					\$0.00	\$0.00	•				•		97	•
				UnitedHealthcare Medicare Complete Choice	•					\$0.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•				•		97	•		
		Evercare Plan DH	•					\$15.55	\$15.55	•				•		97	•		

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											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
CEDAR	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•					\$70.80	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced			•					\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•					\$124.60	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•					\$137.92	\$53.90	•					97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•				\$0.00	\$0.00	•					97	•
		SecureHorizons Direct	SecureHorizons Direct Plan 3				•				\$0.00	-							
			SecureHorizons Direct Premier Plan 200				•				\$85.00	-							
			Sterling Option I				•				\$38.00	-							
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-							
				SecurityChoice Plus				•			\$13.00	\$9.00		•				88	•
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•					97	•
CHASE	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•					\$70.80	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced			•					\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•					\$124.60	\$40.58		•				90	•	
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		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•				\$0.00	\$0.00	•					97	•
		SecureHorizons Direct	SecureHorizons Direct Plan 4				•				\$25.00	-							
			SecureHorizons Direct Premier Plan 200				•				\$85.00	-							
			Sterling Option I				•				\$38.00	-							
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-							
				SecurityChoice Plus				•			\$13.00	\$9.00		•				88	•
		CHERRY	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-						
MedicareBlue PPO Essential Plus Rx 1					•					\$70.80	\$40.58		•				90	•	
MedicareBlue PPO Enhanced					•					\$84.02	-								
MedicareBlue PPO Enhanced Plus Rx 1					•					\$124.60	\$40.58		•				90	•	
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Humana Insurance Company	Humana Gold Choice PFFS H1804-081						•				\$0.00	\$0.00	•					97	•
SecureHorizons Direct	SecureHorizons Direct Plan 4						•				\$25.00	-							
	SecureHorizons Direct Premier Plan 200						•				\$85.00	-							
	Sterling Option I						•				\$38.00	-							
	Unicare Life & Health Ins. Company			SecurityChoice Classic				•			\$0.00	-							
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	UnitedHealthcare Insurance Company			UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•					97	•

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County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
CHEYENNE	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*		*				97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				*		\$0.00	\$0.00	*		*				97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-									
		SecurityChoice Plus				*		\$13.00	\$9.00		*	*				88	*	
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*		\$0.00	\$0.00	*		*				97	*	
CLAY	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*		*				97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				*		\$0.00	\$0.00	*		*				97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-									
		SecurityChoice Plus				*		\$13.00	\$9.00		*	*				88	*	
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*		\$0.00	\$0.00	*		*				97	*	
COLFAX	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			*			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*			\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*			\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*		*				97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				*		\$0.00	\$0.00	*		*				97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-									
		SecurityChoice Plus				*		\$13.00	\$9.00		*	*				88	*	
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*		\$0.00	\$0.00	*		*				97	*	

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost Plan	Demo Plan	Cost			Coverage			Convenience Mail Order Offered			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*			Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary		
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
CUMING	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-										
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•		
		MedicareBlue PPO Enhanced			•				\$84.02	-										
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•		
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	•		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•						97	•	
		SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-									
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-									
			Sterling Option I				•			\$38.00	-									
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
				SecurityChoice Plus				•		\$13.00	\$9.00		•					88	•	
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•						97	•	
CUSTER	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-										
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•		
		MedicareBlue PPO Enhanced			•				\$84.02	-										
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•		
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	•		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•						97	•	
			Sterling Option I				•			\$38.00	-									
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
				SecurityChoice Plus				•		\$13.00	\$9.00		•					88	•	
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•						97	•	
		DAKOTA	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-								
				MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•
MedicareBlue PPO Enhanced					•				\$84.02	-										
MedicareBlue PPO Enhanced Plus Rx 1					•				\$124.60	\$40.58		•					90	•		
MedicareBlue PPO Enhanced Plus Rx 2					•				\$137.92	\$53.90	•						97	•		
Humana Insurance Company	Humana Gold Choice PFFS H1804-081						•			\$0.00	\$0.00	•						97	•	
SecureHorizons Direct	SecureHorizons Direct Plan 3						•			\$0.00	-									
	SecureHorizons Direct Premier Plan 200						•			\$85.00	-									
	Sterling Option I						•			\$38.00	-									
	Unicare Life & Health Ins. Company			SecurityChoice Classic				•		\$29.00	-									
				SecurityChoice Plus				•		\$39.00	\$26.78		•					88	•	
	UnitedHealthcare Insurance Company			UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•						97	•	

