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California

2007

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California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Alameda	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Alameda	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Alameda	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Alameda	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Alameda	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Alameda	Health Net Of CA	Health Net Seniority Plus Green (H0562-069)	Local HMO *	$20.50					
Alameda	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-068)	Local HMO	$40.00	$19.90	$0	Enhanced		•
Alameda	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Alameda	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Alameda	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Alameda	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-008)	Local HMO	$99.00	$15.00	$0	Basic		•
Alameda	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H0543-098)	Local HMO *	$59.00					
Alameda	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 1 (H0543-070)	Local HMO	$70.00	$6.00	$0	Enhanced		•
Alameda	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 2 (H0543-071)	Local HMO	$151.00	$4.00	$0	Enhanced		•
Alameda	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Alameda	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Alameda	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Alameda	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Alameda	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Alameda	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Alameda	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Alameda	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Alameda	WellCare	Summit (H4577-008)	PFFS	$161.00	$31.30	$0	Enhanced		•
Alpine	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Alpine	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Alpine	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	$80.00	$21.80	$265	Basic		
Alpine	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Alpine	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Alpine	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Alpine	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Alpine	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Alpine	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Alpine	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Alpine	Sierra Optima	Sierra Optima (H4449-004)	PFFS *	$0.00					
Alpine	Sierra Optima	Sierra Optima Plus (H4449-009)	PFFS *	$53.10					
Alpine	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Alpine	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Alpine	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Alpine	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Alpine	WellCare	Concert (H4577-012)	PFFS	$0.00	$0.00	$0	Enhanced		•
Alpine	WellCare	Summit (H4577-005)	PFFS	$91.00	$0.00	$0	Enhanced		•
Amador	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Amador	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Amador	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Amador	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Amador	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Amador	Health Net	Health Net Pearl Option 2 (H5996-003)	PFFS *	$25.00					
Amador	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Amador	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Amador	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Amador	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Amador	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-013)	Local HMO	$89.00	$15.00	$0	Basic		•
Amador	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Amador	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Amador	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Amador	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Amador	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Amador	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Amador	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Butte	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Butte	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Butte	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Butte	Blue Cross of California	SmartSaver - Plan II (H5769-002)	MSA *	$0.00					
Butte	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
Butte	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
Butte	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
Butte	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Butte	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Butte	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Butte	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Butte	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Butte	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Butte	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Butte	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Butte	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Calaveras	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Calaveras	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Calaveras	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Calaveras	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Calaveras	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Calaveras	Health Net	Health Net Pearl Option 2 (H5996-003)	PFFS *	$25.00					
Calaveras	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Calaveras	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Calaveras	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Calaveras	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Calaveras	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Calaveras	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Calaveras	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Colusa	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Colusa	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Colusa	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Colusa	Blue Cross of California	SmartSaver - Plan II (H5769-002)	MSA *	$0.00					
Colusa	Health Net	Health Net Pearl Option 2 (H5996-003)	PFFS *	$25.00					
Colusa	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Colusa	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
Colusa	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•

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Colusa	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
Colusa	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Colusa	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Colusa	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Colusa	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Colusa	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Colusa	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Contra Costa	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Contra Costa	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Contra Costa	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Contra Costa	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Contra Costa	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Contra Costa	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Contra Costa	Health Net Of CA	Health Net Seniority Plus Green (H0562-046)	Local HMO *	$0.00					
Contra Costa	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-011)	Local HMO	$18.00	$18.00	$0	Enhanced		•
Contra Costa	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Contra Costa	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Contra Costa	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Contra Costa	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-008)	Local HMO	$99.00	$15.00	$0	Basic		•
Contra Costa	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H0543-099)	Local HMO *	$59.00					
Contra Costa	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-072)	Local HMO	$70.00	$5.80	$0	Enhanced		•
Contra Costa	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Contra Costa	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Contra Costa	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Contra Costa	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Contra Costa	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Contra Costa	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Contra Costa	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Contra Costa	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Contra Costa	WellCare	Summit (H4577-007)	PFFS	$140.90	$14.40	$0	Enhanced		•
Del Norte	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Del Norte	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Del Norte	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Del Norte	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Del Norte	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Del Norte	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Del Norte	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Del Norte	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Del Norte	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Del Norte	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Del Norte	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Del Norte	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Del Norte	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Del Norte	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Del Norte	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Del Norte	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Del Norte	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Del Norte	WellCare	Freedom (H4577-011)	PFFS	$0.00	$0.00	$0	Enhanced		•
Del Norte	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Del Norte	WellCare	Summit (H4577-007)	PFFS	$140.90	$14.40	$0	Enhanced		•

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El Dorado	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
El Dorado	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
El Dorado	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
El Dorado	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
El Dorado	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
El Dorado	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
El Dorado	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
El Dorado	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
El Dorado	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-013)	Local HMO	$89.00	$15.00	$0	Basic		•
El Dorado	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
El Dorado	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
El Dorado	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
El Dorado	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
El Dorado	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
El Dorado	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
El Dorado	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
El Dorado	WellCare	Freedom (H4577-011)	PFFS	$0.00	$0.00	$0	Enhanced		•
El Dorado	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
El Dorado	WellCare	Summit (H4577-008)	PFFS	$161.00	$31.30	$0	Enhanced		•
Fresno	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Fresno	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Fresno	Aetna Medicare	Aetna Golden Medicare Value Plan (H0523-032)	Local HMO	$44.00	$14.40	$0	Basic		•
Fresno	Aetna Medicare	Aetna Golden Medicare Premier Plan (H0523-034)	Local HMO	$84.00	$43.90	$0	Enhanced	Generics	•
Fresno	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Fresno	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Fresno	Blue Cross Of California	SmartValue Classic (H5419-001)	PFFS *	$0.00					
Fresno	Blue Cross Of California	SmartValue Plus (H5419-004)	PFFS	$11.00	$11.00	$0	Enhanced		•
Fresno	Blue Cross Of California	SmartValue Enhanced (H5419-013)	PFFS *	$25.00					
Fresno	Blue Cross Of California	SmartValue Enhanced Plus (H5419-009)	PFFS	$56.00	$26.10	$0	Enhanced	Generics	•
Fresno	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Fresno	Health Net	Health Net Pearl Option 1 (H5996-001)	PFFS *	$0.00					
Fresno	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Fresno	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Fresno	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Fresno	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Fresno	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-013)	Local HMO	$89.00	$15.00	$0	Basic		•
Fresno	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 3 (H0543-125)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Fresno	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 1 (H0543-035)	Local HMO	$80.00	$8.30	$0	Enhanced	Generics	•
Fresno	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Fresno	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Fresno	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Fresno	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Fresno	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Fresno	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Fresno	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Fresno	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Fresno	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Fresno	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Fresno	WellCare	Summit (H4577-006)	PFFS	$121.00	$0.00	$0	Enhanced		•

