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2007

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Ohio 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
Adams	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Adams	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Adams	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Adams	Humana Insurance Company	HumanaChoicePPO PPO H3619-001 (H3619-001)	Local PPO	$24.00	$22.60	$0	Enhanced		•
Adams	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Adams	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Adams	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Adams	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Adams	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Adams	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Adams	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Adams	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Adams	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Allen	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Allen	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Allen	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Allen	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Allen	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Allen	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Allen	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Allen	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Allen	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Allen	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Allen	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Allen	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Allen	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Allen	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Allen	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Allen	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Ashland	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Ashland	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Ashland	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ashland	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ashland	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Ashland	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Ashland	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Ashland	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Ashland	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Ashland	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Ashland	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Ashland	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Ashland	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Ashland	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Ashland	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Ashland	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Ashland	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Ashland	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Ashland	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Ashtabula	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Ashtabula	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Ashtabula	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Ashtabula	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Ashtabula	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ashtabula	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ashtabula	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Ashtabula	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Ashtabula	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Ashtabula	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Ashtabula	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Ashtabula	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Ashtabula	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Ashtabula	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Ashtabula	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Ashtabula	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Ashtabula	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Ashtabula	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Ashtabula	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Ashtabula	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Ashtabula	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Ashtabula	UPMC Health Plan	UPMC for Life PFFS (OH) (H1254-003)	PFFS *	$34.60					
Ashtabula	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Ashtabula	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Ashtabula	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Athens	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Athens	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Athens	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Athens	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Athens	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Athens	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Athens	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Athens	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Athens	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Athens	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Athens	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Athens	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Athens	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Auglaize	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Auglaize	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Auglaize	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Auglaize	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Auglaize	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Auglaize	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Auglaize	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Auglaize	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Auglaize	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Auglaize	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Auglaize	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Auglaize	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Belmont	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Belmont	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Belmont	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Belmont	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Belmont	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Belmont	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Belmont	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Belmont	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Belmont	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Belmont	Humana Insurance Company	Humana Gold Choice PFFS H1804-088 (H1804-088)	PFFS	$99.00	$22.70	$0	Enhanced		•
Belmont	Humana Insurance Company	Humana Gold Choice PFFS H1804-220 (H1804-220)	PFFS	$119.00	$24.30	$0	Enhanced		•
Belmont	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Belmont	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Belmont	The Health Plan	Health Plan SecureCare (H5151-004)	Local HMO *	$0.00					
Belmont	The Health Plan	Health Plan SecureCare (H5151-002)	Local HMO	$55.00	$20.00	$0	Enhanced	Generics	•
Belmont	The Health Plan	Medicare Plus (H5102-003)	Cost *	$160.00					
Belmont	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Belmont	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Belmont	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Belmont	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Brown	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Brown	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Brown	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Brown	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Brown	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Brown	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Brown	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Brown	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Brown	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Brown	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Brown	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Brown	Humana Insurance Company	HumanaChoicePPO PPO H3619-001 (H3619-001)	Local PPO	$24.00	$22.60	$0	Enhanced		•
Brown	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Brown	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Brown	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Brown	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Brown	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Brown	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Brown	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Brown	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Brown	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Butler	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Butler	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Butler	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Butler	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Butler	Anthem Blue Cross and Blue Shield	SmartValue Classic (H1689-011)	PFFS *	$0.00					
Butler	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Butler	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Butler	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Butler	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Butler	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Butler	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Butler	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Butler	Humana Insurance Company	HumanaChoicePPO PPO H3619-001 (H3619-001)	Local PPO	$24.00	$22.60	$0	Enhanced		•
Butler	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Butler	SecureHorizons	MedicareComplete Essential Plan 2 (H3659-054)	Local HMO *	$0.00					
Butler	SecureHorizons	MedicareComplete Plan 2 (H3659-031)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Butler	SecureHorizons	MedicareComplete Plus Plan 1 (H3659-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Butler	SecureHorizons	MedicareComplete Plus Plan 2 (H3659-050)	Local HMO *	$0.00					
Butler	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Butler	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					

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Butler	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Butler	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Butler	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Butler	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Butler	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Butler	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Butler	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Butler	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Butler	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
Carroll	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Carroll	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Carroll	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Carroll	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Carroll	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Carroll	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Carroll	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Carroll	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Carroll	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Carroll	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Carroll	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Carroll	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Carroll	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Carroll	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Carroll	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Carroll	PrimeTime Health Plan	Basic - MA Only (H3664-014)	Local HMO *	$0.00					
Carroll	PrimeTime Health Plan	Basic (H3664-009)	Local HMO	$29.00	$23.30	$250	Enhanced		•
Carroll	PrimeTime Health Plan	Standard (H3664-011)	Local HMO	$40.00	$25.70	$250	Enhanced		•
Carroll	PrimeTime Health Plan	Prime PPO (H3620-001)	Local PPO	$79.00	$43.60	$250	Enhanced		•
Carroll	PrimeTime Health Plan	Plus (H3664-001)	Local HMO	$86.00	$25.50	$250	Enhanced		•
Carroll	PrimeTime Health Plan	Prime PFFS Select (H5485-001)	PFFS	$94.00	$38.70	$250	Basic		•
Carroll	PrimeTime Health Plan	Premier (H3664-012)	Local HMO	$103.00	$50.00	$0	Enhanced		•
Carroll	PrimeTime Health Plan	Premier Advantage (H3664-013)	Local HMO	$166.00	$73.40	$0	Enhanced	Generics	•
Carroll	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Carroll	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Carroll	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Carroll	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Carroll	SummaCare	SummaCare Secure Silver Plus (H3660-029)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Carroll	SummaCare	SummaCare Secure Gold Plus (H3660-028)	Local HMO	$65.00	$59.50	$0	Enhanced	Generics	•
Carroll	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Carroll	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Carroll	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Carroll	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Champaign	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Champaign	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Champaign	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Champaign	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Champaign	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Champaign	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Champaign	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Champaign	Humana Insurance Company	HumanaChoicePPO PPO H3619-006 (H3619-006)	Local PPO	$24.00	$23.10	$0	Enhanced		•
Champaign	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•

Ohio 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
Champaign	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Champaign	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Champaign	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Champaign	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Champaign	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Champaign	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Champaign	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Champaign	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Clark	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Clark	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Clark	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Clark	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Clark	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Clark	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Clark	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Clark	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Clark	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Clark	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Clark	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Clark	Humana Insurance Company	HumanaChoicePPO PPO H3619-006 (H3619-006)	Local PPO	$24.00	$23.10	$0	Enhanced		•
Clark	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Clark	MediGold	MediGold Basic (H3668-012)	Local HMO	$26.00	$0.00	$0	Enhanced		•
Clark	MediGold	MediGold Classic (H3668-010)	Local HMO	$97.00	$45.80	$0	Enhanced	Generics	•
Clark	SecureHorizons	MedicareComplete Essential Plan 2 (H3659-054)	Local HMO *	$0.00					
Clark	SecureHorizons	MedicareComplete Plan 2 (H3659-031)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Clark	SecureHorizons	MedicareComplete Plus Plan 1 (H3659-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Clark	SecureHorizons	MedicareComplete Plus Plan 2 (H3659-050)	Local HMO *	$0.00					
Clark	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Clark	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Clark	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Clark	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Clark	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Clark	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Clark	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Clark	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Clark	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Clark	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Clermont	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Clermont	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Clermont	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Clermont	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Clermont	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Clermont	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Clermont	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Clermont	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Clermont	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Clermont	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Clermont	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Clermont	Humana Insurance Company	HumanaChoicePPO PPO H3619-001 (H3619-001)	Local PPO	$24.00	$22.60	$0	Enhanced		•
Clermont	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Clermont	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Clermont	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Clermont	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Clermont	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•