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

Description										Cost			Coverage			Convenience		
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
DAWES	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081			•			\$0.00	\$0.00	•			•			97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 1			•			\$0.00	-									
		SecureHorizons Direct Premier Plan 200			•			\$85.00	-									
	Sterling Option I	Sterling Option I			•			\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic			•			\$0.00	-									
		SecurityChoice Plus			•			\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx			•			\$0.00	\$0.00	•			•			97		•
DAWSON	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081			•			\$0.00	\$0.00	•			•			97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 3			•			\$0.00	-									
		SecureHorizons Direct Premier Plan 200			•			\$85.00	-									
	Sterling Option I	Sterling Option I			•			\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic			•			\$0.00	-									
		SecurityChoice Plus			•			\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx			•			\$0.00	\$0.00	•			•			97		•
DEUEL	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081			•			\$0.00	\$0.00	•			•			97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 4			•			\$25.00	-									
		SecureHorizons Direct Premier Plan 200			•			\$85.00	-									
	Sterling Option I	Sterling Option I			•			\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic			•			\$0.00	-									
		SecurityChoice Plus			•			\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx			•			\$0.00	\$0.00	•			•			97		•

## Nebraska 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			Type of Medicare Advantage Plan						Cost			Coverage			Convenience			
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*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
DIXON	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•	•			90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•	•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•		•			97	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•		•			97	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$13.00	\$9.00			•			88	•	
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•		•			97	•	
DODGE	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•	•			90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•	•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•		•			97	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•		•			97	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•		•			97	•	

## Nebraska 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			Type of Medicare Advantage Plan						Cost			Coverage			Convenience						
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*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered			
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands					
DOUGLAS	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-											
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•			
		MedicareBlue PPO Enhanced			•				\$84.02	-											
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•						90	•		
		MedicareBlue PPO Enhanced Plus Rx 2				•			\$137.92	\$53.90	•			•					97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•			•					97	•
		Sterling Option I	Sterling Option I				•			\$38.00	-										
		United Healthcare Insurance Company	UnitedHealthcare Medicare Comp Choice Rx	•						\$0.00	\$0.00	•			•					97	•
			UnitedHealthcare Medicare Complete Choice	•						\$0.00	-										
			UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•					97	•
			Evercare Plan DH	•						\$15.55	\$15.55	•			•					97	•
			United Healthcare of the Midlands, Inc.	UnitedHealthcare Medicare Complete Rx	•					\$0.00	\$0.00	•			•					97	•
				UnitedHealthcare Medicare Complete	•					\$0.00	-										
				Evercare Plan IH	•					\$29.02	\$29.02	•			•					97	•
DUNDY	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-											
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•					90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-											
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•					90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•						97	•
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•			•					97	•
		Sterling Option I	Sterling Option I				•			\$38.00	-										
		Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-										
	SecurityChoice Plus				•			\$13.00	\$9.00			•	•					88	•		

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost					Coverage			Convenience Mail Order Offered		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary	
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
FILLMORE	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•			•			97	•
		SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
			Sterling Option I				•			\$38.00	-								
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-								
				SecurityChoice Plus				•		\$13.00	\$9.00		•		•			88	•
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97	•
FRANKLIN	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•			•			97	•
		SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
			Sterling Option I				•			\$38.00	-								
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-								
				SecurityChoice Plus				•		\$13.00	\$9.00		•		•			88	•
		FRONTIER	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-							
MedicareBlue PPO Essential Plus Rx 1					•				\$70.80	\$40.58		•		•			90	•	
MedicareBlue PPO Enhanced					•				\$84.02	-									
MedicareBlue PPO Enhanced Plus Rx 1					•				\$124.60	\$40.58		•		•			90	•	
MedicareBlue PPO Enhanced Plus Rx 2					•				\$137.92	\$53.90	•			•			97	•	
Humana Insurance Company	Humana Gold Choice PFFS H1804-081						•			\$0.00	\$0.00	•			•			97	•
SecureHorizons Direct	SecureHorizons Direct Plan 4						•			\$25.00	-								
	SecureHorizons Direct Premier Plan 200						•			\$85.00	-								
	Sterling Option I						•			\$38.00	-								
	Unicare Life & Health Ins. Company			SecurityChoice Classic				•		\$0.00	-								
				SecurityChoice Plus				•		\$13.00	\$9.00		•		•			88	•

## Nebraska 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		
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
FURNAS	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•		\$0.00	\$0.00	•			•			97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
	Sterling Option I	Sterling Option I				•		\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
		SecurityChoice Plus				•		\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97		•
GAGE	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•		\$0.00	\$0.00	•			•			97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
	Sterling Option I	Sterling Option I				•		\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
		SecurityChoice Plus				•		\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97		•
GARDEN	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•		\$0.00	\$0.00	•			•			97		•
	Sterling Option I	Sterling Option I				•		\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
		SecurityChoice Plus				•		\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97		•

