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New Jersey

2007

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Medicare Advantage Cost Plans and Demonstrations

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New Jersey 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
Atlantic	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Atlantic	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Atlantic	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Atlantic	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Atlantic	Humana Insurance Company	Humana Gold Choice PFFS H1804-250 (H1804-250)	PFFS	$199.00	$11.40	$265	Basic		
Atlantic	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Atlantic	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Atlantic	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Atlantic	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Atlantic	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Atlantic	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Atlantic	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Bergen	Aetna Medicare	Aetna Golden Medicare Basic Plan (H3152-045)	Local HMO *	$0.00					
Bergen	Aetna Medicare	Aetna Golden Medicare Value Plan (H3152-046)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Bergen	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3152-047)	Local HMO	$30.00	$30.00	$0	Enhanced		•
Bergen	Aetna Medicare	Aetna Golden Choice Standard Plan (H5512-001)	Local PPO	$64.00	$21.50	$0	Basic		•
Bergen	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3152-048)	Local HMO	$75.00	$48.20	$0	Enhanced	Generics	•
Bergen	Aetna Medicare	Aetna Golden Choice Premier Plan (H5512-002)	Local PPO	$103.00	$43.80	$0	Enhanced		•
Bergen	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Bergen	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Bergen	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Bergen	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Bergen	SecureHorizons	MedicareComplete (H3107-004)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Bergen	SecureHorizons	MedicareComplete Balance (H3107-005)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Bergen	SecureHorizons	MedicareComplete Essential (H3107-008)	Local HMO *	$0.00					
Bergen	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Bergen	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Bergen	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Bergen	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Bergen	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Bergen	Unison Advantage	Unison Advantage Choice (H5794-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Bergen	Unison Advantage	Unison Advantage Preferred (H5794-002)	Local HMO	$10.00	$9.90	$0	Enhanced	Generics	•
Burlington	Aetna Medicare	Aetna Golden Medicare Value Plan (H3152-041)	Local HMO *	$0.00					
Burlington	Aetna Medicare	Aetna Golden Medicare Special Plan (H3152-044)	Local HMO	$16.00	$16.00	$0	Basic		•
Burlington	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3152-022)	Local HMO	$35.00	$17.50	$0	Basic		•
Burlington	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3152-053)	Local HMO	$104.00	$42.00	$0	Enhanced	Generics	•
Burlington	Aetna Medicare	Aetna Golden Choice Standard Plan (H5512-008)	Local PPO	$111.00	$19.20	$0	Basic		•
Burlington	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Burlington	Aetna Medicare	Aetna Golden Choice Premier Plan (H5512-009)	Local PPO	$167.00	$54.70	$0	Enhanced	Generics	•
Burlington	AmeriHealth 65	AmeriHealth 65 Plus Medical Only (H3156-024)	Local HMO *	$86.00					
Burlington	AmeriHealth 65	AmeriHealth 65 Plus Rx Option II (H3156-021)	Local HMO	$124.80	$38.80	$0	Basic		•
Burlington	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Burlington	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Burlington	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Burlington	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					

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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
Burlington	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Burlington	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Burlington	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Burlington	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Camden	Aetna Medicare	Aetna Golden Medicare Value Plan (H3152-041)	Local HMO *	$0.00					
Camden	Aetna Medicare	Aetna Golden Medicare Special Plan (H3152-044)	Local HMO	$16.00	$16.00	$0	Basic		•
Camden	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3152-022)	Local HMO	$35.00	$17.50	$0	Basic		•
Camden	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3152-053)	Local HMO	$104.00	$42.00	$0	Enhanced	Generics	•
Camden	Aetna Medicare	Aetna Golden Choice Standard Plan (H5512-008)	Local PPO	$111.00	$19.20	$0	Basic		•
Camden	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Camden	Aetna Medicare	Aetna Golden Choice Premier Plan (H5512-009)	Local PPO	$167.00	$54.70	$0	Enhanced	Generics	•
Camden	AmeriHealth 65	AmeriHealth 65 Plus Medical Only (H3156-024)	Local HMO *	$86.00					
Camden	AmeriHealth 65	AmeriHealth 65 Plus Rx Option II (H3156-021)	Local HMO	$124.80	$38.80	$0	Basic		•
