

*Landscape of Plan
Options in
Massachusetts
2007*

Medicare_{Rx}
Prescription Drug Coverage

**Medicare Advantage
Cost Plans and Demonstrations**

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Massachusetts 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
Barnstable	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue Prime (H2261-015)	Local HMO *	\$77.00					
Barnstable	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue Prime (H2230-010)	Local PPO *	\$96.00					
Barnstable	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PlusRx (H2261-005)	Local HMO	\$103.00	\$23.60	\$0	Enhanced		•
Barnstable	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PremierRx (H2261-011)	Local HMO	\$118.00	\$41.40	\$0	Enhanced	Generics	•
Barnstable	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PlusRx (H2230-002)	Local PPO	\$123.00	\$23.60	\$0	Enhanced		•
Barnstable	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PremierRx (H2230-006)	Local PPO	\$137.00	\$41.40	\$0	Enhanced	Generics	•
Barnstable	Tufts Health Plan	Medicare Preferred HMO Value (H2256-019)	Local HMO *	\$41.00					
Barnstable	Tufts Health Plan	Medicare Preferred HMO Prime (H2256-016)	Local HMO *	\$59.00					
Barnstable	Tufts Health Plan	Medicare Preferred HMO Value Rx (H2256-018)	Local HMO	\$60.00	\$20.20	\$0	Enhanced		•
Barnstable	Tufts Health Plan	Medicare Preferred HMO Value Rx Plus (H2256-017)	Local HMO	\$72.00	\$30.70	\$0	Enhanced	Generics	•
Barnstable	Tufts Health Plan	Medicare Preferred HMO Prime Rx (H2256-015)	Local HMO	\$78.00	\$19.20	\$0	Enhanced		•
Barnstable	Tufts Health Plan	Medicare Preferred HMO Prime Rx Plus (H2256-001)	Local HMO	\$90.00	\$30.70	\$0	Enhanced	Generics	•
Barnstable	Tufts Health Plan	Medicare Preferred PPO (H2229-001)	Local PPO *	\$103.00					
Barnstable	Tufts Health Plan	Medicare Preferred PPO Rx (H2229-010)	Local PPO	\$123.00	\$20.20	\$0	Enhanced		•
Barnstable	Tufts Health Plan	Medicare Preferred PPO Rx Plus (H2229-011)	Local PPO	\$134.00	\$30.70	\$0	Enhanced	Generics	•
Barnstable	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Berkshire	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Berkshire	Humana Insurance Company	Humana Gold Choice PFFS H1804-256 (H1804-256)	PFFS	\$89.00	\$13.10	\$265	Basic		
Berkshire	Humana Insurance Company	Humana Gold Choice PFFS H1804-254 (H1804-254)	PFFS	\$99.00	\$23.60	\$0	Enhanced		•
Berkshire	Humana Insurance Company	Humana Gold Choice PFFS H1804-255 (H1804-255)	PFFS	\$129.00	\$23.60	\$0	Enhanced		•
Berkshire	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Bristol	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Bristol	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue Prime (H2261-015)	Local HMO *	\$77.00					
Bristol	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue Prime (H2230-010)	Local PPO *	\$96.00					
Bristol	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PlusRx (H2261-005)	Local HMO	\$103.00	\$23.60	\$0	Enhanced		•
Bristol	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PremierRx (H2261-011)	Local HMO	\$118.00	\$41.40	\$0	Enhanced	Generics	•
Bristol	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PlusRx (H2230-002)	Local PPO	\$123.00	\$23.60	\$0	Enhanced		•
Bristol	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PremierRx (H2230-006)	Local PPO	\$137.00	\$41.40	\$0	Enhanced	Generics	•
Bristol	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5909-001)	Demo *	\$0.00					
Bristol	Tufts Health Plan	Medicare Preferred HMO Value (H2256-019)	Local HMO *	\$61.00					
Bristol	Tufts Health Plan	Medicare Preferred HMO Value Rx (H2256-018)	Local HMO	\$80.00	\$20.20	\$0	Enhanced		•
Bristol	Tufts Health Plan	Medicare Preferred PPO (H2229-001)	Local PPO *	\$90.00					
Bristol	Tufts Health Plan	Medicare Preferred HMO Value Rx Plus (H2256-017)	Local HMO	\$92.00	\$30.70	\$0	Enhanced	Generics	•
Bristol	Tufts Health Plan	Medicare Preferred HMO Prime (H2256-016)	Local HMO *	\$99.00					
