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Oregon

2007

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Prescription Drug Coverage

Medicare Advantage Cost Plans and Demonstrations

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Oregon 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
Baker	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Baker	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Baker	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Baker	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Baker	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Baker	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Baker	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Baker	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Baker	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Baker	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	$99.00					
Baker	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Baker	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Baker	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Baker	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Baker	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Baker	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Baker	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Baker	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Baker	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Baker	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Baker	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Baker	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Baker	WellCare	Concert (H1340-013)	PFFS	$0.00	$0.00	$0	Enhanced		•
Baker	WellCare	Summit (H1340-006)	PFFS	$91.00	$0.00	$0	Enhanced		•
Benton	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Benton	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Benton	Health Net Medicare Advantage	Health Net Violet Option 2 (H5520-005)	Local PPO	$18.00	$16.00	$0	Basic		•
Benton	Health Net Medicare Advantage	Health Net Aqua (H5520-001)	Local PPO *	$53.00					
Benton	Health Net Medicare Advantage	Health Net Violet Option 1 (H5520-002)	Local PPO	$67.00	$21.40	$0	Enhanced		•
Benton	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Benton	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Benton	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Benton	Kaiser Foundation Health Plan of the NW	Senior Advantage (H9003-001)	Local HMO	$108.00	$10.00	$0	Basic		•
Benton	Kaiser Foundation Health Plan of the NW	Senior Advantage II (H9103-001)	Demo	$289.00	$91.00	$0	Enhanced	Generics and Brands	•
Benton	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Benton	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Benton	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Benton	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five (H3851-007)	Cost *	$58.00					
Benton	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five Plus (H3851-008)	Cost *	$68.00					
Benton	Samaritan Advantage Health Plan	The Conventional Plan (H3811-001)	Local HMO *	$42.00					
Benton	Samaritan Advantage Health Plan	The Premier Plan (H3811-002)	Local HMO	$79.00	$39.10	$0	Basic		•
Benton	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H3805-010)	Local HMO *	$35.00					
Benton	Secure Horizons Medicare Advantage Plan	MedicareComplete (H3805-007)	Local HMO	$46.00	$8.30	$0	Enhanced		•
Benton	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Benton	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	$99.00					
Benton	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Benton	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Benton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Benton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Benton	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Benton	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					

