

## Ohio 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	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Coverage 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	Zero	Reduced					Standard (\$250)	Generics Only	Generics and Brands						
ADAMS	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*			
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*			
		Humana Insurance Company HumanaChoicePPO PPO R5826-021			*					\$0.00	-	*			*	*		88	*		
			HumanaChoicePPO PPO H3619-001		*					\$22.00	\$8.20	*			*	*		97	*		
			HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*		
			HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*		
			Humana Gold Choice PFFS H1804-087			*	*			\$64.00	\$22.70	*			*	*		97	*		
ALLEN	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*			
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*			
		Anthem Medicare Preferred - Standard		*					\$21.00	\$0.00	*			*	*		88	*			
	Anthem Medicare Preferred - Premier		*					\$41.00	\$0.00	*			*	*		88	*				
		Anthem Senior Advantage		*					\$0.00	\$0.00	*			*	*		88	*			
	Humana Insurance Company	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*			*	*		88	*			
		Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*			*	*		88	*			
HumanaChoicePPO PPO R5826-021				*				\$0.00	-	*			*	*		88	*				
HumanaChoicePPO PPO R5826-035				*				\$27.00	\$15.48	*	*		*	*		97	*				
ASHLAND	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*			
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*			
		Anthem Medicare Preferred - Standard		*					\$21.00	\$0.00	*			*	*		88	*			
	Anthem Medicare Preferred - Premier		*					\$41.00	\$0.00	*			*	*		88	*				
		Anthem Senior Advantage		*					\$0.00	\$0.00	*			*	*		88	*			
	Humana Insurance Company	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*			*	*		88	*			
		Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*			*	*		88	*			
HumanaChoicePPO PPO R5826-021				*				\$0.00	-	*			*	*		88	*				
Humana Gold Choice PFFS H1804-086				*	*			\$0.00	\$0.00	*			*	*		97	*				
ASHTABULA	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*			
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*			
		Anthem Medicare Preferred - Standard		*					\$21.00	\$0.00	*			*	*		88	*			
	Anthem Medicare Preferred - Premier		*					\$41.00	\$0.00	*			*	*		88	*				
		Anthem Senior Advantage		*					\$0.00	\$0.00	*			*	*		88	*			
	Humana Insurance Company	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*			*	*		88	*			
		Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*			*	*		88	*			
HumanaChoicePPO PPO R5826-021				*				\$0.00	-	*			*	*		88	*				
HumanaChoicePPO PPO R5826-035				*				\$27.00	\$15.48	*	*		*	*		97	*				
ATHENS	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*			
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*			
		Humana Insurance Company HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*		88	*			
			HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*		
			HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*		
			Humana Gold Choice PFFS H1804-087			*	*			\$64.00	\$22.70	*			*	*		97	*		
			SecureHorizons Direct SecureHorizons Direct Plan 4			*	*			\$25.00	-	*			*	*		97	*		
AUGLAIZE	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*			
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*			
		Humana Insurance Company HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*		88	*			
			HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*		
			HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*		
			Humana Gold Choice PFFS H1804-087			*	*			\$64.00	\$22.70	*			*	*		97	*		
			SecureHorizons Direct SecureHorizons Direct Premier Plan 100			*	*			\$95.00	-	*			*	*		97	*		

## Ohio 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				
BELMONT	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*				*	*	88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*				*	*	88	*		
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*				*	*	88	*	
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*				*	*	88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*				*	*	88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*				*	*	88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-									
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48		*					97	*	
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*				*	*	97	*	
		Humana Gold Choice PFFS H1804-088				*				\$94.00	\$22.70	*				*	*	97	*	
		The Health Plan	Health Plan SecureCare	*							\$0.00	-								
			Health Plan SecureCare	*							\$55.00	\$20.00	*				*	*	87	*
		Medicare Plus					*		\$149.00	-										
BROWN	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*				*	*	88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*				*	*	88	*		
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*				*	*	88	*	
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*				*	*	88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*				*	*	88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*				*	*	88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-									
		Humana Gold Choice PFFS H1804-086				*				\$0.00	\$0.00	*				*	*	97	*	
		HumanaChoicePPO PPO H3619-001		*						\$22.00	\$8.20	*		*		*	*	97	*	
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48		*			*	*	97	*	
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*		*		*	*	97	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-										
BUTLER	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*				*	*	88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*				*	*	88	*		
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*				*	*	88	*	
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*				*	*	88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*				*	*	88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*				*	*	88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-									
		Humana Gold Choice PFFS H1804-086				*				\$0.00	\$0.00	*				*	*	97	*	
		HumanaChoicePPO PPO H3619-001		*						\$22.00	\$8.20	*		*		*	*	97	*	
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48		*			*	*	97	*	
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*		*		*	*	97	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-									
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-										
United HealthCare Insurance Company	Evercare Plan P	Evercare Plan P		*					\$30.69	\$30.69	*				*	*	97	*		
		UnitedHealthcare Medicare Complete	*						\$0.00	-										
	UnitedHealthcare of Ohio, Inc.	UnitedHealthcare Medicare Complete Opt 2	*							\$0.00	-									
		UnitedHealthcare Medicare Complete Opt2 Rx	*							\$0.00	\$0.00	*				*	*	97	*	
			UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*				*	*	97	*	
			UnitedHealthcare Medicare Complete Plus Rx	*						\$15.68	\$15.68	*				*	*	97	*	

# Ohio 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	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Coverage			Convenience Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Standard	(\$250)					Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary					
																	Zero	Reduced	Standard	
CARROLL	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*					\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021	HumanaChoicePPO PPO R5826-021			*				\$0.00	-				*	*			*	
			Humana Gold Choice PFFS H1804-086			*		*			\$0.00	\$0.00	*			*	*		97	*
		HumanaChoicePPO PPO R5826-035	HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*		*	*		97	*
			HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*			*	*		97	*
		PrimeTime Health Plan	PrimeTime Health Plan Part B Only	*							\$34.54	\$34.54	*			*	*		100	*
			PrimeTime Health Plan Basic	*							\$39.00	\$9.14	*		*	*	*		100	*
			PrimeTime Health Plan Standard	*							\$63.00	\$2.64	*		*	*	*		100	*
			Prime PPO		*						\$74.00	\$31.89	*		*	*	*		99	*
			PrimeTime Health Plan Plus	*							\$82.00	\$1.76	*		*	*	*		100	*
			PrimeTime Health Plan Premier	*							\$98.00	\$49.54	*		*	*	*		100	*
	Prime PPO Advanced	Prime PPO Advanced		*						\$130.00	\$77.91	*		*	*	*		99	*	
		PrimeTime Health Plan Premier Advantage	*							\$139.00	\$96.25	*		*	*	*		100	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 2					*			\$0.00	-				*	*			*	
		SecureHorizons Direct Premier Plan 200					*			\$85.00	-				*	*			*	
SummaCare	SummaCare Secure Silver	*							\$0.00	\$0.00	*			*	*		97	*		
	SummaCare Secure Gold	*							\$65.00	\$0.00	*			*	*		97	*		
	SummaCare Secure Choice		*						\$70.00	\$0.00	*			*	*		97	*		
CHAMPAIGN	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-				*	*			*	
		Humana Gold Choice PFFS H1804-086			*		*			\$0.00	\$0.00	*			*	*		97	*	
	HumanaChoicePPO PPO H3619-006	HumanaChoicePPO PPO H3619-006		*						\$22.00	\$8.20	*		*	*	*		97	*	
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*		*	*		97	*	
	HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*			*	*		97	*		
SecureHorizons Direct	SecureHorizons Direct Plan 2					*			\$0.00	-				*	*			*		
	SecureHorizons Direct Premier Plan 200					*			\$85.00	-				*	*			*		
CLARK	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-				*	*			*	
		Humana Gold Choice PFFS H1804-086			*		*			\$0.00	\$0.00	*			*	*		97	*	
		HumanaChoicePPO PPO H3619-006		*						\$22.00	\$8.20	*		*	*	*		97	*	
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*			*	*		97	*	
	MediGold	MediGold	*						\$94.00	\$33.37	*		*	*	*		95	*		
	SecureHorizons Direct	SecureHorizons Direct Plan 2					*			\$0.00	-				*	*			*	
		SecureHorizons Direct Premier Plan 200					*			\$85.00	-				*	*			*	
	United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx		*						\$43.00	\$21.17	*		*	*	*		97	*	
UnitedHealthcare of Ohio, Inc.		UnitedHealthcare Medicare Complete	*						\$0.00	-				*	*			*		
UnitedHealthcare of Ohio, Inc.	UnitedHealthcare Medicare Complete Opt 2	*							\$0.00	-				*	*			*		
	UnitedHealthcare Medicare Complete Opt2 Rx	*							\$0.00	\$0.00	*		*	*	*		97	*		
UnitedHealthcare of Ohio, Inc.	UnitedHealthcare Medicare Complete Rx	*							\$0.00	\$0.00	*		*	*	*		97	*		
	UnitedHealthcare Medicare Complete Plus Rx	*							\$15.68	\$15.68	*		*	*	*		97	*		