Bristol	Tufts Health Plan	Medicare Preferred PPO Rx (H2229-010)	Local PPO	\$109.00	\$19.20	\$0	Enhanced		•
Bristol	Tufts Health Plan	Medicare Preferred HMO Prime Rx (H2256-015)	Local HMO	\$118.00	\$19.20	\$0	Enhanced		•
Bristol	Tufts Health Plan	Medicare Preferred PPO Rx Plus (H2229-011)	Local PPO	\$121.00	\$30.70	\$0	Enhanced	Generics	•
Bristol	Tufts Health Plan	Medicare Preferred HMO Prime Rx Plus (H2256-001)	Local HMO	\$130.00	\$30.70	\$0	Enhanced	Generics	•
Bristol	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Dukes	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Dukes	Advantra® Freedom	Freedom 5 (H5227-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dukes	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					

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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
Dukes	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Dukes	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Essex	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Essex	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue Prime (H2261-015)	Local HMO *	\$77.00					
Essex	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue Prime (H2230-010)	Local PPO *	\$96.00					
Essex	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PlusRx (H2261-005)	Local HMO	\$103.00	\$23.60	\$0	Enhanced		•
Essex	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PremierRx (H2261-011)	Local HMO	\$118.00	\$41.40	\$0	Enhanced	Generics	•
Essex	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PlusRx (H2230-002)	Local PPO	\$123.00	\$23.60	\$0	Enhanced		•
Essex	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PremierRx (H2230-006)	Local PPO	\$137.00	\$41.40	\$0	Enhanced	Generics	•
Essex	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5909-001)	Demo *	\$0.00					
Essex	HARVARD PILGRIM HEALTH CARE INC.	First Seniority Freedom (H7226-009)	PFFS *	\$0.00					
Essex	HARVARD PILGRIM HEALTH CARE INC.	First Seniority Freedom (H7226-008)	PFFS	\$26.00	\$17.50	\$0	Enhanced		•
Essex	HARVARD PILGRIM HEALTH CARE INC.	First Seniority Freedom Plus (H7226-007)	PFFS	\$78.00	\$37.40	\$0	Enhanced	Generics and Preferred Brands	•
Essex	Tufts Health Plan	Medicare Preferred HMO Value (H2256-019)	Local HMO *	\$68.00					
Essex	Tufts Health Plan	Medicare Preferred HMO Value Rx (H2256-018)	Local HMO	\$87.00	\$20.20	\$0	Enhanced		•
Essex	Tufts Health Plan	Medicare Preferred HMO Value Rx Plus (H2256-017)	Local HMO	\$99.00	\$30.70	\$0	Enhanced	Generics	•
Essex	Tufts Health Plan	Medicare Preferred PPO (H2229-001)	Local PPO *	\$103.00					
Essex	Tufts Health Plan	Medicare Preferred HMO Prime (H2256-016)	Local HMO *	\$106.00					
Essex	Tufts Health Plan	Medicare Preferred PPO Rx (H2229-010)	Local PPO	\$123.00	\$20.20	\$0	Enhanced		•
Essex	Tufts Health Plan	Medicare Preferred HMO Prime Rx (H2256-015)	Local HMO	\$125.00	\$19.20	\$0	Enhanced		•
Essex	Tufts Health Plan	Medicare Preferred PPO Rx Plus (H2229-011)	Local PPO	\$134.00	\$30.70	\$0	Enhanced	Generics	•
Essex	Tufts Health Plan	Medicare Preferred HMO Prime Rx Plus (H2256-001)	Local HMO	\$137.00	\$30.70	\$0	Enhanced	Generics	•
Essex	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Essex	United HealthCare Insurance Company	Erickson Advantage Signature without Drugs (H5754-002)	Demo *	\$90.00					
Essex	United HealthCare Insurance Company	Erickson Advantage Signature with Drugs (H5754-001)	Demo	\$126.00	\$18.80	\$0	Enhanced		•
Franklin	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Franklin	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Franklin	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue Prime (H2261-015)	Local HMO *	\$77.00					
Franklin	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue Prime (H2230-010)	Local PPO *	\$96.00					
Franklin	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PlusRx (H2261-005)	Local HMO	\$103.00	\$23.60	\$0	Enhanced		•
Franklin	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PremierRx (H2261-011)	Local HMO	\$118.00	\$41.40	\$0	Enhanced	Generics	•