Oregon 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
Benton	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Benton	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Benton	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Benton	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Benton	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Benton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Benton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Benton	WellCare	Freedom (H1340-012)	PFFS	$0.00	$0.00	$0	Enhanced		•
Benton	WellCare	Concert (H1340-014)	PFFS	$41.00	$3.30	$0	Enhanced		•
Benton	WellCare	Summit (H1340-007)	PFFS	$121.00	$0.00	$0	Enhanced		•
Clackamas	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Clackamas	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Clackamas	FamilyCare Health Plans, Inc.	PremierCare Choice (H3818-004)	Local HMO *	$0.00					
Clackamas	FamilyCare Health Plans, Inc.	PremierCare Choice Rx (H3818-003)	Local HMO	$28.70	$28.70	$265	Basic		
Clackamas	FamilyCare Health Plans, Inc.	PremierCare Advantage Rx (H3818-001)	Local HMO	$61.00	$34.60	$145	Basic		•
Clackamas	Health Net Medicare Advantage	Health Net Violet Option 2 (H5520-005)	Local PPO	$18.00	$16.00	$0	Basic		•
Clackamas	Health Net Medicare Advantage	Health Net Aqua (H5520-001)	Local PPO *	$53.00					
Clackamas	Health Net Medicare Advantage	Health Net Violet Option 1 (H5520-002)	Local PPO	$67.00	$21.40	$0	Enhanced		•
Clackamas	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Clackamas	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Clackamas	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Clackamas	Kaiser Foundation Health Plan of the NW	Senior Advantage (H9003-001)	Local HMO	$108.00	$10.00	$0	Basic		•
Clackamas	Kaiser Foundation Health Plan of the NW	Senior Advantage II (H9103-001)	Demo	$289.00	$91.00	$0	Enhanced	Generics and Brands	•
Clackamas	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Clackamas	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Clackamas	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Clackamas	Providence Health Plan	Providence Medicare Choice (H9047-035)	Local HMO *	$25.00					
Clackamas	Providence Health Plan	Providence Medicare Choice + RX (H9047-024)	Local HMO	$42.40	$17.40	$0	Basic		•
Clackamas	Providence Health Plan	Providence Medicare Extra Plan 1 (H9047-033)	Local HMO *	$85.00					
Clackamas	Providence Health Plan	Providence Medicare Extra Plan 1 + RX (H9047-001)	Local HMO	$102.40	$17.40	$0	Basic		•
Clackamas	Regence BlueCross BlueShield of Oregon	MedAdvantage (H3817-001)	Local PPO *	$45.00					
Clackamas	Regence BlueCross BlueShield of Oregon	MedAdvantage + Rx (H3817-002)	Local PPO	$72.50	$27.40	$265	Basic		•
Clackamas	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five (H3856-010)	Local HMO *	$80.00					
Clackamas	Regence BlueCross BlueShield of Oregon	MedAdvantage + Rx Enhanced (H3817-003)	Local PPO	$81.50	$36.40	$0	Enhanced	Generics	•
Clackamas	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five + Rx (H3856-016)	Local HMO	$109.50	$29.50	$265	Basic		•
Clackamas	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H3805-011)	Local HMO *	$49.00					
Clackamas	Secure Horizons Medicare Advantage Plan	MedicareComplete (H3805-001)	Local HMO	$60.00	$8.00	$0	Enhanced		•
Clackamas	SecureHorizons	MedicareComplete Choice Plan 1 (H3812-001)	Local PPO	$0.00	$0.00	$0	Enhanced		•
Clackamas	SecureHorizons	MedicareComplete Choice Plan 2 (H3812-003)	Local PPO *	$0.00					
Clackamas	SecureHorizons	MedicareComplete Plus Plan 1 (H1286-004)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Clackamas	SecureHorizons	MedicareComplete Plus Plan 2 (H1286-005)	Local HMO *	$0.00					
Clackamas	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	$0.00	$0.00	$0	Enhanced		•
Clackamas	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	$0.00					
Clackamas	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 100 (H5435-016)	PFFS *	$99.00					
Clackamas	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Clackamas	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Clackamas	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Clackamas	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Clackamas	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Clackamas	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Clackamas	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Clackamas	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Clackamas	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Clackamas	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Clackamas	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Clackamas	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Clackamas	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Clackamas	WellCare	Concert (H1340-013)	PFFS	$0.00	$0.00	$0	Enhanced		•
Clackamas	WellCare	Duet (H1340-004)	PFFS *	$0.00					
Clackamas	WellCare	Summit (H1340-006)	PFFS	$91.00	$0.00	$0	Enhanced		•
Clatsop	FamilyCare Health Plans, Inc.	PremierCare Choice (H3818-004)	Local HMO *	$0.00					
Clatsop	FamilyCare Health Plans, Inc.	PremierCare Choice Rx (H3818-003)	Local HMO	$28.70	$28.70	$265	Basic		
Clatsop	FamilyCare Health Plans, Inc.	PremierCare Advantage Rx (H3818-001)	Local HMO	$61.00	$34.60	$145	Basic		•
Clatsop	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Clatsop	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Clatsop	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Clatsop	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five (H3851-007)	Cost *	$58.00					
Clatsop	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five Plus (H3851-008)	Cost *	$68.00					
Clatsop	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Clatsop	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Clatsop	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Clatsop	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Clatsop	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Clatsop	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Clatsop	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Clatsop	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Columbia	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Columbia	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Columbia	Health Net Medicare Advantage	Health Net Violet Option 2 (H5520-005)	Local PPO	$18.00	$16.00	$0	Basic		•
Columbia	Health Net Medicare Advantage	Health Net Aqua (H5520-001)	Local PPO *	$53.00					
Columbia	Health Net Medicare Advantage	Health Net Violet Option 1 (H5520-002)	Local PPO	$67.00	$21.40	$0	Enhanced		•
Columbia	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Columbia	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Columbia	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Columbia	Kaiser Foundation Health Plan of the NW	Senior Advantage (H9003-001)	Local HMO	$108.00	$10.00	$0	Basic		•
Columbia	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Columbia	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Columbia	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Columbia	Providence Health Plan	Providence Medicare Choice (H9047-035)	Local HMO *	$25.00					
Columbia	Providence Health Plan	Providence Medicare Choice + RX (H9047-024)	Local HMO	$42.40	$17.40	$0	Basic		•
Columbia	Providence Health Plan	Providence Medicare Extra Plan 1 (H9047-033)	Local HMO *	$85.00					
Columbia	Providence Health Plan	Providence Medicare Extra Plan 1 + RX (H9047-001)	Local HMO	$102.40	$17.40	$0	Basic		•
Columbia	Regence BlueCross BlueShield of Oregon	MedAdvantage (H3817-001)	Local PPO *	$45.00					
Columbia	Regence BlueCross BlueShield of Oregon	MedAdvantage + Rx (H3817-002)	Local PPO	$72.50	$27.40	$265	Basic		•
Columbia	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five (H3856-010)	Local HMO *	$80.00					
Columbia	Regence BlueCross BlueShield of Oregon	MedAdvantage + Rx Enhanced (H3817-003)	Local PPO	$81.50	$36.40	$0	Enhanced	Generics	•
Columbia	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five + Rx (H3856-016)	Local HMO	$109.50	$29.50	$265	Basic		•
Columbia	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Columbia	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	$99.00					
Columbia	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Columbia	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Columbia	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Columbia	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Columbia	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					