## Nebraska 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			Type of Medicare Advantage Plan						Cost					Coverage			Convenience					
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*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered				
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands						
GARFIELD	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-												
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•				
		MedicareBlue PPO Enhanced			•				\$84.02	-												
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•						90	•			
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•							97	•			
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•							97	•		
		SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-											
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-											
			Sterling Option I				•			\$38.00	-											
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-											
		SecurityChoice Plus				•		\$13.00	\$9.00			•					88	•				
GOSPER	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-												
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•						90	•			
		MedicareBlue PPO Enhanced			•				\$84.02	-												
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•							90	•		
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•								97	•		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•							97	•		
		SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-											
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-											
			Sterling Option I				•			\$38.00	-											
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-											
		SecurityChoice Plus				•		\$13.00	\$9.00			•						88	•			
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•								97	•			
GRANT	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-												
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•							90	•		
		MedicareBlue PPO Enhanced			•				\$84.02	-												
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•								90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•									97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•								97	•	
		Sterling Option I	Sterling Option I				•			\$38.00	-											
		Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-											
			SecurityChoice Plus				•			\$13.00	\$9.00			•							88	•
			United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•									97	•

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary	Convenience Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan			Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
GREELEY	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			*				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*					90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*					90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*						97	*	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				*			\$0.00	\$0.00	*						97	*
		SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
			Sterling Option I				*			\$38.00	-								
			Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-								
		SecurityChoice Plus				*		\$13.00	\$9.00		*					88	*		
HALL	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			*				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*					90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*					90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*						97	*	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				*		\$0.00	\$0.00	*						97	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-									
			SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
			Sterling Option I				*		\$38.00	-									
			Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-								
		SecurityChoice Plus				*		\$13.00	\$9.00		*					88	*		
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*		\$0.00	\$0.00	*						97	*		
HAMILTON	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			*				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*					90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*					90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*						97	*	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				*		\$0.00	\$0.00	*						97	*	
		Sterling Option I	Sterling Option I				*		\$38.00	-									
		Unicare Life & Health Ins. Company	SecurityChoice Classic				*		\$0.00	-									
			SecurityChoice Plus				*		\$13.00	\$9.00		*					88	*	
			United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*		\$0.00	\$0.00	*						97	*

## Nebraska 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			Type of Medicare Advantage Plan						Cost			Coverage			Convenience				
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*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered	
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
HARLAN	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•				90		•	
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•				90		•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•					97		•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•					97		•
		Sterling Option I	Sterling Option I				•			\$38.00	-								
		Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
			SecurityChoice Plus				•			\$13.00	\$9.00		•				88		•
		HAYES	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-							
MedicareBlue PPO Essential Plus Rx 1					•				\$70.80	\$40.58		•				90		•	
MedicareBlue PPO Enhanced					•				\$84.02	-									
MedicareBlue PPO Enhanced Plus Rx 1					•				\$124.60	\$40.58		•				90		•	
MedicareBlue PPO Enhanced Plus Rx 2					•				\$137.92	\$53.90	•					97		•	
Humana Insurance Company	Humana Gold Choice PFFS H1804-081						•			\$0.00	\$0.00	•					97		•
SecureHorizons Direct	SecureHorizons Direct Plan 2						•			\$0.00	-								
	SecureHorizons Direct Premier Plan 200						•			\$85.00	-								
Sterling Option I	Sterling Option I						•			\$38.00	-								
Unicare Life & Health Ins. Company	SecurityChoice Classic						•			\$0.00	-								
	SecurityChoice Plus				•			\$13.00	\$9.00		•				88		•		
HITCHCOCK	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•				90		•	
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•				90		•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•					97		•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•					97		•
		SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I	Sterling Option I				•			\$38.00	-								
		Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
	SecurityChoice Plus				•			\$13.00	\$9.00		•				88		•		

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost Plan	Demo Plan	Cost			Coverage			Convenience Mail Order Offered	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*			Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
HOLT	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•					97	•	
		Humana Insurance Company Humana Gold Choice PFFS H1804-081					•		\$0.00	\$0.00	•					97	•	
		Sterling Option I					•		\$38.00	-								
		Unicare Life & Health Ins. Company SecurityChoice Classic					•		\$0.00	-								
		SecurityChoice Plus					•		\$13.00	\$9.00		•				88	•	
		HOOKER	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-						
MedicareBlue PPO Essential Plus Rx 1					•				\$70.80	\$40.58		•				90	•	
MedicareBlue PPO Enhanced					•				\$84.02	-								
MedicareBlue PPO Enhanced Plus Rx 1					•				\$124.60	\$40.58		•				90	•	
MedicareBlue PPO Enhanced Plus Rx 2					•				\$137.92	\$53.90	•					97	•	
Humana Insurance Company Humana Gold Choice PFFS H1804-081							•		\$0.00	\$0.00	•					97	•	
SecureHorizons Direct SecureHorizons Direct Plan 1							•		\$0.00	-								
SecureHorizons Direct Premier Plan 200							•		\$85.00	-								
Sterling Option I							•		\$38.00	-								
Unicare Life & Health Ins. Company SecurityChoice Classic							•		\$0.00	-								
SecurityChoice Plus					•		\$13.00	\$9.00		•				88	•			
HOWARD	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•					97	•	
		Humana Insurance Company Humana Gold Choice PFFS H1804-081					•		\$0.00	\$0.00	•					97	•	
		SecureHorizons Direct SecureHorizons Direct Plan 4					•		\$25.00	-								
		SecureHorizons Direct Premier Plan 200					•		\$85.00	-								
		Sterling Option I					•		\$38.00	-								
		Unicare Life & Health Ins. Company SecurityChoice Classic					•		\$0.00	-								
SecurityChoice Plus					•		\$13.00	\$9.00		•				88	•			