## Ohio 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	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Coverage 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	Zero	Reduced					Standard (\$250)	Generics Only	Generics and Brands						
CLERMONT	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*					\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*		
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*		
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*			*	*		88	*		
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*	*						\$0.00	\$0.00	*			*	*		88	*		
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021	HumanaChoicePPO PPO R5826-021			*				\$0.00	-										
			Humana Gold Choice PFFS H1804-086			*		*		\$0.00	\$0.00	*			*	*		97	*		
		HumanaChoicePPO PPO H3619-001		*						\$22.00	\$8.20	*			*	*		97	*		
		HumanaChoicePPO PPO R5826-035		*						\$27.00	\$15.48	*	*		*	*		97	*		
HumanaChoicePPO PPO R5826-007			*						\$35.00	\$24.33	*	*		*	*		97	*			
SecureHorizons Direct		SecureHorizons Direct Plan 4				*				\$25.00	-				*	*					
		SecureHorizons Direct Premier Plan 200				*				\$85.00	-				*	*					
CLINTON	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*			
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*			
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021		*						\$0.00	-				*	*					
		HumanaChoicePPO PPO H3619-006		*						\$22.00	\$8.20	*			*	*		97	*		
		HumanaChoicePPO PPO R5826-035		*					\$27.00	\$15.48	*	*		*	*		97	*			
		HumanaChoicePPO PPO R5826-007		*					\$35.00	\$24.33	*	*		*	*		97	*			
		Humana Gold Choice PFFS H1804-087			*		*		\$64.00	\$22.70	*	*		*	*		97	*			
COLUMBIANA	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*			
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*			
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*		
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*			*	*		88	*		
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*	*						\$0.00	\$0.00	*			*	*		88	*		
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021	HumanaChoicePPO PPO R5826-021			*				\$0.00	-										
			HumanaChoicePPO PPO R5826-035		*					\$27.00	\$15.48	*	*		*	*		97	*		
		HumanaChoicePPO PPO R5826-007		*					\$35.00	\$24.33	*	*		*	*		97	*			
		Humana Gold Choice PFFS H1804-087			*		*		\$64.00	\$22.70	*	*		*	*		97	*			
SecureHorizons Direct		SecureHorizons Direct Plan 3				*				\$0.00	-				*	*					
		SecureHorizons Direct Premier Plan 200				*				\$85.00	-				*	*					
COSHOCOTON	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*			
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*			
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021		*						\$0.00	-				*	*					
		HumanaChoicePPO PPO R5826-035		*					\$27.00	\$15.48	*	*		*	*		97	*			
		HumanaChoicePPO PPO R5826-007		*					\$35.00	\$24.33	*	*		*	*		97	*			
		Humana Gold Choice PFFS H1804-087			*		*		\$64.00	\$22.70	*	*		*	*		97	*			
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*				\$25.00	-				*	*					
SecureHorizons Direct Premier Plan 100					*				\$95.00	-				*	*						
CRAWFORD	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*			
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*			
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021		*					\$0.00	-				*	*						
		HumanaChoicePPO PPO R5826-035		*					\$27.00	\$15.48	*	*		*	*		97	*			
		HumanaChoicePPO PPO R5826-007		*					\$35.00	\$24.33	*	*		*	*		97	*			
	Humana Gold Choice PFFS H1804-087			*		*		\$64.00	\$22.70	*	*		*	*		97	*				

## Ohio Medicare Advantage, Cost Plans, and Demonstrations

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

Beneficiaries generally are also responsible for the Part B premium.

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

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

County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost				Coverage			Convenience			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered	
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
CUYAHOGA	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*				*	*	88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*				*	*	88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*				*	*	88	*
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*				*	*	88	*
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*				*	*	88	*
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*				*	*	88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-					*	*		*
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48		*			*	*	97	*
		HumanaChoicePPO PPO H3619-004		*						\$32.00	\$30.28	*		*		*	*	97	*
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*				*	*	97	*
		Humana Gold Choice PFFS H1804-087				*				\$64.00	\$22.70	*				*	*	97	*
	Kaiser Foundation HP of Ohio	Basic Medicare					*			\$44.88	-					*	*		*
		Medicare Plus II					*			\$55.00	\$14.02	*				*	*	69	*
		Basic Medicare with Part D					*			\$58.90	\$14.02	*				*	*	69	*
		Medicare Plus I					*			\$119.00	\$17.29	*		*		*	*	69	*
	QualChoice Health Plan, Inc.	Medicare Prime Optimum	*							\$0.00	-					*	*		*
		Medicare Prime Optimum RX	*							\$23.00	\$22.59	*		*		*	*	97	*
		Medicare Prime Premium	*							\$35.00	-					*	*		*
		Medicare Prime Optimum Enhanced RX	*							\$37.00	\$36.73	*		*	*	*	*	97	*
		Medicare Prime PPO	*	*						\$45.00	-					*	*		*
		Medicare Prime Premium RX	*							\$58.00	\$22.59	*		*		*	*	97	*
		Medicare Prime PPO RX	*	*						\$68.00	\$22.59	*		*		*	*	97	*
		Medicare Prime Premium Enhanced RX	*							\$72.00	\$36.73	*		*	*	*	*	97	*
		Medicare Prime PPO Enhanced RX	*	*						\$82.00	\$36.73	*		*	*	*	*	97	*
		SummaCare	SummaCare Secure Silver	*							\$0.00	\$0.00	*		*	*	*	*	97
		SummaCare Secure Gold	*							\$65.00	\$0.00	*		*	*	*	*	97	*
		SummaCare Secure Choice	*							\$70.00	\$0.00	*		*	*	*	*	97	*
	United HealthCare Insurance Company	Evercare Plan P		*						\$30.69	\$30.69	*				*	*	97	*
UnitedHealthcare Medicare Complete		*							\$0.00	-					*	*		*	
UnitedHealthcare Medicare Complete Opt 2		*							\$0.00	-					*	*		*	
UnitedHealthcare Medicare Complete Opt2 Rx		*							\$0.00	\$0.00	*				*	*	97	*	
UnitedHealthcare Medicare Complete Rx		*							\$0.00	\$0.00	*				*	*	97	*	
UnitedHealthcare Medicare Complete Plus Rx		*							\$15.68	\$15.68	*				*	*	97	*	
DARKE	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*				*	*	88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*				*	*	88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*				*	*	88	*
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*				*	*	88	*
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*				*	*	88	*
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*				*	*	88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-					*	*		*
		Humana Gold Choice PFFS H1804-086				*				\$0.00	\$0.00	*				*	*	97	*
		HumanaChoicePPO PPO H3619-006		*						\$22.00	\$8.20	*		*		*	*	97	*
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*		*		*	*	97	*
HumanaChoicePPO PPO R5826-007				*					\$35.00	\$24.33	*				*	*	97	*	
DEFIANCE	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*				*	*	88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*				*	*	88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*				*	*	88	*
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*				*	*	88	*
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*				*	*	88	*
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*				*	*	88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-					*	*		*
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*		*		*	*	97	*
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*				*	*	97	*
		Humana Gold Choice PFFS H1804-087				*				\$64.00	\$22.70	*				*	*	97	*
Sterling Option I					*				\$38.00	-	*				*	*		*	

## Ohio 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			
DELAWARE	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*					\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*					\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*			*	
		Humana Gold Choice PFFS H1804-086				*			\$0.00	\$0.00	*			*	*		97	*	
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*	*		*	*		97	*	
		MediGold	MediGold	*					\$94.00	\$33.37	*			*	*		95	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-	*			*	*			*
ERIE	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*					\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*					\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*			*	
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*	*		*	*		97	*	
		Humana Gold Choice PFFS H1804-087				*			\$64.00	\$22.70	*			*	*		97	*	
		Sterling Option I	Sterling Option I				*			\$38.00	-	*			*	*			*
		SecureHorizons Direct	SecureHorizons Direct Premier Plan 200				*			\$85.00	-	*			*	*			*
FAIRFIELD	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*					\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*					\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*			*	
		Humana Gold Choice PFFS H1804-086				*			\$0.00	\$0.00	*			*	*		97	*	
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO H3619-005		*					\$32.00	\$30.28	*			*	*		97	*	
		HumanaChoicePPO PPO R5826-007		*					\$35.00	\$24.33	*	*		*	*		97	*	
		MediGold	MediGold	*					\$94.00	\$33.37	*			*	*		95	*	
SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-	*			*	*			*		
	SecureHorizons Direct Premier Plan 100				*			\$95.00	-	*			*	*			*		
	SecureHorizons Direct Premier Plan 100				*			\$95.00	-	*			*	*			*		
FAYETTE	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*			*	
		Humana Gold Choice PFFS H1804-086				*			\$0.00	\$0.00	*			*	*		97	*	
	HumanaChoicePPO PPO H3619-006		*					\$22.00	\$8.20	*			*	*		97	*		
	HumanaChoicePPO PPO R5826-035		*					\$27.00	\$15.48	*	*		*	*		97	*		
HumanaChoicePPO PPO R5826-007		*					\$35.00	\$24.33	*	*		*	*		97	*			
MediGold	MediGold	*					\$94.00	\$33.37	*			*	*		95	*			