California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Glenn	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Glenn	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Glenn	Blue Cross of California	SmartSaver - Plan III (H5769-003)	MSA *	$0.00					
Glenn	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
Glenn	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
Glenn	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
Glenn	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Glenn	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Glenn	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Glenn	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Glenn	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Glenn	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Humboldt	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Humboldt	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Humboldt	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Humboldt	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Humboldt	Blue Cross of California	SmartSaver - Plan II (H5769-002)	MSA *	$0.00					
Humboldt	Health Net	Health Net Pearl Option 2 (H5996-003)	PFFS *	$25.00					
Humboldt	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Humboldt	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Humboldt	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Humboldt	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Humboldt	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Humboldt	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Humboldt	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Humboldt	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Humboldt	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Humboldt	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Humboldt	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Humboldt	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Humboldt	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Humboldt	WellCare	Summit (H4577-008)	PFFS	$161.00	$31.30	$0	Enhanced		•
Imperial	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Imperial	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Imperial	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Imperial	Blue Cross of California	SmartSaver - Plan II (H5769-002)	MSA *	$0.00					
Imperial	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5301-003)	Demo *	$0.00					
Imperial	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Imperial	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
Imperial	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
Imperial	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
Imperial	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Imperial	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Imperial	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Imperial	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Imperial	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Imperial	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Imperial	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•

California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Imperial	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
Inyo	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Inyo	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Inyo	Blue Cross of California	SmartSaver - Plan III (H5769-003)	MSA *	$0.00					
Inyo	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
Inyo	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
Inyo	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
Inyo	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Inyo	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Inyo	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Inyo	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Inyo	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Kern	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Kern	Aetna Medicare	Aetna Golden Medicare Value Plan (H0523-031)	Local HMO	$0.00	$0.00	$0	Basic		•
Kern	Aetna Medicare	Aetna Golden Medicare Premier Plan (H0523-051)	Local HMO	$45.00	$43.90	$0	Enhanced	Generics	•
Kern	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Kern	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Kern	Blue Cross of California	Blue Cross Senior Secure (H0564-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Kern	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Kern	GEMCARE Health Plan	GEMCare Medicare Plus (H5609-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Kern	Health Net Of CA	Health Net Seniority Plus Green (H0562-044)	Local HMO *	$0.00					
Kern	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Kern	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Kern	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Kern	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Kern	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-015)	Local HMO	$47.00	$10.00	$0	Basic		•
Kern	SCAN Health Plan	SCAN Health Plan (H5425-003)	Local HMO	$30.00	$0.00	$0	Enhanced	Generics	•
Kern	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-019)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Kern	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H0543-106)	Local HMO *	$0.00					
Kern	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Kern	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Kern	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Kern	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Kern	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Kern	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Kern	WellCare	Concert (H4577-015)	PFFS	$109.00	$48.70	$0	Enhanced		•
Kern (Partial)	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Kern (Partial)	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Kings	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Kings	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Kings	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Kings	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Kings	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Kings	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Kings	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Kings	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-013)	Local HMO	$89.00	$15.00	$0	Basic		•

California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Kings	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Kings	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Kings	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Kings	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Kings	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Kings	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Kings	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Kings	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Kings	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Lake	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Lake	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Lake	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Lake	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Lake	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Lake	Health Net	Health Net Pearl Option 2 (H5996-003)	PFFS *	$25.00					
Lake	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Lake	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Lake	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Lake	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Lake	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Lake	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Lake	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Lake	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Lake	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Lake	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Lake	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Lassen	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Lassen	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Lassen	Blue Cross of California	SmartSaver - Plan III (H5769-003)	MSA *	$0.00					
Lassen	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Lassen	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Lassen	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Lassen	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Lassen	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Los Angeles	Aetna Medicare	Aetna Golden Medicare Select Plan (H0523-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Los Angeles	Aetna Medicare	Aetna Golden Medicare Premier Plan (H0523-048)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Los Angeles	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Los Angeles	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Los Angeles	Blue Cross of California	Blue Cross Senior Secure - Plan II (H0564-044)	Local HMO	$0.00	$0.00	$250	Basic		•
Los Angeles	Blue Cross of California	Blue Cross Senior Secure Plan I (H0564-004)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Los Angeles	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Los Angeles	Blue Shield of California	Blue Shield 65 Plus (H0504-015)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Brands	•
Los Angeles	California Health Plan	California Advantage Plan (H0544-007)	Local HMO	$0.00	$0.00	$0	Enhanced	All Formulary Drugs	•