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

Description										Cost			Coverage			Convenience		
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
JEFFERSON	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081			•			\$0.00	\$0.00	•			•			97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 1			•			\$0.00	-									
		SecureHorizons Direct Premier Plan 200			•			\$85.00	-									
	Sterling Option I	Sterling Option I			•			\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic			•			\$0.00	-									
		SecurityChoice Plus			•			\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx			•			\$0.00	\$0.00	•			•			97		•
JOHNSON	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081			•			\$0.00	\$0.00	•			•			97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 3			•			\$0.00	-									
		SecureHorizons Direct Premier Plan 200			•			\$85.00	-									
	Sterling Option I	Sterling Option I			•			\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic			•			\$0.00	-									
		SecurityChoice Plus			•			\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx			•			\$0.00	\$0.00	•			•			97		•
KEARNEY	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081			•			\$0.00	\$0.00	•			•			97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 1			•			\$0.00	-									
		SecureHorizons Direct Premier Plan 200			•			\$85.00	-									
	Sterling Option I	Sterling Option I			•			\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic			•			\$0.00	-									
		SecurityChoice Plus			•			\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx			•			\$0.00	\$0.00	•			•			97		•

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

Description										Cost			Coverage			Convenience		
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
KEITH	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•		\$0.00	\$0.00	•			•			97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
	Sterling Option I	Sterling Option I				•		\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
		SecurityChoice Plus				•		\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97		•
KEYA PAHA	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•		\$0.00	\$0.00	•			•			97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
	Sterling Option I	Sterling Option I				•		\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
		SecurityChoice Plus				•		\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97		•
KIMBALL	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•		\$0.00	\$0.00	•			•			97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
	Sterling Option I	Sterling Option I				•		\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
		SecurityChoice Plus				•		\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97		•

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost Plan	Demo Plan	Cost			Includes Tiered Copayments for Drugs	Coverage			Convenience Mail Order Offered	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*			Drug Deductible				Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary		
											Zero	Reduced	Standard (\$250)						
KNOX	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•					\$70.80	\$40.58		•		•		90	•	
		MedicareBlue PPO Enhanced			•					\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•					\$124.60	\$40.58		•		•		90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•					\$137.92	\$53.90	•			•		97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•				\$0.00	\$0.00	•			•		97	•
		SecureHorizons Direct	SecureHorizons Direct Plan 2				•				\$0.00	-							
			SecureHorizons Direct Premier Plan 200				•				\$85.00	-							
			Sterling Option I				•				\$38.00	-							
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-							
		SecurityChoice Plus				•			\$13.00	\$9.00			•	•		88	•		
LANCASTER	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•					\$70.80	\$40.58		•		•		90	•	
		MedicareBlue PPO Enhanced			•					\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•					\$124.60	\$40.58		•		•		90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•					\$137.92	\$53.90	•			•		97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•				\$0.00	\$0.00	•			•		97	•
		SecureHorizons Direct	SecureHorizons Direct Plan 4				•				\$25.00	-							
			SecureHorizons Direct Premier Plan 200				•				\$85.00	-							
			Sterling Option I				•				\$38.00	-							
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$29.00	-							
		SecurityChoice Plus				•			\$39.00	\$26.78			•	•		88	•		
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•		97	•		
LINCOLN	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•					\$70.80	\$40.58		•		•		90	•	
		MedicareBlue PPO Enhanced			•					\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•					\$124.60	\$40.58		•		•		90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•					\$137.92	\$53.90	•			•		97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•				\$0.00	\$0.00	•			•		97	•
	Sterling Option I				•				\$38.00	-									