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Columbia	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Columbia	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Columbia	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Columbia	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Columbia	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Columbia	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Columbia	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Columbia	WellCare	Concert (H1340-013)	PFFS	$0.00	$0.00	$0	Enhanced		•
Columbia	WellCare	Summit (H1340-006)	PFFS	$91.00	$0.00	$0	Enhanced		•
Coos	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Coos	ATRIO MyAdvantage	ATRIO MyAdvantage I (H3814-001)	Local HMO *	$62.00					
Coos	ATRIO MyAdvantage	ATRIO MyAdvantage II (H3814-005)	Local HMO *	$70.00					
Coos	ATRIO MyAdvantage	ATRIO MyAdvantage I Rx (H3814-004)	Local HMO	$98.00	$33.50	$265	Basic		•
Coos	ATRIO MyAdvantage	ATRIO MyAdvantage II Rx (H3814-006)	Local HMO	$107.00	$31.90	$265	Enhanced		•
Coos	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Coos	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Coos	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Coos	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Coos	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Coos	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Coos	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Coos	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Coos	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Coos	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Coos	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Coos	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Coos	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Coos	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Crook	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Crook	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Crook	Clear Choice Health Plans	Clear Choice Value Plan (H3864-002)	Local HMO *	$57.00					
Crook	Clear Choice Health Plans	Clear Choice Value Advantage (H3864-006)	Local HMO	$98.00	$28.70	$0	Basic		•
Crook	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Crook	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Crook	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Crook	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Crook	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Crook	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Crook	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Crook	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Crook	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Crook	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Crook	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Crook	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Crook	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Crook	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Crook	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Crook	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Crook	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Crook	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Crook	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Curry	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Curry	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		

