

*Landscape of Plan
Options in
Montana
2007*

Medicare_{Rx}
Prescription Drug Coverage

**Medicare Advantage
Cost Plans and Demonstrations**

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Montana 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
Beaverhead	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Beaverhead	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Beaverhead	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Beaverhead	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Beaverhead	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Beaverhead	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Beaverhead	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Beaverhead	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Beaverhead	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Beaverhead	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Beaverhead	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Beaverhead	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Beaverhead	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Beaverhead	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Beaverhead	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Big Horn	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Big Horn	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Big Horn	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Big Horn	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Big Horn	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Big Horn	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Big Horn	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Big Horn	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Big Horn	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Big Horn	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Big Horn	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Big Horn	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Blaine	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Blaine	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Blaine	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Blaine	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Blaine	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Blaine	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Blaine	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Blaine	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Blaine	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Blaine	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Blaine	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Broadwater	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Broadwater	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Broadwater	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Broadwater	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Broadwater	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Broadwater	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Broadwater	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Broadwater	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Broadwater	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Broadwater	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Broadwater	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Broadwater	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					

Montana 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
Broadwater	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Broadwater	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Broadwater	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Broadwater	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Broadwater	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Broadwater	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Broadwater	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Broadwater	WellCare	Summit (H4577-005)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Carbon	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Carbon	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Carbon	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Carbon	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Carbon	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Carbon	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Carbon	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Carbon	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Carbon	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Carbon	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Carbon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Carbon	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Carter	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Carter	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Carter	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Carter	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Carter	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Carter	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Carter	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Carter	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Carter	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Carter	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Carter	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Carter	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Carter	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Carter	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Carter	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Carter	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Cascade	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Cascade	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Cascade	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Cascade	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Cascade	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Cascade	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cascade	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cascade	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Cascade	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Cascade	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cascade	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cascade	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Chouteau	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Chouteau	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Chouteau	Blue Cross and Blue Shield of Montana	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
Chouteau	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Chouteau	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Chouteau	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Chouteau	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Chouteau	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Chouteau	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Chouteau	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Chouteau	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Custer	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Custer	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Custer	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Custer	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Custer	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Custer	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Custer	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Custer	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Custer	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Custer	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Custer	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Custer	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Custer	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Custer	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Custer	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Custer	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Daniels	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Daniels	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Daniels	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Daniels	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Daniels	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Daniels	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Daniels	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Daniels	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Daniels	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Daniels	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Daniels	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Dawson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Dawson	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Dawson	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dawson	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dawson	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
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Dawson	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dawson	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dawson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Dawson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Dawson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dawson	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Dawson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Dawson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Dawson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					

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Dawson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Deer Lodge	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Deer Lodge	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Deer Lodge	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Deer Lodge	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
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Deer Lodge	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Deer Lodge	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Deer Lodge	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Deer Lodge	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Deer Lodge	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Deer Lodge	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Fallon	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Fallon	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Fallon	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Fallon	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Fallon	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Fallon	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Fallon	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Fallon	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Fallon	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Fallon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Fallon	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Fergus	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Fergus	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Fergus	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Fergus	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Fergus	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Fergus	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Fergus	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Fergus	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Fergus	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Fergus	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Fergus	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Fergus	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Fergus	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Fergus	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Fergus	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Fergus	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Fergus	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Fergus	WellCare	Summit (H4577-005)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Flathead	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Flathead	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Flathead	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Flathead	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Flathead	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Flathead	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Flathead	Clear Choice Health Plans	Clear Choice Value Plan (H3864-011)	Local HMO *	\$37.90					
Flathead	Clear Choice Health Plans	Clear Choice Traditional Plan (H3864-012)	Local HMO *	\$62.50					
Flathead	Clear Choice Health Plans	Clear Choice Value Plus (H3864-010)	Local HMO	\$75.00	\$42.10	\$265	Basic		•

Montana 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
Flathead	Clear Choice Health Plans	Clear Choice Traditional Plus (H3864-009)	Local HMO	\$110.00	\$52.20	\$100	Enhanced		•
Flathead	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Flathead	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Flathead	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Flathead	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Flathead	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Flathead	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Flathead	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Flathead	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Flathead	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Flathead	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Flathead	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Flathead	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Flathead	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Flathead	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Flathead	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
Gallatin	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Gallatin	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Gallatin	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Gallatin	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Gallatin	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Gallatin	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Gallatin	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Gallatin	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Gallatin	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Gallatin	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Gallatin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Gallatin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Gallatin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Gallatin	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Gallatin	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Gallatin	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Gallatin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Gallatin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Garfield	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Garfield	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Garfield	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Garfield	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Garfield	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Garfield	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Garfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Garfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Garfield	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Garfield	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Garfield	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Garfield	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Garfield	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Garfield	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Garfield	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Garfield	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Glacier	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Glacier	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•

