

*Landscape of Plan
Options in
Minnesota
2007*

Medicare_{Rx}
Prescription Drug Coverage _{Rx}

**Medicare Advantage
Cost Plans and Demonstrations**

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Minnesota 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
Aitkin	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Aitkin	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Aitkin	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Aitkin	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Aitkin	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Aitkin	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Aitkin	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Aitkin	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Aitkin	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Aitkin	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Aitkin	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Aitkin	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Aitkin	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Aitkin	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Aitkin	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Aitkin	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Aitkin	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Aitkin	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Aitkin	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Aitkin	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Aitkin	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Aitkin	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Aitkin	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Aitkin	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Aitkin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Aitkin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Aitkin	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Aitkin	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Aitkin	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Aitkin	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Aitkin	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Aitkin	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Aitkin	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Aitkin	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Aitkin	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Aitkin	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Aitkin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Aitkin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Anoka	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Anoka	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Anoka	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Anoka	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Anoka	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					

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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
Anoka	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Anoka	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Anoka	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Anoka	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Anoka	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Anoka	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Anoka	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Anoka	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Anoka	HealthPartners	HealthPartners Classic (H9005-007)	Local HMO	\$236.90	\$23.30	\$265	Basic		
Anoka	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Anoka	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Anoka	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Anoka	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Anoka	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Anoka	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Anoka	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Anoka	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Anoka	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Anoka	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Anoka	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Anoka	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage (H5750-002)	Local HMO *	\$4.20					
Anoka	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Basic (H5750-003)	Local HMO	\$35.30	\$35.30	\$265	Basic		•
Anoka	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Plus (H5750-001)	Local HMO	\$89.80	\$89.80	\$265	Enhanced	All Formulary Drugs	•
Anoka	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Anoka	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Anoka	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Anoka	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Anoka	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Anoka	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Anoka	UCare Minnesota	UCare for Seniors Value (H2459-001)	Local HMO *	\$42.00					
Anoka	UCare Minnesota	UCare for Seniors Value Plus (H2459-013)	Local HMO	\$65.00	\$18.50	\$0	Enhanced		•
Anoka	UCare Minnesota	UCare for Seniors Classic (H2459-002)	Local HMO	\$102.00	\$18.50	\$0	Enhanced		•
Anoka	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Anoka	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Anoka	WellCare	Concert (H4577-015)	PFFS	\$109.00	\$48.70	\$0	Enhanced		•
Anoka	WellCare	Summit (H4577-010)	PFFS	\$211.00	\$50.10	\$0	Enhanced		•
Becker	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Becker	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Becker	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Becker	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Becker	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•

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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
Becker	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Becker	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Becker	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Becker	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Becker	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Becker	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Becker	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Becker	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Becker	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Becker	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Becker	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Becker	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Becker	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Becker	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Becker	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Becker	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Becker	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Becker	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Becker	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Becker	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Becker	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Becker	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Becker	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Becker	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Becker	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Becker	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Becker	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Becker	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Becker	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Becker	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Becker	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Becker	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Becker	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Becker	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Becker	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Beltrami	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Beltrami	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Beltrami	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Beltrami	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Beltrami	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Beltrami	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Beltrami	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•

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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
Beltrami	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Beltrami	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Beltrami	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Beltrami	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Beltrami	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Beltrami	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Beltrami	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Beltrami	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Beltrami	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Beltrami	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Beltrami	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Beltrami	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Beltrami	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Beltrami	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Beltrami	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Beltrami	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Beltrami	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Beltrami	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Beltrami	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Beltrami	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Beltrami	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Beltrami	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Beltrami	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Beltrami	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Beltrami	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Beltrami	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Beltrami	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Beltrami	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Benton	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Benton	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Benton	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Benton	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Benton	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Benton	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
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Benton	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Benton	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
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Benton	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Benton	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$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
Benton	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Benton	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Benton	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Benton	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Benton	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Benton	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Benton	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Benton	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Benton	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Benton	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Benton	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Benton	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Benton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Benton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Benton	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Benton	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Benton	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Benton	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Benton	UCare Minnesota	UCare for Seniors Value (H2459-001)	Local HMO *	\$42.00					
Benton	UCare Minnesota	UCare for Seniors Value Plus (H2459-013)	Local HMO	\$65.00	\$18.50	\$0	Enhanced		•
Benton	UCare Minnesota	UCare for Seniors Classic (H2459-002)	Local HMO	\$102.00	\$18.50	\$0	Enhanced		•
Benton	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Benton	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Benton	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Benton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Benton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Big Stone	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Big Stone	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Big Stone	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Big Stone	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Big Stone	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Big Stone	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Big Stone	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Big Stone	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Big Stone	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Big Stone	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Big Stone	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Big Stone	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Big Stone	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Big Stone	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Big Stone	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Big Stone	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

Minnesota 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
Big Stone	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Big Stone	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Big Stone	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Big Stone	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Big Stone	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Big Stone	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Big Stone	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Big Stone	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Big Stone	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Big Stone	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Big Stone	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Big Stone	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Big Stone	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Big Stone	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Big Stone	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Big Stone	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Big Stone	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Big Stone	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Big Stone	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Big Stone	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Big Stone	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Big Stone	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Big Stone	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Blue Earth	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Blue Earth	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Blue Earth	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Blue Earth	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Blue Earth	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Blue Earth	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Blue Earth	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Blue Earth	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Blue Earth	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Blue Earth	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Blue Earth	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Blue Earth	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Blue Earth	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Blue Earth	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Blue Earth	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Blue Earth	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Blue Earth	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Blue Earth	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Blue Earth	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Blue Earth	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•

Minnesota 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
Blue Earth	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Blue Earth	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Blue Earth	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Blue Earth	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Blue Earth	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Blue Earth	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Blue Earth	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Blue Earth	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Blue Earth	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Blue Earth	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Blue Earth	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Blue Earth	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Blue Earth	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Blue Earth	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Blue Earth	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Blue Earth	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Blue Earth	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Blue Earth	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Blue Earth	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Blue Earth	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Blue Earth	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Blue Earth	WellCare	Summit (H4577-005)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Brown	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Brown	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Brown	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Brown	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Brown	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Brown	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Brown	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Brown	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Brown	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Brown	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Brown	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Brown	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Brown	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Brown	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Brown	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Brown	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Brown	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Brown	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Brown	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Brown	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Brown	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Brown	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•

Minnesota 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
Brown	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Brown	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Brown	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Brown	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Brown	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Brown	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Brown	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Brown	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Brown	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Brown	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Brown	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Brown	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Brown	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Brown	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Brown	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Brown	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Brown	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Brown	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Brown	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Brown	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Brown	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Carlton	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Carlton	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Carlton	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Carlton	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Carlton	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Carlton	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Carlton	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Carlton	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Carlton	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Carlton	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Carlton	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Carlton	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Carlton	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Carlton	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Carlton	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Carlton	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Carlton	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Carlton	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Carlton	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Carlton	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Carlton	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Carlton	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$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
Carlton	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Carlton	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Carlton	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Carlton	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Carlton	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Carlton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Carlton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Carlton	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Carlton	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Carlton	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Carlton	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Carlton	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Carlton	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Carlton	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Carlton	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Carlton	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Carlton	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Carlton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Carlton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Carver	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Carver	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Carver	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Carver	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Carver	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Carver	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Carver	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Carver	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Carver	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Carver	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Carver	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Carver	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Carver	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Carver	HealthPartners	HealthPartners Classic (H9005-007)	Local HMO	\$236.90	\$23.30	\$265	Basic		
Carver	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Carver	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Carver	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Carver	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Carver	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Carver	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Carver	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Carver	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Carver	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•

Minnesota 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
Carver	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Carver	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Carver	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage (H5750-002)	Local HMO *	\$4.20					
Carver	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Basic (H5750-003)	Local HMO	\$35.30	\$35.30	\$265	Basic		•
Carver	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Plus (H5750-001)	Local HMO	\$89.80	\$89.80	\$265	Enhanced	All Formulary Drugs	•
Carver	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Carver	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Carver	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Carver	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Carver	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Carver	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Carver	UCare Minnesota	UCare for Seniors Value (H2459-001)	Local HMO *	\$42.00					
Carver	UCare Minnesota	UCare for Seniors Value Plus (H2459-013)	Local HMO	\$65.00	\$18.50	\$0	Enhanced		•
Carver	UCare Minnesota	UCare for Seniors Classic (H2459-002)	Local HMO	\$102.00	\$18.50	\$0	Enhanced		•
Carver	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Carver	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Carver	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Carver	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Carver	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Cass	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Cass	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Cass	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Cass	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Cass	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	•
Cass	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Cass	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Cass	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Cass	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Cass	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Cass	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Cass	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Cass	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Cass	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Cass	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cass	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cass	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Cass	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Cass	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Cass	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Cass	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Cass	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•