Franklin	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PlusRx (H2230-002)	Local PPO	\$123.00	\$23.60	\$0	Enhanced		•
Franklin	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PremierRx (H2230-006)	Local PPO	\$137.00	\$41.40	\$0	Enhanced	Generics	•
Franklin	Fallon Community Health Plan	Fallon Senior Plan Saver (H9001-010)	Local HMO *	\$0.00					
Franklin	Fallon Community Health Plan	Fallon Senior Plan Saver Basic Rx (H9001-011)	Local HMO	\$27.00	\$27.00	\$265	Enhanced		•
Franklin	Fallon Community Health Plan	Fallon Senior Plan Saver Enhanced Rx (H9001-013)	Local HMO	\$47.00	\$45.40	\$0	Enhanced		•
Franklin	Fallon Community Health Plan	Fallon Senior Plan Standard (H9001-001)	Local HMO *	\$55.00					
Franklin	Fallon Community Health Plan	Fallon Senior Plan Standard Basic Rx (H9001-014)	Local HMO	\$84.00	\$27.50	\$265	Enhanced		•
Franklin	Fallon Community Health Plan	Fallon Senior Plan Plus (H9001-016)	Local HMO *	\$99.00					

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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
Franklin	Fallon Community Health Plan	Fallon Senior Plan Standard Enhanced Rx (H9001-015)	Local HMO	\$102.00	\$45.40	\$0	Enhanced		•
Franklin	Fallon Community Health Plan	Fallon Senior Plan Plus Basic Rx (H9001-006)	Local HMO	\$128.00	\$27.50	\$265	Enhanced		•
Franklin	Fallon Community Health Plan	Fallon Senior Plan Plus Advanced Rx (H9001-017)	Local HMO	\$159.00	\$58.50	\$0	Enhanced	Generics	•
Franklin	Fallon Community Health Plan	Fallon Senior Plan Preferred Enhanced Rx (H2411-002)	Local PPO	\$182.00	\$52.40	\$0	Enhanced		•
Franklin	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5909-001)	Demo *	\$0.00					
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-256 (H1804-256)	PFFS	\$89.00	\$13.10	\$265	Basic		
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-254 (H1804-254)	PFFS	\$99.00	\$23.60	\$0	Enhanced		•
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-255 (H1804-255)	PFFS	\$129.00	\$23.60	\$0	Enhanced		•
Franklin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Franklin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
Franklin	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Hampden	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Hampden	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue Prime (H2261-015)	Local HMO *	\$77.00					
Hampden	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue Prime (H2230-010)	Local PPO *	\$96.00					
Hampden	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PlusRx (H2261-005)	Local HMO	\$103.00	\$23.60	\$0	Enhanced		•
Hampden	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PremierRx (H2261-011)	Local HMO	\$118.00	\$41.40	\$0	Enhanced	Generics	•
Hampden	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PlusRx (H2230-002)	Local PPO	\$123.00	\$23.60	\$0	Enhanced		•
Hampden	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PremierRx (H2230-006)	Local PPO	\$137.00	\$41.40	\$0	Enhanced	Generics	•
Hampden	Fallon Community Health Plan	Fallon Senior Plan Saver (H9001-010)	Local HMO *	\$0.00					
Hampden	Fallon Community Health Plan	Fallon Senior Plan Saver Basic Rx (H9001-011)	Local HMO	\$27.00	\$27.00	\$265	Enhanced		•
Hampden	Fallon Community Health Plan	Fallon Senior Plan Saver Enhanced Rx (H9001-013)	Local HMO	\$47.00	\$45.40	\$0	Enhanced		•
Hampden	Fallon Community Health Plan	Fallon Senior Plan Standard (H9001-001)	Local HMO *	\$55.00					
Hampden	Fallon Community Health Plan	Fallon Senior Plan Standard Basic Rx (H9001-014)	Local HMO	\$84.00	\$27.50	\$265	Enhanced		•
Hampden	Fallon Community Health Plan	Fallon Senior Plan Plus (H9001-016)	Local HMO *	\$99.00					
Hampden	Fallon Community Health Plan	Fallon Senior Plan Standard Enhanced Rx (H9001-015)	Local HMO	\$102.00	\$45.40	\$0	Enhanced		•
Hampden	Fallon Community Health Plan	Fallon Senior Plan Plus Basic Rx (H9001-006)	Local HMO	\$128.00	\$27.50	\$265	Enhanced		•