California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Los Angeles	California Health Plan	California Medicare Advantage (H0544-001)	Local HMO	$0.00	$0.00	$0	Enhanced	All Formulary Drugs	•
Los Angeles	California Health Plan	CareMore Value Plus (H0544-002)	Local HMO	$0.00	$0.00	$0	Enhanced	All Formulary Drugs	•
Los Angeles	California Health Plan	California Medicare Advantage PPO (H5418-001)	Local PPO	$91.00	$73.40	$0	Enhanced	All Formulary Drugs	•
Los Angeles	Care1st Medicare Advantage Plan	Care1st Medicare Advantage Plan (H5928-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Los Angeles	Care1st Medicare Advantage Plan	Care1st Medicare Advantage Plan (H9016-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Los Angeles	Central Health Medicare Plan	Central Health Medicare Plan (H5649-001)	Local HMO	$0.00	$0.00	$0	Enhanced	All Formulary Drugs	•
Los Angeles	Citizens Choice Healthplan	Citizens Choice Healthplan (H3815-001)	Local HMO	$0.00	$0.00	$0	Enhanced	All Formulary Drugs	•
Los Angeles	Health Net Of CA	Health Net Seniority Plus Green (H0562-044)	Local HMO *	$0.00					
Los Angeles	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Los Angeles	Inter Valley Health Plan	Inter Valley Health Plan (H0545-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Los Angeles	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-003)	Local HMO	$0.00	$0.00	$0	Basic		•
Los Angeles	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H0543-097)	Local HMO *	$0.00					
Los Angeles	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 1 (H0543-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Los Angeles	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 3 (H0543-129)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Los Angeles	Secure Horizons Medicare Advantage Plan	MedicareComplete Value (H0543-077)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Los Angeles	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 2 (H0543-065)	Local HMO	$40.00	$8.70	$0	Enhanced		•
Los Angeles	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Los Angeles	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Los Angeles	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Los Angeles	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Los Angeles	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Los Angeles	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Los Angeles (Partial)	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Los Angeles (Partial)	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Los Angeles (Partial)	Blue Shield of California	Blue Shield 65 Plus Choice Plan (Partial) (H0504-021)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Brands	•
Madera	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Madera	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Madera	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Madera	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Madera	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Madera	Health Net	Health Net Pearl Option 1 (H5996-001)	PFFS *	$0.00					
Madera	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Madera	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Madera	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Madera	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Madera	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-013)	Local HMO	$89.00	$15.00	$0	Basic		•
Madera	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 3 (H0543-125)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Madera	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 1 (H0543-035)	Local HMO	$80.00	$8.30	$0	Enhanced	Generics	•
Madera	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Madera	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Madera	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Madera	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					

California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Madera	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Madera	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Madera	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Madera	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Madera	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Madera	WellCare	Summit (H4577-005)	PFFS	$91.00	$0.00	$0	Enhanced		•
Marin	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Marin	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Marin	Blue Cross of California	SmartSaver - Plan II (H5769-002)	MSA *	$0.00					
Marin	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
Marin	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
Marin	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
Marin	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-008)	Local HMO	$99.00	$15.00	$0	Basic		•
Marin	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Marin	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Marin	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Marin	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Marin	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Marin	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Mariposa	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Mariposa	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Mariposa	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Mariposa	Blue Cross of California	SmartSaver - Plan II (H5769-002)	MSA *	$0.00					
Mariposa	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-013)	Local HMO	$89.00	$15.00	$0	Basic		•
Mariposa	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Mariposa	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Mariposa	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Mariposa	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Mariposa	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Mariposa	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Mendocino	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Mendocino	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Mendocino	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Mendocino	Blue Cross of California	SmartSaver - Plan II (H5769-002)	MSA *	$0.00					
Mendocino	Health Net	Health Net Pearl Option 2 (H5996-003)	PFFS *	$25.00					
Mendocino	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Mendocino	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Mendocino	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Mendocino	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Mendocino	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Mendocino	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Mendocino	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Mendocino	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Mendocino	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Mendocino	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Mendocino	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Mendocino	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Mendocino	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•

California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Merced	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Merced	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Merced	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Merced	Blue Cross of California	SmartSaver - Plan II (H5769-002)	MSA *	$0.00					
Merced	Health Net	Health Net Pearl Option 2 (H5996-003)	PFFS *	$25.00					
Merced	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Merced	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Merced	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Merced	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Merced	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Merced	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Merced	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Modoc	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Modoc	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Modoc	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Modoc	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Modoc	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Modoc	Health Net	Health Net Pearl Option 1 (H5996-001)	PFFS *	$0.00					
Modoc	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Modoc	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Modoc	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Modoc	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Modoc	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Modoc	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Modoc	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Mono	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Mono	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Mono	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Mono	Blue Cross of California	SmartSaver - Plan III (H5769-003)	MSA *	$0.00					
Mono	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
Mono	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
Mono	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
Mono	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Mono	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Mono	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Mono	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Mono	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Mono	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Monterey	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Monterey	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Monterey	Blue Cross of California	SmartSaver - Plan II (H5769-002)	MSA *	$0.00					
Monterey	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Monterey	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Monterey	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Monterey	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Monterey	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					

California 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Monterey	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Monterey	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Monterey	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Monterey	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Napa	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Napa	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Napa	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Napa	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Napa	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Napa	Health Net	Health Net Pearl Option 2 (H5996-003)	PFFS *	$25.00					
Napa	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Napa	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Napa	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Napa	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Napa	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-008)	Local HMO	$99.00	$15.00	$0	Basic		•
Napa	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Napa	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Napa	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Napa	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Napa	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Napa	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Napa	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Napa	WellCare	Concert (H4577-012)	PFFS	$0.00	$0.00	$0	Enhanced		•
Napa	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Napa	WellCare	Summit (H4577-008)	PFFS	$161.00	$31.30	$0	Enhanced		•
Nevada	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Nevada	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Nevada	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Nevada	Blue Cross of California	SmartSaver - Plan III (H5769-003)	MSA *	$0.00					
Nevada	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
Nevada	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
Nevada	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
Nevada	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H0543-123)	Local HMO *	$65.00					
Nevada	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-082)	Local HMO	$76.00	$8.40	$0	Enhanced		•
Nevada	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Nevada	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Nevada	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Nevada	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Nevada	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Nevada	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Orange	Aetna Medicare	Aetna Golden Medicare Select Plan (H0523-025)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Orange	Aetna Medicare	Aetna Golden Medicare Premier Plan (H0523-050)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Orange	Arta Medicare Health Plan	Arta Gold (H5948-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Orange	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Orange	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Orange	Blue Cross of California	Blue Cross Senior Secure Plan I (H0564-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Orange	Blue Cross of California	Blue Cross Senior Secure - Plan II (H0564-045)	Local HMO	$70.00	$8.40	$250	Basic		•
Orange	Blue Cross of California	SmartSaver - Plan II (H5769-002)	MSA *	$0.00					