Minnesota 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
Cass	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Cass	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Cass	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cass	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cass	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Cass	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Cass	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Cass	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Cass	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Cass	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Cass	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Cass	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Cass	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Chippewa	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Chippewa	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Chippewa	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Chippewa	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Chippewa	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Chippewa	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Chippewa	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Chippewa	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Chippewa	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Chippewa	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Chippewa	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Chippewa	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Chippewa	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Chippewa	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Chippewa	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Chippewa	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Chippewa	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Chippewa	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Chippewa	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Chippewa	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Chippewa	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Chippewa	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Chippewa	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Chippewa	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Chippewa	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Chippewa	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Chippewa	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					

Minnesota 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
Chippewa	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Chippewa	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Chippewa	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Chippewa	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Chippewa	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Chippewa	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Chippewa	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Chippewa	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Chippewa	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Chippewa	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Chippewa	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Chippewa	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Chippewa	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Chisago	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Chisago	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Chisago	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Chisago	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Chisago	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Chisago	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Chisago	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Chisago	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Chisago	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Chisago	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Chisago	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Chisago	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Chisago	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Chisago	HealthPartners	HealthPartners Classic (H9005-007)	Local HMO	\$236.90	\$23.30	\$265	Basic		
Chisago	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Chisago	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Chisago	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Chisago	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Chisago	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Chisago	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Chisago	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Chisago	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Chisago	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Chisago	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Chisago	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Chisago	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage (H5750-002)	Local HMO *	\$4.20					
Chisago	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Basic (H5750-003)	Local HMO	\$35.30	\$35.30	\$265	Basic		•
Chisago	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Plus (H5750-001)	Local HMO	\$89.80	\$89.80	\$265	Enhanced	All Formulary Drugs	•

Minnesota 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
Chisago	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Chisago	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Chisago	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Chisago	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Chisago	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Chisago	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Chisago	UCare Minnesota	UCare for Seniors Value (H2459-001)	Local HMO *	\$42.00					
Chisago	UCare Minnesota	UCare for Seniors Value Plus (H2459-013)	Local HMO	\$65.00	\$18.50	\$0	Enhanced		•
Chisago	UCare Minnesota	UCare for Seniors Classic (H2459-002)	Local HMO	\$102.00	\$18.50	\$0	Enhanced		•
Chisago	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Clay	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Clay	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Clay	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Clay	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Clay	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Clay	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Clay	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Clay	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Clay	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Clay	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Clay	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Clay	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Clay	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Clay	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Clay	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Clay	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Clay	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Clay	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Clay	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Clay	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Clay	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Clay	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Clay	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Clay	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Clay	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Clay	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Clay	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Clay	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Clay	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Clay	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Clay	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Clay	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Clay	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Clay	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•

Minnesota 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
Clay	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Clay	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Clay	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Clay	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Clay	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Clay	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Clearwater	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Clearwater	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Clearwater	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Clearwater	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Clearwater	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Clearwater	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Clearwater	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Clearwater	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Clearwater	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Clearwater	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Clearwater	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Clearwater	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Clearwater	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Clearwater	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Clearwater	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Clearwater	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Clearwater	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Clearwater	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Clearwater	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Clearwater	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Clearwater	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Clearwater	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Clearwater	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Clearwater	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Clearwater	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Clearwater	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Clearwater	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Clearwater	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Clearwater	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Clearwater	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Clearwater	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Clearwater	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Clearwater	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Clearwater	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Clearwater	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Clearwater	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Clearwater	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Cook	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•

Minnesota 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
Cook	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Cook	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Cook	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Cook	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Cook	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Cook	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Cook	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Cook	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Cook	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Cook	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Cook	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Cook	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Cook	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cook	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cook	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Cook	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cook	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cook	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Cook	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Cook	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Cook	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Cook	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Cook	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Cook	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Cook	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Cook	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Cottonwood	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Cottonwood	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Cottonwood	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Cottonwood	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Cottonwood	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Cottonwood	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Cottonwood	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Cottonwood	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Cottonwood	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Cottonwood	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Cottonwood	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Cottonwood	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Cottonwood	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Cottonwood	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•

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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
Cottonwood	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Cottonwood	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cottonwood	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cottonwood	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Cottonwood	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Cottonwood	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Cottonwood	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Cottonwood	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Cottonwood	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Cottonwood	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Cottonwood	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Cottonwood	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Cottonwood	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cottonwood	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cottonwood	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Cottonwood	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Cottonwood	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Cottonwood	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Cottonwood	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Cottonwood	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Cottonwood	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Cottonwood	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Cottonwood	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Cottonwood	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Cottonwood	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Cottonwood	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Crow Wing	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Crow Wing	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Crow Wing	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Crow Wing	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Crow Wing	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	•
Crow Wing	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Crow Wing	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Crow Wing	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Crow Wing	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Crow Wing	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Crow Wing	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Crow Wing	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Crow Wing	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Crow Wing	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Crow Wing	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Crow Wing	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Crow Wing	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					

Minnesota 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
Crow Wing	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Crow Wing	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Crow Wing	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Crow Wing	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Crow Wing	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Crow Wing	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Crow Wing	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Crow Wing	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Crow Wing	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Crow Wing	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Crow Wing	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Crow Wing	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Crow Wing	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Crow Wing	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Crow Wing	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Crow Wing	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Crow Wing	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Dakota	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Dakota	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dakota	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dakota	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Dakota	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Dakota	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Dakota	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Dakota	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Dakota	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Dakota	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Dakota	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Dakota	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Dakota	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Dakota	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Dakota	HealthPartners	HealthPartners Classic (H9005-007)	Local HMO	\$236.90	\$23.30	\$265	Basic		
Dakota	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dakota	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dakota	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Dakota	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Dakota	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Dakota	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Dakota	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Dakota	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Dakota	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•

Minnesota 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
Dakota	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Dakota	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Dakota	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage (H5750-002)	Local HMO *	\$4.20					
Dakota	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Basic (H5750-003)	Local HMO	\$35.30	\$35.30	\$265	Basic		•
Dakota	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Plus (H5750-001)	Local HMO	\$89.80	\$89.80	\$265	Enhanced	All Formulary Drugs	•
Dakota	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Dakota	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dakota	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Dakota	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Dakota	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Dakota	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Dakota	UCare Minnesota	UCare for Seniors Value (H2459-001)	Local HMO *	\$42.00					
Dakota	UCare Minnesota	UCare for Seniors Value Plus (H2459-013)	Local HMO	\$65.00	\$18.50	\$0	Enhanced		•
Dakota	UCare Minnesota	UCare for Seniors Classic (H2459-002)	Local HMO	\$102.00	\$18.50	\$0	Enhanced		•
Dakota	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Dodge	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Dodge	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dodge	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dodge	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Dodge	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Dodge	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Dodge	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Dodge	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Dodge	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Dodge	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Dodge	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Dodge	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Dodge	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Dodge	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Dodge	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dodge	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dodge	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Dodge	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Dodge	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Dodge	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Dodge	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Dodge	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Dodge	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Dodge	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Dodge	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					

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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
Dodge	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dodge	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Dodge	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Dodge	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Dodge	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Dodge	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Dodge	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Dodge	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Dodge	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Dodge	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Dodge	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Dodge	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Dodge	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Douglas	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Douglas	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Douglas	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Douglas	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Douglas	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Douglas	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Douglas	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Douglas	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Douglas	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Douglas	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Douglas	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Douglas	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Douglas	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Douglas	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Douglas	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Douglas	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Douglas	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Douglas	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Douglas	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Douglas	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Douglas	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Douglas	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Douglas	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Douglas	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Douglas	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Douglas	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Douglas	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Douglas	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Douglas	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•