Ohio 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
Clermont	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Clermont	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Clermont	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Clermont	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Clermont	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Clermont	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Clermont	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
Clinton	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Clinton	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Clinton	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Clinton	Humana Insurance Company	HumanaChoicePPO PPO H3619-006 (H3619-006)	Local PPO	$24.00	$23.10	$0	Enhanced		•
Clinton	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Clinton	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Clinton	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Clinton	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Clinton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Clinton	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Clinton	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Clinton	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Clinton	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Columbiana	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Columbiana	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Columbiana	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Columbiana	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Columbiana	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Columbiana	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Columbiana	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Columbiana	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Columbiana	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Columbiana	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Columbiana	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Columbiana	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Columbiana	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Columbiana	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Columbiana	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Columbiana	PrimeTime Health Plan	Prime PFFS Select (H5485-001)	PFFS	$94.00	$38.70	$250	Basic		•
Columbiana	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Columbiana	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Columbiana	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Columbiana	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Columbiana	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Columbiana	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Columbiana	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Columbiana	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Columbiana	UPMC Health Plan	UPMC for Life PFFS (OH) (H1254-003)	PFFS *	$34.60					
Columbiana	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Columbiana	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Columbiana	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Coshocton	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Coshocton	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Coshocton	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•

Ohio 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
Coshocton	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Coshocton	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Coshocton	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Coshocton	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Coshocton	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Coshocton	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Coshocton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Coshocton	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Coshocton	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Coshocton	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Coshocton	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Crawford	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Crawford	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Crawford	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Crawford	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Crawford	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Crawford	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Crawford	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Crawford	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Crawford	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Crawford	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Crawford	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Crawford	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Crawford	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Crawford	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Cuyahoga	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Cuyahoga	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Cuyahoga	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Cuyahoga	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Cuyahoga	Aetna Medicare	Aetna Golden Medicare Value Plan (H3623-007)	Local HMO	$0.00	$0.00	$0	Basic		•
Cuyahoga	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3623-008)	Local HMO	$43.00	$40.70	$0	Enhanced	Generics	•
Cuyahoga	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3623-009)	Local HMO	$78.00	$40.70	$0	Enhanced	Generics	•
Cuyahoga	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Cuyahoga	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Cuyahoga	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Cuyahoga	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Cuyahoga	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Cuyahoga	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Cuyahoga	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Cuyahoga	Humana Insurance Company	HumanaChoicePPO PPO H3619-004 (H3619-004)	Local PPO	$59.00	$22.20	$0	Enhanced		•
Cuyahoga	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Cuyahoga	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Cuyahoga	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Cuyahoga	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic III (H6360-008)	Cost *	$9.60					
Cuyahoga	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus III (H6360-006)	Cost	$19.90	$10.30	$0	Basic		•
Cuyahoga	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic II (H6360-007)	Cost *	$49.60					
Cuyahoga	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus II (H6360-002)	Cost	$59.90	$10.30	$0	Basic		•
Cuyahoga	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic (H6360-004)	Cost *	$68.93					
Cuyahoga	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus I (H6360-001)	Cost	$129.90	$13.00	$0	Enhanced	Generics	•

Ohio 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
Cuyahoga	SecureHorizons	MedicareComplete Essential Plan 1 (H3659-051)	Local HMO *	$0.00					
Cuyahoga	SecureHorizons	MedicareComplete Essential Plan 2 (H3659-054)	Local HMO *	$0.00					
Cuyahoga	SecureHorizons	MedicareComplete Plan 1 (H3659-003)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cuyahoga	SecureHorizons	MedicareComplete Plan 2 (H3659-031)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cuyahoga	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Cuyahoga	SummaCare	SummaCare Secure Silver Plus (H3660-029)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Cuyahoga	SummaCare	SummaCare Secure Gold Plus (H3660-028)	Local HMO	$65.00	$59.50	$0	Enhanced	Generics	•
Cuyahoga	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Cuyahoga	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Cuyahoga	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Cuyahoga	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Cuyahoga	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Cuyahoga	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Cuyahoga	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Darke	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Darke	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Darke	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Darke	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Darke	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Darke	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Darke	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Darke	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Darke	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Darke	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Darke	Humana Insurance Company	HumanaChoicePPO PPO H3619-006 (H3619-006)	Local PPO	$24.00	$23.10	$0	Enhanced		•
Darke	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Darke	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Darke	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Darke	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Darke	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Darke	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Darke	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Darke	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Defiance	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Defiance	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Defiance	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Defiance	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Defiance	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Defiance	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Defiance	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Defiance	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Defiance	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Defiance	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Defiance	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Defiance	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Defiance	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Defiance	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Defiance	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Defiance	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Defiance	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Defiance	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					

Ohio 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
Defiance	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Defiance	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Delaware	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Delaware	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Delaware	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Delaware	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Delaware	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Delaware	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Delaware	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Delaware	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Delaware	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Delaware	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Delaware	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Delaware	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Delaware	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Delaware	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Delaware	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Delaware	MediGold	MediGold Basic (H3668-011)	Local HMO	$26.00	$0.00	$0	Enhanced		•
Delaware	MediGold	MediGold Classic (H3668-005)	Local HMO	$97.00	$45.80	$0	Enhanced	Generics	•
Delaware	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Delaware	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Delaware	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Delaware	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Delaware	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Delaware	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Delaware	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Delaware	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Erie	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Erie	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Erie	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Erie	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Erie	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Erie	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Erie	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Erie	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Erie	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Erie	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Erie	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Erie	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Erie	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Erie	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Erie	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Erie	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Erie	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Fairfield	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Fairfield	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Fairfield	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Fairfield	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					

Ohio 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
Fairfield	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Fairfield	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Fairfield	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Fairfield	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Fairfield	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Fairfield	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Fairfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Fairfield	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Fairfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Fairfield	Humana Insurance Company	HumanaChoicePPO PPO H3619-005 (H3619-005)	Local PPO	$39.00	$22.40	$0	Enhanced		•
Fairfield	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Fairfield	MediGold	MediGold Basic (H3668-011)	Local HMO	$26.00	$0.00	$0	Enhanced		•
Fairfield	MediGold	MediGold Classic (H3668-005)	Local HMO	$97.00	$45.80	$0	Enhanced	Generics	•
Fairfield	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Fairfield	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Fairfield	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Fairfield	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Fairfield	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Fairfield	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Fairfield	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Fairfield	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Fairfield	WellCare	Concert (H4577-015)	PFFS	$109.00	$48.70	$0	Enhanced		•
Fairfield	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Fayette	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Fayette	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Fayette	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Fayette	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Fayette	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Fayette	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Fayette	Humana Insurance Company	HumanaChoicePPO PPO H3619-006 (H3619-006)	Local PPO	$24.00	$23.10	$0	Enhanced		•
Fayette	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Fayette	MediGold	MediGold Basic (H3668-011)	Local HMO	$26.00	$0.00	$0	Enhanced		•
Fayette	MediGold	MediGold Classic (H3668-005)	Local HMO	$97.00	$45.80	$0	Enhanced	Generics	•
Fayette	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Fayette	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Fayette	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Fayette	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Fayette	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Fayette	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Franklin	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Franklin	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Franklin	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Franklin	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Franklin	Aetna Medicare	Aetna Golden Medicare Value Plan (H3623-001)	Local HMO	$0.00	$0.00	$0	Basic		•
Franklin	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3623-002)	Local HMO	$48.00	$40.70	$0	Enhanced	Generics	•
Franklin	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3623-003)	Local HMO	$73.00	$40.70	$0	Enhanced	Generics	•
Franklin	Aetna Medicare	Aetna Golden Choice Standard Plan (H3624-001)	Local PPO	$78.00	$18.80	$0	Basic		•
Franklin	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Franklin	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Franklin	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Franklin	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•