## Ohio 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	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Coverage			Convenience Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Standard (\$250)	Zero					Reduced	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary			
														Generics Only	Generics and Brands					
FRANKLIN	Aetna Medicare	Aetna Golden Medicare Value Plan	*						\$0.00	\$0.00	*				*			85	*	
		Aetna Golden Medicare Standard Plan	*						\$40.00	\$34.95	*				*	*		85	*	
		Aetna Golden Medicare Premier Plan	*						\$65.00	\$55.69	*				*	*		97	*	
		Aetna Golden Choice Standard Plan		*					\$70.00	\$30.13	*		*		*	*		85	*	
	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*				*	*		88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*				*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard			*				\$21.00	\$0.00	*				*	*		88	*	
		Anthem Medicare Preferred - Premier			*				\$41.00	\$0.00	*				*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*				*	*		88	*	
		Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*				*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	\$0.00	*				*	*		97	*	
		Humana Gold Choice PFFS H1804-086			*		*		\$0.00	\$0.00	*				*	*		97	*	
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*		*		*	*		97	*	
		HumanaChoicePPO PPO H3619-005			*				\$32.00	\$30.28	*				*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*				*	*		97	*	
	MediGold	MediGold	*					\$94.00	\$33.37	*				*	*		95	*		
	SecureHorizons Direct	SecureHorizons Direct Plan 4					*		\$25.00	-	*				*	*				
		SecureHorizons Direct Premier Plan 100					*		\$95.00	-	*				*	*				
	United HealthCare Insurance Company	Evercare Plan P			*				\$30.69	\$30.69	*				*	*		97	*	
		UnitedHealthcare of Ohio, Inc.	UnitedHealthcare Medicare Complete	*					\$0.00	-	*				*	*				
UnitedHealthcare Medicare Complete Opt 2		*						\$0.00	-	*				*	*					
UnitedHealthcare Medicare Complete Opt2 Rx		*						\$0.00	\$0.00	*				*	*		97	*		
UnitedHealthcare Medicare Complete Rx		*						\$0.00	\$0.00	*				*	*		97	*		
UnitedHealthcare Medicare Complete Plus Rx		*						\$15.68	\$15.68	*				*	*		97	*		
FULTON	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*			\$32.00	\$0.00	*				*	*		88	*		
		Blue Medicare Access Premier			*			\$53.00	\$0.01	*				*	*		88	*		
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard			*				\$21.00	\$0.00	*				*	*		88	*	
		Anthem Medicare Preferred - Premier			*				\$41.00	\$0.00	*				*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*				*	*		88	*	
		Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*				*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*				*	*		97	*	
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*		*		*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*				*	*		97	*	
		Humana Gold Choice PFFS H1804-087			*		*		\$64.00	\$22.70	*				*	*		97	*	
SecureHorizons Direct	SecureHorizons Direct Plan 3					*		\$0.00	-	*				*	*					
	SecureHorizons Direct Premier Plan 200					*		\$85.00	-	*				*	*					
Sterling Option I	Sterling Option I					*		\$38.00	-	*				*	*					
GALLIA	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*			\$32.00	\$0.00	*				*	*		88	*		
		Blue Medicare Access Premier			*			\$53.00	\$0.01	*				*	*		88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*				*	*		97	*	
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*		*		*	*		97	*	
HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*				*	*		97	*			
Humana Gold Choice PFFS H1804-087			*		*		\$64.00	\$22.70	*				*	*		97	*			

## Ohio 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	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Cost			Includes Tiered Copayments for Drugs	Coverage			Convenience Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Drug Deductible						Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary					
							Zero	Reduced									Standard (\$250)			
GEAUGA	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*				*	*	88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*				*	*	88	*		
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*					\$21.00	\$0.00	*				*	*	88	*		
		Anthem Medicare Preferred - Premier		*					\$41.00	\$0.00	*				*	*	88	*		
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*				*	*	88	*		
		Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*				*	*	88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-										
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48		*						97	*	
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*				*	*	97	*		
	Kaiser Foundation HP of Ohio	Humana Gold Choice PFFS H1804-087				*			\$64.00	\$22.70	*				*	*	97	*		
		Basic Medicare						*	\$44.88	-					*	*	69	*		
		Medicare Plus II						*	\$55.00	\$14.02	*				*	*	69	*		
		Basic Medicare with Part D						*	\$58.90	\$14.02	*				*	*	69	*		
	SecureHorizons Direct	Medicare Plus I						*	\$119.00	\$17.29	*				*	*	69	*		
		SecureHorizons Direct Plan 2				*			\$0.00	-										
SecureHorizons Direct Premier Plan 200					*			\$85.00	-											
GREENE	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*				*	*	88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*				*	*	88	*		
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*					\$21.00	\$0.00	*				*	*	88	*		
		Anthem Medicare Preferred - Premier		*					\$41.00	\$0.00	*				*	*	88	*		
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*				*	*	88	*		
		Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*				*	*	88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-										
		Humana Gold Choice PFFS H1804-086				*			\$0.00	\$0.00	*				*	*	97	*		
		HumanaChoicePPO PPO H3619-006		*					\$22.00	\$8.20	*				*	*	97	*		
	MediGold	HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48		*		*				97	*	
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*				*	*	97	*		
		MediGold		*					\$94.00	\$33.37	*				*	*	95	*		
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-										
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-										
	United Healthcare of Ohio, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-										
UnitedHealthcare Medicare Complete Opt 2		*						\$0.00	-											
UnitedHealthcare Medicare Complete Opt2 Rx		*						\$0.00	\$0.00	*				*	*	97	*			
UnitedHealthcare Medicare Complete Rx		*						\$0.00	\$0.00	*				*	*	97	*			
GUERNSEY	Anthem Blue Cross and Blue Shield	UnitedHealthcare Medicare Complete Plus Rx	*					\$15.68	\$15.68	*				*	*	97	*			
		Blue Medicare Access Standard			*				\$32.00	\$0.00	*				*	*	88	*		
	Humana Insurance Company	Blue Medicare Access Premier			*				\$53.00	\$0.01	*				*	*	88	*		
		HumanaChoicePPO PPO R5826-021			*				\$0.00	-										
	The Health Plan	HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48		*		*				97	*	
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*				*	*	97	*		
		Humana Gold Choice PFFS H1804-087				*			\$64.00	\$22.70	*				*	*	97	*		
	Medicare Plus	Health Plan SecureCare	*						\$0.00	-					*	*	87	*		
Health Plan SecureCare		*						\$55.00	\$20.00	*				*	*	87	*			
		Medicare Plus					*	\$149.00	-											