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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
Douglas	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Douglas	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Douglas	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Douglas	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Douglas	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Douglas	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Douglas	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Douglas	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Douglas	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Douglas	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Douglas	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Douglas	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Faribault	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Faribault	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Faribault	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Faribault	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Faribault	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Faribault	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Faribault	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Faribault	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Faribault	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Faribault	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Faribault	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Faribault	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Faribault	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Faribault	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Faribault	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Faribault	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Faribault	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Faribault	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Faribault	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Faribault	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Faribault	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Faribault	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Faribault	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Faribault	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Faribault	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Faribault	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Faribault	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Faribault	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Faribault	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Faribault	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Faribault	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Faribault	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•

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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
Faribault	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Faribault	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Faribault	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Faribault	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Faribault	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Faribault	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Faribault	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Faribault	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Faribault	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Faribault	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Faribault	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
Fillmore	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Fillmore	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Fillmore	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Fillmore	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Fillmore	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Fillmore	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Fillmore	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Fillmore	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Fillmore	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Fillmore	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Fillmore	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Fillmore	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Fillmore	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Fillmore	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Fillmore	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Fillmore	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Fillmore	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Fillmore	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Fillmore	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Fillmore	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Fillmore	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Fillmore	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Fillmore	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Fillmore	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Fillmore	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Fillmore	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Fillmore	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Fillmore	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Fillmore	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Fillmore	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Fillmore	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Fillmore	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Fillmore	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•

Minnesota 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
Fillmore	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Fillmore	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Fillmore	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Fillmore	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Fillmore	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Fillmore	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Freeborn	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Freeborn	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Freeborn	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Freeborn	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Freeborn	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Freeborn	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Freeborn	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Freeborn	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Freeborn	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Freeborn	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Freeborn	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Freeborn	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Freeborn	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Freeborn	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Freeborn	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Freeborn	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Freeborn	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Freeborn	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Freeborn	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Freeborn	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Freeborn	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Freeborn	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Freeborn	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Freeborn	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Freeborn	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Freeborn	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Freeborn	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Freeborn	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Freeborn	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Freeborn	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Freeborn	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Freeborn	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Freeborn	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Freeborn	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Freeborn	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Freeborn	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Freeborn	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Freeborn	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
Goodhue	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Goodhue	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•

Minnesota 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
Goodhue	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Goodhue	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Goodhue	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Goodhue	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Goodhue	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Goodhue	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Goodhue	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Goodhue	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Goodhue	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Goodhue	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Goodhue	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Goodhue	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Goodhue	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Goodhue	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Goodhue	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Goodhue	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Goodhue	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Goodhue	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Goodhue	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Goodhue	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Goodhue	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Goodhue	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Goodhue	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Goodhue	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Goodhue	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Goodhue	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Goodhue	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Goodhue	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Goodhue	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Goodhue	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Goodhue	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Goodhue	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Goodhue	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Goodhue	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Goodhue	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Goodhue	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Goodhue	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Grant	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Grant	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Grant	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Grant	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Grant	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Grant	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					

Minnesota 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
Grant	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Grant	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Grant	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Grant	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Grant	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Grant	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Grant	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Grant	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Grant	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Grant	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Grant	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Grant	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Grant	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Grant	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Grant	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Grant	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Grant	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Grant	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Grant	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Grant	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Grant	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Grant	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Grant	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Grant	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Grant	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Grant	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Grant	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Grant	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Grant	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Grant	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Grant	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Hennepin	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hennepin	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hennepin	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hennepin	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hennepin	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Hennepin	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Hennepin	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Hennepin	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Hennepin	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					

Minnesota 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
Hennepin	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Hennepin	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Hennepin	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Hennepin	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Hennepin	HealthPartners	HealthPartners Classic (H9005-007)	Local HMO	\$236.90	\$23.30	\$265	Basic		
Hennepin	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hennepin	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hennepin	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Hennepin	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Hennepin	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Hennepin	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Hennepin	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Hennepin	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Hennepin	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Hennepin	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Hennepin	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Hennepin	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage (H5750-002)	Local HMO *	\$4.20					
Hennepin	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Basic (H5750-003)	Local HMO	\$35.30	\$35.30	\$265	Basic		•
Hennepin	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Plus (H5750-001)	Local HMO	\$89.80	\$89.80	\$265	Enhanced	All Formulary Drugs	•
Hennepin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hennepin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hennepin	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Hennepin	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Hennepin	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Hennepin	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Hennepin	UCare Minnesota	UCare for Seniors Value (H2459-001)	Local HMO *	\$42.00					
Hennepin	UCare Minnesota	UCare for Seniors Value Plus (H2459-013)	Local HMO	\$65.00	\$18.50	\$0	Enhanced		•
Hennepin	UCare Minnesota	UCare for Seniors Classic (H2459-002)	Local HMO	\$102.00	\$18.50	\$0	Enhanced		•
Hennepin	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Hennepin	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Hennepin	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Hennepin	WellCare	Summit (H4577-010)	PFFS	\$211.00	\$50.10	\$0	Enhanced		•
Houston	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Houston	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Houston	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Houston	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Houston	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Houston	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Houston	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Houston	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Houston	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					

Minnesota 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
Houston	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Houston	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Houston	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Houston	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Houston	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Houston	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Houston	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Houston	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Houston	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Houston	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
Houston	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Houston	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Houston	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Houston	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Houston	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Houston	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Houston	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Houston	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Houston	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Houston	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Houston	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Houston	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Houston	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Houston	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Hubbard	Advantra@ Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Hubbard	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hubbard	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hubbard	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hubbard	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	•
Hubbard	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Hubbard	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Hubbard	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Hubbard	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Hubbard	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Hubbard	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Hubbard	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Hubbard	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Hubbard	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Hubbard	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hubbard	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hubbard	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					

Minnesota 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
Hubbard	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Hubbard	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Hubbard	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Hubbard	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Hubbard	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Hubbard	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Hubbard	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Hubbard	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hubbard	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hubbard	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Hubbard	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Hubbard	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Hubbard	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Hubbard	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Isanti	Advantra@ Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Isanti	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Isanti	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Isanti	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Isanti	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Isanti	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Isanti	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Isanti	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Isanti	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Isanti	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Isanti	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Isanti	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Isanti	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Isanti	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Isanti	HealthPartners	HealthPartners Classic (H9005-007)	Local HMO	\$236.90	\$23.30	\$265	Basic		
Isanti	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Isanti	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Isanti	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Isanti	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Isanti	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Isanti	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Isanti	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Isanti	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Isanti	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Isanti	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Isanti	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Isanti	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					

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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
Isanti	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Isanti	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Isanti	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Isanti	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Isanti	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Isanti	UCare Minnesota	UCare for Seniors Value (H2459-001)	Local HMO *	\$42.00					
Isanti	UCare Minnesota	UCare for Seniors Value Plus (H2459-013)	Local HMO	\$65.00	\$18.50	\$0	Enhanced		•
Isanti	UCare Minnesota	UCare for Seniors Classic (H2459-002)	Local HMO	\$102.00	\$18.50	\$0	Enhanced		•
Isanti	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Isanti	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Isanti	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Isanti	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Isanti	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Itasca	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Itasca	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Itasca	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Itasca	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Itasca	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Itasca	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Itasca	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Itasca	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Itasca	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Itasca	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Itasca	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Itasca	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Itasca	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Itasca	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Itasca	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Itasca	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Itasca	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Itasca	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Itasca	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Itasca	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Itasca	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Itasca	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Itasca	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Itasca	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Itasca	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Itasca	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Itasca	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Itasca	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Itasca	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Itasca	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Itasca	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					

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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
Itasca	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Itasca	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Itasca	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Itasca	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Itasca	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Itasca	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Itasca	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Jackson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Jackson	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Jackson	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Jackson	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Jackson	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Jackson	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Jackson	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Jackson	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Jackson	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Jackson	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Jackson	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Jackson	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Jackson	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Jackson	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Jackson	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Jackson	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Jackson	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Jackson	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Jackson	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Jackson	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Jackson	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Jackson	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Jackson	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Jackson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Jackson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Jackson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jackson	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Jackson	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Jackson	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Jackson	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Jackson	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Jackson	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Jackson	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Jackson	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Jackson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					

Minnesota 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
Jackson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Jackson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Jackson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Jackson	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jackson	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Jackson	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
Kanabec	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Kanabec	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Kanabec	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Kanabec	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Kanabec	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Kanabec	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Kanabec	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Kanabec	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Kanabec	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Kanabec	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Kanabec	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Kanabec	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Kanabec	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Kanabec	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Kanabec	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kanabec	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Kanabec	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Kanabec	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Kanabec	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Kanabec	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Kanabec	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Kanabec	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Kanabec	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Kanabec	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Kanabec	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Kanabec	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kanabec	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Kanabec	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Kanabec	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Kanabec	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Kanabec	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Kanabec	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Kanabec	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Kanabec	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Kanabec	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Kanabec	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Kanabec	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Kanabec	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•