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost					Coverage			Convenience Mail Order Offered		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary	
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
LOGAN	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081					•		\$0.00	\$0.00	•			•			97		•
	Sterling Option I	Sterling Option I					•		\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•		\$0.00	-									
		SecurityChoice Plus					•		\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx					•		\$0.00	\$0.00	•			•			97		•
LOUP	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081					•		\$0.00	\$0.00	•			•			97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 1					•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200					•		\$85.00	-									
	Sterling Option I	Sterling Option I					•		\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•		\$0.00	-									
		SecurityChoice Plus					•		\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx					•		\$0.00	\$0.00	•			•			97		•
MADISON	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081					•		\$0.00	\$0.00	•			•			97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 2					•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200					•		\$85.00	-									
	Sterling Option I	Sterling Option I					•		\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic					•		\$0.00	-									
		SecurityChoice Plus					•		\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx					•		\$0.00	\$0.00	•			•			97		•

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

Description										Cost			Coverage			Convenience				
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
MC PHERSON	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-											
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•				90	•		
		MedicareBlue PPO Enhanced			•			\$84.02	-											
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•				90	•		
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•				97	•		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•		\$0.00	\$0.00	•			•				97	•	
		SecureHorizons Direct	SecureHorizons Direct Plan 3				•		\$0.00	-										
			SecureHorizons Direct Premier Plan 200				•		\$85.00	-										
			Sterling Option I				•		\$38.00	-										
			Unicare Life & Health Ins. Company	SecurityChoice Classic					\$0.00	-										
				SecurityChoice Plus					\$13.00	\$9.00			•	•				88	•	
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx					\$0.00	\$0.00	•			•				97	•	
		MERRICK	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
				MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•				90	•
MedicareBlue PPO Enhanced					•			\$84.02	-											
MedicareBlue PPO Enhanced Plus Rx 1					•			\$124.60	\$40.58		•		•				90	•		
MedicareBlue PPO Enhanced Plus Rx 2					•			\$137.92	\$53.90	•			•				97	•		
Humana Insurance Company	Humana Gold Choice PFFS H1804-081						•		\$0.00	\$0.00	•			•				97	•	
SecureHorizons Direct	SecureHorizons Direct Plan 4						•		\$25.00	-										
	SecureHorizons Direct Premier Plan 200						•		\$85.00	-										
	Sterling Option I						•		\$38.00	-										
	Unicare Life & Health Ins. Company			SecurityChoice Classic					\$0.00	-										
				SecurityChoice Plus					\$13.00	\$9.00			•	•				88	•	
	UnitedHealthcare Insurance Company			UnitedHealthcare MedicareComp Essential Rx					\$0.00	\$0.00	•			•				97	•	
MORRILL	Blue Cross and Blue Shield of Nebraska			MedicareBlue PPO Essential			•			\$30.22	-									
				MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•				90	•
		MedicareBlue PPO Enhanced			•			\$84.02	-											
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•				90	•		
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•				97	•		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•		\$0.00	\$0.00	•			•				97	•	
		SecureHorizons Direct	SecureHorizons Direct Plan 2				•		\$0.00	-										
			SecureHorizons Direct Premier Plan 200				•		\$85.00	-										
			Sterling Option I				•		\$38.00	-										
			Unicare Life & Health Ins. Company	SecurityChoice Classic					\$0.00	-										
				SecurityChoice Plus					\$13.00	\$9.00			•	•				88	•	
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx					\$0.00	\$0.00	•			•				97	•	

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost					Coverage			Convenience Mail Order Offered		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary	
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
NANCE	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•		\$0.00	\$0.00	•			•			97	•	
		Sterling Option I	Sterling Option I				•		\$38.00	-									
		Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
			SecurityChoice Plus				•		\$13.00	\$9.00			•		•			88	•
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97	•
NEMAHA	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•		\$0.00	\$0.00	•			•			97	•	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-									
			SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
		Sterling Option I	Sterling Option I				•		\$38.00	-									
		Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
	SecurityChoice Plus				•		\$13.00	\$9.00			•		•			88	•		
	United HealthCare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97	•		
NUCKOLLS	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•		\$0.00	\$0.00	•			•			97	•	
		Sterling Option I	Sterling Option I				•		\$38.00	-									
		Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
			SecurityChoice Plus				•		\$13.00	\$9.00			•		•			88	•