## Ohio 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	Coverage			Convenience Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan			Zero	Reduced	Standard (\$250)		Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
															Generics Only	Generics and Brands		
HAMILTON	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*			\$32.00	\$0.00	*			*	*	88	*		
		Blue Medicare Access Premier			*			\$53.00	\$0.01	*			*	*	88	*		
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*				\$21.00	\$0.00	*			*	*	88	*		
		Anthem Medicare Preferred - Premier		*				\$41.00	\$0.00	*			*	*	88	*		
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*					\$0.00	\$0.00	*			*	*	88	*		
		Anthem Senior Advantage - Enhanced	*					\$0.00	\$0.00	*			*	*	88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*			\$0.00	-	*			*	*		*		
		Humana Gold Choice PFFS H1804-086				*		\$0.00	\$0.00	*			*	*	97	*		
		HumanaChoicePPO PPO H3619-001		*				\$22.00	\$8.20	*			*	*	97	*		
		HumanaChoicePPO PPO R5826-035			*			\$27.00	\$15.48	*	*		*	*	97	*		
		HumanaChoicePPO PPO R5826-007			*			\$35.00	\$24.33	*	*		*	*	97	*		
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-	*			*	*		*		
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-	*			*	*		*		
	United HealthCare Insurance Company	Evercare Plan P		*				\$30.69	\$30.69	*			*	*	97	*		
	UnitedHealthcare of Ohio, Inc.	UnitedHealthcare Medicare Complete	*					\$0.00	-	*			*	*		*		
		UnitedHealthcare Medicare Complete Opt 2	*					\$0.00	-	*			*	*		*		
		UnitedHealthcare Medicare Complete Opt2 Rx	*					\$0.00	\$0.00	*			*	*	97	*		
		UnitedHealthcare Medicare Complete Rx	*					\$0.00	\$0.00	*			*	*	97	*		
		UnitedHealthcare Medicare Complete Plus Rx	*					\$15.68	\$15.68	*			*	*	97	*		
	HANCOCK	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*			\$32.00	\$0.00	*			*	*	88	*	
Blue Medicare Access Premier					*			\$53.00	\$0.01	*			*	*	88	*		
Anthem Medicare Preferred		Anthem Medicare Preferred - Standard		*				\$21.00	\$0.00	*			*	*	88	*		
		Anthem Medicare Preferred - Premier		*				\$41.00	\$0.00	*			*	*	88	*		
Anthem Senior Advantage		Anthem Senior Advantage - Basic	*					\$0.00	\$0.00	*			*	*	88	*		
		Anthem Senior Advantage - Enhanced	*					\$0.00	\$0.00	*			*	*	88	*		
Humana Insurance Company		HumanaChoicePPO PPO R5826-021			*			\$0.00	-	*			*	*		*		
		Humana Gold Choice PFFS H1804-086				*		\$0.00	\$0.00	*			*	*	97	*		
		HumanaChoicePPO PPO R5826-035			*			\$27.00	\$15.48	*	*		*	*	97	*		
SecureHorizons Direct		HumanaChoicePPO PPO R5826-007			*			\$35.00	\$24.33	*	*		*	*	97	*		
	SecureHorizons Direct Plan 3				*		\$0.00	-	*			*	*		*			
	SecureHorizons Direct Premier Plan 200				*		\$85.00	-	*			*	*		*			
HARDIN	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*			\$32.00	\$0.00	*			*	*	88	*		
		Blue Medicare Access Premier			*			\$53.00	\$0.01	*			*	*	88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*			\$0.00	-	*			*	*		*		
		HumanaChoicePPO PPO R5826-035			*			\$27.00	\$15.48	*	*		*	*	97	*		
		HumanaChoicePPO PPO R5826-007			*			\$35.00	\$24.33	*	*		*	*	97	*		
	Humana Gold Choice PFFS H1804-087				*		\$64.00	\$22.70	*	*		*	*	97	*			
HARRISON	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*			\$32.00	\$0.00	*			*	*	88	*		
		Blue Medicare Access Premier			*			\$53.00	\$0.01	*			*	*	88	*		
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*				\$21.00	\$0.00	*			*	*	88	*		
		Anthem Medicare Preferred - Premier		*				\$41.00	\$0.00	*			*	*	88	*		
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*					\$0.00	\$0.00	*			*	*	88	*		
		Anthem Senior Advantage - Enhanced	*					\$0.00	\$0.00	*			*	*	88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*			\$0.00	-	*			*	*		*		
		HumanaChoicePPO PPO R5826-035			*			\$27.00	\$15.48	*	*		*	*	97	*		
		HumanaChoicePPO PPO R5826-007			*			\$35.00	\$24.33	*	*		*	*	97	*		
		Humana Gold Choice PFFS H1804-087				*		\$64.00	\$22.70	*	*		*	*	97	*		
The Health Plan	Medicare Plus				*		\$149.00	-	*			*	*		*			

## Ohio 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	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Coverage			Convenience Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Standard (\$250)	Zero					Reduced	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary			
														Generics Only	Generics and Brands					
HENRY	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*					\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-									
			Humana Gold Choice PFFS H1804-086			*		*			\$0.00	\$0.00	*			*	*		97	*
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*					97	*	
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*			*	*		97	*	
Sterling Option I		Sterling Option I				*				\$38.00	-									
HIGHLAND	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*					\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-									
		HumanaChoicePPO PPO H3619-001		*						\$22.00	\$8.20	*			*	*		97	*	
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*					97	*	
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*			*	*		97	*	
HOCKING	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*					\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-									
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*					97	*	
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*			*	*		97	*	
HOLMES	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*					\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
	HomeTown Health Plan	HomeTown SecureCare	*							\$0.00	-									
		HomeTown SecureCare	*							\$17.45	\$17.45	*			*	*		87	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-									
		Humana Gold Choice PFFS H1804-086			*		*			\$0.00	\$0.00	*			*	*		97	*	
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*					97	*	
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*			*	*		97	*	
		PrimeTime Health Plan Part B Only	*							\$34.54	\$34.54	*			*	*		100	*	
		PrimeTime Health Plan Basic	*							\$39.00	\$9.14		*		*	*		100	*	
PrimeTime Health Plan Standard		*							\$63.00	\$2.64	*	*		*	*		100	*		
PrimeTime Health Plan Plus	Prime PPO	*	*						\$74.00	\$31.89	*	*		*	*		99	*		
	PrimeTime Health Plan Plus	*							\$82.00	\$1.76	*	*		*	*		100	*		
	PrimeTime Health Plan Premier	*							\$98.00	\$49.54	*	*		*	*		100	*		
	Prime PPO Advanced	*	*						\$130.00	\$77.91	*	*		*	*	*	99	*		
	PrimeTime Health Plan Premier Advantage	*							\$139.00	\$96.25	*	*		*	*	*	100	*		
SecureHorizons Direct	SecureHorizons Direct Plan 1				*				\$0.00	-										
	SecureHorizons Direct Premier Plan 200			*					\$85.00	-										
HURON	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*					\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-									
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*					97	*	
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*			*	*		97	*	
		Humana Gold Choice PFFS H1804-087			*		*			\$64.00	\$22.70	*	*		*	*		97	*	
SecureHorizons Direct		SecureHorizons Direct Plan 5			*				\$45.00	-										
SecureHorizons Direct Premier Plan 100	SecureHorizons Direct Premier Plan 100			*				\$95.00	-											

## Ohio 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	Coverage Type of Additional Coverage Offered in Drug Coverage Gap			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	Number of Top 100 Drugs on Formulary	
JACKSON	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*			\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*			\$53.00	\$0.01	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*			\$0.00	-	*			*	*				
		HumanaChoicePPO PPO R5826-035			*			\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*			\$35.00	\$24.33	*	*		*	*		97	*	
	Humana Gold Choice PFFS H1804-087			*	*		\$64.00	\$22.70	*	*		*	*		97	*		
JEFFERSON	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*			\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*			\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*				\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*				\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*					\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*					\$0.00	\$0.00	*			*	*		88	*	
	Carelink Advantra PPO	Advantra PPO		*				\$93.00	\$16.91	*	*		*	*		76	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*			\$0.00	-	*			*	*				
		HumanaChoicePPO PPO R5826-035			*			\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*			\$35.00	\$24.33	*	*		*	*		97	*	
	Humana Gold Choice PFFS H1804-088			*	*		\$94.00	\$22.70	*	*		*	*		97	*		
The Health Plan	Medicare Plus					*	\$149.00	-	*			*	*					
KNOX	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*			\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*			\$53.00	\$0.01	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*			\$0.00	-	*			*	*				
		Humana Gold Choice PFFS H1804-086			*	*		\$0.00	\$0.00	*	*		*	*		97	*	
		HumanaChoicePPO PPO R5826-035			*			\$27.00	\$15.48	*	*		*	*		97	*	
	HumanaChoicePPO PPO R5826-007			*			\$35.00	\$24.33	*	*		*	*		97	*		
SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-	*			*	*					
	SecureHorizons Direct Premier Plan 100			*			\$95.00	-	*			*	*					
LAKE	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*			\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*			\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*				\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*				\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*					\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*					\$0.00	\$0.00	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*			\$0.00	-	*			*	*				
		HumanaChoicePPO PPO R5826-035			*			\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO H3619-004		*				\$32.00	\$30.28	*	*		*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*			\$35.00	\$24.33	*	*		*	*		97	*	
	Humana Gold Choice PFFS H1804-087			*	*		\$64.00	\$22.70	*	*		*	*		97	*		
Kaiser Foundation HP of Ohic	Basic Medicare					*	\$44.88	-	*			*	*					
	Medicare Plus II			*			\$55.00	\$14.02	*			*	*		69	*		
	Basic Medicare with Part D			*			\$58.90	\$14.02	*			*	*		69	*		
	Medicare Plus I			*		*	\$119.00	\$17.29	*	*		*	*		69	*		
SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-	*			*	*					
	SecureHorizons Direct Premier Plan 100			*			\$95.00	-	*			*	*					
LAWRENCE	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*			\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*			\$53.00	\$0.01	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*			\$0.00	-	*			*	*				
		HumanaChoicePPO PPO R5826-035			*			\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*			\$35.00	\$24.33	*	*		*	*		97	*	
		Humana Gold Choice PFFS H1804-087			*	*		\$64.00	\$22.70	*	*		*	*		97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-	*			*	*				
		SecureHorizons Direct Premier Plan 100			*			\$95.00	-	*			*	*				