California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Orange	Blue Shield of California	Blue Shield 65 Plus (H0504-015)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Brands	•
Orange	California Health Plan	California Advantage Plan (H0544-007)	Local HMO	$0.00	$0.00	$0	Enhanced	All Formulary Drugs	•
Orange	California Health Plan	California Medicare Advantage (H0544-001)	Local HMO	$0.00	$0.00	$0	Enhanced	All Formulary Drugs	•
Orange	California Health Plan	CareMore Value Plus (H0544-002)	Local HMO	$0.00	$0.00	$0	Enhanced	All Formulary Drugs	•
Orange	California Health Plan	California Medicare Advantage PPO (H5418-001)	Local PPO	$91.00	$73.40	$0	Enhanced	All Formulary Drugs	•
Orange	Care1st Medicare Advantage Plan	Care1st Orange County Medicare Advantage (H9016-007)	Local HMO	$2.60	$0.00	$0	Enhanced		•
Orange	Citizens Choice Healthplan	Citizens Choice Healthplan (H3815-001)	Local HMO	$0.00	$0.00	$0	Enhanced	All Formulary Drugs	•
Orange	Health Net Of CA	Health Net Seniority Plus Green (H0562-044)	Local HMO *	$0.00					
Orange	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Orange	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-003)	Local HMO	$0.00	$0.00	$0	Basic		•
Orange	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-004)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Orange	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H0543-105)	Local HMO *	$0.00					
Orange	Secure Horizons Medicare Advantage Plan	MedicareComplete Premier (H0543-084)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Orange	Secure Horizons Medicare Advantage Plan	MedicareComplete Value (H0543-095)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Orange	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Orange	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Orange	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Orange	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Orange	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Orange (Partial)	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Orange (Partial)	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Orange (Partial)	Blue Shield of California	Blue Shield 65 Plus Choice Plan (Partial) (H0504-021)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Brands	•
Placer	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Placer	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Placer	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Placer	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Placer	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Placer	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Placer	Health Net Of CA	Health Net Seniority Plus Green (H0562-063)	Local HMO *	$30.50					
Placer	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-058)	Local HMO	$50.00	$19.90	$0	Enhanced		•
Placer	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Placer	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Placer	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Placer	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-013)	Local HMO	$89.00	$15.00	$0	Basic		•
Placer	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-091)	Local HMO	$90.00	$5.80	$0	Enhanced		•
Placer	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Placer	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 54 (H5435-013)	PFFS	$10.00	$10.00	$0	Enhanced		•
Placer	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	$99.00					
Placer	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Placer	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					

California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Placer	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Placer	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Placer	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Placer	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Placer	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Placer	WellCare	Summit (H4577-006)	PFFS	$121.00	$0.00	$0	Enhanced		•
Placer	Western Health Advantage	WHA Care+ MA-PD Plan (H0532-001)	Local HMO	$61.00	$26.70	$0	Enhanced	Generics	•
Plumas	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Plumas	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Plumas	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Plumas	Blue Cross of California	SmartSaver - Plan II (H5769-002)	MSA *	$0.00					
Plumas	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
Plumas	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
Plumas	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
Plumas	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Plumas	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Plumas	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Plumas	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Plumas	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Plumas	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Riverside	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Riverside	Aetna Medicare	Aetna Golden Medicare Select Plan (H0523-022)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Riverside	Aetna Medicare	Aetna Golden Medicare Premier Plan (H0523-047)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Riverside	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Riverside	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Riverside	Blue Cross of California	Blue Cross Senior Secure (H0564-006)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Riverside	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Riverside	Blue Shield of California	Blue Shield 65 Plus (H0504-017)	Local HMO	$0.00	$0.00	$100	Enhanced	Generics	•
Riverside	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Riverside	Health Net Of CA	Health Net Seniority Plus Green (H0562-044)	Local HMO *	$0.00					
Riverside	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Riverside	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
Riverside	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
Riverside	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
Riverside	Inter Valley Health Plan	Inter Valley Health Plan (H0545-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Riverside	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-015)	Local HMO	$47.00	$10.00	$0	Basic		•
Riverside	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H0543-117)	Local HMO *	$0.00					
Riverside	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 1 (H0543-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Riverside	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 3 (H0543-127)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Riverside	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 2 (H0543-116)	Local HMO	$50.00	$23.00	$0	Enhanced	Generics	•
Riverside	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Riverside	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Riverside	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Riverside	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Riverside	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Riverside	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Riverside	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Riverside	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Riverside	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•