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost Plan	Demo Plan	Cost			Coverage			Convenience Mail Order Offered		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*			Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary	
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
OTOE	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•					\$70.80	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced			•					\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•					\$124.60	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•					\$137.92	\$53.90	•					97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081					•			\$0.00	\$0.00	•					97	•
		Sterling Option I	Sterling Option I					•			\$38.00	-							
		Unicare Life & Health Ins. Company	SecurityChoice Classic					•			\$0.00	-							
			SecurityChoice Plus					•			\$13.00	\$9.00		•				88	•
		United Healthcare Insurance Company	UnitedHealthcare Medicare Comp Choice Rx	•							\$0.00	\$0.00	•					97	•
			UnitedHealthcare Medicare Complete Choice	•							\$0.00	-							
			UnitedHealthcare MedicareComp Essential Rx					•			\$0.00	\$0.00	•					97	•
			Evercare Plan DH	•							\$15.55	\$15.55	•					97	•
PAWNEE	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•					\$70.80	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced			•					\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•					\$124.60	\$40.58		•				90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•					\$137.92	\$53.90	•					97	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081					•			\$0.00	\$0.00	•					97	•
		SecureHorizons Direct	SecureHorizons Direct Plan 4					•			\$25.00	-							
			SecureHorizons Direct Premier Plan 200					•			\$85.00	-							
		Sterling Option I	Sterling Option I					•			\$38.00	-							
		Unicare Life & Health Ins. Company	SecurityChoice Classic					•			\$0.00	-							
			SecurityChoice Plus					•			\$13.00	\$9.00		•				88	•
		United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx					•			\$0.00	\$0.00	•					97	•
		PERKINS	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-						
MedicareBlue PPO Essential Plus Rx 1					•					\$70.80	\$40.58		•				90	•	
MedicareBlue PPO Enhanced					•					\$84.02	-								
MedicareBlue PPO Enhanced Plus Rx 1					•					\$124.60	\$40.58		•				90	•	
MedicareBlue PPO Enhanced Plus Rx 2					•					\$137.92	\$53.90	•					97	•	
Humana Insurance Company	Humana Gold Choice PFFS H1804-081							•			\$0.00	\$0.00	•					97	•
SecureHorizons Direct	SecureHorizons Direct Plan 4							•			\$25.00	-							
	SecureHorizons Direct Premier Plan 200							•			\$85.00	-							
Sterling Option I	Sterling Option I							•			\$38.00	-							

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost Plan	Demo Plan	Cost			Coverage			Convenience Mail Order Offered			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*			Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary		
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
PHELPS	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•					\$70.80	\$40.58		•				90	•		
		MedicareBlue PPO Enhanced			•					\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•					\$124.60	\$40.58		•				90	•		
		MedicareBlue PPO Enhanced Plus Rx 2			•					\$137.92	\$53.90	•					97	•		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•				\$0.00	\$0.00	•					97	•	
		SecureHorizons Direct	SecureHorizons Direct Plan 1				•				\$0.00	-								
			SecureHorizons Direct Premier Plan 200				•				\$85.00	-								
			Sterling Option I				•				\$38.00	-								
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
				SecurityChoice Plus				•			\$13.00	\$9.00		•				88	•	
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•					97	•	
		PIERCE	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-							
MedicareBlue PPO Essential Plus Rx 1					•					\$70.80	\$40.58		•				90	•		
MedicareBlue PPO Enhanced					•					\$84.02	-									
MedicareBlue PPO Enhanced Plus Rx 1					•					\$124.60	\$40.58		•				90	•		
MedicareBlue PPO Enhanced Plus Rx 2					•					\$137.92	\$53.90	•					97	•		
Humana Insurance Company	Humana Gold Choice PFFS H1804-081						•				\$0.00	\$0.00	•					97	•	
	Sterling Option I						•				\$38.00	-								
	Unicare Life & Health Ins. Company			SecurityChoice Classic				•			\$0.00	-								
				SecurityChoice Plus				•			\$13.00	\$9.00		•				88	•	
	UnitedHealthcare Insurance Company			UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•					97	•	
PLATTE	Blue Cross and Blue Shield of Nebraska			MedicareBlue PPO Essential			•					\$30.22	-							
				MedicareBlue PPO Essential Plus Rx 1			•					\$70.80	\$40.58		•				90	•
				MedicareBlue PPO Enhanced			•					\$84.02	-							
		MedicareBlue PPO Enhanced Plus Rx 1			•					\$124.60	\$40.58		•				90	•		
		MedicareBlue PPO Enhanced Plus Rx 2			•					\$137.92	\$53.90	•					97	•		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•				\$0.00	\$0.00	•					97	•	
		SecureHorizons Direct	SecureHorizons Direct Plan 3				•				\$0.00	-								
			SecureHorizons Direct Premier Plan 200				•				\$85.00	-								
			Sterling Option I				•				\$38.00	-								
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
				SecurityChoice Plus				•			\$13.00	\$9.00		•				88	•	
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•					97	•	