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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
Kandiyohi	Avantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Kandiyohi	Avantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Kandiyohi	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Kandiyohi	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Kandiyohi	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Kandiyohi	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Kandiyohi	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Kandiyohi	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Kandiyohi	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Kandiyohi	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Kandiyohi	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Kandiyohi	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Kandiyohi	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Kandiyohi	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Kandiyohi	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Kandiyohi	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kandiyohi	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Kandiyohi	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Kandiyohi	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Kandiyohi	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Kandiyohi	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Kandiyohi	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Kandiyohi	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Kandiyohi	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Kandiyohi	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Kandiyohi	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Kandiyohi	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Kandiyohi	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kandiyohi	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Kandiyohi	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Kandiyohi	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Kandiyohi	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Kandiyohi	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Kandiyohi	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Kandiyohi	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Kandiyohi	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Kandiyohi	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Kandiyohi	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Kandiyohi	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Kandiyohi	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Kittson	Avantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Kittson	Avantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Kittson	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Kittson	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	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
Kittson	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Kittson	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Kittson	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Kittson	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Kittson	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Kittson	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Kittson	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Kittson	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Kittson	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Kittson	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Kittson	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Kittson	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kittson	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Kittson	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Kittson	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Kittson	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Kittson	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Kittson	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Kittson	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Kittson	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Kittson	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Kittson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Kittson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Kittson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kittson	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Kittson	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Kittson	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Kittson	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Kittson	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Kittson	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Kittson	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Kittson	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Kittson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Kittson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Kittson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Kittson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Koochiching	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Koochiching	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Koochiching	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Koochiching	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Koochiching	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Koochiching	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					

Minnesota 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
Koochiching	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Koochiching	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Koochiching	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Koochiching	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Koochiching	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Koochiching	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Koochiching	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Koochiching	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Koochiching	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Koochiching	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Koochiching	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Koochiching	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Koochiching	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Koochiching	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Koochiching	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Koochiching	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Koochiching	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Koochiching	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Koochiching	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Koochiching	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Koochiching	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Koochiching	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Koochiching	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Koochiching	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Koochiching	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Koochiching	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Koochiching	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Koochiching	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Koochiching	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Koochiching	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Lac qui Parle	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lac qui Parle	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lac qui Parle	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lac qui Parle	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lac qui Parle	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Lac qui Parle	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Lac qui Parle	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Lac qui Parle	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Lac qui Parle	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Lac qui Parle	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•

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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
Lac qui Parle	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Lac qui Parle	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Lac qui Parle	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Lac qui Parle	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lac qui Parle	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lac qui Parle	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Lac qui Parle	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Lac qui Parle	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Lac qui Parle	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Lac qui Parle	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Lac qui Parle	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Lac qui Parle	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Lac qui Parle	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Lac qui Parle	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Lac qui Parle	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lac qui Parle	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Lac qui Parle	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Lac qui Parle	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Lac qui Parle	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Lac qui Parle	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Lac qui Parle	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Lac qui Parle	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Lac qui Parle	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Lac qui Parle	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Lac qui Parle	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Lac qui Parle	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Lac qui Parle	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Lake	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lake	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lake	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lake	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lake	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Lake	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Lake	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Lake	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Lake	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Lake	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Lake	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Lake	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Lake	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•

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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
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lake	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Lake	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Lake	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Lake	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Lake	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Lake	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Lake	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Lake	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Lake	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Lake	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Lake	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lake	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Lake	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Lake	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Lake	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Lake	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Lake	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Lake	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Lake	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Lake	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Lake of the Woods	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lake of the Woods	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lake of the Woods	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lake of the Woods	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lake of the Woods	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Lake of the Woods	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Lake of the Woods	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Lake of the Woods	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Lake of the Woods	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Lake of the Woods	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Lake of the Woods	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Lake of the Woods	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Lake of the Woods	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Lake of the Woods	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lake of the Woods	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lake of the Woods	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Lake of the Woods	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Lake of the Woods	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Lake of the Woods	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Lake of the Woods	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Lake of the Woods	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					

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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
Lake of the Woods	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lake of the Woods	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Lake of the Woods	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Lake of the Woods	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Lake of the Woods	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Lake of the Woods	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Lake of the Woods	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Lake of the Woods	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Lake of the Woods	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Lake of the Woods	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Le Sueur	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Le Sueur	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Le Sueur	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Le Sueur	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Le Sueur	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	•
Le Sueur	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Le Sueur	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Le Sueur	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Le Sueur	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Le Sueur	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Le Sueur	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Le Sueur	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Le Sueur	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Le Sueur	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Le Sueur	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Le Sueur	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Le Sueur	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Le Sueur	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Le Sueur	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Le Sueur	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Le Sueur	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Le Sueur	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Le Sueur	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Le Sueur	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Le Sueur	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Le Sueur	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Le Sueur	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Le Sueur	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Le Sueur	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Le Sueur	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Le Sueur	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Le Sueur	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Le Sueur	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Le Sueur	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•

Minnesota 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
Le Sueur	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Le Sueur	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Le Sueur	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Le Sueur	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Le Sueur	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Le Sueur	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Lincoln	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Lincoln	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lincoln	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lincoln	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lincoln	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lincoln	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Lincoln	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Lincoln	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Lincoln	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Lincoln	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Lincoln	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Lincoln	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Lincoln	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Lincoln	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lincoln	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Lincoln	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Lincoln	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Lincoln	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Lincoln	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Lincoln	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Lincoln	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Lincoln	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Lincoln	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Lincoln	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Lincoln	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lincoln	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Lincoln	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Lincoln	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Lincoln	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Lincoln	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Lincoln	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Lincoln	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Lincoln	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Lincoln	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Lincoln	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Lincoln	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					

Minnesota 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
Lincolln	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Lyon	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Lyon	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lyon	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lyon	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lyon	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lyon	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Lyon	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Lyon	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Lyon	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Lyon	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Lyon	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Lyon	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Lyon	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Lyon	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Lyon	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lyon	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lyon	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Lyon	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Lyon	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Lyon	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Lyon	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Lyon	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Lyon	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Lyon	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Lyon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Lyon	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Lyon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lyon	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Lyon	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Lyon	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Lyon	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Lyon	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Lyon	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Lyon	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Lyon	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Lyon	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Lyon	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Lyon	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Lyon	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Mahnomen	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Mahnomen	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Mahnomen	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Mahnomen	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•

Minnesota 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
Mahnomen	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Mahnomen	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Mahnomen	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Mahnomen	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Mahnomen	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Mahnomen	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Mahnomen	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Mahnomen	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Mahnomen	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Mahnomen	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Mahnomen	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Mahnomen	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Mahnomen	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Mahnomen	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Mahnomen	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Mahnomen	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Mahnomen	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Mahnomen	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Mahnomen	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Mahnomen	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Mahnomen	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Mahnomen	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Mahnomen	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Mahnomen	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Mahnomen	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Mahnomen	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Mahnomen	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Mahnomen	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Mahnomen	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Mahnomen	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Mahnomen	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Marshall	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Marshall	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Marshall	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Marshall	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Marshall	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Marshall	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Marshall	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Marshall	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Marshall	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					

Minnesota 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
Marshall	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Marshall	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Marshall	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Marshall	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Marshall	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Marshall	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Marshall	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Marshall	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Marshall	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Marshall	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Marshall	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Marshall	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Marshall	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Marshall	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Marshall	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Marshall	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Marshall	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Marshall	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Marshall	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Marshall	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Marshall	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Marshall	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Marshall	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Marshall	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Marshall	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Marshall	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Marshall	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Marshall	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Martin	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Martin	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Martin	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Martin	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Martin	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Martin	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Martin	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Martin	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Martin	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Martin	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Martin	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Martin	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Martin	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•

Minnesota 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
Martin	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Martin	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Martin	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Martin	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Martin	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Martin	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Martin	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Martin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Martin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Martin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Martin	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Martin	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Martin	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Martin	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Martin	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Martin	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Martin	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Martin	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Martin	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Martin	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Martin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Martin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
McLeod	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
McLeod	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
McLeod	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
McLeod	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
McLeod	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
McLeod	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
McLeod	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
McLeod	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
McLeod	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
McLeod	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
McLeod	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
McLeod	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
McLeod	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
McLeod	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McLeod	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
McLeod	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
McLeod	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
McLeod	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
McLeod	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
McLeod	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•