California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Riverside (Partial)	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Riverside (Partial)	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Sacramento	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Sacramento	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Sacramento	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Sacramento	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Sacramento	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Sacramento	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Sacramento	Health Net Of CA	Health Net Seniority Plus Green (H0562-045)	Local HMO *	$40.50					
Sacramento	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-010)	Local HMO	$60.00	$19.90	$0	Enhanced		•
Sacramento	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Sacramento	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Sacramento	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Sacramento	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-013)	Local HMO	$89.00	$15.00	$0	Basic		•
Sacramento	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-089)	Local HMO	$90.00	$5.10	$0	Enhanced		•
Sacramento	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Sacramento	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 54 (H5435-013)	PFFS	$10.00	$10.00	$0	Enhanced		•
Sacramento	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	$99.00					
Sacramento	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Sacramento	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Sacramento	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Sacramento	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Sacramento	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Sacramento	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Sacramento	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Sacramento	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Sacramento	WellCare	Summit (H4577-006)	PFFS	$121.00	$0.00	$0	Enhanced		•
Sacramento	Western Health Advantage	WHA Care+ MA-PD Plan (H0532-001)	Local HMO	$61.00	$26.70	$0	Enhanced	Generics	•
San Benito	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
San Benito	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
San Benito	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
San Benito	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
San Benito	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
San Benito	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
San Benito	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
San Benito	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
San Benito	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
San Benito	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
San Benito	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
San Benito	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
San Benito	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
San Bernardino	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
San Bernardino	Aetna Medicare	Aetna Golden Medicare Select Plan (H0523-026)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Bernardino	Aetna Medicare	Aetna Golden Medicare Premier Plan (H0523-049)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
San Bernardino	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•

California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
San Bernardino	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
San Bernardino	Blue Cross of California	Blue Cross Senior Secure (H0564-006)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Bernardino	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
San Bernardino	Blue Shield of California	Blue Shield 65 Plus (H0504-017)	Local HMO	$0.00	$0.00	$100	Enhanced	Generics	•
San Bernardino	Care1st Medicare Advantage Plan	Care1st San Bernardino Medicare Advantage (H9016-006)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Bernardino	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
San Bernardino	Health Net Of CA	Health Net Seniority Plus Green (H0562-044)	Local HMO *	$0.00					
San Bernardino	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Bernardino	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
San Bernardino	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
San Bernardino	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
San Bernardino	Inter Valley Health Plan	Inter Valley Health Plan (H0545-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Bernardino	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-015)	Local HMO	$47.00	$10.00	$0	Basic		•
San Bernardino	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H0543-119)	Local HMO *	$0.00					
San Bernardino	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 1 (H0543-050)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Bernardino	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 3 (H0543-128)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Bernardino	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 2 (H0543-118)	Local HMO	$50.00	$23.50	$0	Enhanced	Generics	•
San Bernardino	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
San Bernardino	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
San Bernardino	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
San Bernardino	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
San Bernardino	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
San Bernardino	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
San Bernardino	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
San Bernardino	WellCare	Summit (H4577-008)	PFFS	$161.00	$31.30	$0	Enhanced		•
San Diego	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
San Diego	Aetna Medicare	Aetna Medicare Open Value Plan (H5736-009)	PFFS	$39.00	$21.20	$0	Basic		•
San Diego	Aetna Medicare	Aetna Medicare Open Premier Plan (H5736-010)	PFFS	$78.90	$59.10	$0	Enhanced	Generics	•
San Diego	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
San Diego	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
San Diego	Blue Cross of California	Blue Cross Senior Secure Plan I (H0564-009)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Diego	Blue Cross of California	Blue Cross Senior Secure - Plan II (H0564-046)	Local HMO	$20.00	$8.40	$250	Basic		•
San Diego	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
San Diego	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5301-003)	Demo *	$0.00					
San Diego	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
San Diego	Health Net Life Insurance Company	Health Net Options Plus Violet (H5439-001)	Local PPO	$27.00	$13.50	$0	Enhanced		•
San Diego	Health Net Of CA	Health Net Seniority Plus Green (H0562-048)	Local HMO *	$0.00					
San Diego	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-012)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Diego	Health Net Of CA	Health Net Seniority Plus Green (H0562-047)	Local HMO *	$80.50					
San Diego	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-040)	Local HMO	$100.00	$19.90	$0	Enhanced		•
San Diego	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
San Diego	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
San Diego	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
San Diego	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-015)	Local HMO	$47.00	$10.00	$0	Basic		•
San Diego	SCAN Health Plan	SCAN Health Plan (H5425-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Diego	SCAN Health Plan	SCAN Health Plan (H5425-004)	Local HMO	$59.00	$0.00	$0	Enhanced	Generics	•
San Diego	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H0543-121)	Local HMO *	$0.00					
San Diego	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 1 (H0543-013)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Diego	Secure Horizons Medicare Advantage Plan	MedicareComplete Value (H0543-122)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Diego	Secure Horizons Medicare Advantage Plan	MedicareComplete Premier (H0543-083)	Local HMO	$40.00	$9.30	$0	Enhanced	Generics	•

California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
San Diego	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 3 (H0543-060)	Local HMO	$70.00	$7.30	$0	Enhanced		•
San Diego	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 2 (H0543-120)	Local HMO	$102.00	$22.60	$0	Enhanced	Generics	•
San Diego	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
San Diego	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
San Diego	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
San Diego	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
San Diego	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
San Diego	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
San Diego	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
San Diego	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
San Francisco	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
San Francisco	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
San Francisco	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
San Francisco	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
San Francisco	Blue Cross Of California	SmartValue Classic (H5419-001)	PFFS *	$0.00					
San Francisco	Blue Cross Of California	SmartValue Plus (H5419-004)	PFFS	$11.00	$11.00	$0	Enhanced		•
San Francisco	Blue Cross Of California	SmartValue Enhanced (H5419-013)	PFFS *	$25.00					
San Francisco	Blue Cross Of California	SmartValue Enhanced Plus (H5419-009)	PFFS	$56.00	$26.10	$0	Enhanced	Generics	•
San Francisco	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
San Francisco	Blue Shield of California	Blue Shield 65 Plus (H0504-025)	Local HMO	$63.90	$50.00	$0	Enhanced	Generics	•
San Francisco	Chinese Community Health Plan	CCHP Senior Program (H0571-001)	Local HMO	$20.00	$0.00	$0	Enhanced		•
San Francisco	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
San Francisco	Health Net Of CA	Health Net Seniority Plus Green (H0562-049)	Local HMO *	$22.50					
San Francisco	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-009)	Local HMO	$42.00	$19.90	$0	Enhanced		•
San Francisco	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
San Francisco	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
San Francisco	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
San Francisco	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-008)	Local HMO	$99.00	$15.00	$0	Basic		•
San Francisco	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-085)	Local HMO	$88.00	$8.60	$0	Enhanced		•
San Francisco	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
San Francisco	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
San Francisco	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
San Francisco	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
San Francisco	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
San Francisco	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
San Francisco	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
San Francisco	WellCare	Duet (H4577-004)	PFFS *	$0.00					
San Francisco	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
San Francisco	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
San Joaquin	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
San Joaquin	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
San Joaquin	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
San Joaquin	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
San Joaquin	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
San Joaquin	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
San Joaquin	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-062)	Local HMO	$70.00	$13.50	$0	Enhanced		•
San Joaquin	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
San Joaquin	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
San Joaquin	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
San Joaquin	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-008)	Local HMO	$99.00	$15.00	$0	Basic		•