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost Plan	Demo Plan	Cost			Includes Tiered Copayments for Drugs	Coverage			Convenience Mail Order Offered		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*			Drug Deductible				Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary			
											Zero	Reduced	Standard (\$250)							
POLK	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•					\$70.80	\$40.58		•		•			90		
		MedicareBlue PPO Enhanced			•					\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•					\$124.60	\$40.58		•		•			90		
		MedicareBlue PPO Enhanced Plus Rx 2			•					\$137.92	\$53.90	•			•			97		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•				\$0.00	\$0.00	•			•			97	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				•				\$25.00	-								
			SecureHorizons Direct Premier Plan 200				•				\$85.00	-								
			Sterling Option I				•				\$38.00	-								
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
				SecurityChoice Plus				•			\$13.00	\$9.00		•		•			88	
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	
		RED WILLOW	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•					\$30.22	-							
MedicareBlue PPO Essential Plus Rx 1					•					\$70.80	\$40.58		•		•			90		
MedicareBlue PPO Enhanced					•					\$84.02	-									
MedicareBlue PPO Enhanced Plus Rx 1					•					\$124.60	\$40.58		•		•			90		
MedicareBlue PPO Enhanced Plus Rx 2					•					\$137.92	\$53.90	•			•			97		
Humana Insurance Company	Humana Gold Choice PFFS H1804-081						•				\$0.00	\$0.00	•			•			97	
Sterling Option I	Sterling Option I						•			\$38.00	-									
	UnitedHealthcare Insurance Company			UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	
RICHARDSON	Blue Cross and Blue Shield of Nebraska			MedicareBlue PPO Essential			•					\$30.22	-							
				MedicareBlue PPO Essential Plus Rx 1			•					\$70.80	\$40.58		•		•			90
				MedicareBlue PPO Enhanced			•					\$84.02	-							
				MedicareBlue PPO Enhanced Plus Rx 1			•					\$124.60	\$40.58		•		•			90
				MedicareBlue PPO Enhanced Plus Rx 2			•					\$137.92	\$53.90	•			•			97
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•				\$0.00	\$0.00	•			•			97	
		Sterling Option I	Sterling Option I				•			\$38.00	-									
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
				SecurityChoice Plus				•			\$13.00	\$9.00		•		•			88	

## Nebraska 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			Type of Medicare Advantage Plan						Cost			Coverage			Convenience			
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*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
ROCK	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•				90		•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•				90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•					97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•					97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$13.00	\$9.00		•				88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•					97		•
SALINE	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•				90		•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•				90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•					97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•					97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$13.00	\$9.00		•				88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•					97		•

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost Plan	Demo Plan	Cost			Coverage			Convenience Mail Order Offered			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*			Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary		
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
SARPY	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-										
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•		
		MedicareBlue PPO Enhanced			•				\$84.02	-										
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•		
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	•		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•						97	•	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-									
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-									
			Sterling Option I				•			\$38.00	-									
			UnitedHealthcare Insurance Company	UnitedHealthcare Medicare Comp Choice Rx	•						\$0.00	\$0.00	•						97	•
				UnitedHealthcare Medicare Complete Choice	•						\$0.00	-								
				UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•						97	•
		Evercare Plan DH	•						\$15.55	\$15.55	•						97	•		
SAUNDERS	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-										
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•		
		MedicareBlue PPO Enhanced			•				\$84.02	-										
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•		
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	•		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•						97	•	
		SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-									
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-									
			Sterling Option I				•			\$38.00	-									
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•						97	•
		SCOTT BLUFF	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-								
				MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•
MedicareBlue PPO Enhanced					•				\$84.02	-										
MedicareBlue PPO Enhanced Plus Rx 1					•				\$124.60	\$40.58		•					90	•		
MedicareBlue PPO Enhanced Plus Rx 2					•				\$137.92	\$53.90	•						97	•		
Humana Insurance Company	Humana Gold Choice PFFS H1804-081						•			\$0.00	\$0.00	•						97	•	
SecureHorizons Direct	SecureHorizons Direct Plan 1						•			\$0.00	-									
	SecureHorizons Direct Premier Plan 200						•			\$85.00	-									
	Sterling Option I						•			\$38.00	-									
	Unicare Life & Health Ins. Company			SecurityChoice Classic				•			\$0.00	-								
				SecurityChoice Plus				•			\$13.00	\$9.00		•				88	•	
	UnitedHealthcare Insurance Company			UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•						97	•

## Nebraska 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		
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
SEWARD	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•		\$0.00	\$0.00	•			•			97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
	Sterling Option I	Sterling Option I				•		\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
		SecurityChoice Plus				•		\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97		•
SHERIDAN	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•		\$0.00	\$0.00	•			•			97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
	Sterling Option I	Sterling Option I				•		\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
		SecurityChoice Plus				•		\$13.00	\$9.00			•	•			88		•
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97		•
SHERMAN	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•		\$0.00	\$0.00	•			•			97		•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
	Sterling Option I	Sterling Option I				•		\$38.00	-									
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
		SecurityChoice Plus				•		\$13.00	\$9.00			•	•			88		•