Minnesota 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
McLeod	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
McLeod	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
McLeod	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
McLeod	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
McLeod	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McLeod	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
McLeod	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
McLeod	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
McLeod	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
McLeod	UCare Minnesota	UCare for Seniors Value (H2459-001)	Local HMO *	\$42.00					
McLeod	UCare Minnesota	UCare for Seniors Value Plus (H2459-013)	Local HMO	\$65.00	\$18.50	\$0	Enhanced		•
McLeod	UCare Minnesota	UCare for Seniors Classic (H2459-002)	Local HMO	\$102.00	\$18.50	\$0	Enhanced		•
McLeod	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
McLeod	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
McLeod	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
McLeod	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
McLeod	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Meeker	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Meeker	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Meeker	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Meeker	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Meeker	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Meeker	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Meeker	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Meeker	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Meeker	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Meeker	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Meeker	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Meeker	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Meeker	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Meeker	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Meeker	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Meeker	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Meeker	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Meeker	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		•
Meeker	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Meeker	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Meeker	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Meeker	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Meeker	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Meeker	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Meeker	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					

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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
Meeker	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Meeker	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Meeker	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Meeker	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Meeker	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Meeker	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Meeker	UCare Minnesota	UCare for Seniors Value (H2459-001)	Local HMO *	\$42.00					
Meeker	UCare Minnesota	UCare for Seniors Value Plus (H2459-013)	Local HMO	\$65.00	\$18.50	\$0	Enhanced		•
Meeker	UCare Minnesota	UCare for Seniors Classic (H2459-002)	Local HMO	\$102.00	\$18.50	\$0	Enhanced		•
Meeker	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Meeker	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Meeker	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Meeker	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Meeker	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Mille Lacs	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Mille Lacs	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Mille Lacs	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Mille Lacs	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Mille Lacs	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Mille Lacs	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Mille Lacs	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Mille Lacs	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Mille Lacs	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Mille Lacs	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Mille Lacs	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Mille Lacs	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Mille Lacs	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Mille Lacs	HealthPartners	HealthPartners Classic (H9005-007)	Local HMO	\$236.90	\$23.30	\$265	Basic		
Mille Lacs	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Mille Lacs	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Mille Lacs	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Mille Lacs	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Mille Lacs	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Mille Lacs	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Mille Lacs	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Mille Lacs	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Mille Lacs	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Mille Lacs	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Mille Lacs	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Mille Lacs	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Mille Lacs	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Mille Lacs	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Mille Lacs	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Mille Lacs	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•

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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
Mille Lacs	UCare Minnesota	UCare for Seniors Value (H2459-001)	Local HMO *	\$42.00					
Mille Lacs	UCare Minnesota	UCare for Seniors Value Plus (H2459-013)	Local HMO	\$65.00	\$18.50	\$0	Enhanced		•
Mille Lacs	UCare Minnesota	UCare for Seniors Classic (H2459-002)	Local HMO	\$102.00	\$18.50	\$0	Enhanced		•
Mille Lacs	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Morrison	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Morrison	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Morrison	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Morrison	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Morrison	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Morrison	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Morrison	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Morrison	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Morrison	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Morrison	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Morrison	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Morrison	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Morrison	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Morrison	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Morrison	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Morrison	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Morrison	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Morrison	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Morrison	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Morrison	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Morrison	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Morrison	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Morrison	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Morrison	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Morrison	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Morrison	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Morrison	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Morrison	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Morrison	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Morrison	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Morrison	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Morrison	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Morrison	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Morrison	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Morrison	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Morrison	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Morrison	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Morrison	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Morrison	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Morrison	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•

Minnesota 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
Mower	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Mower	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Mower	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Mower	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Mower	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Mower	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Mower	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Mower	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Mower	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Mower	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Mower	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Mower	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Mower	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Mower	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Mower	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Mower	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Mower	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Mower	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Mower	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Mower	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Mower	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Mower	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Mower	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Mower	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Mower	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Mower	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Mower	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Mower	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Mower	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Mower	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Mower	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Mower	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Murray	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Murray	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Murray	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Murray	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Murray	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Murray	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Murray	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Murray	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Murray	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Murray	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•

Minnesota 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
Murray	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Murray	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Murray	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Murray	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Murray	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Murray	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Murray	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Murray	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Murray	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Murray	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Murray	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Murray	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Murray	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Murray	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Murray	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Murray	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Murray	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Murray	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Murray	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Murray	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Murray	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Murray	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Murray	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Murray	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Murray	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Murray	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Murray	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Nicollet	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Nicollet	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Nicollet	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Nicollet	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Nicollet	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Nicollet	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Nicollet	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Nicollet	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Nicollet	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Nicollet	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Nicollet	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Nicollet	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Nicollet	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Nicollet	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•

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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
Nicollet	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Nicollet	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Nicollet	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Nicollet	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Nicollet	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Nicollet	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Nicollet	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Nicollet	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Nicollet	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Nicollet	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Nicollet	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Nicollet	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Nicollet	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Nicollet	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Nicollet	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Nicollet	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Nicollet	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Nicollet	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Nicollet	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Nicollet	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Nicollet	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Nicollet	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Nicollet	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Nicollet	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Nicollet	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Nicollet	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Nobles	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Nobles	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Nobles	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Nobles	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Nobles	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Nobles	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Nobles	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Nobles	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Nobles	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Nobles	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Nobles	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Nobles	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Nobles	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Nobles	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Nobles	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Nobles	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Nobles	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

Minnesota 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
Nobles	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Nobles	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Nobles	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Nobles	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Nobles	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Nobles	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Nobles	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Nobles	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Nobles	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Nobles	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Nobles	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Nobles	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Nobles	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Nobles	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Nobles	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Nobles	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Nobles	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Nobles	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Nobles	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Nobles	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Nobles	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Nobles	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Nobles	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Nobles	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Nobles	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Nobles	WellCare	Summit (H4577-006)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Norman	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Norman	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Norman	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Norman	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Norman	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Norman	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Norman	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Norman	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Norman	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Norman	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Norman	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Norman	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Norman	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Norman	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Norman	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Norman	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Norman	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		

Minnesota 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
Norman	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Norman	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Norman	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Norman	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Norman	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Norman	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Norman	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Norman	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Norman	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Norman	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Norman	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Norman	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Norman	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Norman	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Norman	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Norman	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Norman	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Norman	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Norman	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Norman	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Olmsted	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Olmsted	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Olmsted	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Olmsted	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Olmsted	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Olmsted	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Olmsted	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Olmsted	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Olmsted	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Olmsted	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Olmsted	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Olmsted	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Olmsted	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Olmsted	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Olmsted	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Olmsted	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Olmsted	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Olmsted	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Olmsted	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Olmsted	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Olmsted	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Olmsted	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•

Minnesota 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
Olmsted	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Olmsted	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Olmsted	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Olmsted	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Olmsted	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Olmsted	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Olmsted	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Olmsted	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Olmsted	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Olmsted	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Olmsted	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Otter Tail	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Otter Tail	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Otter Tail	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Otter Tail	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Otter Tail	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Otter Tail	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Otter Tail	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Otter Tail	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Otter Tail	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Otter Tail	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Otter Tail	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Otter Tail	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Otter Tail	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Otter Tail	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Otter Tail	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Otter Tail	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Otter Tail	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Otter Tail	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Otter Tail	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Otter Tail	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Otter Tail	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Otter Tail	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Otter Tail	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Otter Tail	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Otter Tail	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Otter Tail	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Otter Tail	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Otter Tail	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Otter Tail	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Otter Tail	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Otter Tail	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Otter Tail	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•

Minnesota 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
Otter Tail	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Otter Tail	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Otter Tail	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Otter Tail	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Otter Tail	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Otter Tail	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Otter Tail	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Otter Tail	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Otter Tail	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Otter Tail	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Otter Tail	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
Pennington	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Pennington	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Pennington	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Pennington	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Pennington	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Pennington	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Pennington	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Pennington	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Pennington	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Pennington	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Pennington	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Pennington	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Pennington	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Pennington	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Pennington	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Pennington	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pennington	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Pennington	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Pennington	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Pennington	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Pennington	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Pennington	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Pennington	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Pennington	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Pennington	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pennington	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Pennington	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Pennington	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Pennington	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Pennington	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Pennington	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Pennington	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Pennington	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Pennington	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					