Hampden	Fallon Community Health Plan	Fallon Senior Plan Plus Advanced Rx (H9001-017)	Local HMO	\$159.00	\$58.50	\$0	Enhanced	Generics	•
Hampden	Fallon Community Health Plan	Fallon Senior Plan Preferred Enhanced Rx (H2411-002)	Local PPO	\$182.00	\$52.40	\$0	Enhanced		•
Hampden	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5909-001)	Demo *	\$0.00					
Hampden	Humana Insurance Company	Humana Gold Choice PFFS H1804-256 (H1804-256)	PFFS	\$89.00	\$13.10	\$265	Basic		
Hampden	Humana Insurance Company	Humana Gold Choice PFFS H1804-254 (H1804-254)	PFFS	\$99.00	\$23.60	\$0	Enhanced		•
Hampden	Humana Insurance Company	Humana Gold Choice PFFS H1804-255 (H1804-255)	PFFS	\$129.00	\$23.60	\$0	Enhanced		•
Hampden	Tufts Health Plan	Medicare Preferred HMO Value (H2256-019)	Local HMO *	\$41.00					
Hampden	Tufts Health Plan	Medicare Preferred HMO Value Rx (H2256-018)	Local HMO	\$60.00	\$20.20	\$0	Enhanced		•
Hampden	Tufts Health Plan	Medicare Preferred HMO Value Rx Plus (H2256-017)	Local HMO	\$72.00	\$30.70	\$0	Enhanced	Generics	•
Hampden	Tufts Health Plan	Medicare Preferred HMO Prime (H2256-016)	Local HMO *	\$79.00					
Hampden	Tufts Health Plan	Medicare Preferred HMO Prime Rx (H2256-015)	Local HMO	\$98.00	\$19.20	\$0	Enhanced		•
Hampden	Tufts Health Plan	Medicare Preferred PPO (H2229-001)	Local PPO *	\$103.00					
Hampden	Tufts Health Plan	Medicare Preferred HMO Prime Rx Plus (H2256-001)	Local HMO	\$110.00	\$30.70	\$0	Enhanced	Generics	•

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Hampden	Tufts Health Plan	Medicare Preferred PPO Rx (H2229-010)	Local PPO	\$123.00	\$20.20	\$0	Enhanced		•
Hampden	Tufts Health Plan	Medicare Preferred PPO Rx Plus (H2229-011)	Local PPO	\$134.00	\$30.70	\$0	Enhanced	Generics	•
Hampden	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Hampden	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Hampden	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Hampden	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Hampden	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Hampshire	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Hampshire	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Hampshire	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue Prime (H2261-015)	Local HMO *	\$77.00					
Hampshire	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue Prime (H2230-010)	Local PPO *	\$96.00					
Hampshire	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PlusRx (H2261-005)	Local HMO	\$103.00	\$23.60	\$0	Enhanced		•
Hampshire	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PremierRx (H2261-011)	Local HMO	\$118.00	\$41.40	\$0	Enhanced	Generics	•
Hampshire	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PlusRx (H2230-002)	Local PPO	\$123.00	\$23.60	\$0	Enhanced		•
Hampshire	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PremierRx (H2230-006)	Local PPO	\$137.00	\$41.40	\$0	Enhanced	Generics	•
Hampshire	Fallon Community Health Plan	Fallon Senior Plan Saver (H9001-010)	Local HMO *	\$0.00					
Hampshire	Fallon Community Health Plan	Fallon Senior Plan Saver Basic Rx (H9001-011)	Local HMO	\$27.00	\$27.00	\$265	Enhanced		•
Hampshire	Fallon Community Health Plan	Fallon Senior Plan Saver Enhanced Rx (H9001-013)	Local HMO	\$47.00	\$45.40	\$0	Enhanced		•
Hampshire	Fallon Community Health Plan	Fallon Senior Plan Standard (H9001-001)	Local HMO *	\$55.00					
Hampshire	Fallon Community Health Plan	Fallon Senior Plan Standard Basic Rx (H9001-014)	Local HMO	\$84.00	\$27.50	\$265	Enhanced		•
Hampshire	Fallon Community Health Plan	Fallon Senior Plan Plus (H9001-016)	Local HMO *	\$99.00					
Hampshire	Fallon Community Health Plan	Fallon Senior Plan Standard Enhanced Rx (H9001-015)	Local HMO	\$102.00	\$45.40	\$0	Enhanced		•
Hampshire	Fallon Community Health Plan	Fallon Senior Plan Plus Basic Rx (H9001-006)	Local HMO	\$128.00	\$27.50	\$265	Enhanced		•
Hampshire	Fallon Community Health Plan	Fallon Senior Plan Plus Advanced Rx (H9001-017)	Local HMO	\$159.00	\$58.50	\$0	Enhanced	Generics	•