## Nebraska 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				
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
SIOUX	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-											
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•		
		MedicareBlue PPO Enhanced			•			\$84.02	-											
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•		
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•		\$0.00	\$0.00	•			•			97		•	
		SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-										
			SecureHorizons Direct Premier Plan 200				•		\$85.00	-										
			Sterling Option I				•		\$38.00	-										
			Unicare Life & Health Ins. Company	SecurityChoice Classic					\$0.00	-										
				SecurityChoice Plus					\$13.00	\$9.00			•	•			88		•	
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx					\$0.00	\$0.00	•			•			97		•	
		STANTON	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•			\$30.22	-									
				MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
MedicareBlue PPO Enhanced					•			\$84.02	-											
MedicareBlue PPO Enhanced Plus Rx 1					•			\$124.60	\$40.58		•		•			90		•		
MedicareBlue PPO Enhanced Plus Rx 2					•			\$137.92	\$53.90	•			•			97		•		
Humana Insurance Company	Humana Gold Choice PFFS H1804-081						•		\$0.00	\$0.00	•			•			97		•	
SecureHorizons Direct	SecureHorizons Direct Plan 2						•		\$0.00	-										
	SecureHorizons Direct Premier Plan 200						•		\$85.00	-										
	Sterling Option I						•		\$38.00	-										
	Unicare Life & Health Ins. Company			SecurityChoice Classic					\$0.00	-										
				SecurityChoice Plus					\$13.00	\$9.00			•	•			88		•	
	UnitedHealthcare Insurance Company			UnitedHealthcare MedicareComp Essential Rx					\$0.00	\$0.00	•			•			97		•	
THAYER	Blue Cross and Blue Shield of Nebraska			MedicareBlue PPO Essential			•			\$30.22	-									
				MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90		•
		MedicareBlue PPO Enhanced			•			\$84.02	-											
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90		•		
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97		•		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•		\$0.00	\$0.00	•			•			97		•	
		Sterling Option I	Sterling Option I				•		\$38.00	-										
		Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-										
			SecurityChoice Plus				•		\$13.00	\$9.00			•	•			88		•	
			UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx					\$0.00	\$0.00	•			•			97		•	

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost					Coverage			Convenience Mail Order Offered	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
THOMAS	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$13.00	\$9.00			•	•			88	•
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
THURSTON	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
VALLEY	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$13.00	\$9.00			•	•			88	•

## Nebraska Medicare Advantage, Cost Plans, and Demonstrations

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

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

County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost Plan	Demo Plan	Cost			Coverage			Convenience Mail Order Offered			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*			Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary		
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
WASHINGTON	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-										
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•		
		MedicareBlue PPO Enhanced			•				\$84.02	-										
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•		
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	•		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•						97	•	
		SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-									
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-									
			Sterling Option I				•			\$38.00	-									
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
				SecurityChoice Plus				•		\$13.00	\$9.00		•					88	•	
			United Healthcare Insurance Company	UnitedHealthcare Medicare Comp Choice Rx	•					\$0.00	\$0.00	•						97	•	
				UnitedHealthcare Medicare Complete Choice	•					\$0.00	-									
				UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•						97	•	
		Evercare Plan DH	•					\$15.55	\$15.55	•						97	•			
WAYNE	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-										
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•		
		MedicareBlue PPO Enhanced			•				\$84.02	-										
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•		
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	•		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•						97	•	
		SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-									
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-									
			Sterling Option I				•			\$38.00	-									
			Unicare Life & Health Ins. Company	SecurityChoice Classic				•		\$0.00	-									
				SecurityChoice Plus				•		\$13.00	\$9.00		•					88	•	
			United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•						97	•	
		WEBSTER	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-								
				MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•
MedicareBlue PPO Enhanced					•				\$84.02	-										
MedicareBlue PPO Enhanced Plus Rx 1					•				\$124.60	\$40.58		•					90	•		
MedicareBlue PPO Enhanced Plus Rx 2					•				\$137.92	\$53.90	•						97	•		
Humana Insurance Company	Humana Gold Choice PFFS H1804-081						•			\$0.00	\$0.00	•						97	•	
Sterling Option I	Sterling Option I						•			\$38.00	-									
	Unicare Life & Health Ins. Company			SecurityChoice Classic				•		\$0.00	-									
				SecurityChoice Plus				•		\$13.00	\$9.00		•					88	•	

## Nebraska 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			Type of Medicare Advantage Plan						Cost			Coverage			Convenience				
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*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered	
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
WHEELER	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•				90	•		
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•				90	•		
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•					97	•		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•					97	•	
		SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
			Sterling Option I				•			\$38.00	-								
			Unicare Life & Health Ins. Company	SecurityChoice Classic			•			\$0.00	-								
		SecurityChoice Plus			•			\$13.00	\$9.00			•			88	•			
YORK	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•				90	•		
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•				90	•		
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•					97	•		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-081				•			\$0.00	\$0.00	•					97	•	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
			Sterling Option I				•			\$38.00	-								
			Unicare Life & Health Ins. Company	SecurityChoice Classic			•			\$0.00	-								
		SecurityChoice Plus			•			\$13.00	\$9.00			•			88	•			
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•					97	•			