Ohio 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
Franklin	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Franklin	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Franklin	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Franklin	Humana Insurance Company	HumanaChoicePPO PPO H3619-005 (H3619-005)	Local PPO	$39.00	$22.40	$0	Enhanced		•
Franklin	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Franklin	MediGold	MediGold Basic (H3668-011)	Local HMO	$26.00	$0.00	$0	Enhanced		•
Franklin	MediGold	MediGold Classic (H3668-005)	Local HMO	$97.00	$45.80	$0	Enhanced	Generics	•
Franklin	SecureHorizons	MedicareComplete Essential Plan 2 (H3659-054)	Local HMO *	$0.00					
Franklin	SecureHorizons	MedicareComplete Plan 2 (H3659-031)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Franklin	SecureHorizons	MedicareComplete Plus Plan 1 (H3659-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Franklin	SecureHorizons	MedicareComplete Plus Plan 2 (H3659-050)	Local HMO *	$0.00					
Franklin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Franklin	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Franklin	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Franklin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Franklin	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Franklin	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Franklin	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Franklin	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Franklin	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Franklin	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Franklin	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Fulton	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Fulton	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Fulton	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Fulton	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Fulton	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Fulton	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Fulton	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Fulton	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Fulton	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Fulton	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Fulton	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Fulton	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Fulton	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Fulton	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Fulton	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Fulton	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Fulton	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Fulton	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Fulton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Fulton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Fulton	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Fulton	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Fulton	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Fulton	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Gallia	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Gallia	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Gallia	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					

Ohio 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
Gallia	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Gallia	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Gallia	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Gallia	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Gallia	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Gallia	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Gallia	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Gallia	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Gallia	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Geauga	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Geauga	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Geauga	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Geauga	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Geauga	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Geauga	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Geauga	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Geauga	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Geauga	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Geauga	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Geauga	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Geauga	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Geauga	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Geauga	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Geauga	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Geauga	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic III (H6360-008)	Cost *	$9.60					
Geauga	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus III (H6360-006)	Cost	$19.90	$10.30	$0	Basic		•
Geauga	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic II (H6360-007)	Cost *	$49.60					
Geauga	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus II (H6360-002)	Cost	$59.90	$10.30	$0	Basic		•
Geauga	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic (H6360-004)	Cost *	$68.93					
Geauga	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus I (H6360-001)	Cost	$129.90	$13.00	$0	Enhanced	Generics	•
Geauga	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Geauga	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Geauga	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Geauga	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Geauga	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Geauga	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Geauga	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Greene	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Greene	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Greene	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Greene	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Greene	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Greene	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Greene	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Greene	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Greene	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Greene	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Greene	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Greene	Humana Insurance Company	HumanaChoicePPO PPO H3619-006 (H3619-006)	Local PPO	$24.00	$23.10	$0	Enhanced		•

Ohio 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
Greene	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Greene	MediGold	MediGold Basic (H3668-012)	Local HMO	$26.00	$0.00	$0	Enhanced		•
Greene	MediGold	MediGold Classic (H3668-010)	Local HMO	$97.00	$45.80	$0	Enhanced	Generics	•
Greene	SecureHorizons	MedicareComplete Essential Plan 2 (H3659-054)	Local HMO *	$0.00					
Greene	SecureHorizons	MedicareComplete Plan 2 (H3659-031)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Greene	SecureHorizons	MedicareComplete Plus Plan 1 (H3659-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Greene	SecureHorizons	MedicareComplete Plus Plan 2 (H3659-050)	Local HMO *	$0.00					
Greene	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Greene	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Greene	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Greene	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Greene	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Greene	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Greene	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Greene	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Greene	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Greene	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Greene	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Guernsey	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Guernsey	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Guernsey	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Guernsey	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Guernsey	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Guernsey	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Guernsey	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Guernsey	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Guernsey	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Guernsey	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Guernsey	The Health Plan	Health Plan SecureCare (H5151-004)	Local HMO *	$0.00					
Guernsey	The Health Plan	Health Plan SecureCare (H5151-002)	Local HMO	$55.00	$20.00	$0	Enhanced	Generics	•
Guernsey	The Health Plan	Medicare Plus (H5102-003)	Cost *	$160.00					
Guernsey	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Guernsey	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Guernsey	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Guernsey	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Hamilton	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Hamilton	Aetna Medicare	Aetna Golden Medicare Value Plan (H3623-010)	Local HMO	$0.00	$0.00	$0	Basic		•
Hamilton	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3623-011)	Local HMO	$28.00	$28.00	$0	Enhanced	Generics	•
Hamilton	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3623-012)	Local HMO	$83.00	$40.70	$0	Enhanced	Generics	•
Hamilton	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Hamilton	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Hamilton	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Hamilton	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Hamilton	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Hamilton	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Hamilton	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Hamilton	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Hamilton	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Hamilton	Humana Insurance Company	HumanaChoicePPO PPO H3619-001 (H3619-001)	Local PPO	$24.00	$22.60	$0	Enhanced		•
Hamilton	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Hamilton	SecureHorizons	MedicareComplete Essential Plan 2 (H3659-054)	Local HMO *	$0.00					
Hamilton	SecureHorizons	MedicareComplete Plan 2 (H3659-031)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hamilton	SecureHorizons	MedicareComplete Plus Plan 1 (H3659-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hamilton	SecureHorizons	MedicareComplete Plus Plan 2 (H3659-050)	Local HMO *	$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
Hamilton	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Hamilton	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Hamilton	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Hamilton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Hamilton	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Hamilton	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Hamilton	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Hamilton	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Hamilton	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-028)	PFFS	$11.00	$11.00	$0	Enhanced		•
Hamilton	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Hamilton	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Hamilton	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
Hancock	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Hancock	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Hancock	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Hancock	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Hancock	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Hancock	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Hancock	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Hancock	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Hancock	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Hancock	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Hancock	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Hancock	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Hancock	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Hancock	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Hancock	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Hancock	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Hancock	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Hancock	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Hancock	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Hardin	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Hardin	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Hardin	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Hardin	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Hardin	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Hardin	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Hardin	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Hardin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Hardin	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Hardin	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Hardin	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Hardin	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Harrison	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Harrison	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Harrison	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Harrison	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Harrison	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Harrison	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Harrison	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Harrison	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Harrison	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Harrison	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Harrison	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					