Minnesota 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
Pennington	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Pennington	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Pennington	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Pine	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Pine	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Pine	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Pine	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Pine	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Pine	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Pine	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Pine	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Pine	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Pine	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Pine	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Pine	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Pine	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Pine	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pine	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Pine	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Pine	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Pine	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Pine	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Pine	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Pine	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Pine	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Pine	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Pine	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Pine	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Pine	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pine	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Pine	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Pine	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Pine	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Pine	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Pine	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Pine	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Pine	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Pine	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Pine	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Pine	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Pine	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Pipestone	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Pipestone	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Pipestone	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•

Minnesota 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
Pipestone	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Pipestone	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Pipestone	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Pipestone	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Pipestone	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Pipestone	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Pipestone	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Pipestone	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Pipestone	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Pipestone	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Pipestone	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Pipestone	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pipestone	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Pipestone	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Pipestone	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Pipestone	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Pipestone	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Pipestone	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Pipestone	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Pipestone	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Pipestone	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Pipestone	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Pipestone	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pipestone	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Pipestone	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Pipestone	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Pipestone	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Pipestone	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Pipestone	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Pipestone	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Pipestone	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Pipestone	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Pipestone	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Pipestone	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Pipestone	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Polk	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Polk	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Polk	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Polk	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Polk	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Polk	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Polk	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•

Minnesota 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
Polk	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Polk	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Polk	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Polk	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Polk	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Polk	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Polk	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Polk	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Polk	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Polk	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Polk	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Polk	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Polk	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Polk	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Polk	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Polk	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Polk	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Polk	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Polk	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Polk	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Polk	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Polk	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Polk	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Polk	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Polk	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Polk	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Polk	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Polk	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Polk	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Polk	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Polk	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Pope	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Pope	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Pope	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Pope	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Pope	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Pope	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Pope	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Pope	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Pope	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Pope	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Pope	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•

Minnesota 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
Pope	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Pope	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Pope	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Pope	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pope	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Pope	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Pope	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Pope	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Pope	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Pope	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Pope	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Pope	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Pope	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Pope	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Pope	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Pope	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pope	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Pope	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Pope	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Pope	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Pope	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Pope	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Pope	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Pope	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Pope	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Pope	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Pope	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Pope	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Ramsey	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Ramsey	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Ramsey	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Ramsey	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Ramsey	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Ramsey	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Ramsey	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Ramsey	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Ramsey	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Ramsey	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Ramsey	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Ramsey	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Ramsey	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•

Minnesota 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
Ramsey	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Ramsey	HealthPartners	HealthPartners Classic (H9005-007)	Local HMO	\$236.90	\$23.30	\$265	Basic		
Ramsey	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Ramsey	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Ramsey	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Ramsey	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Ramsey	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Ramsey	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Ramsey	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Ramsey	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Ramsey	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Ramsey	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Ramsey	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Ramsey	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage (H5750-002)	Local HMO *	\$4.20					
Ramsey	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Basic (H5750-003)	Local HMO	\$35.30	\$35.30	\$265	Basic		•
Ramsey	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Plus (H5750-001)	Local HMO	\$89.80	\$89.80	\$265	Enhanced	All Formulary Drugs	•
Ramsey	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Ramsey	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Ramsey	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Ramsey	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Ramsey	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Ramsey	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Ramsey	UCare Minnesota	UCare for Seniors Value (H2459-001)	Local HMO *	\$42.00					
Ramsey	UCare Minnesota	UCare for Seniors Value Plus (H2459-013)	Local HMO	\$65.00	\$18.50	\$0	Enhanced		•
Ramsey	UCare Minnesota	UCare for Seniors Classic (H2459-002)	Local HMO	\$102.00	\$18.50	\$0	Enhanced		•
Ramsey	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Ramsey	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Ramsey	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Ramsey	WellCare	Summit (H4577-010)	PFFS	\$211.00	\$50.10	\$0	Enhanced		•
Red Lake	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Red Lake	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Red Lake	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Red Lake	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Red Lake	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Red Lake	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Red Lake	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Red Lake	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Red Lake	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Red Lake	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Red Lake	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Red Lake	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Red Lake	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•

Minnesota 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
Red Lake	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Red Lake	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Red Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Red Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Red Lake	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Red Lake	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Red Lake	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Red Lake	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Red Lake	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Red Lake	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Red Lake	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Red Lake	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Red Lake	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Red Lake	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Red Lake	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Red Lake	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Red Lake	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Red Lake	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Red Lake	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Red Lake	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Red Lake	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Red Lake	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Red Lake	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Red Lake	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Red Lake	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Red Lake	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Red Lake	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Redwood	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Redwood	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Redwood	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Redwood	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Redwood	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Redwood	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	•
Redwood	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Redwood	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Redwood	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Redwood	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Redwood	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Redwood	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Redwood	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Redwood	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Redwood	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•

Minnesota 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
Redwood	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Redwood	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Redwood	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Redwood	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Redwood	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Redwood	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Redwood	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Redwood	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Redwood	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Redwood	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Redwood	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Redwood	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Redwood	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Redwood	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Redwood	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Redwood	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Redwood	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Redwood	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Redwood	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Redwood	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Redwood	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Redwood	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Redwood	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Redwood	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Redwood	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Redwood	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Redwood	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Redwood	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Renville	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Renville	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Renville	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Renville	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Renville	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Renville	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Renville	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Renville	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Renville	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Renville	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Renville	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Renville	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Renville	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Renville	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Renville	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Renville	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

Minnesota 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
Renville	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Renville	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Renville	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Renville	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Renville	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Renville	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Renville	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Renville	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Renville	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Renville	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Renville	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Renville	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Renville	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Renville	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Renville	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Renville	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Renville	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Renville	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Renville	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Renville	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Renville	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Renville	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Rice	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Rice	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Rice	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Rice	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Rice	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Rice	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Rice	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Rice	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Rice	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Rice	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Rice	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Rice	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Rice	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Rice	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Rice	HealthPartners	HealthPartners Classic (H9005-007)	Local HMO	\$236.90	\$23.30	\$265	Basic		
Rice	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Rice	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Rice	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Rice	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Rice	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Rice	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•

Minnesota 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
Rice	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Rice	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Rice	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Rice	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Rice	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Rice	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Rice	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Rice	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Rice	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Rice	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Rice	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Rice	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Rice	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Rice	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Rice	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Rice	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Rice	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Rice	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Rice	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Rice	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Rock	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Rock	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Rock	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Rock	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Rock	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Rock	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Rock	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Rock	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Rock	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Rock	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Rock	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Rock	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Rock	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Rock	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Rock	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Rock	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Rock	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Rock	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Rock	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Rock	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Rock	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Rock	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Rock	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•

Minnesota 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
Rock	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Rock	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Rock	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Rock	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Rock	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Rock	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Rock	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Rock	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Rock	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Rock	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Rock	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Rock	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Rock	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Rock	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Rock	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Rock	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Rock	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Rock	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Rock	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Rock	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Roseau	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Roseau	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Roseau	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Roseau	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Roseau	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Roseau	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Roseau	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Roseau	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Roseau	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Roseau	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Roseau	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Roseau	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Roseau	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Roseau	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Roseau	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Roseau	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Roseau	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Roseau	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Roseau	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Roseau	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Roseau	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Roseau	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Roseau	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•