Camden	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Camden	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Camden	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Camden	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Camden	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Camden	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Camden	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Camden	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Cape May	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Cape May	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Cape May	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Cape May	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Cape May	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Cape May	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Cape May	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Cape May	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Cape May	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Cape May	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Cape May	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Cumberland	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Cumberland	AmeriHealth 65	AmeriHealth 65 Plus Medical Only (H3156-024)	Local HMO *	$86.00					
Cumberland	AmeriHealth 65	AmeriHealth 65 Plus Rx Option II (H3156-021)	Local HMO	$124.80	$38.80	$0	Basic		•
Cumberland	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Cumberland	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Cumberland	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Cumberland	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Cumberland	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Cumberland	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Cumberland	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Cumberland	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Cumberland	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Cumberland	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Cumberland	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	$35.00					
Cumberland	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	$46.00	$18.50	$0	Enhanced		•
Cumberland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	$60.00					
Cumberland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	$91.00	$28.20	$0	Enhanced	Generics	•
Essex	Aetna Medicare	Aetna Golden Medicare Basic Plan (H3152-045)	Local HMO *	$0.00					
Essex	Aetna Medicare	Aetna Golden Medicare Value Plan (H3152-046)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Essex	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3152-047)	Local HMO	$30.00	$30.00	$0	Enhanced		•
Essex	Aetna Medicare	Aetna Golden Choice Standard Plan (H5512-001)	Local PPO	$64.00	$21.50	$0	Basic		•
Essex	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3152-048)	Local HMO	$75.00	$48.20	$0	Enhanced	Generics	•
Essex	Aetna Medicare	Aetna Golden Choice Premier Plan (H5512-002)	Local PPO	$103.00	$43.80	$0	Enhanced		•
Essex	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Essex	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Essex	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Essex	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Essex	SecureHorizons	MedicareComplete (H3107-004)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Essex	SecureHorizons	MedicareComplete Balance (H3107-005)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Essex	SecureHorizons	MedicareComplete Essential (H3107-008)	Local HMO *	$0.00					
Essex	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Essex	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Essex	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Essex	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Essex	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Essex	Unison Advantage	Unison Advantage Choice (H5794-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Essex	Unison Advantage	Unison Advantage Preferred (H5794-002)	Local HMO	$10.00	$9.90	$0	Enhanced	Generics	•
Gloucester	Aetna Medicare	Aetna Golden Medicare Value Plan (H3152-041)	Local HMO *	$0.00					
Gloucester	Aetna Medicare	Aetna Golden Medicare Special Plan (H3152-044)	Local HMO	$16.00	$16.00	$0	Basic		•
Gloucester	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3152-022)	Local HMO	$35.00	$17.50	$0	Basic		•
Gloucester	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3152-053)	Local HMO	$104.00	$42.00	$0	Enhanced	Generics	•
Gloucester	Aetna Medicare	Aetna Golden Choice Standard Plan (H5512-008)	Local PPO	$111.00	$19.20	$0	Basic		•
Gloucester	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Gloucester	Aetna Medicare	Aetna Golden Choice Premier Plan (H5512-009)	Local PPO	$167.00	$54.70	$0	Enhanced	Generics	•
Gloucester	AmeriHealth 65	AmeriHealth 65 Plus Medical Only (H3156-024)	Local HMO *	$86.00					
Gloucester	AmeriHealth 65	AmeriHealth 65 Plus Rx Option II (H3156-021)	Local HMO	$124.80	$38.80	$0	Basic		•
Gloucester	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Gloucester	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Gloucester	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Gloucester	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Gloucester	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Gloucester	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Gloucester	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Gloucester	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Hudson	Aetna Medicare	Aetna Golden Medicare Basic Plan (H3152-045)	Local HMO *	$0.00					
Hudson	Aetna Medicare	Aetna Golden Medicare Value Plan (H3152-046)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Hudson	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3152-047)	Local HMO	$30.00	$30.00	$0	Enhanced		•
