Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ADJUNTAS	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
	COSVIMED-CARE	MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
AGUADA	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

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

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
AGUADILLA	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
AGUAS BUENAS	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
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		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
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		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
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		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
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		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
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	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
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		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 1	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ANASCO	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ARECIBO	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 1	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ARROYO	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BARCELONETA	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extended	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Gold	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plan	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BARRANQUITAS	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BAYAMON	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	Auxilio Platino	Auxilio Platino	•						$0.00	$0.00	•			•		•	97	
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Salud Dorada con Medicare	Medicare Exce	•						$0.00	$0.00	•			•		•	94	
		Medicare Supreme	•						$0.00	-								
		Medicare Prime	•						$61.00	$0.00	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CABO ROJO	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CAGUAS	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	Auxilio Platino	Auxilio Platino	•						$0.00	$0.00	•			•		•	97	
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 1	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Salud Dorada con Medicare	Medicare Exce	•						$0.00	$0.00	•			•		•	94	
		Medicare Supreme	•						$0.00	-								
		Medicare Prime	•						$61.00	$0.00	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CAMUY	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CANOVANAS	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CAROLINA	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	Auxilio Platino	Auxilio Platino	•						$0.00	$0.00	•			•		•	97	
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Salud Dorada con Medicare	Medicare Exce	•						$0.00	$0.00	•			•		•	94	
		Medicare Supreme	•						$0.00	-								
		Medicare Prime	•						$61.00	$0.00	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CATANO	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
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County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CAYEY	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CEIBA	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CIALES	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CIDRA	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 1	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
COAMO	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 1	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
COMERIO	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
COROZAL	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CULEBRA	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extender	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Gold	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DORADO	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimc		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
FAJARDO	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
FLORIDA	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
GUANICA	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
GUAYAMA	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 1	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
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		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
GUAYNABO	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	Auxilio Platino	Auxilio Platino	•						$0.00	$0.00	•			•		•	97	
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extender	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Gold	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plan	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Salud Dorada con Medicare	Medicare Exce	•						$0.00	$0.00	•			•		•	94	
		Medicare Supreme	•						$0.00	-								
		Medicare Prime	•						$61.00	$0.00	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
GURABO	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 1	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HATILLO	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extended	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Gold	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plan	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HORMIGUEROS	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HUMACAO	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 1	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ISABELA	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
JAYUYA	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
JUANA DIAZ	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 1	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
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JUNCOS	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 1	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LAJAS	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LARES	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extender	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Gold	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LAS MARIAS	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LAS PIEDRAS	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 1	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LOIZA	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LUQUILLO	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extended	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Gold	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plan	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MANATI	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extended	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Gold	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plan	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MARICAO	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MAUNABO	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MAYAGUEZ	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimc		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MOCA	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MOROVIS	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
NAGUABO	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
NARANJITO	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extended	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Gold	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plan	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
OROCOVIS	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
PATILLAS	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
PENUELAS	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
PONCE	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 1	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
QUEBRADILLAS	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
RINCON	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
RIO GRANDE	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SABANA GRANDE	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc.	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extended	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Gold	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premier	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 1	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plan	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SABANA GRANDE	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superior		•					$61.89	$51.89	•			•			66	•
SALINAS	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 2	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SAN GERMAN	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SAN JUAN	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	Auxilio Platino	Auxilio Platino	•						$0.00	$0.00	•			•		•	97	
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 1	•						$0.00	$0.00			•				94	
		San Juan Care 7	•						$0.00	$0.00	•			•			94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		San Juan Care 4	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		San Juan Care 3	•						$40.00	$0.00			•				94	
		San Juan Care 5	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Salud Dorada con Medicare	Medicare Exce	•						$0.00	$0.00	•			•		•	94	
		Medicare Supreme	•						$0.00	-								
		Medicare Prime	•						$61.00	$0.00	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SAN LORENZO	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 1	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SAN SEBASTIAN	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SANTA ISABEL	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 1	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Óptimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Óptimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
TOA ALTA	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extended	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Gold	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plan	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
TOA BAJA	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
TRUJILLO ALTO	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	Auxilio Platino	Auxilio Platino	•						$0.00	$0.00	•			•		•	97	
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extender	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Gold	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICO	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 1	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plan	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Salud Dorada con Medicare	Medicare Exce	•						$0.00	$0.00	•			•		•	94	
		Medicare Supreme	•						$0.00	-								
		Medicare Prime	•						$61.00	$0.00	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
UTUADO	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
VEGA ALTA	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
VEGA BAJA	American Health Medicare	American Health Basic	•						$0.00	-								
		American Health Basic Plus	•						$32.00	$32.00			•				95	•
		American Health Standard	•						$47.99	$47.99			•	•	•		95	•
		American Health Premium	•						$98.00	$98.00	•			•	•		95	•
	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 3	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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VIEQUES	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico 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 general are also responsible for the Part B premium.