Minnesota 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
Roseau	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Roseau	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Roseau	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Roseau	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Roseau	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Roseau	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Roseau	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Roseau	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Roseau	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Roseau	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Roseau	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Roseau	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Roseau	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Roseau	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Roseau	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Roseau	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Scott	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Scott	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Scott	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Scott	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Scott	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Scott	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Scott	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Scott	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Scott	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Scott	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Scott	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Scott	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Scott	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Scott	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Scott	HealthPartners	HealthPartners Classic (H9005-007)	Local HMO	\$236.90	\$23.30	\$265	Basic		
Scott	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Scott	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Scott	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Scott	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Scott	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Scott	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Scott	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Scott	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Scott	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Scott	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Scott	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$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
Scott	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage (H5750-002)	Local HMO *	\$4.20					
Scott	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Basic (H5750-003)	Local HMO	\$35.30	\$35.30	\$265	Basic		•
Scott	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Plus (H5750-001)	Local HMO	\$89.80	\$89.80	\$265	Enhanced	All Formulary Drugs	•
Scott	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Scott	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Scott	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Scott	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Scott	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Scott	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Scott	UCare Minnesota	UCare for Seniors Value (H2459-001)	Local HMO *	\$42.00					
Scott	UCare Minnesota	UCare for Seniors Value Plus (H2459-013)	Local HMO	\$65.00	\$18.50	\$0	Enhanced		•
Scott	UCare Minnesota	UCare for Seniors Classic (H2459-002)	Local HMO	\$102.00	\$18.50	\$0	Enhanced		•
Scott	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Scott	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Scott	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Scott	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Scott	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Sherburne	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sherburne	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sherburne	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sherburne	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sherburne	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sherburne	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Sherburne	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Sherburne	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Sherburne	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Sherburne	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Sherburne	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Sherburne	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Sherburne	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Sherburne	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Sherburne	HealthPartners	HealthPartners Classic (H9005-007)	Local HMO	\$236.90	\$23.30	\$265	Basic		
Sherburne	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sherburne	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sherburne	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Sherburne	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Sherburne	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Sherburne	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Sherburne	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Sherburne	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Sherburne	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•

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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
Sherburne	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Sherburne	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Sherburne	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage (H5750-002)	Local HMO *	\$4.20					
Sherburne	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Basic (H5750-003)	Local HMO	\$35.30	\$35.30	\$265	Basic		•
Sherburne	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Plus (H5750-001)	Local HMO	\$89.80	\$89.80	\$265	Enhanced	All Formulary Drugs	•
Sherburne	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Sherburne	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Sherburne	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sherburne	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Sherburne	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Sherburne	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Sherburne	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Sherburne	UCare Minnesota	UCare for Seniors Value (H2459-001)	Local HMO *	\$42.00					
Sherburne	UCare Minnesota	UCare for Seniors Value Plus (H2459-013)	Local HMO	\$65.00	\$18.50	\$0	Enhanced		•
Sherburne	UCare Minnesota	UCare for Seniors Classic (H2459-002)	Local HMO	\$102.00	\$18.50	\$0	Enhanced		•
Sherburne	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Sherburne	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Sherburne	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sherburne	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Sherburne	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Sibley	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sibley	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sibley	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sibley	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	•
Sibley	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Sibley	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Sibley	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Sibley	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Sibley	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Sibley	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Sibley	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Sibley	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Sibley	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Sibley	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sibley	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sibley	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Sibley	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Sibley	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Sibley	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Sibley	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Sibley	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•

Minnesota 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
Sibley	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Sibley	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Sibley	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Sibley	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sibley	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Sibley	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Sibley	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Sibley	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Sibley	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Sibley	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Sibley	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Sibley	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Sibley	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Sibley	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sibley	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Sibley	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
St. Louis	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
St. Louis	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
St. Louis	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
St. Louis	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
St. Louis	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
St. Louis	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
St. Louis	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
St. Louis	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
St. Louis	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
St. Louis	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
St. Louis	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
St. Louis	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
St. Louis	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
St. Louis	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
St. Louis	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
St. Louis	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
St. Louis	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
St. Louis	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
St. Louis	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
St. Louis	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
St. Louis	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
St. Louis	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
St. Louis	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
St. Louis	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
St. Louis	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
St. Louis	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
St. Louis	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					

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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
St. Louis	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
St. Louis	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
St. Louis	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
St. Louis	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
St. Louis	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
St. Louis	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
St. Louis	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
St. Louis	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
St. Louis	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
St. Louis	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
St. Louis	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
St. Louis	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
St. Louis	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Statewide	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Statewide	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Statewide	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Statewide	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Stearns	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Stearns	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Stearns	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Stearns	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Stearns	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Stearns	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Stearns	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Stearns	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Stearns	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Stearns	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Stearns	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Stearns	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Stearns	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Stearns	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Stearns	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Stearns	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Stearns	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Stearns	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Stearns	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Stearns	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Stearns	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Stearns	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Stearns	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Stearns	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Stearns	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Stearns	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					

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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
Stearns	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Stearns	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Stearns	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Stearns	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Stearns	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Stearns	UCare Minnesota	UCare for Seniors Value (H2459-001)	Local HMO *	\$42.00					
Stearns	UCare Minnesota	UCare for Seniors Value Plus (H2459-013)	Local HMO	\$65.00	\$18.50	\$0	Enhanced		•
Stearns	UCare Minnesota	UCare for Seniors Classic (H2459-002)	Local HMO	\$102.00	\$18.50	\$0	Enhanced		•
Stearns	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Stearns	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Stearns	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Stearns	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Stearns	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Steele	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Steele	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Steele	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Steele	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Steele	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Steele	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Steele	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Steele	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Steele	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Steele	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Steele	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Steele	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Steele	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Steele	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Steele	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Steele	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Steele	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Steele	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Steele	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Steele	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Steele	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Steele	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Steele	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Steele	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Steele	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Steele	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Steele	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Steele	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Steele	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Steele	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Steele	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
Steele	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Steele	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Steele	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Steele	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Steele	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Steele	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Steele	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Steele	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Steele	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Steele	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Steele	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Steele	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
Stevens	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Stevens	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Stevens	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Stevens	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Stevens	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Stevens	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Stevens	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Stevens	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Stevens	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Stevens	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Stevens	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Stevens	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Stevens	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Stevens	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Stevens	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Stevens	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Stevens	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Stevens	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Stevens	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Stevens	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Stevens	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Stevens	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Stevens	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Stevens	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Stevens	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Stevens	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Stevens	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Stevens	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Stevens	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Stevens	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Stevens	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Stevens	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•

Minnesota 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
Stevens	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Swift	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Swift	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Swift	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Swift	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Swift	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Swift	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Swift	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Swift	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Swift	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Swift	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Swift	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Swift	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Swift	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Swift	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Swift	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Swift	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Swift	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Swift	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Swift	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Swift	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Swift	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Swift	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Swift	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Swift	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Swift	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Swift	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Swift	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Swift	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Swift	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Swift	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Swift	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Swift	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Swift	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Swift	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Swift	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Swift	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Swift	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Swift	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Swift	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Todd	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Todd	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Todd	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Todd	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•

Minnesota 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
Todd	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Todd	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Todd	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Todd	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Todd	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Todd	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Todd	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Todd	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Todd	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Todd	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Todd	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Todd	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Todd	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Todd	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Todd	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Todd	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Todd	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Todd	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Todd	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Todd	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Todd	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Todd	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Todd	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Todd	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Todd	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Todd	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Todd	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Todd	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Todd	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Todd	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Todd	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Todd	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Todd	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Todd	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Todd	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Traverse	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Traverse	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Traverse	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Traverse	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Traverse	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Traverse	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Traverse	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•

Minnesota 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
Traverse	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Traverse	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Traverse	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Traverse	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Traverse	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Traverse	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Traverse	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Traverse	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Traverse	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Traverse	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Traverse	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Traverse	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Traverse	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Traverse	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Traverse	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Traverse	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Traverse	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Traverse	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Traverse	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Traverse	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Traverse	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Traverse	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Traverse	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Traverse	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Traverse	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Traverse	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Traverse	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Traverse	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Traverse	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Traverse	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Traverse	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Traverse	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Wabasha	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Wabasha	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Wabasha	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Wabasha	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Wabasha	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Wabasha	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Wabasha	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Wabasha	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Wabasha	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Wabasha	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					

Minnesota 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
Wabasha	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Wabasha	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Wabasha	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Wabasha	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Wabasha	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wabasha	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Wabasha	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Wabasha	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Wabasha	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Wabasha	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Wabasha	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Wabasha	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Wabasha	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Wabasha	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Wabasha	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Wabasha	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Wabasha	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Wabasha	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Wabasha	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Wabasha	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Wabasha	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Wabasha	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Wabasha	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Wabasha	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Wabasha	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Wadena	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Wadena	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Wadena	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Wadena	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Wadena	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Wadena	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Wadena	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Wadena	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Wadena	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Wadena	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Wadena	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Wadena	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Wadena	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Wadena	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Wadena	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wadena	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Wadena	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					