## Ohio 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	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Coverage			Convenience Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Standard (\$250)	Zero					Reduced	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary			
														Generics Only	Generics and Brands					
LICKING	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*					\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021	HumanaChoicePPO PPO R5826-021			*				\$0.00	-				*	*			*	
			Humana Gold Choice PFFS H1804-086				*			\$0.00	\$0.00	*			*	*		97	*	
			HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO R5826-007	HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*	*		*	*		97	*	
			MediGold	*						\$94.00	\$33.37	*	*		*	*		95	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-				*	*			*	
SecureHorizons Direct Premier Plan 200						*			\$85.00	-				*	*			*		
LOGAN	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-				*	*			*		
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*		
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*	*		*	*		97	*		
LORAIN	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*		
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*					\$21.00	\$0.00	*			*	*		88	*		
		Anthem Medicare Preferred - Premier		*					\$41.00	\$0.00	*			*	*		88	*		
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*			*	*		88	*		
		Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*			*	*		88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021	HumanaChoicePPO PPO R5826-021			*				\$0.00	-				*	*			*	
			HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*	
			HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*	*		*	*		97	*	
		HumanaChoicePPO PPO H3619-004	HumanaChoicePPO PPO H3619-004		*					\$32.00	\$30.28	*	*		*	*		97	*	
			HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*	*		*	*		97	*	
		Humana Gold Choice PFFS H1804-087	Humana Gold Choice PFFS H1804-087				*			\$64.00	\$22.70	*	*		*	*		97	*	
Kaiser Foundation HP of Ohio							*			\$44.88	-				*	*			*	
LUCAS	Aetna Medicare	Basic Medicare					*		\$55.00	\$14.02	*			*	*		69	*		
		Medicare Plus II					*		\$58.90	\$14.02	*			*	*		69	*		
		Basic Medicare with Part D					*		\$119.00	\$17.29	*			*	*		69	*		
		Medicare Plus I					*		\$0.00	\$0.00	*			*	*		85	*		
		Aetna Golden Medicare Value Plan	*						\$40.00	\$34.95	*	*		*	*		85	*		
	Anthem Blue Cross and Blue Shield	Aetna Golden Medicare Standard Plan	*						\$65.00	\$55.69	*	*		*	*		97	*		
		Aetna Golden Medicare Premier Plan	*						\$70.00	\$30.13	*	*		*	*		85	*		
		Aetna Golden Choice Standard Plan		*					\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Standard			*				\$53.00	\$0.01	*			*	*		88	*		
		Blue Medicare Access Premier			*				\$21.00	\$0.00	*			*	*		88	*		
		Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*					\$41.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier	Anthem Medicare Preferred - Premier		*					\$0.00	\$0.00	*			*	*		88	*	
Anthem Senior Advantage	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*			*	*		88	*			
	Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*			*	*		88	*			
Humana Insurance Company	HumanaChoicePPO PPO R5826-021	HumanaChoicePPO PPO R5826-021			*				\$0.00	-				*	*			*		
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*		
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*	*		*	*		97	*		
	Humana Gold Choice PFFS H1804-087	Humana Gold Choice PFFS H1804-087				*			\$64.00	\$22.70	*	*		*	*		97	*		
		Paramount Elite					*			\$50.21	\$50.21	*	*		*	*		92	*	
	OH Standard Plan w/ Enhanced Drug Part B	OH Standard Plan Basic Drug Part B	*						\$58.44	\$58.44	*	*		*	*		96	*		
		OH Standard Plan Basic Drugs	*						\$91.00	\$50.21	*	*		*	*		92	*		
OH Standard Plan w/ Enhanced Drug		*						\$99.00	\$58.67	*	*		*	*		96	*			

## Ohio 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	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Coverage			Convenience Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Standard (\$250)	Zero					Reduced	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary			
														Generics Only	Generics and Brands					
MADISON	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*					\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021	Humana Gold Choice PFFS H1804-086			*		*		\$0.00	\$0.00	*			*	*		97	*	
			HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*	*		*	*		97	*		
		MediGold	MediGold	*						\$94.00	\$33.37	*			*	*		95	*	
		United Healthcare of Ohio, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-									
			UnitedHealthcare Medicare Complete Opt 2	*						\$0.00	-									
				UnitedHealthcare Medicare Complete Opt2 Rx	*						\$0.00	\$0.00	*			*	*		97	*
			UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*	*		97	*	
			UnitedHealthcare Medicare Complete Plus Rx	*						\$15.68	\$15.68	*			*	*		97	*	
	MAHONING	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*	
			Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*	
		Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*
Anthem Medicare Preferred - Premier				*						\$41.00	\$0.00	*			*	*		88	*	
Anthem Senior Advantage		Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*	
Humana Insurance Company		HumanaChoicePPO PPO R5826-021	Humana Gold Choice PFFS H1804-087			*		*		\$0.00	-				*	*		97	*	
			HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*	*		*	*		97	*		
		SecureHorizons Direct	SecureHorizons Direct Plan 5			*		*		\$64.00	\$22.70	*			*	*		97	*	
		SecureHorizons Direct Premier Plan 100			*		*		\$45.00	-										
		SecureHorizons Direct Premier Plan 100			*		*		\$95.00	-										
United Healthcare of Ohio, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-											
	UnitedHealthcare Medicare Complete Opt 2	*						\$0.00	-											
	UnitedHealthcare Medicare Complete Opt2 Rx	*						\$0.00	\$0.00	*			*	*		97	*			
	UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*	*		97	*			
		UnitedHealthcare Medicare Complete Plus Rx	*						\$15.68	\$15.68	*			*	*		97	*		
MARION	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021	Humana Gold Choice PFFS H1804-087			*		*		\$0.00	-				*	*		97	*	
			HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*	*		*	*		97	*		
		Humana Gold Choice PFFS H1804-087			*		*		\$64.00	\$22.70	*			*	*		97	*		
SecureHorizons Direct	SecureHorizons Direct Plan 2			*		*		\$0.00	-											
	SecureHorizons Direct Premier Plan 200			*		*		\$85.00	-											

## Ohio 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	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Coverage			Convenience Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Standard (\$250)	Zero					Reduced	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary			
														Generics Only	Generics and Brands					
MEDINA	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*					\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*	
	HomeTown Health Plan	HomeTown SecureCare	*							\$0.00	-	*			*	*			*	
		HomeTown SecureCare	*							\$17.45	\$17.45	*			*	*		87	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*			*	
			HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO H3619-004		*						\$32.00	\$30.28	*			*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*			*	*		97	*	
		Humana Gold Choice PFFS H1804-087				*				\$64.00	\$22.70	*			*	*		97	*	
		Kaiser Foundation HP of Ohio	Basic Medicare						*		\$44.88	-	*			*	*			*
			Medicare Plus II					*		\$55.00	\$14.02	*			*	*		69	*	
			Basic Medicare with Part D					*		\$58.90	\$14.02	*			*	*		69	*	
			Medicare Plus I					*		\$119.00	\$17.29	*			*	*		69	*	
			SecureHorizons Direct	SecureHorizons Direct Plan 4					*		\$25.00	-	*			*	*			*
	SummaCare		SecureHorizons Direct Premier Plan 100					*		\$95.00	-	*			*	*			*	
			SummaCare Secure Silver	*						\$0.00	\$0.00	*			*	*		97	*	
SummaCare Secure Gold			*						\$65.00	\$0.00	*			*	*		97	*		
		SummaCare Secure Choice		*					\$70.00	\$0.00	*			*	*		97	*		
									\$32.00	\$0.00	*			*	*		88	*		
MEIGS	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*			*		
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*		
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*		
	Humana Gold Choice PFFS H1804-087				*			\$64.00	\$22.70	*			*	*		97	*			
MERCER	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*			*		
		Humana Gold Choice PFFS H1804-086			*		*		\$0.00	\$0.00	*			*	*		97	*		
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*		
	HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*			
MIAMI	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*		
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*					\$21.00	\$0.00	*			*	*		88	*		
		Anthem Medicare Preferred - Premier		*					\$41.00	\$0.00	*			*	*		88	*		
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*			*	*		88	*		
		Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*			*	*		88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*			*		
		Humana Gold Choice PFFS H1804-086			*		*		\$0.00	\$0.00	*			*	*		97	*		
HumanaChoicePPO PPO H3619-006			*					\$22.00	\$8.20	*			*	*		97	*			
HumanaChoicePPO PPO R5826-035				*				\$27.00	\$15.48	*	*		*	*		97	*			
	HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*			
SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-	*			*	*			*			
	SecureHorizons Direct Premier Plan 200				*			\$85.00	-	*			*	*			*			
MONROE	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*			*		
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*		
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*		
		Humana Gold Choice PFFS H1804-087				*			\$64.00	\$22.70	*			*	*		97	*		
The Health Plan	Health Plan SecureCare	*						\$0.00	-	*			*	*			*			
	Health Plan SecureCare	*						\$55.00	\$20.00	*			*	*		87	*			
		Medicare Plus					*		\$149.00	-	*			*	*			*		