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
VILLALBA	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
YABUCOA	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-007D	•						$0.00	-								
		Humana Gold Plus HMO H4007-002D	•						$0.00	$0.00	•			•			97	•
		Humana Gold Plus HMO H4007-005E	•						$0.00	$0.00			•				97	•
		Humana Gold Plus HMO H4007-001D	•						$14.00	$12.69	•			•	•		97	•
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001				•			$24.00	$22.19	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•

Puerto Rico Medicare Advantage, Cost Plans, and Demonstrations

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			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
YAUCO	COSVIMED-CARE	COSVIMED-CARE	•						$0.00	-								
		COSVIMED-CARE R+	•						$22.13	$22.13			•	•			94	•
		COSVIMED-CARE Rmax	•						$31.50	$31.50			•	•	•		94	•
		COSVIMED-CARE / MEDICARE PLATINO	•						$99.57	$99.57	•			•		•	94	•
	First Medical Health Plan, Inc	First Plus Advantage		•					$0.00	-								
		First Plus Advantage Plus		•					$29.00	$28.97			•				95	
		First Plus Advantage Premium		•					$64.00	$43.97	•			•			95	
	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-002				•			$6.00	$6.00	•			•			97	•
	MAPFRE LIFE Insurance Company	MAPFRE Medicare Exce	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Extendec	•						$0.00	$0.00			•	•			94	
		MAPFRE Medicare Excel Golc	•						$4.00	$4.00			•	•			94	
		MAPFRE Medicare Excel Premie	•						$15.00	$15.00	•			•			94	
		MAPFRE Medicare Excel Deluxe	•						$75.01	$75.01	•			•		•	94	
	MCS Classicare	MCS Classicare Basic	•						$0.00	$0.00			•				89	•
		MCS Classicare Premium A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma A	•						$0.00	$0.00			•				89	•
		MCS Classicare Reforma C	•						$0.00	$0.00			•				89	•
		MCS Classicare MA	•						$0.00	-								
		MCS Classicare Premium B	•						$35.60	$35.60	•			•			95	•
		MCS Classicare Reforma B	•						$72.70	$0.00			•				89	•
	Medicare y Mucho Más	Medicare y Mucho Más - SUPREMC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - ORIGINAL	•						$0.00	-								
		Medicare y Mucho Más - BASICC	•						$0.00	$0.00	•			•			79	•
		Medicare y Mucho Más - DIAMANTE	•						$0.00	$0.00	•			•			79	•
	Preferred Medicare Choice, Inc	MA-PD Dorado Plus Plar	•						$0.00	$0.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$0.00	$0.00			•				94	
		MA Dorado Plan	•						$0.00	-								
		MA Medicare en el Hogar 3	•						$0.00	-								
		MA Premier 6	•						$0.00	-								
		MA Puerto Rico Care 3	•						$0.00	-								
		MA-PD Dorado Plan	•						$0.00	$0.00	•			•			94	
		MA-PD Premier Plan 1	•						$0.00	$0.00			•				94	
		MA-PD Puerto Rico Care 2	•						$0.00	$0.00			•				94	
		MA-PD Premier Plan 2	•						$11.00	$11.00			•				94	
		MA-PD Premier Plan 4	•						$11.00	$11.00	•			•			94	
		MA-PD Medicare en el Hogar 2	•						$40.00	$0.00	•			•		•	94	
		MA-PD Premier Plan 3	•						$40.00	$0.00	•			•			94	
		MA-PD Diamante Plar	•						$99.99	$0.00	•			•		•	94	
		MA-PD Puerto Rico Care 1	•						$115.00	$84.51	•			•		•	94	
	Triple-S, Inc.	Triple-S Medicare Selecto	•						$0.00	$0.00	•			•			66	•
		Triple-S Medicare Optimo		•					$10.00	-								
		Triple-S Medicare Optimo Plus		•					$41.95	$31.95	•			•			66	•
		Triple-S Medicare Optimo Superio		•					$61.89	$51.89	•			•			66	•