California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
San Joaquin	Medcore HP	Medcore Silver (H5811-003)	Local HMO *	$5.00					
San Joaquin	Medcore HP	Medcore Gold (H5811-001)	Local HMO	$38.00	$21.00	$0	Enhanced	Generics	•
San Joaquin	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-126)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Joaquin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
San Joaquin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
San Joaquin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	$99.00					
San Joaquin	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
San Joaquin	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
San Joaquin	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
San Joaquin	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
San Joaquin	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
San Joaquin	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
San Joaquin	WellCare	Duet (H4577-004)	PFFS *	$0.00					
San Joaquin	WellCare	Freedom (H4577-011)	PFFS	$0.00	$0.00	$0	Enhanced		•
San Joaquin	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
San Joaquin	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
San Luis Obispo	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
San Luis Obispo	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
San Luis Obispo	Blue Cross of California	SmartSaver - Plan III (H5769-003)	MSA *	$0.00					
San Luis Obispo	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
San Luis Obispo	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
San Luis Obispo	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
San Luis Obispo	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H0543-108)	Local HMO *	$60.00					
San Luis Obispo	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-049)	Local HMO	$71.00	$8.40	$0	Enhanced		•
San Luis Obispo	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
San Luis Obispo	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
San Luis Obispo	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
San Luis Obispo	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
San Luis Obispo	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
San Luis Obispo	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
San Luis Obispo	WellCare	Duet (H4577-004)	PFFS *	$0.00					
San Luis Obispo	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
San Luis Obispo	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
San Mateo	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
San Mateo	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
San Mateo	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
San Mateo	Blue Cross of California	SmartSaver - Plan II (H5769-002)	MSA *	$0.00					
San Mateo	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
San Mateo	Health Net Of CA	Health Net Seniority Plus Green (H0562-050)	Local HMO *	$56.50					
San Mateo	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-036)	Local HMO	$76.00	$19.90	$0	Enhanced		•
San Mateo	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
San Mateo	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
San Mateo	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
San Mateo	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-008)	Local HMO	$99.00	$15.00	$0	Basic		•
San Mateo	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H0543-110)	Local HMO *	$79.00					
San Mateo	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-028)	Local HMO	$90.00	$7.10	$0	Enhanced		•
San Mateo	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
San Mateo	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
San Mateo	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					

California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
San Mateo	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
San Mateo	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
San Mateo	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Santa Barbara	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Santa Barbara	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Santa Barbara	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Santa Barbara	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Santa Barbara	Blue Cross Of California	SmartValue Classic (H5419-001)	PFFS *	$0.00					
Santa Barbara	Blue Cross Of California	SmartValue Plus (H5419-004)	PFFS	$11.00	$11.00	$0	Enhanced		•
Santa Barbara	Blue Cross Of California	SmartValue Enhanced (H5419-013)	PFFS *	$25.00					
Santa Barbara	Blue Cross Of California	SmartValue Enhanced Plus (H5419-009)	PFFS	$56.00	$26.10	$0	Enhanced	Generics	•
Santa Barbara	Blue Cross of California	Blue Cross Senior Secure (H0564-003)	Local HMO	$130.00	$8.40	$250	Basic		•
Santa Barbara	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Santa Barbara	Health Net	Health Net Pearl Option 2 (H5996-002)	PFFS *	$0.00					
Santa Barbara	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Santa Barbara	Health Net Of CA	Health Net Seniority Plus Green (H0562-057)	Local HMO *	$80.50					
Santa Barbara	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-017)	Local HMO	$100.00	$19.90	$0	Enhanced		•
Santa Barbara	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
Santa Barbara	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
Santa Barbara	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
Santa Barbara	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-032)	Local HMO	$60.00	$8.60	$0	Enhanced		•
Santa Barbara	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Santa Barbara	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Santa Barbara	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Santa Barbara	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Santa Barbara	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Santa Barbara	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Santa Barbara	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Santa Barbara	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Santa Barbara	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Santa Barbara	WellCare	Summit (H4577-007)	PFFS	$140.90	$14.40	$0	Enhanced		•
Santa Clara	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Santa Clara	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Santa Clara	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Santa Clara	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Santa Clara	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Santa Clara	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Santa Clara	Health Net Of CA	Health Net Seniority Plus Green (H0562-051)	Local HMO *	$56.50					
Santa Clara	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-037)	Local HMO	$76.00	$19.90	$0	Enhanced		•
Santa Clara	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Santa Clara	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Santa Clara	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Santa Clara	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-008)	Local HMO	$99.00	$15.00	$0	Basic		•
Santa Clara	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-029)	Local HMO	$100.00	$7.10	$0	Enhanced		•
Santa Clara	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 4 (H5435-004)	PFFS *	$25.00					
Santa Clara	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Santa Clara	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Santa Clara	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Santa Clara	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Santa Clara	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Santa Clara	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Santa Clara	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Santa Clara	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Santa Clara	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
Santa Cruz	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Santa Cruz	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Santa Cruz	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Santa Cruz	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Santa Cruz	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-061)	Local HMO	$90.00	$13.50	$0	Enhanced		•
Santa Cruz	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Santa Cruz	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Santa Cruz	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Santa Cruz	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-046)	Local HMO	$100.00	$7.90	$0	Enhanced		•
Santa Cruz	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Santa Cruz	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Santa Cruz	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Santa Cruz	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Santa Cruz	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Santa Cruz	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Santa Cruz	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Santa Cruz	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Santa Cruz	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Santa Cruz	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
Shasta	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Shasta	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Shasta	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Shasta	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Shasta	Health Net	Health Net Pearl Option 1 (H5996-001)	PFFS *	$0.00					
Shasta	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Shasta	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Shasta	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Shasta	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Shasta	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Shasta	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Shasta	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Shasta	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Shasta	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Shasta	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
Sierra	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Sierra	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Sierra	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Sierra	Blue Cross of California	SmartSaver - Plan II (H5769-002)	MSA *	$0.00					
Sierra	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
Sierra	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
Sierra	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
Sierra	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Sierra	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Sierra	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					