Montana 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
Glacier	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Glacier	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Glacier	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Glacier	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Glacier	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Glacier	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Glacier	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Golden Valley	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Golden Valley	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Golden Valley	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Golden Valley	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Golden Valley	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Golden Valley	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Golden Valley	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Golden Valley	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Golden Valley	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Golden Valley	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Golden Valley	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Golden Valley	UniCare	Save Well - Plan III (H7289-002)	MSA *	\$0.00					
Granite	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Granite	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Granite	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Granite	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Granite	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Granite	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Granite	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Granite	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Granite	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Granite	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Granite	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Granite	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Granite	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Hill	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Hill	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hill	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hill	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hill	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hill	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hill	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hill	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hill	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hill	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Jefferson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Jefferson	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Jefferson	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Jefferson	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Jefferson	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Jefferson	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•

Montana 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
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Jefferson	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Jefferson	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Jefferson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Jefferson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Jefferson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jefferson	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Judith Basin	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Judith Basin	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Judith Basin	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Judith Basin	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Judith Basin	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Judith Basin	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Judith Basin	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Judith Basin	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Judith Basin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Judith Basin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Judith Basin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Judith Basin	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Judith Basin	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Judith Basin	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Judith Basin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Judith Basin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Lake	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Lake	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lake	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lake	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lake	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lake	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Lake	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Lake	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	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	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Lewis and Clark	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Lewis and Clark	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Lewis and Clark	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lewis and Clark	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lewis and Clark	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lewis and Clark	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lewis and Clark	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lewis and Clark	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lewis and Clark	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Lewis and Clark	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Lewis and Clark	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					

Montana 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
Lewis and Clark	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Lewis and Clark	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lewis and Clark	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Lewis and Clark	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Lewis and Clark	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Lewis and Clark	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Lewis and Clark	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Lewis and Clark	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Lewis and Clark	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lewis and Clark	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Lewis and Clark	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Liberty	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Liberty	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Liberty	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Liberty	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Liberty	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Liberty	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Liberty	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Liberty	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Liberty	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Liberty	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Lincoln	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Lincoln	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Lincoln	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lincoln	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lincoln	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lincoln	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lincoln	Clear Choice Health Plans	Clear Choice Value Plan (H3864-011)	Local HMO *	\$37.90					
Lincoln	Clear Choice Health Plans	Clear Choice Traditional Plan (H3864-012)	Local HMO *	\$62.50					
Lincoln	Clear Choice Health Plans	Clear Choice Value Plus (H3864-010)	Local HMO	\$75.00	\$42.10	\$265	Basic		•
Lincoln	Clear Choice Health Plans	Clear Choice Traditional Plus (H3864-009)	Local HMO	\$110.00	\$52.20	\$100	Enhanced		•
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lincoln	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Lincoln	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
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	UniCare	Save Well - Plan I (H7289-001)	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					
Lincoln	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Lincoln	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lincoln	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Lincoln	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
Madison	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Madison	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Madison	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Madison	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Madison	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	

Montana 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
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Madison	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Madison	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Madison	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Madison	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
McCone	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
McCone	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
McCone	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
McCone	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
McCone	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
McCone	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
McCone	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McCone	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
McCone	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
McCone	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
McCone	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McCone	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
McCone	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
McCone	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
McCone	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
McCone	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Meagher	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Meagher	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Meagher	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Meagher	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Meagher	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Meagher	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Meagher	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Meagher	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Meagher	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Meagher	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Meagher	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Meagher	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Meagher	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Meagher	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Meagher	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Mineral	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Mineral	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Mineral	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Mineral	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Mineral	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Mineral	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Mineral	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Mineral	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Mineral	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Mineral	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Mineral	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Missoula	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Missoula	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Missoula	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•

Montana 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
Missoula	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Missoula	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Missoula	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Missoula	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Missoula	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Missoula	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Missoula	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Missoula	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Missoula	Sterling Life Insurance Company	Sterling Partners - Montana (H5839-001)	PFFS	\$19.20	\$19.20	\$100	Enhanced		•
Missoula	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Missoula	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Musselshell	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Musselshell	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Musselshell	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Musselshell	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Musselshell	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Musselshell	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Musselshell	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Musselshell	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Musselshell	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Park	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Park	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Park	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Park	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Park	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Park	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Park	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Park	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Park	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Park	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Park	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Petroleum	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Petroleum	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Petroleum	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Petroleum	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Petroleum	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Petroleum	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Petroleum	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Petroleum	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Petroleum	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Petroleum	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Petroleum	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Petroleum	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Petroleum	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Petroleum	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Petroleum	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Petroleum	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Phillips	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Phillips	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Phillips	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•

Montana 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
Phillips	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Phillips	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Phillips	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Phillips	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Phillips	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Phillips	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Phillips	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Phillips	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Pondera	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Pondera	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Pondera	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Pondera	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Pondera	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Pondera	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pondera	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Pondera	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Pondera	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pondera	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Powder River	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Powder River	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Powder River	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Powder River	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Powder River	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Powder River	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Powder River	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Powder River	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Powder River	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Powder River	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Powder River	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Powder River	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Powder River	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Powder River	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Powder River	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Powder River	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Powell	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Powell	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Powell	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Powell	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Powell	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Powell	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Powell	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Powell	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Powell	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Powell	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Powell	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Powell	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Powell	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Powell	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Powell	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Powell	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					

