West Virginia Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BARBOUR	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	The Health Plan	Health Plan SecureCare	•						$25.00	-								
		Health Plan SecureCare	•						$70.00	$20.00	•			•			87	•
BERKELEY	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
BOONE	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
BRAXTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								

West Virginia 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
BROOKE	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue North Opt 1		•					$35.75	-								
		2006 Freedom Blue North Opt 2		•					$64.00	$27.81	•			•			97	•
		2006 Freedom Blue North Opt 3		•					$108.00	$34.15	•			•	•		97	•
	The Health Plan	Health Plan SecureCare	•						$0.00	-								
		Health Plan SecureCare	•						$55.00	$20.00	•			•			87	•
		Medicare Plus					•		$149.00	-								
CABELL	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
CALHOUN	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
CLAY	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DODDRIDGE	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	The Health Plan	Health Plan SecureCare	•						$25.00	-								
		Health Plan SecureCare	•						$70.00	$20.00	•			•			87	•
FAYETTE	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
GILMER	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	The Health Plan	Health Plan SecureCare	•						$25.00	-								
		Health Plan SecureCare	•						$70.00	$20.00	•			•			87	•
GRANT	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
GREENBRIER	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
HAMPSHIRE	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
HANCOCK	Carelink Advantra PPO	Advantra PPO		•					$93.00	$16.91			•				76	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue North Opt 1		•					$35.75	-								
		2006 Freedom Blue North Opt 2		•					$64.00	$27.81	•			•			97	•
		2006 Freedom Blue North Opt 3		•					$108.00	$34.15	•			•	•		97	•
	The Health Plan	Health Plan SecureCare	•						$0.00	-								
		Health Plan SecureCare	•						$55.00	$20.00	•			•			87	•
		Medicare Plus					•		$149.00	-								
HARDY	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	**Organization Name**	**Plan Name**	**HMO**	**Local PPO**	**Regional PPO**	**Private Fee-for-Service**	**Cost Plan**	**Demo Plan**	**Beneficiary Total Premium*** (Including Drug Premium)	**Beneficiary Drug Premium***	Zero	Reduced	Standard ($250)	**Includes Tiered Copay-ments for Drugs**	Generics Only	Generics and Brands	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
HARRISON	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue North Opt 1		•					$35.75	-								
		2006 Freedom Blue North Opt 2		•					$64.00	$27.81	•			•			97	•
		2006 Freedom Blue North Opt 3		•					$108.00	$34.15	•			•	•		97	•
	The Health Plan	Health Plan SecureCare	•						$25.00	-								
		Health Plan SecureCare	•						$70.00	$20.00	•			•			87	•
JACKSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
JEFFERSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
KANAWHA	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								

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LEWIS	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	The Health Plan	Health Plan SecureCare	•						$25.00	-								
		Health Plan SecureCare	•						$70.00	$20.00	•			•			87	•
LINCOLN	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
LOGAN	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
MARION	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue North Opt 1		•					$35.75	-								
		2006 Freedom Blue North Opt 2		•					$64.00	$27.81	•			•			97	•
		2006 Freedom Blue North Opt 3		•					$108.00	$34.15	•			•	•		97	•
	The Health Plan	Health Plan SecureCare	•						$25.00	-								
		Health Plan SecureCare	•						$70.00	$20.00	•			•			87	•

West Virginia Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MARSHALL	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue North Opt 1		•					$35.75	-								
		2006 Freedom Blue North Opt 2		•					$64.00	$27.81	•			•			97	•
		2006 Freedom Blue North Opt 3		•					$108.00	$34.15	•			•	•		97	•
	The Health Plan	Health Plan SecureCare	•						$0.00	-								
		Health Plan SecureCare	•						$55.00	$20.00	•			•			87	•
		Medicare Plus					•		$149.00	-								
MASON	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
MC DOWELL	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
MERCER	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•

West Virginia 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
MINERAL	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
MINGO	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
MONONGALIA	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue North Opt 1		•					$35.75	-								
		2006 Freedom Blue North Opt 2		•					$64.00	$27.81	•			•			97	•
		2006 Freedom Blue North Opt 3		•					$108.00	$34.15	•			•	•		97	•
	The Health Plan	Health Plan SecureCare	•						$25.00	-								
		Health Plan SecureCare	•						$70.00	$20.00	•			•			87	•
MONROE	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								

West Virginia 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
MORGAN	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
NICHOLAS	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
OHIO	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue North Opt 1		•					$35.75	-								
		2006 Freedom Blue North Opt 2		•					$64.00	$27.81	•			•			97	•
		2006 Freedom Blue North Opt 3		•					$108.00	$34.15	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
	The Health Plan	Health Plan SecureCare	•						$0.00	-								
		Health Plan SecureCare	•						$55.00	$20.00	•			•			87	•
		Medicare Plus					•		$149.00	-								
PENDLETON	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								

West Virginia 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
PLEASANTS	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
POCAHONTAS	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
PRESTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	The Health Plan	Health Plan SecureCare	•						$25.00	-								
		Health Plan SecureCare	•						$70.00	$20.00	•			•			87	•
PUTNAM	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								

West Virginia 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
RALEIGH	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
RANDOLPH	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	The Health Plan	Health Plan SecureCare	•						$25.00	-								
		Health Plan SecureCare	•						$70.00	$20.00	•			•			87	•
RITCHIE	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
ROANE	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								

West Virginia 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**
SUMMERS	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
TAYLOR	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	The Health Plan	Health Plan SecureCare	•						$25.00	-								
		Health Plan SecureCare	•						$70.00	$20.00	•			•			87	•
TUCKER	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	The Health Plan	Health Plan SecureCare	•						$25.00	-								
		Health Plan SecureCare	•						$70.00	$20.00	•			•			87	•
TYLER	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	The Health Plan	Health Plan SecureCare	•						$0.00	-								
		Health Plan SecureCare	•						$55.00	$20.00	•			•			87	•
		Medicare Plus					•		$149.00	-								

West Virginia 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
UPSHUR	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	The Health Plan	Health Plan SecureCare	•						$25.00	-								
		Health Plan SecureCare	•						$70.00	$20.00	•			•			87	•
WAYNE	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
WEBSTER	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
WETZEL	Humana Insurance Company	Humana Gold Choice PFFS H1804-094				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue North Opt 1		•					$35.75	-								
		2006 Freedom Blue North Opt 2		•					$64.00	$27.81	•			•			97	•
		2006 Freedom Blue North Opt 3		•					$108.00	$34.15	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	The Health Plan	Health Plan SecureCare	•						$0.00	-								
		Health Plan SecureCare	•						$55.00	$20.00	•			•			87	•
		Medicare Plus					•		$149.00	-								

West Virginia 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
WIRT	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
WOOD	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•
WYOMING	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				$77.00	$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				$86.00	$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-095				•			$94.00	$21.16	•			•			97	•
	Mountain State Blue Cross Blue Shield	2006 Freedom Blue Opt 1		•					$0.00	-								
		2006 Freedom Blue Opt 2		•					$28.47	$28.47	•			•			97	•
		2006 Freedom Blue Opt 3		•					$73.00	$34.84	•			•	•		97	•