Hampshire	Fallon Community Health Plan	Fallon Senior Plan Preferred Enhanced Rx (H2411-002)	Local PPO	\$182.00	\$52.40	\$0	Enhanced		•
Hampshire	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5909-001)	Demo *	\$0.00					
Hampshire	Humana Insurance Company	Humana Gold Choice PFFS H1804-256 (H1804-256)	PFFS	\$89.00	\$13.10	\$265	Basic		
Hampshire	Humana Insurance Company	Humana Gold Choice PFFS H1804-254 (H1804-254)	PFFS	\$99.00	\$23.60	\$0	Enhanced		•
Hampshire	Humana Insurance Company	Humana Gold Choice PFFS H1804-255 (H1804-255)	PFFS	\$129.00	\$23.60	\$0	Enhanced		•
Hampshire	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Middlesex	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Middlesex	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue Prime (H2261-015)	Local HMO *	\$77.00					
Middlesex	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue Prime (H2230-010)	Local PPO *	\$96.00					
Middlesex	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PlusRx (H2261-005)	Local HMO	\$103.00	\$23.60	\$0	Enhanced		•
Middlesex	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PremierRx (H2261-011)	Local HMO	\$118.00	\$41.40	\$0	Enhanced	Generics	•
Middlesex	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PlusRx (H2230-002)	Local PPO	\$123.00	\$23.60	\$0	Enhanced		•
Middlesex	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PremierRx (H2230-006)	Local PPO	\$137.00	\$41.40	\$0	Enhanced	Generics	•
Middlesex	Fallon Community Health Plan	Fallon Senior Plan Saver (H9001-010)	Local HMO *	\$0.00					
Middlesex	Fallon Community Health Plan	Fallon Senior Plan Saver Basic Rx (H9001-011)	Local HMO	\$27.00	\$27.00	\$265	Enhanced		•
Middlesex	Fallon Community Health Plan	Fallon Senior Plan Saver Enhanced Rx (H9001-013)	Local HMO	\$47.00	\$45.40	\$0	Enhanced		•

Massachusetts 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
Middlesex	Fallon Community Health Plan	Fallon Senior Plan Standard (H9001-001)	Local HMO *	\$55.00					
Middlesex	Fallon Community Health Plan	Fallon Senior Plan Standard Basic Rx (H9001-014)	Local HMO	\$84.00	\$27.50	\$265	Enhanced		•
Middlesex	Fallon Community Health Plan	Fallon Senior Plan Plus (H9001-016)	Local HMO *	\$99.00					
Middlesex	Fallon Community Health Plan	Fallon Senior Plan Standard Enhanced Rx (H9001-015)	Local HMO	\$102.00	\$45.40	\$0	Enhanced		•
Middlesex	Fallon Community Health Plan	Fallon Senior Plan Plus Basic Rx (H9001-006)	Local HMO	\$128.00	\$27.50	\$265	Enhanced		•
Middlesex	Fallon Community Health Plan	Fallon Senior Plan Plus Advanced Rx (H9001-017)	Local HMO	\$159.00	\$58.50	\$0	Enhanced	Generics	•
Middlesex	Fallon Community Health Plan	Fallon Senior Plan Preferred Enhanced Rx (H2411-002)	Local PPO	\$182.00	\$52.40	\$0	Enhanced		•
Middlesex	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5909-001)	Demo *	\$0.00					
Middlesex	HARVARD PILGRIM HEALTH CARE INC.	First Seniority Freedom (H7226-009)	PFFS *	\$0.00					
Middlesex	HARVARD PILGRIM HEALTH CARE INC.	First Seniority Freedom (H7226-008)	PFFS	\$26.00	\$17.50	\$0	Enhanced		•
Middlesex	HARVARD PILGRIM HEALTH CARE INC.	First Seniority Freedom Plus (H7226-007)	PFFS	\$78.00	\$37.40	\$0	Enhanced	Generics and Preferred Brands	•
Middlesex	Tufts Health Plan	Medicare Preferred HMO Value (H2256-019)	Local HMO *	\$61.00					
Middlesex	Tufts Health Plan	Medicare Preferred HMO Value Rx (H2256-018)	Local HMO	\$80.00	\$20.20	\$0	Enhanced		•
Middlesex	Tufts Health Plan	Medicare Preferred HMO Value Rx Plus (H2256-017)	Local HMO	\$92.00	\$30.70	\$0	Enhanced	Generics	•
Middlesex	Tufts Health Plan	Medicare Preferred HMO Prime (H2256-016)	Local HMO *	\$99.00					
Middlesex	Tufts Health Plan	Medicare Preferred PPO (H2229-001)	Local PPO *	\$103.00					
Middlesex	Tufts Health Plan	Medicare Preferred HMO Prime Rx (H2256-015)	Local HMO	\$118.00	\$19.20	\$0	Enhanced		•
Middlesex	Tufts Health Plan	Medicare Preferred PPO Rx (H2229-010)	Local PPO	\$123.00	\$20.20	\$0	Enhanced		•