Ohio 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
Harrison	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Harrison	The Health Plan	Medicare Plus (H5102-003)	Cost *	$160.00					
Harrison	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Harrison	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Harrison	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Harrison	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Henry	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Henry	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Henry	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Henry	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Henry	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Henry	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Henry	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Henry	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Henry	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Henry	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Henry	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Henry	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Henry	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Henry	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Henry	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Henry	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Henry	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Henry	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Henry	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Highland	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Highland	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Highland	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Highland	Humana Insurance Company	HumanaChoicePPO PPO H3619-001 (H3619-001)	Local PPO	$24.00	$22.60	$0	Enhanced		•
Highland	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Highland	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Highland	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Highland	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Highland	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Highland	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Highland	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Highland	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Highland	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Hocking	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Hocking	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Hocking	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Hocking	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Hocking	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Hocking	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Hocking	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Hocking	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Hocking	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Hocking	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Hocking	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Hocking	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Holmes	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Holmes	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•

Ohio 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
Holmes	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Holmes	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Holmes	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Holmes	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Holmes	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Holmes	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Holmes	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Holmes	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Holmes	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Holmes	PrimeTime Health Plan	Basic - MA Only (H3664-014)	Local HMO *	$0.00					
Holmes	PrimeTime Health Plan	Basic (H3664-009)	Local HMO	$29.00	$23.30	$250	Enhanced		•
Holmes	PrimeTime Health Plan	Standard (H3664-011)	Local HMO	$40.00	$25.70	$250	Enhanced		•
Holmes	PrimeTime Health Plan	Prime PPO (H3620-001)	Local PPO	$79.00	$43.60	$250	Enhanced		•
Holmes	PrimeTime Health Plan	Plus (H3664-001)	Local HMO	$86.00	$25.50	$250	Enhanced		•
Holmes	PrimeTime Health Plan	Prime PFFS Select (H5485-001)	PFFS	$94.00	$38.70	$250	Basic		•
Holmes	PrimeTime Health Plan	Premier (H3664-012)	Local HMO	$103.00	$50.00	$0	Enhanced		•
Holmes	PrimeTime Health Plan	Premier Advantage (H3664-013)	Local HMO	$166.00	$73.40	$0	Enhanced	Generics	•
Holmes	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Holmes	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	$10.30	$10.30	$265	Basic		
Holmes	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Holmes	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Holmes	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Holmes	The Health Plan	Health Plan SecureCare (H3672-014)	Local HMO *	$0.00					
Holmes	The Health Plan	Health Plan SecureCare (H3672-013)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Holmes	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Holmes	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Holmes	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Holmes	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Huron	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Huron	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Huron	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Huron	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Huron	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Huron	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Huron	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Huron	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Huron	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Huron	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Huron	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Huron	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Huron	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Huron	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Huron	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Huron	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Huron	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Jackson	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Jackson	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Jackson	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Jackson	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Jackson	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					

Ohio 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Jackson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Jackson	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Jackson	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Jackson	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Jackson	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Jefferson	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Jefferson	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Jefferson	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Jefferson	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Jefferson	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Jefferson	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Jefferson	Carelink Advantra PPO	Advantra PPO (H5517-001)	Local PPO	$78.00	$10.90	$0	Enhanced	Generics	•
Jefferson	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Jefferson	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-088 (H1804-088)	PFFS	$99.00	$22.70	$0	Enhanced		•
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-220 (H1804-220)	PFFS	$119.00	$24.30	$0	Enhanced		•
Jefferson	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Jefferson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Jefferson	The Health Plan	Medicare Plus (H5102-003)	Cost *	$160.00					
Jefferson	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Jefferson	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Jefferson	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Jefferson	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Knox	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Knox	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Knox	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Knox	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Knox	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Knox	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Knox	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Knox	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Knox	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Knox	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Knox	MediGold	MediGold Basic (H3668-011)	Local HMO	$26.00	$0.00	$0	Enhanced		•
Knox	MediGold	MediGold Classic (H3668-005)	Local HMO	$97.00	$45.80	$0	Enhanced	Generics	•
Knox	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Knox	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Knox	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Knox	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Knox	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Knox	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Knox	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Knox	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Lake	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Lake	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Lake	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Lake	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Lake	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•

Ohio 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
Lake	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Lake	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Lake	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Lake	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Lake	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Lake	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Lake	Humana Insurance Company	HumanaChoicePPO PPO H3619-004 (H3619-004)	Local PPO	$59.00	$22.20	$0	Enhanced		•
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Lake	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Lake	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic III (H6360-008)	Cost *	$9.60					
Lake	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus III (H6360-006)	Cost	$19.90	$10.30	$0	Basic		•
Lake	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic II (H6360-007)	Cost *	$49.60					
Lake	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus II (H6360-002)	Cost	$59.90	$10.30	$0	Basic		•
Lake	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic (H6360-004)	Cost *	$68.93					
Lake	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus I (H6360-001)	Cost	$129.90	$13.00	$0	Enhanced	Generics	•
Lake	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Lake	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Lake	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Lake	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Lake	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Lake	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Lake	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Lake	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Lake	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Lawrence	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Lawrence	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Lawrence	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Lawrence	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Lawrence	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Lawrence	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Lawrence	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Lawrence	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Lawrence	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Lawrence	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Lawrence	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Lawrence	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Lawrence	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Lawrence	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Lawrence	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Lawrence	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Lawrence	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
Licking	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Licking	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Licking	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Licking	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Licking	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Licking	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Licking	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•

Ohio 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
Licking	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Licking	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Licking	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Licking	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Licking	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Licking	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Licking	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Licking	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Licking	MediGold	MediGold Basic (H3668-011)	Local HMO	$26.00	$0.00	$0	Enhanced		•
Licking	MediGold	MediGold Classic (H3668-005)	Local HMO	$97.00	$45.80	$0	Enhanced	Generics	•
Licking	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Licking	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Licking	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Licking	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Licking	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Licking	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Licking	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Licking	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Licking	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Licking	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Licking	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Logan	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Logan	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Logan	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Logan	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Logan	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Logan	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Logan	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Logan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Logan	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Logan	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Logan	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Logan	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Lorain	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Lorain	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Lorain	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Lorain	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Lorain	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Lorain	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Lorain	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Lorain	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Lorain	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Lorain	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Lorain	Humana Insurance Company	HumanaChoicePPO PPO H3619-004 (H3619-004)	Local PPO	$59.00	$22.20	$0	Enhanced		•
Lorain	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Lorain	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Lorain	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Lorain	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic III (H6360-008)	Cost *	$9.60					
Lorain	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus III (H6360-006)	Cost	$19.90	$10.30	$0	Basic		•

Ohio 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
Lorain	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic II (H6360-007)	Cost *	$49.60					
Lorain	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus II (H6360-002)	Cost	$59.90	$10.30	$0	Basic		•
Lorain	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic (H6360-004)	Cost *	$68.93					
Lorain	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus I (H6360-001)	Cost	$129.90	$13.00	$0	Enhanced	Generics	•
Lorain	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Lorain	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Lorain	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Lorain	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Lorain	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Lorain	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Lucas	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Lucas	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Lucas	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Lucas	Aetna Medicare	Aetna Golden Medicare Value Plan (H3623-004)	Local HMO	$0.00	$0.00	$0	Basic		•
Lucas	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3623-005)	Local HMO	$53.00	$40.70	$0	Enhanced	Generics	•
Lucas	Aetna Medicare	Aetna Golden Choice Standard Plan (H3624-002)	Local PPO	$78.00	$18.80	$0	Basic		•
Lucas	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3623-006)	Local HMO	$78.00	$40.70	$0	Enhanced	Generics	•
Lucas	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Lucas	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Lucas	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Lucas	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Lucas	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Lucas	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Lucas	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Lucas	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Lucas	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Lucas	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Lucas	Paramount Elite	Paramount Elite Standard - Medical & Drug (H3653-015)	Local HMO	$30.90	$25.90	$0	Basic		•
Lucas	Paramount Elite	Paramount Elite - Enhanced Medical only (H3653-018)	Local HMO *	$44.20					
Lucas	Paramount Elite	Paramount Elite - Enhanced Medical & Drug (H3653-004)	Local HMO	$78.40	$31.50	$0	Enhanced		•
Lucas	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Lucas	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Lucas	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Lucas	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Lucas	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Lucas	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Madison	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Madison	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Madison	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Madison	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Madison	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Madison	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Madison	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Madison	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•