Montana 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
Powell	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Prairie	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Prairie	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Prairie	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Prairie	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Prairie	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Prairie	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Prairie	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Prairie	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Prairie	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Prairie	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Prairie	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Prairie	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Prairie	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Prairie	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Prairie	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Prairie	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Ravalli	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Ravalli	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Ravalli	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Ravalli	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Ravalli	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Ravalli	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Ravalli	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Ravalli	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Ravalli	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Ravalli	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Ravalli	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Ravalli	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Ravalli	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Ravalli	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Richland	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Richland	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Richland	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Richland	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Richland	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Richland	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Richland	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Richland	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Richland	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Richland	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Richland	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Richland	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Richland	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Richland	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Richland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Richland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Roosevelt	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Roosevelt	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Roosevelt	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Roosevelt	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•

Montana 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
Roosevelt	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Roosevelt	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Roosevelt	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Roosevelt	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Roosevelt	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Roosevelt	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Rosebud	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Rosebud	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Rosebud	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Rosebud	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Rosebud	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Rosebud	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Rosebud	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Rosebud	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Rosebud	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Rosebud	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Rosebud	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Sanders	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sanders	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sanders	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sanders	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sanders	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sanders	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sanders	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sanders	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sanders	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Sanders	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Sanders	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Sanders	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Sanders	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sanders	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Sanders	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Sanders	WellCare	Summit (H4577-009)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Sheridan	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sheridan	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sheridan	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sheridan	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sheridan	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sheridan	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sheridan	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sheridan	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sheridan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Sheridan	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Sheridan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sheridan	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Silver Bow	Advantra® Freedom	Freedom 3 (H0846-006)	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
Silver Bow	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Silver Bow	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Silver Bow	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Silver Bow	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Silver Bow	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Silver Bow	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Silver Bow	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Silver Bow	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Silver Bow	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Statewide	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Statewide	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Statewide	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Statewide	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Stillwater	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Stillwater	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Stillwater	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Stillwater	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Stillwater	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Stillwater	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Stillwater	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Stillwater	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Stillwater	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Stillwater	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Stillwater	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Stillwater	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Stillwater	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Stillwater	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Stillwater	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Stillwater	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Stillwater	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Stillwater	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Sweet Grass	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sweet Grass	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sweet Grass	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sweet Grass	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sweet Grass	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sweet Grass	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sweet Grass	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sweet Grass	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sweet Grass	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Sweet Grass	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Sweet Grass	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Sweet Grass	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Sweet Grass	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sweet Grass	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Sweet Grass	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Sweet Grass	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sweet Grass	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Sweet Grass	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Teton	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					

Montana 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
Teton	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Teton	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Teton	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Teton	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Teton	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Teton	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Teton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Teton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Teton	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Teton	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Teton	WellCare	Summit (H4577-009)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Toole	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Toole	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Toole	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Toole	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Toole	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Toole	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Toole	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Toole	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Toole	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Toole	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Toole	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Treasure	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Treasure	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Treasure	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Treasure	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Treasure	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Treasure	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Treasure	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Treasure	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Treasure	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Treasure	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Treasure	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Treasure	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Treasure	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Treasure	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Treasure	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Treasure	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Valley	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Valley	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Valley	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Valley	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Valley	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Valley	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Valley	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Valley	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Valley	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Wheatland	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Wheatland	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Wheatland	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•

Montana 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
Wheatland	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Wheatland	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Wheatland	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Wheatland	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wheatland	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Wheatland	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Wheatland	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Wheatland	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Wheatland	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Wheatland	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Wheatland	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Wheatland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Wheatland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Wibaux	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Wibaux	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Wibaux	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Wibaux	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Wibaux	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Wibaux	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Wibaux	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wibaux	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Wibaux	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Wibaux	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Wibaux	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Wibaux	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Wibaux	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Wibaux	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Wibaux	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Wibaux	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Yellowstone	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Yellowstone	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Yellowstone	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Yellowstone	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Yellowstone	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Yellowstone	Humana Insurance Company	Humana Gold Choice PFFS H1804-171 (H1804-171)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Yellowstone	Humana Insurance Company	Humana Gold Choice PFFS H1804-172 (H1804-172)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Yellowstone	New West Medicare	New West Medicare Basic (H2701-003)	Local PPO	\$44.00	\$30.90	\$0	Enhanced	Generics	•
Yellowstone	New West Medicare	New West Medicare Enhanced (H2701-001)	Local PPO	\$94.00	\$40.70	\$0	Enhanced	Generics	•
Yellowstone	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Yellowstone	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Yellowstone	Sterling Life Insurance Company	Sterling Partners - Montana (H5839-001)	PFFS	\$19.20	\$19.20	\$100	Enhanced		•
Yellowstone	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Yellowstone	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Yellowstone National Park	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Yellowstone National Park	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Yellowstone National Park	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Yellowstone National Park	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	