Middlesex	Tufts Health Plan	Medicare Preferred HMO Prime Rx Plus (H2256-001)	Local HMO	\$130.00	\$30.70	\$0	Enhanced	Generics	•
Middlesex	Tufts Health Plan	Medicare Preferred PPO Rx Plus (H2229-011)	Local PPO	\$134.00	\$30.70	\$0	Enhanced	Generics	•
Middlesex	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Nantucket	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Norfolk	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Norfolk	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue Prime (H2261-015)	Local HMO *	\$77.00					
Norfolk	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue Prime (H2230-010)	Local PPO *	\$96.00					
Norfolk	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PlusRx (H2261-005)	Local HMO	\$103.00	\$23.60	\$0	Enhanced		•
Norfolk	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PremierRx (H2261-011)	Local HMO	\$118.00	\$41.40	\$0	Enhanced	Generics	•
Norfolk	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PlusRx (H2230-002)	Local PPO	\$123.00	\$23.60	\$0	Enhanced		•
Norfolk	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PremierRx (H2230-006)	Local PPO	\$137.00	\$41.40	\$0	Enhanced	Generics	•
Norfolk	Fallon Community Health Plan	Fallon Senior Plan Saver (H9001-010)	Local HMO *	\$0.00					
Norfolk	Fallon Community Health Plan	Fallon Senior Plan Saver Basic Rx (H9001-011)	Local HMO	\$27.00	\$27.00	\$265	Enhanced		•
Norfolk	Fallon Community Health Plan	Fallon Senior Plan Saver Enhanced Rx (H9001-013)	Local HMO	\$47.00	\$45.40	\$0	Enhanced		•
Norfolk	Fallon Community Health Plan	Fallon Senior Plan Standard (H9001-001)	Local HMO *	\$55.00					
Norfolk	Fallon Community Health Plan	Fallon Senior Plan Standard Basic Rx (H9001-014)	Local HMO	\$84.00	\$27.50	\$265	Enhanced		•
Norfolk	Fallon Community Health Plan	Fallon Senior Plan Plus (H9001-016)	Local HMO *	\$99.00					
Norfolk	Fallon Community Health Plan	Fallon Senior Plan Standard Enhanced Rx (H9001-015)	Local HMO	\$102.00	\$45.40	\$0	Enhanced		•
Norfolk	Fallon Community Health Plan	Fallon Senior Plan Plus Basic Rx (H9001-006)	Local HMO	\$128.00	\$27.50	\$265	Enhanced		•
Norfolk	Fallon Community Health Plan	Fallon Senior Plan Plus Advanced Rx (H9001-017)	Local HMO	\$159.00	\$58.50	\$0	Enhanced	Generics	•
Norfolk	Fallon Community Health Plan	Fallon Senior Plan Preferred Enhanced Rx (H2411-002)	Local PPO	\$182.00	\$52.40	\$0	Enhanced		•
Norfolk	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5909-001)	Demo *	\$0.00					
Norfolk	HARVARD PILGRIM HEALTH CARE INC.	First Seniority Freedom (H7226-009)	PFFS *	\$0.00					
Norfolk	HARVARD PILGRIM HEALTH CARE INC.	First Seniority Freedom (H7226-008)	PFFS	\$26.00	\$17.50	\$0	Enhanced		•

Massachusetts 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
Norfolk	HARVARD PILGRIM HEALTH CARE INC.	First Seniority Freedom Plus (H7226-007)	PFFS	\$78.00	\$37.40	\$0	Enhanced	Generics and Preferred Brands	•
Norfolk	Tufts Health Plan	Medicare Preferred HMO Value (H2256-019)	Local HMO *	\$41.00					
Norfolk	Tufts Health Plan	Medicare Preferred HMO Value Rx (H2256-018)	Local HMO	\$60.00	\$20.20	\$0	Enhanced		•
Norfolk	Tufts Health Plan	Medicare Preferred HMO Value Rx Plus (H2256-017)	Local HMO	\$72.00	\$30.70	\$0	Enhanced	Generics	•
Norfolk	Tufts Health Plan	Medicare Preferred HMO Prime (H2256-016)	Local HMO *	\$79.00					
Norfolk	Tufts Health Plan	Medicare Preferred HMO Prime Rx (H2256-015)	Local HMO	\$98.00	\$19.20	\$0	Enhanced		•
Norfolk	Tufts Health Plan	Medicare Preferred PPO (H2229-001)	Local PPO *	\$103.00					
Norfolk	Tufts Health Plan	Medicare Preferred HMO Prime Rx Plus (H2256-001)	Local HMO	\$110.00	\$30.70	\$0	Enhanced	Generics	•
Norfolk	Tufts Health Plan	Medicare Preferred PPO Rx (H2229-010)	Local PPO	\$123.00	\$20.20	\$0	Enhanced		•
Norfolk	Tufts Health Plan	Medicare Preferred PPO Rx Plus (H2229-011)	Local PPO	\$134.00	\$30.70	\$0	Enhanced	Generics	•