Ohio 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
Madison	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Madison	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Madison	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Madison	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Madison	MediGold	MediGold Basic (H3668-011)	Local HMO	$26.00	$0.00	$0	Enhanced		•
Madison	MediGold	MediGold Classic (H3668-005)	Local HMO	$97.00	$45.80	$0	Enhanced	Generics	•
Madison	SecureHorizons	MedicareComplete Essential Plan 2 (H3659-054)	Local HMO *	$0.00					
Madison	SecureHorizons	MedicareComplete Plan 2 (H3659-031)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Madison	SecureHorizons	MedicareComplete Plus Plan 1 (H3659-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Madison	SecureHorizons	MedicareComplete Plus Plan 2 (H3659-050)	Local HMO *	$0.00					
Madison	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Madison	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Madison	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Madison	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Madison	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Madison	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Mahoning	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Mahoning	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Mahoning	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Mahoning	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Mahoning	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Mahoning	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Mahoning	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Mahoning	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Mahoning	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Mahoning	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Mahoning	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Mahoning	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Mahoning	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Mahoning	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Mahoning	SecureHorizons	MedicareComplete Essential Plan 1 (H3659-051)	Local HMO *	$0.00					
Mahoning	SecureHorizons	MedicareComplete Essential Plan 2 (H3659-054)	Local HMO *	$0.00					
Mahoning	SecureHorizons	MedicareComplete Plan 1 (H3659-003)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Mahoning	SecureHorizons	MedicareComplete Plan 2 (H3659-031)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Mahoning	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Mahoning	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Mahoning	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Mahoning	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Mahoning	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Mahoning	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Mahoning	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Mahoning	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Mahoning	UPMC Health Plan	UPMC for Life PFFS (OH) (H1254-003)	PFFS *	$34.60					
Mahoning	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Marion	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Marion	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Marion	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	$80.00	$21.80	$265	Basic		
Marion	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Marion	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•

Ohio 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
Marion	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Marion	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Marion	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Marion	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Marion	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Marion	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Marion	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Marion	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Marion	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Marion	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Marion	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Marion	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Marion	WellCare	Concert (H4577-012)	PFFS	$0.00	$0.00	$0	Enhanced		•
Marion	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Marion	WellCare	Summit (H4577-007)	PFFS	$140.90	$14.40	$0	Enhanced		•
Medina	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Medina	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Medina	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Medina	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Medina	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Medina	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Medina	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Medina	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Medina	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Medina	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Medina	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Medina	Humana Insurance Company	HumanaChoicePPO PPO H3619-004 (H3619-004)	Local PPO	$59.00	$22.20	$0	Enhanced		•
Medina	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Medina	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Medina	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Medina	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic III (H6360-008)	Cost *	$9.60					
Medina	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus III (H6360-006)	Cost	$19.90	$10.30	$0	Basic		•
Medina	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic II (H6360-007)	Cost *	$49.60					
Medina	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus II (H6360-002)	Cost	$59.90	$10.30	$0	Basic		•
Medina	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic (H6360-004)	Cost *	$68.93					
Medina	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus I (H6360-001)	Cost	$129.90	$13.00	$0	Enhanced	Generics	•
Medina	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Medina	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Medina	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Medina	SummaCare	SummaCare Secure Silver Plus (H3660-029)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Medina	SummaCare	SummaCare Secure Gold Plus (H3660-028)	Local HMO	$65.00	$59.50	$0	Enhanced	Generics	•
Medina	The Health Plan	Health Plan SecureCare (H3672-014)	Local HMO *	$0.00					
Medina	The Health Plan	Health Plan SecureCare (H3672-013)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Medina	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Medina	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Medina	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Medina	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Meigs	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Meigs	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•

Ohio 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
Meigs	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Meigs	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Meigs	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Meigs	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Meigs	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Meigs	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Meigs	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Meigs	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Meigs	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Meigs	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Mercer	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Mercer	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Mercer	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Mercer	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Mercer	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Mercer	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Mercer	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Mercer	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Mercer	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Mercer	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Mercer	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Mercer	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Mercer	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Mercer	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Miami	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Miami	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Miami	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Miami	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Miami	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Miami	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Miami	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Miami	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Miami	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Miami	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Miami	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Miami	Humana Insurance Company	HumanaChoicePPO PPO H3619-006 (H3619-006)	Local PPO	$24.00	$23.10	$0	Enhanced		•
Miami	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Miami	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Miami	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Miami	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Miami	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Miami	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Miami	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Miami	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Miami	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Miami	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Miami	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Miami	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
Monroe	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Monroe	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Monroe	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Monroe	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Monroe	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Monroe	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•

Ohio 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
Monroe	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Monroe	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Monroe	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Monroe	The Health Plan	Health Plan SecureCare (H5151-004)	Local HMO *	$0.00					
Monroe	The Health Plan	Health Plan SecureCare (H5151-002)	Local HMO	$55.00	$20.00	$0	Enhanced	Generics	•
Monroe	The Health Plan	Medicare Plus (H5102-003)	Cost *	$160.00					
Monroe	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Monroe	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Monroe	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Monroe	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Montgomery	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Montgomery	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Montgomery	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Montgomery	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Montgomery	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Montgomery	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Montgomery	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Montgomery	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Montgomery	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Montgomery	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Montgomery	Humana Insurance Company	HumanaChoicePPO PPO H3619-006 (H3619-006)	Local PPO	$24.00	$23.10	$0	Enhanced		•
Montgomery	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Montgomery	MediGold	MediGold Basic (H3668-012)	Local HMO	$26.00	$0.00	$0	Enhanced		•
Montgomery	MediGold	MediGold Classic (H3668-010)	Local HMO	$97.00	$45.80	$0	Enhanced	Generics	•
Montgomery	SecureHorizons	MedicareComplete Essential Plan 2 (H3659-054)	Local HMO *	$0.00					
Montgomery	SecureHorizons	MedicareComplete Plan 2 (H3659-031)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Montgomery	SecureHorizons	MedicareComplete Plus Plan 1 (H3659-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Montgomery	SecureHorizons	MedicareComplete Plus Plan 2 (H3659-050)	Local HMO *	$0.00					
Montgomery	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Montgomery	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Montgomery	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Montgomery	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Montgomery	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Montgomery	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Montgomery	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Montgomery	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Montgomery	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Montgomery	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Montgomery	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
Morgan	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Morgan	Advantra® Freedom	Freedom 5 (H5227-001)	PFFS	$0.00	$0.00	$0	Enhanced	Generics	•
Morgan	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Morgan	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Morgan	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Morgan	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Morgan	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Morgan	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Morgan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Morgan	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Morgan	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Morgan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Morgan	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Morgan	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Morgan	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•