# Ohio 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	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Coverage			Convenience Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Standard (\$250)	Zero					Reduced	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary			
														Generics Only	Generics and Brands					
MONTGOMERY	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*					\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-				*	*			*	
		Humana Gold Choice PFFS H1804-086				*				\$0.00	\$0.00	*			*	*		97	*	
		HumanaChoicePPO PPO H3619-006		*						\$22.00	\$8.20	*			*	*		97	*	
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*	*		*	*		97	*	
		MediGold	MediGold	*						\$94.00	\$33.37	*	*		*	*		95	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-				*	*			*	
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								*		
	United HealthCare Insurance Company	Evercare Plan P		*						\$30.69	\$30.69	*			*	*		97	*	
		UnitedHealthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx		*					\$43.00	\$21.17	*			*	*		97	*	
		United Healthcare of Ohio, Inc.	UnitedHealthcare Medicare Complete	*							\$0.00	-				*	*			*
			UnitedHealthcare Medicare Complete Opt 2	*							\$0.00	-				*	*			*
UnitedHealthcare Medicare Complete Opt2 Rx			*							\$0.00	\$0.00	*			*	*		97	*	
UnitedHealthcare Medicare Complete Rx			*							\$0.00	\$0.00	*			*	*		97	*	
	UnitedHealthcare Medicare Complete Plus Rx	*						\$15.68	\$15.68	*			*	*		97	*			
MORGAN	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-				*	*			*		
		Humana Gold Choice PFFS H1804-086				*			\$0.00	\$0.00	*			*	*		97	*		
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*		
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*	*		*	*		97	*		
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-				*	*			*		
	SecureHorizons Direct Premier Plan 200				*			\$85.00	-								*			
MORROW	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-				*	*			*		
		Humana Gold Choice PFFS H1804-086				*			\$0.00	\$0.00	*			*	*		97	*		
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*		
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*	*		*	*		97	*		
SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-				*	*			*			
	SecureHorizons Direct Premier Plan 100				*			\$95.00	-				*	*			*			
MUSKINGUM	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*		
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*					\$21.00	\$0.00	*			*	*		88	*		
		Anthem Medicare Preferred - Premier		*					\$41.00	\$0.00	*			*	*		88	*		
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*			*	*		88	*		
		Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*			*	*		88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-				*	*			*		
		Humana Gold Choice PFFS H1804-086				*			\$0.00	\$0.00	*			*	*		97	*		
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*		
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*	*		*	*		97	*		
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-				*	*			*		
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								*		
	The Health Plan	Health Plan SecureCare	*						\$0.00	-				*	*			*		
		Health Plan SecureCare	*						\$55.00	\$20.00	*			*	*		87	*		

## Ohio 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	Coverage			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	Number of Top 100 Drugs on Formulary	
NOBLE	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*			*
		Humana Gold Choice PFFS H1804-086			*	*			\$0.00	\$0.00	*			*	*		97	*
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4			*				\$25.00	-	*			*	*			*
		SecureHorizons Direct Premier Plan 200			*	*			\$85.00	-	*			*	*			*
	The Health Plan	Health Plan SecureCare	*						\$0.00	-	*			*	*			*
		Health Plan SecureCare Medicare Plus	*				*		\$149.00	-	*			*	*		87	*
OTTAWA	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*					\$21.00	\$0.00	*			*	*		88	*
		Anthem Medicare Preferred - Premier		*					\$41.00	\$0.00	*			*	*		88	*
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*	*					\$0.00	\$0.00	*			*	*		88	*
		Anthem Senior Advantage - Enhanced	*	*					\$0.00	\$0.00	*			*	*		88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*			*
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*
	Sterling Option I	Humana Gold Choice PFFS H1804-087			*	*			\$64.00	\$22.70	*			*	*		97	*
Sterling Option I				*	*			\$38.00	-	*			*	*			*	
PAULDING	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*					\$21.00	\$0.00	*			*	*		88	*
		Anthem Medicare Preferred - Premier		*					\$41.00	\$0.00	*			*	*		88	*
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*	*					\$0.00	\$0.00	*			*	*		88	*
		Anthem Senior Advantage - Enhanced	*	*					\$0.00	\$0.00	*			*	*		88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*			*
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*
	Sterling Option I	Humana Gold Choice PFFS H1804-087			*	*			\$64.00	\$22.70	*			*	*		97	*
Sterling Option I				*	*			\$38.00	-	*			*	*			*	
PERRY	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*			*
		Humana Gold Choice PFFS H1804-086			*	*			\$0.00	\$0.00	*			*	*		97	*
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*
	Humana Gold Choice PFFS H1804-087	Humana Gold Choice PFFS H1804-087			*	*			\$64.00	\$22.70	*			*	*		97	*
		SecureHorizons Direct			*	*			\$45.00	-	*			*	*			*
	SecureHorizons Direct	SecureHorizons Direct Plan 5			*	*			\$95.00	-	*			*	*			*
		SecureHorizons Direct Premier Plan 100			*	*			\$95.00	-	*			*	*			*
PICKAWAY	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*			*
		Humana Gold Choice PFFS H1804-086			*	*			\$0.00	\$0.00	*			*	*		97	*
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*
	MediGold	MediGold	*						\$94.00	\$33.37	*			*	*		95	*
		SecureHorizons Direct			*	*			\$25.00	-	*			*	*			*
	SecureHorizons Direct	SecureHorizons Direct Plan 4			*	*			\$25.00	-	*			*	*			*
		SecureHorizons Direct Premier Plan 100			*	*			\$95.00	-	*			*	*			*
PIKE	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-	*			*	*			*
		HumanaChoicePPO PPO H3619-001		*					\$22.00	\$8.20	*			*	*		97	*
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*
	HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*	
	Humana Gold Choice PFFS H1804-087			*	*			\$64.00	\$22.70	*			*	*		97	*	

## Ohio 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	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Coverage			Convenience Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Standard (\$250)	Zero					Reduced	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary			
														Generics Only	Generics and Brands					
PORTAGE	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*					\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*	
	HomeTown Health Plan	HomeTown SecureCare	*							\$0.00	-	*			*	*			*	
		HomeTown SecureCare	*							\$17.45	\$17.45	*			*	*		87	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021	HumanaChoicePPO PPO R5826-021			*					\$0.00	-	*			*	*			*
			HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*		*	*		97	*
		HumanaChoicePPO PPO H3619-004		*						\$32.00	\$30.28	*			*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*			*	*		97	*	
		Humana Gold Choice PFFS H1804-087				*				\$64.00	\$22.70	*			*	*		97	*	
	Kaiser Foundation HP of Ohio	Basic Medicare	Basic Medicare					*			\$44.88	-	*			*	*			*
			Medicare Plus II					*			\$55.00	\$14.02	*			*	*		69	*
			Basic Medicare with Part D					*			\$58.90	\$14.02	*			*	*		69	*
			Medicare Plus I					*			\$119.00	\$17.29	*			*	*		69	*
	SecureHorizons Direct	SummaCare Secure Silver	SecureHorizons Direct Plan 5				*				\$45.00	-	*			*	*			*
			SummaCare Secure Gold	*							\$0.00	\$0.00	*			*	*		97	*
	SummaCare	SummaCare Secure Choice	SummaCare Secure Gold	*							\$65.00	\$0.00	*			*	*		97	*
SummaCare Secure Choice				*						\$70.00	\$0.00	*			*	*		97	*	
PREBLE	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*					\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021	HumanaChoicePPO PPO R5826-021			*					\$0.00	-	*			*	*			*
			Humana Gold Choice PFFS H1804-086			*					\$0.00	\$0.00	*			*	*		97	*
		HumanaChoicePPO PPO H3619-006		*						\$22.00	\$8.20	*			*	*		97	*	
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*		*	*		97	*	
SecureHorizons Direct	HumanaChoicePPO PPO R5826-007	HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*		
		SecureHorizons Direct Plan 4				*				\$25.00	-	*			*	*			*	
SecureHorizons Direct	SecureHorizons Direct Premier Plan 100	SecureHorizons Direct Premier Plan 100				*				\$95.00	-	*			*	*			*	
		Blue Medicare Access Standard			*					\$32.00	\$0.00	*			*	*		88	*	
PUTNAM	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
		Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*	
		Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-	*			*	*			*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-035	HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*		*	*		97	*
			HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*			*	*		97	*
		Humana Gold Choice PFFS H1804-087				*				\$64.00	\$22.70	*			*	*		97	*	
		Sterling Option I	Sterling Option I				*				\$38.00	-	*			*	*			*
RICHLAND	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*					\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-	*			*	*			*	
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*			*	*		97	*	
ROSS	Anthem Blue Cross and Blue Shield	Humana Gold Choice PFFS H1804-087				*				\$64.00	\$22.70	*			*	*		97	*	
		Blue Medicare Access Standard			*					\$32.00	\$0.00	*			*	*		88	*	
	Humana Insurance Company	Blue Medicare Access Premier			*					\$53.00	\$0.01	*			*	*		88	*	
		HumanaChoicePPO PPO R5826-021			*					\$0.00	-	*			*	*			*	
		HumanaChoicePPO PPO H3619-001		*						\$22.00	\$8.20	*			*	*		97	*	
MediGold	MediGold	HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*			*	*		97	*	
		Humana Gold Choice PFFS H1804-087				*				\$64.00	\$22.70	*			*	*		97	*	
		MediGold	*						\$94.00	\$33.37	*			*	*		95	*		