Norfolk	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Plymouth	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Plymouth	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue Prime (H2261-015)	Local HMO *	\$77.00					
Plymouth	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue Prime (H2230-010)	Local PPO *	\$96.00					
Plymouth	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PlusRx (H2261-005)	Local HMO	\$103.00	\$23.60	\$0	Enhanced		•
Plymouth	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PremierRx (H2261-011)	Local HMO	\$118.00	\$41.40	\$0	Enhanced	Generics	•
Plymouth	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PlusRx (H2230-002)	Local PPO	\$123.00	\$23.60	\$0	Enhanced		•
Plymouth	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PremierRx (H2230-006)	Local PPO	\$137.00	\$41.40	\$0	Enhanced	Generics	•
Plymouth	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5909-001)	Demo *	\$0.00					
Plymouth	Tufts Health Plan	Medicare Preferred HMO Value (H2256-019)	Local HMO *	\$51.00					
Plymouth	Tufts Health Plan	Medicare Preferred HMO Prime (H2256-016)	Local HMO *	\$69.00					
Plymouth	Tufts Health Plan	Medicare Preferred HMO Value Rx (H2256-018)	Local HMO	\$70.00	\$20.20	\$0	Enhanced		•
Plymouth	Tufts Health Plan	Medicare Preferred HMO Value Rx Plus (H2256-017)	Local HMO	\$82.00	\$30.70	\$0	Enhanced	Generics	•
Plymouth	Tufts Health Plan	Medicare Preferred HMO Prime Rx (H2256-015)	Local HMO	\$88.00	\$19.20	\$0	Enhanced		•
Plymouth	Tufts Health Plan	Medicare Preferred PPO (H2229-001)	Local PPO *	\$90.00					
Plymouth	Tufts Health Plan	Medicare Preferred HMO Prime Rx Plus (H2256-001)	Local HMO	\$100.00	\$30.70	\$0	Enhanced	Generics	•
Plymouth	Tufts Health Plan	Medicare Preferred PPO Rx (H2229-010)	Local PPO	\$109.00	\$19.20	\$0	Enhanced		•
Plymouth	Tufts Health Plan	Medicare Preferred PPO Rx Plus (H2229-011)	Local PPO	\$121.00	\$30.70	\$0	Enhanced	Generics	•
Plymouth	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Plymouth	United HealthCare Insurance Company	Erickson Advantage Signature without Drugs (H5754-002)	Demo *	\$90.00					
Plymouth	United HealthCare Insurance Company	Erickson Advantage Signature with Drugs (H5754-001)	Demo	\$126.00	\$18.80	\$0	Enhanced		•
Suffolk	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Suffolk	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue Prime (H2261-015)	Local HMO *	\$77.00					
Suffolk	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue Prime (H2230-010)	Local PPO *	\$96.00					
Suffolk	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PlusRx (H2261-005)	Local HMO	\$103.00	\$23.60	\$0	Enhanced		•
Suffolk	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PremierRx (H2261-011)	Local HMO	\$118.00	\$41.40	\$0	Enhanced	Generics	•
Suffolk	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PlusRx (H2230-002)	Local PPO	\$123.00	\$23.60	\$0	Enhanced		•
Suffolk	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PremierRx (H2230-006)	Local PPO	\$137.00	\$41.40	\$0	Enhanced	Generics	•
Suffolk	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5909-001)	Demo *	\$0.00					

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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
Suffolk	HARVARD PILGRIM HEALTH CARE INC.	First Seniority Freedom (H7226-009)	PFFS *	\$0.00					
Suffolk	HARVARD PILGRIM HEALTH CARE INC.	First Seniority Freedom (H7226-008)	PFFS	\$26.00	\$17.50	\$0	Enhanced		•
Suffolk	HARVARD PILGRIM HEALTH CARE INC.	First Seniority Freedom Plus (H7226-007)	PFFS	\$78.00	\$37.40	\$0	Enhanced	Generics and Preferred Brands	•
Suffolk	Tufts Health Plan	Medicare Preferred HMO Value (H2256-019)	Local HMO *	\$68.00					
Suffolk	Tufts Health Plan	Medicare Preferred HMO Value Rx (H2256-018)	Local HMO	\$87.00	\$20.20	\$0	Enhanced		•
Suffolk	Tufts Health Plan	Medicare Preferred HMO Value Rx Plus (H2256-017)	Local HMO	\$99.00	\$30.70	\$0	Enhanced	Generics	•
Suffolk	Tufts Health Plan	Medicare Preferred PPO (H2229-001)	Local PPO *	\$103.00					