Hudson	Aetna Medicare	Aetna Golden Choice Standard Plan (H5512-001)	Local PPO	$64.00	$21.50	$0	Basic		•
Hudson	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3152-048)	Local HMO	$75.00	$48.20	$0	Enhanced	Generics	•
Hudson	Aetna Medicare	Aetna Golden Choice Premier Plan (H5512-002)	Local PPO	$103.00	$43.80	$0	Enhanced		•
Hudson	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•

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Hudson	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Hudson	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Hudson	SecureHorizons	MedicareComplete (H3107-004)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hudson	SecureHorizons	MedicareComplete Balance (H3107-005)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hudson	SecureHorizons	MedicareComplete Essential (H3107-008)	Local HMO *	$0.00					
Hudson	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Hudson	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Hudson	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Hudson	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Hudson	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Hudson	Unison Advantage	Unison Advantage Choice (H5794-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hudson	Unison Advantage	Unison Advantage Preferred (H5794-002)	Local HMO	$10.00	$9.90	$0	Enhanced	Generics	•
Hunterdon	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Hunterdon	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Hunterdon	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Hunterdon	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Hunterdon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Hunterdon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	$10.30	$10.30	$265	Basic		
Hunterdon	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Hunterdon	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Hunterdon	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Hunterdon	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Hunterdon	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Hunterdon	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	$35.00					
Hunterdon	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	$46.00	$18.50	$0	Enhanced		•
Hunterdon	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	$60.00					
Hunterdon	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	$91.00	$28.20	$0	Enhanced	Generics	•
Mercer	Aetna Medicare	Aetna Golden Medicare Value Plan (H3152-041)	Local HMO *	$0.00					
Mercer	Aetna Medicare	Aetna Golden Medicare Special Plan (H3152-044)	Local HMO	$16.00	$16.00	$0	Basic		•
Mercer	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3152-022)	Local HMO	$35.00	$17.50	$0	Basic		•
Mercer	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3152-053)	Local HMO	$104.00	$42.00	$0	Enhanced	Generics	•
Mercer	Aetna Medicare	Aetna Golden Choice Standard Plan (H5512-008)	Local PPO	$111.00	$19.20	$0	Basic		•
Mercer	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Mercer	Aetna Medicare	Aetna Golden Choice Premier Plan (H5512-009)	Local PPO	$167.00	$54.70	$0	Enhanced	Generics	•
Mercer	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Mercer	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Mercer	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Mercer	SecureHorizons	MedicareComplete (H3107-009)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Mercer	SecureHorizons	MedicareComplete Balance (H3107-006)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Mercer	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Mercer	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Mercer	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Mercer	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•

New Jersey 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
Mercer	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Mercer	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Middlesex	Aetna Medicare	Aetna Golden Choice Standard Plan (H5512-005)	Local PPO	$65.00	$20.50	$0	Basic		•
Middlesex	Aetna Medicare	Aetna Golden Choice Premier Plan (H5512-006)	Local PPO	$100.00	$24.10	$0	Enhanced	Generics	•
Middlesex	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Middlesex	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Middlesex	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Middlesex	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Middlesex	SecureHorizons	MedicareComplete (H3107-009)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Middlesex	SecureHorizons	MedicareComplete Balance (H3107-006)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Middlesex	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Middlesex	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Middlesex	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Middlesex	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Middlesex	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Middlesex	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Middlesex	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Middlesex	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Monmouth	Aetna Medicare	Aetna Golden Choice Standard Plan (H5512-005)	Local PPO	$65.00	$20.50	$0	Basic		•
Monmouth	Aetna Medicare	Aetna Golden Choice Premier Plan (H5512-006)	Local PPO	$100.00	$24.10	$0	Enhanced	Generics	•