Ohio 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
Morgan	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Morrow	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Morrow	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Morrow	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Morrow	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Morrow	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Morrow	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Morrow	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Morrow	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Morrow	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Morrow	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Morrow	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Morrow	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Morrow	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Morrow	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Morrow	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Morrow	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Morrow	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Morrow	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Muskingum	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Muskingum	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Muskingum	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Muskingum	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Muskingum	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Muskingum	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Muskingum	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Muskingum	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Muskingum	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Muskingum	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Muskingum	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Muskingum	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Muskingum	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Muskingum	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Muskingum	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Muskingum	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Muskingum	The Health Plan	Health Plan SecureCare (H5151-004)	Local HMO *	$0.00					
Muskingum	The Health Plan	Health Plan SecureCare (H5151-002)	Local HMO	$55.00	$20.00	$0	Enhanced	Generics	•
Muskingum	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Muskingum	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Muskingum	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Muskingum	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Muskingum	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Muskingum	WellCare	Concert (H4577-015)	PFFS	$109.00	$48.70	$0	Enhanced		•
Noble	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Noble	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Noble	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Noble	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Noble	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Noble	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Noble	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Noble	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					

Ohio 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
Noble	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Noble	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Noble	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Noble	The Health Plan	Health Plan SecureCare (H5151-004)	Local HMO *	$0.00					
Noble	The Health Plan	Health Plan SecureCare (H5151-002)	Local HMO	$55.00	$20.00	$0	Enhanced	Generics	•
Noble	The Health Plan	Medicare Plus (H5102-003)	Cost *	$160.00					
Noble	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Noble	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Noble	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Noble	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Ottawa	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Ottawa	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Ottawa	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Ottawa	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Ottawa	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ottawa	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ottawa	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Ottawa	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Ottawa	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Ottawa	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Ottawa	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Ottawa	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Ottawa	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Ottawa	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Ottawa	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Ottawa	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Ottawa	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Ottawa	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Ottawa	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Ottawa	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Ottawa	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Paulding	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Paulding	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Paulding	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Paulding	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Paulding	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Paulding	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Paulding	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Paulding	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Paulding	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Paulding	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Paulding	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Paulding	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Paulding	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Paulding	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Paulding	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Paulding	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Paulding	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Perry	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Perry	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Perry	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•

Ohio 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
Perry	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Perry	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Perry	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Perry	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Perry	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Perry	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Perry	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Perry	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Perry	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Perry	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Perry	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Pickaway	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Pickaway	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Pickaway	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Pickaway	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Pickaway	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Pickaway	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Pickaway	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Pickaway	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Pickaway	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Pickaway	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Pickaway	MediGold	MediGold Basic (H3668-011)	Local HMO	$26.00	$0.00	$0	Enhanced		•
Pickaway	MediGold	MediGold Classic (H3668-005)	Local HMO	$97.00	$45.80	$0	Enhanced	Generics	•
Pickaway	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Pickaway	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Pickaway	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Pickaway	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Pickaway	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Pickaway	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Pickaway	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Pickaway	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Pike	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Pike	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Pike	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Pike	Humana Insurance Company	HumanaChoicePPO PPO H3619-001 (H3619-001)	Local PPO	$24.00	$22.60	$0	Enhanced		•
Pike	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Pike	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Pike	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Pike	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Pike	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Pike	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Pike	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Pike	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Pike	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Portage	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Portage	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Portage	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Portage	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					

Ohio 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
Portage	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Portage	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Portage	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Portage	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Portage	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Portage	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Portage	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Portage	Humana Insurance Company	HumanaChoicePPO PPO H3619-004 (H3619-004)	Local PPO	$59.00	$22.20	$0	Enhanced		•
Portage	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Portage	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Portage	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Portage	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic III (H6360-008)	Cost *	$9.60					
Portage	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus III (H6360-006)	Cost	$19.90	$10.30	$0	Basic		•
Portage	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic II (H6360-007)	Cost *	$49.60					
Portage	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus II (H6360-002)	Cost	$59.90	$10.30	$0	Basic		•
Portage	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic (H6360-004)	Cost *	$68.93					
Portage	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus I (H6360-001)	Cost	$129.90	$13.00	$0	Enhanced	Generics	•
Portage	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Portage	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Portage	SummaCare	SummaCare Secure Silver Plus (H3660-029)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Portage	SummaCare	SummaCare Secure Gold Plus (H3660-028)	Local HMO	$65.00	$59.50	$0	Enhanced	Generics	•
Portage	The Health Plan	Health Plan SecureCare (H3672-014)	Local HMO *	$0.00					
Portage	The Health Plan	Health Plan SecureCare (H3672-013)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Portage	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Portage	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Portage	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Portage	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Preble	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Preble	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Preble	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Preble	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Preble	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Preble	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Preble	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Preble	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Preble	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Preble	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Preble	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Preble	Humana Insurance Company	HumanaChoicePPO PPO H3619-006 (H3619-006)	Local PPO	$24.00	$23.10	$0	Enhanced		•
Preble	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Preble	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Preble	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Preble	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Preble	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Preble	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Preble	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Preble	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Preble	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Putnam	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Putnam	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Putnam	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Putnam	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•

Ohio 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
Putnam	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Putnam	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Putnam	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Putnam	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Putnam	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Putnam	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Putnam	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Putnam	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Putnam	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Putnam	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Putnam	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Putnam	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Putnam	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Putnam	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Richland	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Richland	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Richland	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Richland	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Richland	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Richland	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Richland	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Richland	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Richland	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Richland	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Richland	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Richland	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Richland	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Richland	WellCare	Concert (H4577-015)	PFFS	$109.00	$48.70	$0	Enhanced		•
Ross	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Ross	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Ross	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Ross	Humana Insurance Company	HumanaChoicePPO PPO H3619-001 (H3619-001)	Local PPO	$24.00	$22.60	$0	Enhanced		•
Ross	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Ross	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Ross	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Ross	MediGold	MediGold Basic (H3668-011)	Local HMO	$26.00	$0.00	$0	Enhanced		•
Ross	MediGold	MediGold Classic (H3668-005)	Local HMO	$97.00	$45.80	$0	Enhanced	Generics	•
Ross	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Ross	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Ross	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Ross	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Ross	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Ross	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Sandusky	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Sandusky	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Sandusky	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Sandusky	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Sandusky	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Sandusky	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Sandusky	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Sandusky	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Sandusky	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Sandusky	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Sandusky	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•

Ohio 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
Sandusky	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Sandusky	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Sandusky	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Sandusky	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Sandusky	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Sandusky	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Sandusky	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Sandusky	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Scioto	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Scioto	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Scioto	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Scioto	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Scioto	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Scioto	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Scioto	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Scioto	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Scioto	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Scioto	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Scioto	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Scioto	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Seneca	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Seneca	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Seneca	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Seneca	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Seneca	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Seneca	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Seneca	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Seneca	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Seneca	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Seneca	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Seneca	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Seneca	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Seneca	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Seneca	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Seneca	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Seneca	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Shelby	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Shelby	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Shelby	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Shelby	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Shelby	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Shelby	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Shelby	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Shelby	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Shelby	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Shelby	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Shelby	Humana Insurance Company	HumanaChoicePPO PPO H3619-006 (H3619-006)	Local PPO	$24.00	$23.10	$0	Enhanced		•
Shelby	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Shelby	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Shelby	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Shelby	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Shelby	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Shelby	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Shelby	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•