California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Sierra	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Sierra	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Sierra	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Siskiyou	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Siskiyou	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Siskiyou	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Siskiyou	Blue Cross of California	SmartSaver - Plan III (H5769-003)	MSA *	$0.00					
Siskiyou	Health Net	Health Net Pearl Option 2 (H5996-003)	PFFS *	$25.00					
Siskiyou	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Siskiyou	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Siskiyou	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Siskiyou	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Siskiyou	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Siskiyou	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Siskiyou	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Siskiyou	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Siskiyou	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Siskiyou	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Solano	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Solano	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Solano	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Solano	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Solano	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Solano	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Solano	Health Net Of CA	Health Net Seniority Plus Green (H0562-064)	Local HMO *	$61.00					
Solano	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-059)	Local HMO	$81.00	$13.50	$0	Enhanced		•
Solano	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Solano	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Solano	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Solano	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-008)	Local HMO	$99.00	$15.00	$0	Basic		•
Solano	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	$0.00					
Solano	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 54 (H5435-013)	PFFS	$10.00	$10.00	$0	Enhanced		•
Solano	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 100 (H5435-016)	PFFS *	$99.00					
Solano	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Solano	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Solano	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Solano	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Solano	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Solano	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Solano	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Solano	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Solano	WellCare	Summit (H4577-005)	PFFS	$91.00	$0.00	$0	Enhanced		•
Sonoma	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Sonoma	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Sonoma	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Sonoma	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					

California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Sonoma	Health Net Of CA	Health Net Seniority Plus Green (H0562-054)	Local HMO *	$51.00					
Sonoma	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-053)	Local HMO	$71.00	$13.50	$0	Enhanced		•
Sonoma	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Sonoma	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Sonoma	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Sonoma	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-008)	Local HMO	$99.00	$15.00	$0	Basic		•
Sonoma	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-086)	Local HMO	$76.00	$7.10	$0	Enhanced		•
Sonoma	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Sonoma	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Sonoma	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Sonoma	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Sonoma	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Sonoma	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Sonoma	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Sonoma	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Sonoma	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Sonoma	WellCare	Summit (H4577-007)	PFFS	$140.90	$14.40	$0	Enhanced		•
Stanislaus	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Stanislaus	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Stanislaus	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Stanislaus	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Stanislaus	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Stanislaus	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-060)	Local HMO	$80.00	$13.50	$0	Enhanced		•
Stanislaus	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-008)	Local HMO	$99.00	$15.00	$0	Basic		•
Stanislaus	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H0543-114)	Local HMO *	$68.00					
Stanislaus	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-036)	Local HMO	$79.00	$5.80	$0	Enhanced		•
Stanislaus	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Stanislaus	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Stanislaus	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Stanislaus	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Stanislaus	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Stanislaus	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Statewide	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Statewide	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Sutter	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Sutter	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Sutter	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Sutter	Blue Cross of California	SmartSaver - Plan III (H5769-003)	MSA *	$0.00					
Sutter	Health Net	Health Net Pearl Option 2 (H5996-003)	PFFS *	$25.00					
Sutter	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Sutter	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
Sutter	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
Sutter	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
Sutter	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-013)	Local HMO	$89.00	$15.00	$0	Basic		•
Sutter	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Sutter	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Sutter	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Sutter	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Sutter	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Sutter	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Sutter	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Tehama	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Tehama	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Tehama	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Tehama	Blue Cross of California	SmartSaver - Plan III (H5769-003)	MSA *	$0.00					
Tehama	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
Tehama	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
Tehama	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
Tehama	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Tehama	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Tehama	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Tehama	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Tehama	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Tehama	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Tehama	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Tehama	WellCare	Concert (H4577-015)	PFFS	$109.00	$48.70	$0	Enhanced		•
Trinity	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Trinity	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Trinity	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Trinity	Blue Cross of California	SmartSaver - Plan II (H5769-002)	MSA *	$0.00					
Trinity	Health Net	Health Net Pearl Option 1 (H5996-001)	PFFS *	$0.00					
Trinity	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Trinity	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Trinity	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Trinity	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Trinity	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Trinity	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Trinity	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Tulare	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Tulare	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Tulare	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Tulare	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Tulare	Blue Cross Of California	SmartValue Classic (H5419-001)	PFFS *	$0.00					
Tulare	Blue Cross Of California	SmartValue Plus (H5419-004)	PFFS	$11.00	$11.00	$0	Enhanced		•
Tulare	Blue Cross Of California	SmartValue Enhanced (H5419-013)	PFFS *	$25.00					
Tulare	Blue Cross Of California	SmartValue Enhanced Plus (H5419-009)	PFFS	$56.00	$26.10	$0	Enhanced	Generics	•
Tulare	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Tulare	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Tulare	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Tulare	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Tulare	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-013)	Local HMO	$89.00	$15.00	$0	Basic		•
Tulare	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Tulare	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Tulare	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Tulare	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Tulare	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Tulare	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Tulare	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Tulare	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Tulare	WellCare	Concert (H4577-012)	PFFS	$0.00	$0.00	$0	Enhanced		•
Tulare	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Tulare	WellCare	Summit (H4577-006)	PFFS	$121.00	$0.00	$0	Enhanced		•
Tuolumne	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Tuolumne	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Tuolumne	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Tuolumne	Blue Cross of California	SmartSaver - Plan III (H5769-003)	MSA *	$0.00					
Tuolumne	Health Net	Health Net Pearl Option 2 (H5996-003)	PFFS *	$25.00					
Tuolumne	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Tuolumne	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Tuolumne	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Tuolumne	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Tuolumne	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Tuolumne	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Tuolumne	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Ventura	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Ventura	Aetna Medicare	Aetna Golden Medicare Value Plan (H0523-045)	Local HMO	$0.00	$0.00	$0	Basic		•
Ventura	Aetna Medicare	Aetna Golden Medicare Premier Plan (H0523-046)	Local HMO	$45.00	$43.90	$0	Enhanced	Generics	•
Ventura	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Ventura	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Ventura	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Ventura	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
Ventura	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
Ventura	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
Ventura	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-003)	Local HMO	$0.00	$0.00	$0	Basic		•
Ventura	SCAN Health Plan	SCAN Health Plan (H5425-001)	Local HMO	$30.00	$0.00	$0	Enhanced	Generics	•
Ventura	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H0543-115)	Local HMO *	$50.00					
Ventura	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-022)	Local HMO	$60.00	$6.80	$0	Enhanced		•
Ventura	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Ventura	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Ventura	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Ventura	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Ventura	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Ventura	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Ventura	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Ventura	WellCare	Concert (H4577-015)	PFFS	$109.00	$48.70	$0	Enhanced		•
Yolo	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Yolo	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Yolo	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Yolo	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Yolo	Blue Cross Of California	SmartValue Classic (H5419-001)	PFFS *	$0.00					
Yolo	Blue Cross Of California	SmartValue Plus (H5419-004)	PFFS	$11.00	$11.00	$0	Enhanced		•
Yolo	Blue Cross Of California	SmartValue Enhanced (H5419-013)	PFFS *	$25.00					
Yolo	Blue Cross Of California	SmartValue Enhanced Plus (H5419-009)	PFFS	$56.00	$26.10	$0	Enhanced	Generics	•
Yolo	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					