Minnesota 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
Wadena	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Wadena	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Wadena	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Wadena	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Wadena	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Wadena	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Wadena	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Wadena	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Wadena	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Wadena	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Wadena	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Wadena	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Wadena	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Wadena	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Wadena	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Wadena	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Wadena	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Wadena	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Wadena	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Wadena	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Wadena	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Wadena	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Waseca	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Waseca	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Waseca	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Waseca	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Waseca	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Waseca	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Waseca	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Waseca	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Waseca	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Waseca	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Waseca	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Waseca	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Waseca	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Waseca	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Waseca	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Waseca	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Waseca	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Waseca	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Waseca	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Waseca	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Waseca	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					

Minnesota 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
Waseca	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Waseca	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Waseca	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Waseca	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Waseca	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Waseca	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Waseca	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Waseca	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Waseca	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Waseca	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Waseca	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Waseca	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Waseca	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Waseca	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Washington	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Washington	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Washington	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Washington	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Washington	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Washington	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Washington	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Washington	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Washington	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Washington	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Washington	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Washington	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Washington	HealthPartners	HealthPartners Freedom Plan III Standard Rx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Washington	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Washington	HealthPartners	HealthPartners Freedom Plan III Enhanced Rx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Washington	HealthPartners	HealthPartners Classic (H9005-007)	Local HMO	\$236.90	\$23.30	\$265	Basic		
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Washington	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Washington	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Washington	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Washington	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Washington	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Washington	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Washington	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Washington	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Washington	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Washington	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage (H5750-002)	Local HMO *	\$4.20					

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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
Washington	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Basic (H5750-003)	Local HMO	\$35.30	\$35.30	\$265	Basic		•
Washington	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Plus (H5750-001)	Local HMO	\$89.80	\$89.80	\$265	Enhanced	All Formulary Drugs	•
Washington	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Washington	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Washington	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Washington	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Washington	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Washington	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Washington	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Washington	UCare Minnesota	UCare for Seniors Value (H2459-001)	Local HMO *	\$42.00					
Washington	UCare Minnesota	UCare for Seniors Value Plus (H2459-013)	Local HMO	\$65.00	\$18.50	\$0	Enhanced		•
Washington	UCare Minnesota	UCare for Seniors Classic (H2459-002)	Local HMO	\$102.00	\$18.50	\$0	Enhanced		•
Washington	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Washington	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Washington	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Washington	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Washington	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Watowan	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Watowan	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Watowan	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Watowan	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Watowan	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Watowan	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Watowan	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Watowan	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Watowan	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Watowan	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Watowan	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Watowan	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Watowan	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Watowan	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Watowan	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Watowan	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Watowan	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Watowan	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Watowan	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Watowan	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Watowan	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Watowan	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Watowan	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Watowan	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Watowan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$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
Watowan	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Watowan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Watowan	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Watowan	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Watowan	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Watowan	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Watowan	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Watowan	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Watowan	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Watowan	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Watowan	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Watowan	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Watowan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Watowan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Wilkin	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Wilkin	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Wilkin	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Wilkin	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Wilkin	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Wilkin	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Wilkin	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Wilkin	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Wilkin	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Wilkin	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Wilkin	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Wilkin	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Wilkin	HealthPartners	HealthPartners Freedom Plan III Standard Rx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Wilkin	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Wilkin	HealthPartners	HealthPartners Freedom Plan III Enhanced Rx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Wilkin	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wilkin	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Wilkin	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Wilkin	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Wilkin	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Wilkin	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Wilkin	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Wilkin	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Wilkin	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Wilkin	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Wilkin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Wilkin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Wilkin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Wilkin	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Wilkin	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					

Minnesota 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
Wilkin	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Wilkin	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Wilkin	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Wilkin	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Wilkin	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Wilkin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Wilkin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Wilkin	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wilkin	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Wilkin	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Winona	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Winona	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Winona	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Winona	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Winona	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Winona	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Winona	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Winona	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Winona	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Winona	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Winona	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Winona	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Winona	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Winona	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Winona	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Winona	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Winona	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Winona	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Winona	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Winona	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Winona	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Winona	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Winona	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Winona	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Winona	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Winona	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Winona	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Winona	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Winona	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Winona	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Winona	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Winona	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Winona	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Winona	WellCare	Summit (H4577-006)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Wright	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Wright	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Wright	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•

Minnesota 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
Wright	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Wright	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Wright	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Wright	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Wright	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Wright	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Wright	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Wright	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Wright	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Wright	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Wright	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Wright	HealthPartners	HealthPartners Classic (H9005-007)	Local HMO	\$236.90	\$23.30	\$265	Basic		
Wright	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wright	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Wright	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Wright	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Wright	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Wright	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Wright	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Wright	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Wright	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Wright	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Wright	Metropolitan Health Plan	MHP North Star (H8201-001)	PFFS *	\$0.00					
Wright	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage (H5750-002)	Local HMO *	\$4.20					
Wright	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Basic (H5750-003)	Local HMO	\$35.30	\$35.30	\$265	Basic		•
Wright	North Star Advantage / North Star Advantage Plus	MHP North Star Advantage Plus (H5750-001)	Local HMO	\$89.80	\$89.80	\$265	Enhanced	All Formulary Drugs	•
Wright	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Wright	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Wright	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Wright	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Wright	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Wright	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Wright	UCare Minnesota	UCare for Seniors Value (H2459-001)	Local HMO *	\$42.00					
Wright	UCare Minnesota	UCare for Seniors Value Plus (H2459-013)	Local HMO	\$65.00	\$18.50	\$0	Enhanced		•
Wright	UCare Minnesota	UCare for Seniors Classic (H2459-002)	Local HMO	\$102.00	\$18.50	\$0	Enhanced		•
Wright	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Wright	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Wright	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Wright	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Wright	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Yellow Medicine	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	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
Yellow Medicine	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Yellow Medicine	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Yellow Medicine	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Yellow Medicine	HealthPartners	HealthPartners Freedom Plan I (H2462-004)	Cost *	\$52.00					
Yellow Medicine	HealthPartners	HealthPartners Freedom Plan I Standard Rx (H2462-005)	Cost	\$75.70	\$23.70	\$0	Basic		•
Yellow Medicine	HealthPartners	HealthPartners Freedom Plan II (H2462-007)	Cost *	\$80.00					
Yellow Medicine	HealthPartners	HealthPartners Freedom Plan II Standard Rx (H2462-008)	Cost	\$103.70	\$23.70	\$0	Basic		•
Yellow Medicine	HealthPartners	HealthPartners Freedom Plan III (H2462-010)	Cost *	\$116.00					
Yellow Medicine	HealthPartners	HealthPartners Freedom Plan I Enhanced Rx (H2462-006)	Cost	\$120.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Yellow Medicine	HealthPartners	HealthPartners Freedom Plan III StandardRx (H2462-011)	Cost	\$139.70	\$23.70	\$0	Basic		•
Yellow Medicine	HealthPartners	HealthPartners Freedom Plan II Enhanced Rx (H2462-009)	Cost	\$148.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Yellow Medicine	HealthPartners	HealthPartners Freedom Plan III EnhancedRx (H2462-012)	Cost	\$184.30	\$68.30	\$0	Enhanced	All Formulary Drugs	•
Yellow Medicine	Humana Insurance Company	Humana Gold Choice PFFS H1804-169 (H1804-169)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Yellow Medicine	Humana Insurance Company	Humana Gold Choice PFFS H1804-170 (H1804-170)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Yellow Medicine	Medica Health Plans	Medica Advantage Solution Standard (H2410-001)	PFFS *	\$0.00					
Yellow Medicine	Medica Health Plans	Medica Advantage Solution Choice (H2410-009)	PFFS	\$1.00	\$1.00	\$265	Basic		
Yellow Medicine	Medica Health Plans	Medica Advantage Solution Standard with Rx (H2410-015)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Yellow Medicine	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Yellow Medicine	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Yellow Medicine	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Yellow Medicine	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Yellow Medicine	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Yellow Medicine	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Yellow Medicine	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Yellow Medicine	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Yellow Medicine	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Yellow Medicine	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Yellow Medicine	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Yellow Medicine	UCare Minnesota	UCare for Seniors Value (H2459-005)	Local HMO *	\$69.00					
Yellow Medicine	UCare Minnesota	UCare for Seniors Value Plus (H2459-014)	Local HMO	\$92.00	\$18.50	\$0	Enhanced		•
Yellow Medicine	UCare Minnesota	UCare for Seniors Classic (H2459-006)	Local HMO	\$121.00	\$18.50	\$0	Enhanced		•
Yellow Medicine	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Yellow Medicine	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Yellow Medicine	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Yellow Medicine	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Yellow Medicine	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•