Ohio 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
Shelby	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Stark	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Stark	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Stark	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Stark	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Stark	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Stark	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Stark	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Stark	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Stark	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Stark	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Stark	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Stark	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Stark	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Stark	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Stark	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Stark	PrimeTime Health Plan	Basic - MA Only (H3664-014)	Local HMO *	$0.00					
Stark	PrimeTime Health Plan	Basic (H3664-009)	Local HMO	$29.00	$23.30	$250	Enhanced		•
Stark	PrimeTime Health Plan	Standard (H3664-011)	Local HMO	$40.00	$25.70	$250	Enhanced		•
Stark	PrimeTime Health Plan	Prime PPO (H3620-001)	Local PPO	$79.00	$43.60	$250	Enhanced		•
Stark	PrimeTime Health Plan	Plus (H3664-001)	Local HMO	$86.00	$25.50	$250	Enhanced		•
Stark	PrimeTime Health Plan	Premier (H3664-012)	Local HMO	$103.00	$50.00	$0	Enhanced		•
Stark	PrimeTime Health Plan	Select Stark PFFS (H5485-002)	PFFS	$121.00	$38.70	$250	Basic		•
Stark	PrimeTime Health Plan	Premier Advantage (H3664-013)	Local HMO	$166.00	$73.40	$0	Enhanced	Generics	•
Stark	SecureHorizons	MedicareComplete Essential Plan 2 (H3659-054)	Local HMO *	$0.00					
Stark	SecureHorizons	MedicareComplete Plan 2 (H3659-031)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Stark	SecureHorizons	MedicareComplete Plus Plan 1 (H3659-033)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Stark	SecureHorizons	MedicareComplete Plus Plan 2 (H3659-055)	Local HMO *	$0.00					
Stark	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Stark	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Stark	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Stark	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Stark	SummaCare	SummaCare Secure Silver Plus (H3660-029)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Stark	SummaCare	SummaCare Secure Gold Plus (H3660-028)	Local HMO	$65.00	$59.50	$0	Enhanced	Generics	•
Stark	The Health Plan	Health Plan SecureCare (H3672-014)	Local HMO *	$0.00					
Stark	The Health Plan	Health Plan SecureCare (H3672-013)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Stark	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Stark	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Stark	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Stark	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Stark	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Stark	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Stark	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Statewide	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Statewide	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Statewide	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Statewide	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Summit	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Summit	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•

Ohio 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
Summit	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Summit	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Summit	Aetna Medicare	Aetna Golden Medicare Value Plan (H3623-007)	Local HMO	$0.00	$0.00	$0	Basic		•
Summit	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3623-008)	Local HMO	$43.00	$40.70	$0	Enhanced	Generics	•
Summit	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3623-009)	Local HMO	$78.00	$40.70	$0	Enhanced	Generics	•
Summit	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Summit	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Summit	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Summit	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Summit	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Summit	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Summit	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Summit	Humana Insurance Company	HumanaChoicePPO PPO H3619-004 (H3619-004)	Local PPO	$59.00	$22.20	$0	Enhanced		•
Summit	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Summit	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Summit	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Summit	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic III (H6360-008)	Cost *	$9.60					
Summit	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus III (H6360-006)	Cost	$19.90	$10.30	$0	Basic		•
Summit	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic II (H6360-007)	Cost *	$49.60					
Summit	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus II (H6360-002)	Cost	$59.90	$10.30	$0	Basic		•
Summit	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus Basic (H6360-004)	Cost *	$68.93					
Summit	Kaiser Foundation Health Plan of Ohio	Kaiser Permanente Medicare Plus I (H6360-001)	Cost	$129.90	$13.00	$0	Enhanced	Generics	•
Summit	PrimeTime Health Plan	Prime PFFS Select (H5485-001)	PFFS	$94.00	$38.70	$250	Basic		•
Summit	SecureHorizons	MedicareComplete Essential Plan 2 (H3659-054)	Local HMO *	$0.00					
Summit	SecureHorizons	MedicareComplete Plan 2 (H3659-031)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Summit	SecureHorizons	MedicareComplete Plus Plan 1 (H3659-033)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Summit	SecureHorizons	MedicareComplete Plus Plan 2 (H3659-055)	Local HMO *	$0.00					
Summit	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Summit	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Summit	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Summit	SummaCare	SummaCare Secure Silver Plus (H3660-029)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Summit	SummaCare	SummaCare Secure Gold Plus (H3660-028)	Local HMO	$65.00	$59.50	$0	Enhanced	Generics	•
Summit	The Health Plan	Health Plan SecureCare (H3672-014)	Local HMO *	$0.00					
Summit	The Health Plan	Health Plan SecureCare (H3672-013)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Summit	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Summit	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Summit	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Summit	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Summit	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Summit	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Trumbull	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Trumbull	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Trumbull	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Trumbull	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Trumbull	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Trumbull	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Trumbull	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Trumbull	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•

Ohio 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
Trumbull	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Trumbull	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Trumbull	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Trumbull	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Trumbull	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Trumbull	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Trumbull	SecureHorizons	MedicareComplete Essential Plan 1 (H3659-051)	Local HMO *	$0.00					
Trumbull	SecureHorizons	MedicareComplete Essential Plan 2 (H3659-054)	Local HMO *	$0.00					
Trumbull	SecureHorizons	MedicareComplete Plan 1 (H3659-003)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Trumbull	SecureHorizons	MedicareComplete Plan 2 (H3659-031)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Trumbull	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Trumbull	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Trumbull	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Trumbull	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Trumbull	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Trumbull	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Trumbull	UPMC Health Plan	UPMC for Life PFFS (OH) (H1254-003)	PFFS *	$34.60					
Trumbull	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Trumbull	WellCare	Concert (H4577-015)	PFFS	$109.00	$48.70	$0	Enhanced		•
Tuscarawas	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Tuscarawas	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Tuscarawas	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Tuscarawas	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Tuscarawas	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Tuscarawas	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Tuscarawas	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Tuscarawas	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Tuscarawas	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Tuscarawas	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Tuscarawas	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Tuscarawas	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Tuscarawas	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Tuscarawas	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Tuscarawas	PrimeTime Health Plan	Basic - MA Only (H3664-014)	Local HMO *	$0.00					
Tuscarawas	PrimeTime Health Plan	Basic (H3664-009)	Local HMO	$29.00	$23.30	$250	Enhanced		•
Tuscarawas	PrimeTime Health Plan	Standard (H3664-011)	Local HMO	$40.00	$25.70	$250	Enhanced		•
Tuscarawas	PrimeTime Health Plan	Prime PPO (H3620-001)	Local PPO	$79.00	$43.60	$250	Enhanced		•
Tuscarawas	PrimeTime Health Plan	Plus (H3664-001)	Local HMO	$86.00	$25.50	$250	Enhanced		•
Tuscarawas	PrimeTime Health Plan	Prime PFFS Select (H5485-001)	PFFS	$94.00	$38.70	$250	Basic		•
Tuscarawas	PrimeTime Health Plan	Premier (H3664-012)	Local HMO	$103.00	$50.00	$0	Enhanced		•
Tuscarawas	PrimeTime Health Plan	Premier Advantage (H3664-013)	Local HMO	$166.00	$73.40	$0	Enhanced	Generics	•
Tuscarawas	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Tuscarawas	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Tuscarawas	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Tuscarawas	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Tuscarawas	The Health Plan	Health Plan SecureCare (H3672-014)	Local HMO *	$0.00					
Tuscarawas	The Health Plan	Health Plan SecureCare (H3672-013)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Tuscarawas	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Tuscarawas	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Tuscarawas	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Tuscarawas	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•