Suffolk	Tufts Health Plan	Medicare Preferred HMO Prime (H2256-016)	Local HMO *	\$106.00					
Suffolk	Tufts Health Plan	Medicare Preferred PPO Rx (H2229-010)	Local PPO	\$123.00	\$20.20	\$0	Enhanced		•
Suffolk	Tufts Health Plan	Medicare Preferred HMO Prime Rx (H2256-015)	Local HMO	\$125.00	\$19.20	\$0	Enhanced		•
Suffolk	Tufts Health Plan	Medicare Preferred PPO Rx Plus (H2229-011)	Local PPO	\$134.00	\$30.70	\$0	Enhanced	Generics	•
Suffolk	Tufts Health Plan	Medicare Preferred HMO Prime Rx Plus (H2256-001)	Local HMO	\$137.00	\$30.70	\$0	Enhanced	Generics	•
Suffolk	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Suffolk	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Suffolk	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Suffolk	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Suffolk	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Worcester	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue Prime (H2261-015)	Local HMO *	\$77.00					
Worcester	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue Prime (H2230-010)	Local PPO *	\$96.00					
Worcester	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PlusRx (H2261-005)	Local HMO	\$103.00	\$23.60	\$0	Enhanced		•
Worcester	Blue Cross and Blue Shield of Massachusetts, Inc.	Medicare HMO Blue PremierRx (H2261-011)	Local HMO	\$118.00	\$41.40	\$0	Enhanced	Generics	•
Worcester	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PlusRx (H2230-002)	Local PPO	\$123.00	\$23.60	\$0	Enhanced		•
Worcester	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue PremierRx (H2230-006)	Local PPO	\$137.00	\$41.40	\$0	Enhanced	Generics	•
Worcester	Fallon Community Health Plan	Fallon Senior Plan Saver (H9001-010)	Local HMO *	\$0.00					
Worcester	Fallon Community Health Plan	Fallon Senior Plan Saver Basic Rx (H9001-011)	Local HMO	\$27.00	\$27.00	\$265	Enhanced		•
Worcester	Fallon Community Health Plan	Fallon Senior Plan Saver Enhanced Rx (H9001-013)	Local HMO	\$47.00	\$45.40	\$0	Enhanced		•
Worcester	Fallon Community Health Plan	Fallon Senior Plan Standard (H9001-001)	Local HMO *	\$55.00					
Worcester	Fallon Community Health Plan	Fallon Senior Plan Standard Basic Rx (H9001-014)	Local HMO	\$84.00	\$27.50	\$265	Enhanced		•
Worcester	Fallon Community Health Plan	Fallon Senior Plan Plus (H9001-016)	Local HMO *	\$99.00					
Worcester	Fallon Community Health Plan	Fallon Senior Plan Standard Enhanced Rx (H9001-015)	Local HMO	\$102.00	\$45.40	\$0	Enhanced		•
Worcester	Fallon Community Health Plan	Fallon Senior Plan Plus Basic Rx (H9001-006)	Local HMO	\$128.00	\$27.50	\$265	Enhanced		•
Worcester	Fallon Community Health Plan	Fallon Senior Plan Plus Advanced Rx (H9001-017)	Local HMO	\$159.00	\$58.50	\$0	Enhanced	Generics	•
Worcester	Fallon Community Health Plan	Fallon Senior Plan Preferred Enhanced Rx (H2411-002)	Local PPO	\$182.00	\$52.40	\$0	Enhanced		•
Worcester	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5909-001)	Demo *	\$0.00					
Worcester	Tufts Health Plan	Medicare Preferred HMO Value (H2256-019)	Local HMO *	\$68.00					
Worcester	Tufts Health Plan	Medicare Preferred HMO Value Rx (H2256-018)	Local HMO	\$87.00	\$20.20	\$0	Enhanced		•
Worcester	Tufts Health Plan	Medicare Preferred HMO Value Rx Plus (H2256-017)	Local HMO	\$99.00	\$30.70	\$0	Enhanced	Generics	•
Worcester	Tufts Health Plan	Medicare Preferred PPO (H2229-001)	Local PPO *	\$103.00					
Worcester	Tufts Health Plan	Medicare Preferred HMO Prime (H2256-016)	Local HMO *	\$106.00					
Worcester	Tufts Health Plan	Medicare Preferred PPO Rx (H2229-010)	Local PPO	\$123.00	\$20.20	\$0	Enhanced		•
Worcester	Tufts Health Plan	Medicare Preferred HMO Prime Rx (H2256-015)	Local HMO	\$125.00	\$19.20	\$0	Enhanced		•
Worcester	Tufts Health Plan	Medicare Preferred PPO Rx Plus (H2229-011)	Local PPO	\$134.00	\$30.70	\$0	Enhanced	Generics	•
Worcester	Tufts Health Plan	Medicare Preferred HMO Prime Rx Plus (H2256-001)	Local HMO	\$137.00	\$30.70	\$0	Enhanced	Generics	•
Worcester	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					