Monmouth	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Monmouth	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Monmouth	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Monmouth	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Monmouth	SecureHorizons	MedicareComplete (H3107-009)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Monmouth	SecureHorizons	MedicareComplete Balance (H3107-006)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Monmouth	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Monmouth	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Monmouth	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Monmouth	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Monmouth	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Monmouth	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Monmouth	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Monmouth	United HealthCare Insuance Company	Erickson Advantage Signature without Drugs (H5918-002)	Demo *	$90.00					
Monmouth	United HealthCare Insuance Company	Erickson Advantage Signature with Drugs (H5918-001)	Demo	$126.00	$18.50	$0	Enhanced		•
Monmouth	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Morris	Aetna Medicare	Aetna Golden Medicare Basic Plan (H3152-045)	Local HMO *	$0.00					
Morris	Aetna Medicare	Aetna Golden Medicare Value Plan (H3152-046)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Morris	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3152-047)	Local HMO	$30.00	$30.00	$0	Enhanced		•
Morris	Aetna Medicare	Aetna Golden Choice Standard Plan (H5512-001)	Local PPO	$64.00	$21.50	$0	Basic		•
Morris	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3152-048)	Local HMO	$75.00	$48.20	$0	Enhanced	Generics	•
Morris	Aetna Medicare	Aetna Golden Choice Premier Plan (H5512-002)	Local PPO	$103.00	$43.80	$0	Enhanced		•
Morris	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Morris	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•

New Jersey 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
Morris	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Morris	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Morris	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Morris	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Morris	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Morris	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Morris	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Morris	United HealthCare Insuance Company	Erickson Advantage Signature without Drugs (H5918-002)	Demo *	$90.00					
Morris	United HealthCare Insuance Company	Erickson Advantage Signature with Drugs (H5918-001)	Demo	$126.00	$18.50	$0	Enhanced		•
Ocean	Aetna Medicare	Aetna Golden Medicare Basic Plan (H3152-045)	Local HMO *	$0.00					
Ocean	Aetna Medicare	Aetna Golden Medicare Value Plan (H3152-046)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ocean	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3152-047)	Local HMO	$30.00	$30.00	$0	Enhanced		•
Ocean	Aetna Medicare	Aetna Golden Choice Standard Plan (H5512-001)	Local PPO	$64.00	$21.50	$0	Basic		•
Ocean	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3152-048)	Local HMO	$75.00	$48.20	$0	Enhanced	Generics	•
Ocean	Aetna Medicare	Aetna Golden Choice Premier Plan (H5512-002)	Local PPO	$103.00	$43.80	$0	Enhanced		•
Ocean	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Ocean	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Ocean	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Ocean	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Ocean	SecureHorizons	MedicareComplete (H3107-004)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ocean	SecureHorizons	MedicareComplete Balance (H3107-005)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ocean	SecureHorizons	MedicareComplete Essential (H3107-008)	Local HMO *	$0.00					
Ocean	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Ocean	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Ocean	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Ocean	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Ocean	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Ocean	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Ocean	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Ocean	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Passaic	Aetna Medicare	Aetna Golden Medicare Basic Plan (H3152-045)	Local HMO *	$0.00					
Passaic	Aetna Medicare	Aetna Golden Medicare Value Plan (H3152-046)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Passaic	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3152-047)	Local HMO	$30.00	$30.00	$0	Enhanced		•
Passaic	Aetna Medicare	Aetna Golden Choice Standard Plan (H5512-001)	Local PPO	$64.00	$21.50	$0	Basic		•
Passaic	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3152-048)	Local HMO	$75.00	$48.20	$0	Enhanced	Generics	•
Passaic	Aetna Medicare	Aetna Golden Choice Premier Plan (H5512-002)	Local PPO	$103.00	$43.80	$0	Enhanced		•
Passaic	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Passaic	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Passaic	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Passaic	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Passaic	SecureHorizons	MedicareComplete (H3107-009)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Passaic	SecureHorizons	MedicareComplete Balance (H3107-006)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Passaic	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Passaic	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•