Ohio 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
Union	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Union	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Union	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Union	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Union	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Union	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Union	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Union	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Union	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Union	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Union	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Union	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Union	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Union	MediGold	MediGold Basic (H3668-011)	Local HMO	$26.00	$0.00	$0	Enhanced		•
Union	MediGold	MediGold Classic (H3668-005)	Local HMO	$97.00	$45.80	$0	Enhanced	Generics	•
Union	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Union	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Union	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Union	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Union	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Union	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Union	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Union	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Van Wert	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Van Wert	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Van Wert	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Van Wert	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Van Wert	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Van Wert	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Van Wert	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Van Wert	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Van Wert	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Van Wert	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Van Wert	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Van Wert	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Van Wert	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Van Wert	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Van Wert	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Van Wert	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Van Wert	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Van Wert	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Van Wert	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Vinton	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Vinton	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Vinton	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Vinton	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Vinton	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Vinton	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Vinton	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					

Ohio 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
Vinton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Vinton	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Vinton	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Vinton	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Vinton	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Warren	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Warren	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Warren	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Warren	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Warren	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Warren	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Warren	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Warren	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Warren	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Warren	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Warren	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Warren	Humana Insurance Company	HumanaChoicePPO PPO H3619-001 (H3619-001)	Local PPO	$24.00	$22.60	$0	Enhanced		•
Warren	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Warren	SecureHorizons	MedicareComplete Essential Plan 2 (H3659-054)	Local HMO *	$0.00					
Warren	SecureHorizons	MedicareComplete Plan 2 (H3659-031)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Warren	SecureHorizons	MedicareComplete Plus Plan 1 (H3659-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Warren	SecureHorizons	MedicareComplete Plus Plan 2 (H3659-050)	Local HMO *	$0.00					
Warren	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Warren	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Warren	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Warren	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Warren	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Warren	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Warren	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Warren	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Warren	WellCare	Duet (H4577-003)	PFFS *	$0.00					
Warren	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Warren	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
Washington	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Washington	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Washington	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Washington	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Washington	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-088 (H1804-088)	PFFS	$99.00	$22.70	$0	Enhanced		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-220 (H1804-220)	PFFS	$119.00	$24.30	$0	Enhanced		•
Washington	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Washington	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Washington	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Washington	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Washington	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Washington	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Wayne	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Wayne	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Wayne	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•
Wayne	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Wayne	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•

Ohio 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
Wayne	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Wayne	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Wayne	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Wayne	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Wayne	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Wayne	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Wayne	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Wayne	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Wayne	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Wayne	PrimeTime Health Plan	Basic - MA Only (H3664-014)	Local HMO *	$0.00					
Wayne	PrimeTime Health Plan	Basic (H3664-009)	Local HMO	$29.00	$23.30	$250	Enhanced		•
Wayne	PrimeTime Health Plan	Standard (H3664-011)	Local HMO	$40.00	$25.70	$250	Enhanced		•
Wayne	PrimeTime Health Plan	Prime PPO (H3620-001)	Local PPO	$79.00	$43.60	$250	Enhanced		•
Wayne	PrimeTime Health Plan	Plus (H3664-001)	Local HMO	$86.00	$25.50	$250	Enhanced		•
Wayne	PrimeTime Health Plan	Prime PFFS Select (H5485-001)	PFFS	$94.00	$38.70	$250	Basic		•
Wayne	PrimeTime Health Plan	Premier (H3664-012)	Local HMO	$103.00	$50.00	$0	Enhanced		•
Wayne	PrimeTime Health Plan	Premier Advantage (H3664-013)	Local HMO	$166.00	$73.40	$0	Enhanced	Generics	•
Wayne	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Wayne	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Wayne	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Wayne	SummaCare	SummaCare Secure Silver Plus (H3660-029)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Wayne	SummaCare	SummaCare Secure Gold Plus (H3660-028)	Local HMO	$65.00	$59.50	$0	Enhanced	Generics	•
Wayne	The Health Plan	Health Plan SecureCare (H3672-014)	Local HMO *	$0.00					
Wayne	The Health Plan	Health Plan SecureCare (H3672-013)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Wayne	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Wayne	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Wayne	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Wayne	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Williams	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Williams	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Williams	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Williams	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Williams	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Williams	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Williams	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Williams	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Williams	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Williams	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Williams	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Williams	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Williams	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Williams	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Williams	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Williams	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Williams	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Williams	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Williams	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Williams	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Wood	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Standard (H9313-001)	Local HMO	$25.00	$0.00	$0	Basic		•
Wood	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Value (H9313-002)	Local HMO	$55.00	$18.20	$0	Enhanced	Generics	•
Wood	Advantage Plans from Medical Mutual of Ohio	Advantage Plan Premium (H9313-003)	Local HMO	$80.00	$18.20	$0	Enhanced	Generics	•

Ohio 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
Wood	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Wood	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Basic (H3655-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Wood	Anthem Blue Cross and Blue Shield	Anthem Senior Advantage Enhanced (H3655-023)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Wood	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Standard (H5529-001)	Local PPO	$15.00	$14.50	$0	Enhanced	Generics	•
Wood	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Wood	Anthem Blue Cross and Blue Shield	Anthem Medicare Preferred Premier (H5529-002)	Local PPO	$30.00	$28.40	$0	Enhanced	Generics	•
Wood	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Wood	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Wood	Humana Insurance Company	Humana Gold Choice PFFS H1804-087 (H1804-087)	PFFS	$69.00	$22.00	$0	Enhanced		•
Wood	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Wood	Humana Insurance Company	Humana Gold Choice PFFS H1804-219 (H1804-219)	PFFS	$89.00	$23.70	$0	Enhanced		•
Wood	Paramount Elite	Paramount Elite Standard - Medical & Drug (H3653-015)	Local HMO	$30.90	$25.90	$0	Basic		•
Wood	Paramount Elite	Paramount Elite - Enhanced Medical only (H3653-018)	Local HMO *	$44.20					
Wood	Paramount Elite	Paramount Elite - Enhanced Medical & Drug (H3653-004)	Local HMO	$78.40	$31.50	$0	Enhanced		•
Wood	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Wood	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Wood	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Wood	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Wood	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Wood	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Wood	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Wood	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Wood	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Wyandot	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Wyandot	Anthem Blue Cross and Blue Shield	Blue Medicare Access Standard (R5941-001)	Regional PPO	$15.00	$15.00	$0	Enhanced		•
Wyandot	Anthem Blue Cross and Blue Shield	Blue Medicare Access Premier (R5941-002)	Regional PPO	$41.00	$33.50	$0	Enhanced	Generics	•
Wyandot	Humana Insurance Company	Humana Gold Choice PFFS H1804-086 (H1804-086)	PFFS	$0.00	$0.00	$0	Enhanced		•
Wyandot	Humana Insurance Company	HumanaChoicePPO PPO R5826-021 (R5826-021)	Regional PPO *	$0.00					
Wyandot	Humana Insurance Company	Humana Gold Choice PFFS H1804-218 (H1804-218)	PFFS	$20.00	$20.00	$0	Enhanced		•
Wyandot	Humana Insurance Company	HumanaChoicePPO PPO R5826-007 (R5826-007)	Regional PPO	$70.00	$25.50	$0	Basic		•
Wyandot	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Wyandot	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Wyandot	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Wyandot	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Wyandot	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Wyandot	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Wyandot	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•