California 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Yolo	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Yolo	Health Net Of CA	Health Net Seniority Plus Green (H0562-052)	Local HMO *	$30.50					
Yolo	Health Net Of CA	Health Net Seniority Plus Ruby (H0562-039)	Local HMO	$50.00	$19.90	$0	Enhanced		•
Yolo	Humana Insurance Company	Humana Gold Choice PFFS H1804-276 (H1804-276)	PFFS	$32.00	$10.20	$265	Basic		
Yolo	Humana Insurance Company	Humana Gold Choice PFFS H1804-272 (H1804-272)	PFFS	$42.00	$19.80	$0	Enhanced		•
Yolo	Humana Insurance Company	Humana Gold Choice PFFS H1804-274 (H1804-274)	PFFS	$62.00	$19.80	$0	Enhanced		•
Yolo	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-013)	Local HMO	$89.00	$15.00	$0	Basic		•
Yolo	Secure Horizons Medicare Advantage Plan	MedicareComplete (H0543-093)	Local HMO	$83.00	$6.80	$0	Enhanced		•
Yolo	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	$0.00					
Yolo	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	$10.30	$10.30	$265	Basic		
Yolo	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 100 (H5435-016)	PFFS *	$99.00					
Yolo	Sierra Optima	Sierra Optima (H4449-004)	PFFS *	$0.00					
Yolo	Sierra Optima	Sierra Optima Plus (H4449-009)	PFFS *	$53.10					
Yolo	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Yolo	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Yolo	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Yolo	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Yolo	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Yolo	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Yolo	WellCare	Summit (H4577-005)	PFFS	$91.00	$0.00	$0	Enhanced		•
Yolo	Western Health Advantage	WHA Care+ MA-PD Plan (H0532-001)	Local HMO	$61.00	$26.70	$0	Enhanced	Generics	•
Yuba	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Yuba	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan I (R9943-001)	Regional PPO	$0.00	$0.00	$0	Enhanced	Generics	•
Yuba	BC LIFE & HEALTH INSURANCE COMPANY	Freedom Blue Plan II (R9943-002)	Regional PPO	$50.00	$24.90	$0	Enhanced	Generics	•
Yuba	Blue Cross of California	SmartSaver - Plan I (H5769-001)	MSA *	$0.00					
Yuba	Health Net	Health Net Pearl Option 2 (H5996-003)	PFFS *	$25.00					
Yuba	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	$79.00					
Yuba	Humana Insurance Company	Humana Gold Choice PFFS H1804-277 (H1804-277)	PFFS	$62.00	$10.20	$265	Basic		
Yuba	Humana Insurance Company	Humana Gold Choice PFFS H1804-273 (H1804-273)	PFFS	$72.00	$19.80	$0	Enhanced		•
Yuba	Humana Insurance Company	Humana Gold Choice PFFS H1804-275 (H1804-275)	PFFS	$92.00	$19.80	$0	Enhanced		•
Yuba	Kaiser Permanente	Kaiser Permanente Senior Advantage (H0524-013)	Local HMO	$89.00	$15.00	$0	Basic		•
Yuba	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Yuba	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Yuba	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Yuba	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Yuba	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Yuba	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Yuba	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Yuba	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Yuba	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•