New Jersey 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
Passaic	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Passaic	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Passaic	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Passaic	Unison Advantage	Unison Advantage Choice (H5794-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Passaic	Unison Advantage	Unison Advantage Preferred (H5794-002)	Local HMO	$10.00	$9.90	$0	Enhanced	Generics	•
Salem	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	$80.00	$21.80	$265	Basic		
Salem	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Salem	AmeriHealth 65	AmeriHealth 65 Plus Medical Only (H3156-024)	Local HMO *	$86.00					
Salem	AmeriHealth 65	AmeriHealth 65 Plus Rx Option II (H3156-021)	Local HMO	$124.80	$38.80	$0	Basic		•
Salem	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Salem	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Salem	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Salem	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Salem	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Salem	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Salem	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Salem	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Salem	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Salem	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Somerset	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Somerset	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Somerset	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Somerset	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Somerset	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Somerset	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Somerset	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Somerset	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Somerset	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Somerset	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Statewide	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Sussex	Aetna Medicare	Aetna Golden Medicare Basic Plan (H3152-045)	Local HMO *	$0.00					
Sussex	Aetna Medicare	Aetna Golden Medicare Value Plan (H3152-046)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Sussex	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3152-047)	Local HMO	$30.00	$30.00	$0	Enhanced		•
Sussex	Aetna Medicare	Aetna Golden Choice Standard Plan (H5512-001)	Local PPO	$64.00	$21.50	$0	Basic		•
Sussex	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3152-048)	Local HMO	$75.00	$48.20	$0	Enhanced	Generics	•
Sussex	Aetna Medicare	Aetna Golden Choice Premier Plan (H5512-002)	Local PPO	$103.00	$43.80	$0	Enhanced		•
Sussex	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Sussex	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Sussex	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Sussex	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Sussex	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Sussex	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Sussex	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Sussex	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Sussex	UniCare	Save Well - Plan II (H7289-002)	MSA *	$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
Union	Aetna Medicare	Aetna Golden Medicare Basic Plan (H3152-045)	Local HMO *	$0.00					
Union	Aetna Medicare	Aetna Golden Medicare Value Plan (H3152-046)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Union	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3152-047)	Local HMO	$30.00	$30.00	$0	Enhanced		•
Union	Aetna Medicare	Aetna Golden Choice Standard Plan (H5512-001)	Local PPO	$64.00	$21.50	$0	Basic		•
Union	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3152-048)	Local HMO	$75.00	$48.20	$0	Enhanced	Generics	•
Union	Aetna Medicare	Aetna Golden Choice Premier Plan (H5512-002)	Local PPO	$103.00	$43.80	$0	Enhanced		•
Union	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Union	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Union	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Union	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Union	SecureHorizons	MedicareComplete (H3107-004)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Union	SecureHorizons	MedicareComplete Balance (H3107-005)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Union	SecureHorizons	MedicareComplete Essential (H3107-008)	Local HMO *	$0.00					
Union	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Union	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Union	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Union	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Union	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Warren	Aetna Medicare	Aetna Golden Choice Regional Plan (R5595-001)	Regional PPO	$134.00	$19.20	$0	Basic		•
Warren	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Value Plus (H3154-004)	Local HMO	$21.20	$15.90	$265	Basic		•
Warren	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue (H3154-005)	Local HMO *	$57.60					
Warren	Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Blue Plus (H3154-006)	Local HMO	$89.50	$31.90	$0	Enhanced	Generics	•
Warren	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Warren	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Warren	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Warren	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Warren	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					