## Ohio 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			
SANDUSKY	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*					\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*					\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-									
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48		*					97	*	
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*	
		Humana Gold Choice PFFS H1804-087				*			\$64.00	\$22.70	*			*	*		97	*	
Sterling Option I		Sterling Option I				*			\$38.00	-									
SCIOTO	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-									
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48		*					97	*	
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*	
	Humana Gold Choice PFFS H1804-087				*			\$64.00	\$22.70	*			*	*		97	*		
SENECA	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-									
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48		*					97	*	
		HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*	
		Humana Gold Choice PFFS H1804-087				*			\$64.00	\$22.70	*			*	*		97	*	
SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-										
	SecureHorizons Direct Premier Plan 100				*			\$95.00	-										
SHELBY	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*					\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*					\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*				\$0.00	-									
		Humana Gold Choice PFFS H1804-086				*			\$0.00	\$0.00	*			*	*		97	*	
		HumanaChoicePPO PPO H3619-006		*					\$22.00	\$8.20	*			*	*		97	*	
		HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48		*					97	*	
	HumanaChoicePPO PPO R5826-007			*				\$35.00	\$24.33	*			*	*		97	*		
SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-										
	SecureHorizons Direct Premier Plan 200				*			\$85.00	-										

## Ohio 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				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		
STARK	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*					\$32.00	\$0.00	*					88	*
		Blue Medicare Access Premier			*					\$53.00	\$0.01	*					88	*
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*	*					\$21.00	\$0.00	*					88	*
		Anthem Medicare Preferred - Premier		*	*					\$41.00	\$0.00	*					88	*
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*	*						\$0.00	\$0.00	*					88	*
		Anthem Senior Advantage - Enhanced	*	*						\$0.00	\$0.00	*					88	*
	HomeTown Health Plan	HomeTown SecureCare	*							\$0.00	-							
		HomeTown SecureCare	*							\$17.45	\$17.45	*					87	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-							
		Humana Gold Choice PFFS H1804-086				*				\$0.00	\$0.00	*					97	*
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*				97	*
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*					97	*
	PrimeTime Health Plan	PrimeTime Health Plan Part B Only	*							\$34.54	\$34.54	*					100	*
		PrimeTime Health Plan Basic	*							\$39.00	\$9.14		*				100	*
		PrimeTime Health Plan Standard	*							\$63.00	\$2.64		*				100	*
		Prime PPO	*	*						\$74.00	\$31.89		*				99	*
		PrimeTime Health Plan Plus	*							\$82.00	\$1.76		*				100	*
		PrimeTime Health Plan Premier	*							\$98.00	\$49.54	*					100	*
		Prime PPO Advanced	*	*						\$130.00	\$77.91		*				99	*
		PrimeTime Health Plan Premier Advantage	*							\$139.00	\$96.25	*					100	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2					*			\$0.00	-							
		SecureHorizons Direct Premier Plan 200					*			\$85.00	-							
	SummaCare	SummaCare Secure Silver	*							\$0.00	\$0.00	*		*			97	*
		SummaCare Secure Gold	*							\$65.00	\$0.00	*		*			97	*
		SummaCare Secure Choice	*	*						\$70.00	\$0.00	*		*			97	*
	United HealthCare Insurance Company	Evercare Plan P		*						\$30.69	\$30.69	*					97	*
	United Healthcare of Ohio, Inc.	UnitedHealthcare Medicare Complete	*							\$0.00	-							
		UnitedHealthcare Medicare Complete Opt 2	*							\$0.00	-							
		UnitedHealthcare Medicare Complete Opt2 Rx	*							\$0.00	\$0.00	*					97	*
		UnitedHealthcare Medicare Complete Rx	*							\$0.00	\$0.00	*					97	*
		UnitedHealthcare Medicare Complete Plus Rx	*							\$15.68	\$15.68	*					97	*

## Ohio 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	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Coverage			Convenience Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Standard (\$250)	Zero					Reduced	Type of Additional Coverage Offered in Drug Coverage Gap			Number of Top 100 Drugs on Formulary			
														Generics Only	Generics and Brands					
SUMMIT	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*		
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*	*				\$21.00	\$0.00	*			*	*		88	*		
		Anthem Medicare Preferred - Premier		*	*				\$41.00	\$0.00	*			*	*		88	*		
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*						\$0.00	\$0.00	*			*	*		88	*		
		Anthem Senior Advantage - Enhanced	*						\$0.00	\$0.00	*			*	*		88	*		
	HomeTown Health Plan	HomeTown SecureCare	*						\$0.00	-	*			*	*			*		
		HomeTown SecureCare	*						\$17.45	\$17.45	*			*	*		87	*		
	Humana Insurance Company	HumanaChoicePPO PPO	R5826-021			*				\$0.00	-	*			*	*			*	
			R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*	
			H3619-004		*					\$32.00	\$30.28	*			*	*		97	*	
			R5826-007			*				\$35.00	\$24.33	*			*	*		97	*	
			H1804-087				*			\$64.00	\$22.70	*			*	*		97	*	
	Kaiser Foundation HP of Ohio	Basic Medicare	Basic Medicare					*		\$44.88	-	*			*	*			*	
			Medicare Plus II					*		\$55.00	\$14.02	*			*	*		69	*	
			Basic Medicare with Part D					*		\$58.90	\$14.02	*			*	*		69	*	
			Medicare Plus I					*		\$119.00	\$17.29	*			*	*		69	*	
	SecureHorizons Direct	SecureHorizons Direct Plan	4				*		\$25.00	-	*			*	*			*		
			100				*		\$95.00	-	*			*	*			*		
	SummaCare	SummaCare Secure	Silver	*					\$0.00	\$0.00	*			*	*		97	*		
			Gold	*					\$65.00	\$0.00	*			*	*		97	*		
			Choice	*	*				\$70.00	\$0.00	*			*	*		97	*		
	United HealthCare Insurance Company	Evercare Plan P	Evercare Plan P		*				\$30.69	\$30.69	*			*	*		97	*		
			UnitedHealthcare Medicare Complete	*					\$0.00	-	*			*	*			*		
UnitedHealthcare of Ohio, Inc.	UnitedHealthcare Medicare Complete	Complete Opt 2	*					\$0.00	-	*			*	*			*			
		Complete Opt2 Rx	*					\$0.00	\$0.00	*			*	*		97	*			
		Complete Rx	*					\$0.00	\$0.00	*			*	*		97	*			
		Complete Plus Rx	*					\$15.68	\$15.68	*			*	*		97	*			
		Complete Plus Rx	*					\$0.00	-	*			*	*			*			
		Complete Plus Rx	*					\$0.00	\$0.00	*			*	*		97	*			
TRUMBULL	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*			\$32.00	\$0.00	*			*	*		88	*			
		Blue Medicare Access Premier			*			\$53.00	\$0.01	*			*	*		88	*			
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*	*				\$21.00	\$0.00	*			*	*		88	*		
		Anthem Medicare Preferred - Premier		*	*				\$41.00	\$0.00	*			*	*		88	*		
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*					\$0.00	\$0.00	*			*	*		88	*			
		Anthem Senior Advantage - Enhanced	*					\$0.00	\$0.00	*			*	*		88	*			
	Humana Insurance Company	HumanaChoicePPO PPO	R5826-021			*			\$0.00	-	*			*	*			*		
			R5826-035			*			\$27.00	\$15.48	*	*		*	*		97	*		
			R5826-007			*			\$35.00	\$24.33	*			*	*		97	*		
			H1804-087				*		\$64.00	\$22.70	*			*	*		97	*		
			UnitedHealthcare Medicare Complete	*					\$0.00	-	*			*	*			*		
	UnitedHealthcare of Ohio, Inc.	UnitedHealthcare Medicare Complete	Complete Opt 2	*					\$0.00	-	*			*	*			*		
Complete Opt2 Rx			*					\$0.00	\$0.00	*			*	*		97	*			
Complete Rx			*					\$0.00	\$0.00	*			*	*		97	*			
Complete Plus Rx			*					\$15.68	\$15.68	*			*	*		97	*			
Complete Plus Rx			*					\$0.00	-	*			*	*			*			
Complete Plus Rx			*					\$0.00	\$0.00	*			*	*		97	*			

## Ohio Medicare Advantage, Cost Plans, and Demonstrations

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

Beneficiaries generally are also responsible for the Part B premium.

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

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

County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan						Cost			Coverage			Convenience					
			HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered		
											Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
TUSCARAWAS	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*		
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*	
	HomeTown Health Plan	HomeTown SecureCare	*							\$0.00	-				*	*			*	
		HomeTown SecureCare	*							\$17.45	\$17.45	*			*	*		87	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021	Humana Gold Choice PFFS H1804-086			*				\$0.00	-				*	*		97	*	
			HumanaChoicePPO PPO R5826-035			*				\$27.00	\$15.48	*	*		*	*		97	*	
		HumanaChoicePPO PPO R5826-007	PrimeTime Health Plan Part B Only	*							\$35.00	\$24.33	*			*	*		97	*
			PrimeTime Health Plan Basic	*							\$34.54	\$34.54	*			*	*		100	*
		PrimeTime Health Plan Standard	PrimeTime Health Plan Standard	*							\$39.00	\$9.14		*	*	*	*		100	*
			Prime PPO	*	*						\$63.00	\$2.64		*	*	*	*		100	*
		PrimeTime Health Plan Plus	PrimeTime Health Plan Plus	*	*						\$74.00	\$31.89		*	*	*	*		99	*
			PrimeTime Health Plan Premier	*	*						\$82.00	\$1.76		*	*	*	*		100	*
		Prime PPO Advanced	Prime PPO Advanced	*	*						\$98.00	\$49.54	*			*	*		100	*
			PrimeTime Health Plan Premier Advantage	*	*						\$130.00	\$77.91		*	*	*	*		99	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4					*			\$139.00	\$96.25	*			*	*		100	*	
		SecureHorizons Direct Premier Plan 200					*			\$25.00	-				*	*			*	
		SecureHorizons Direct Premier Plan 200					*			\$85.00	-				*	*			*	
	UNION	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*	
			Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*	
Anthem Medicare Preferred		Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*			*	*		88	*	
Anthem Senior Advantage		Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*	
Humana Insurance Company		HumanaChoicePPO PPO R5826-021			*					\$0.00	-				*	*			*	
		Humana Gold Choice PFFS H1804-086			*					\$0.00	\$0.00	*			*	*		97	*	
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*		*	*		97	*	
HumanaChoicePPO PPO R5826-007		MediGold	*							\$35.00	\$24.33	*			*	*		97	*	
		MediGold	*							\$94.00	\$33.37	*			*	*		95	*	
SecureHorizons Direct		SecureHorizons Direct Plan 3					*			\$0.00	-				*	*			*	
		SecureHorizons Direct Premier Plan 200					*			\$85.00	-				*	*			*	
VAN WERT	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*		
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*			*	*		88	*	
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*			*	*		88	*	
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*			*	*		88	*	
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*			*	*		88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-				*	*			*	
		Humana Gold Choice PFFS H1804-086			*					\$0.00	\$0.00	*			*	*		97	*	
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*		*	*		97	*	
	HumanaChoicePPO PPO R5826-007	SecureHorizons Direct					*			\$35.00	\$24.33	*			*	*		97	*	
SecureHorizons Direct Premier Plan 100						*			\$25.00	-				*	*			*		
Sterling Option I	Sterling Option I					*			\$95.00	-				*	*			*		
	Sterling Option I					*			\$38.00	-				*	*			*		
VINTON	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*			*	*		88	*		
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*			*	*		88	*		
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-				*	*			*	
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*		*	*		97	*	
	HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*			*	*		97	*		
Humana Gold Choice PFFS H1804-087			*					\$64.00	\$22.70	*			*	*		97	*			

## Ohio 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			
WARREN	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*				*	*	88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*				*	*	88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*	*					\$21.00	\$0.00	*				*	*	88	*
		Anthem Medicare Preferred - Premier		*	*					\$41.00	\$0.00	*				*	*	88	*
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*				*	*	88	*
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*				*	*	88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-								
		Humana Gold Choice PFFS H1804-086				*				\$0.00	\$0.00	*				*	*	97	*
		HumanaChoicePPO PPO H3619-001		*						\$22.00	\$8.20	*			*	*		97	*
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*			*	*	97	*
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*	*			*	*	97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*				\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*				\$85.00	-								
	United Healthcare of Ohio, Inc.	UnitedHealthcare Medicare Complete	*							\$0.00	-								
		UnitedHealthcare Medicare Complete Opt 2	*							\$0.00	-								
UnitedHealthcare Medicare Complete Opt2 Rx		*							\$0.00	\$0.00	*				*	*	97	*	
UnitedHealthcare Medicare Complete Rx		*							\$0.00	\$0.00	*				*	*	97	*	
	UnitedHealthcare Medicare Complete Plus Rx	*							\$15.68	\$15.68	*				*	*	97	*	
WASHINGTON	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*				*	*	88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*				*	*	88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-								
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*			*	*	97	*
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*	*			*	*	97	*
	Humana Gold Choice PFFS H1804-088				*				\$94.00	\$22.70	*				*	*	97	*	
WAYNE	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*				*	*	88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*				*	*	88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*	*					\$21.00	\$0.00	*				*	*	88	*
		Anthem Medicare Preferred - Premier		*	*					\$41.00	\$0.00	*				*	*	88	*
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*							\$0.00	\$0.00	*				*	*	88	*
		Anthem Senior Advantage - Enhanced	*							\$0.00	\$0.00	*				*	*	88	*
	HomeTown Health Plan	HomeTown SecureCare	*							\$0.00	-								
		HomeTown SecureCare	*							\$17.45	\$17.45	*				*	*	87	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-								
		Humana Gold Choice PFFS H1804-086				*				\$0.00	\$0.00	*				*	*	97	*
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48	*	*			*	*	97	*
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*	*			*	*	97	*
	PrimeTime Health Plan	PrimeTime Health Plan Part B Only	*							\$34.54	\$34.54	*				*	*	100	*
		PrimeTime Health Plan Basic	*							\$39.00	\$9.14	*				*	*	100	*
		PrimeTime Health Plan Standard	*							\$63.00	\$2.64	*				*	*	100	*
Prime PPO		*	*						\$74.00	\$31.89	*				*	*	99	*	
PrimeTime Health Plan Plus		*							\$82.00	\$1.76	*				*	*	100	*	
PrimeTime Health Plan Premier		*							\$98.00	\$49.54	*				*	*	100	*	
Prime PPO Advanced		*	*						\$130.00	\$77.91	*				*	*	99	*	
	PrimeTime Health Plan Premier Advantage	*							\$139.00	\$96.25	*				*	*	100	*	
SecureHorizons Direct	SecureHorizons Direct Plan 4				*				\$25.00	-									
	SecureHorizons Direct Premier Plan 100				*				\$95.00	-									
SummaCare	SummaCare Secure Silver	*							\$0.00	\$0.00	*				*	*	97	*	
	SummaCare Secure Gold	*							\$65.00	\$0.00	*				*	*	97	*	
	SummaCare Secure Choice	*	*						\$70.00	\$0.00	*				*	*	97	*	

## Ohio 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			
WILLIAMS	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*				*	*	88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*				*	*	88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*				*	*	88	*
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*				*	*	88	*
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*	*						\$0.00	\$0.00	*				*	*	88	*
		Anthem Senior Advantage - Enhanced	*	*						\$0.00	\$0.00	*				*	*	88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-								
		Humana Gold Choice PFFS H1804-086				*				\$0.00	\$0.00	*				*	*	97	*
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48		*					97	*
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*				*	*	97	*
		SecureHorizons Direct	SecureHorizons Direct Plan 4					*		\$25.00	-								
		SecureHorizons Direct Premier Plan 100	SecureHorizons Direct Premier Plan 100					*		\$95.00	-								
	Sterling Option I	Sterling Option I				*				\$38.00	-								
		Sterling Option I				*				\$38.00	-								
WOOD	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*				*	*	88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*				*	*	88	*	
	Anthem Medicare Preferred	Anthem Medicare Preferred - Standard		*						\$21.00	\$0.00	*				*	*	88	*
		Anthem Medicare Preferred - Premier		*						\$41.00	\$0.00	*				*	*	88	*
	Anthem Senior Advantage	Anthem Senior Advantage - Basic	*	*						\$0.00	\$0.00	*				*	*	88	*
		Anthem Senior Advantage - Enhanced	*	*						\$0.00	\$0.00	*				*	*	88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-								
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48		*					97	*
		HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*				*	*	97	*
		Humana Gold Choice PFFS H1804-087				*				\$64.00	\$22.70	*				*	*	97	*
	Paramount Elite	OH Standard Plan Basic Drug Part B	*							\$50.21	\$50.21		*					92	*
		OH Standard Plan w/ Enhanced Drug Part B	*							\$58.44	\$58.44		*					96	*
		OH Standard Plan Basic Drugs	*							\$91.00	\$50.21		*					92	*
		OH Standard Plan w/ Enhanced Drug	*							\$99.00	\$58.67	*				*	*	96	*
SecureHorizons Direct		SecureHorizons Direct Plan 4					*		\$25.00	-									
SecureHorizons Direct Premier Plan 100		SecureHorizons Direct Premier Plan 100					*		\$95.00	-									
Sterling Option I	Sterling Option I				*				\$38.00	-									
	Sterling Option I				*				\$38.00	-									
WYANDOT	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard			*				\$32.00	\$0.00	*				*	*	88	*	
		Blue Medicare Access Premier			*				\$53.00	\$0.01	*				*	*	88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-021			*					\$0.00	-								
		Humana Gold Choice PFFS H1804-086				*				\$0.00	\$0.00	*				*	*	97	*
		HumanaChoicePPO PPO R5826-035			*					\$27.00	\$15.48		*					97	*
	HumanaChoicePPO PPO R5826-007			*					\$35.00	\$24.33	*				*	*	97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4					*			\$25.00	-								
SecureHorizons Direct Premier Plan 100						*			\$95.00	-									