Oregon 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
Curry	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Curry	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Curry	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Curry	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Curry	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Curry	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five (H3851-007)	Cost *	$58.00					
Curry	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five Plus (H3851-008)	Cost *	$68.00					
Curry	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Curry	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Curry	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Curry	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Curry	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Curry	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Curry	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Curry	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Deschutes	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Deschutes	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Deschutes	Clear Choice Health Plans	Clear Choice Value Plan (H3864-002)	Local HMO *	$57.00					
Deschutes	Clear Choice Health Plans	Clear Choice Traditional Plan (H3864-001)	Local HMO *	$89.00					
Deschutes	Clear Choice Health Plans	Clear Choice Value Advantage (H3864-006)	Local HMO	$98.00	$28.70	$0	Basic		•
Deschutes	Clear Choice Health Plans	Clear Choice Traditional Advantage (H3864-007)	Local HMO	$124.00	$36.10	$0	Basic		•
Deschutes	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Deschutes	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Deschutes	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Deschutes	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Deschutes	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Deschutes	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Deschutes	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Deschutes	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Deschutes	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Deschutes	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Deschutes	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Deschutes	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Deschutes	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Deschutes	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Deschutes	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Deschutes	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Deschutes	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Deschutes	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Deschutes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Deschutes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Douglas	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Douglas	ATRIO MyAdvantage	ATRIO MyAdvantage I (H3814-001)	Local HMO *	$62.00					
Douglas	ATRIO MyAdvantage	ATRIO MyAdvantage II (H3814-005)	Local HMO *	$70.00					
Douglas	ATRIO MyAdvantage	ATRIO MyAdvantage I Rx (H3814-004)	Local HMO	$98.00	$33.50	$265	Basic		•
Douglas	ATRIO MyAdvantage	ATRIO MyAdvantage II Rx (H3814-006)	Local HMO	$107.00	$31.90	$265	Enhanced		•
Douglas	CareSource	CareSource Gold (H3810-001)	Local HMO *	$49.00					
Douglas	CareSource	CareSource Gold Plus Rx (H3810-003)	Local HMO	$83.00	$36.90	$0	Enhanced		•
Douglas	CareSource	CareSource Platinum (H3810-004)	Local HMO *	$89.00					
Douglas	CareSource	CareSource Platinum Plus Rx (H3810-005)	Local HMO	$126.00	$36.90	$0	Enhanced		•
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Douglas	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					

Oregon 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
Douglas	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Douglas	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Douglas	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five (H3851-007)	Cost *	$58.00					
Douglas	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five Plus (H3851-008)	Cost *	$68.00					
Douglas	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Douglas	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Douglas	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Douglas	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Douglas	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Douglas	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Douglas	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Douglas	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Douglas	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Douglas	WellCare	Duet (H1340-004)	PFFS *	$0.00					
Douglas	WellCare	Concert (H1340-014)	PFFS	$41.00	$3.30	$0	Enhanced		•
Douglas	WellCare	Summit (H1340-009)	PFFS	$161.00	$33.20	$0	Enhanced		•
Gilliam	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Gilliam	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Gilliam	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Gilliam	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Gilliam	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Gilliam	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Gilliam	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Gilliam	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Gilliam	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Gilliam	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Gilliam	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Gilliam	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Grant	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Grant	Clear Choice Health Plans	Clear Choice Value Plan (H3864-002)	Local HMO *	$57.00					
Grant	Clear Choice Health Plans	Clear Choice Traditional Plan (H3864-001)	Local HMO *	$89.00					
Grant	Clear Choice Health Plans	Clear Choice Value Advantage (H3864-006)	Local HMO	$98.00	$28.70	$0	Basic		•
Grant	Clear Choice Health Plans	Clear Choice Traditional Advantage (H3864-007)	Local HMO	$124.00	$36.10	$0	Basic		•
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Grant	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Grant	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Grant	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Grant	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Grant	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Grant	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Grant	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Grant	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Grant	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Grant	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Grant	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Grant	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	$35.00					
Grant	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	$46.00	$18.50	$0	Enhanced		•
Grant	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	$60.00					
Grant	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	$91.00	$28.20	$0	Enhanced	Generics	•
Harney	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Harney	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Harney	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•

Oregon 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
Harney	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Harney	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Harney	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Harney	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Harney	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Harney	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Harney	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Harney	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Harney	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Harney	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Harney	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Harney	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Harney	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	$35.00					
Harney	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	$46.00	$18.50	$0	Enhanced		•
Harney	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	$60.00					
Harney	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	$91.00	$28.20	$0	Enhanced	Generics	•
Hood River	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Hood River	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Hood River	Clear Choice Health Plans	Clear Choice Value Plan (H3864-002)	Local HMO *	$57.00					
Hood River	Clear Choice Health Plans	Clear Choice Traditional Plan (H3864-001)	Local HMO *	$89.00					
Hood River	Clear Choice Health Plans	Clear Choice Value Advantage (H3864-006)	Local HMO	$98.00	$28.70	$0	Basic		•
Hood River	Clear Choice Health Plans	Clear Choice Traditional Advantage (H3864-007)	Local HMO	$124.00	$36.10	$0	Basic		•
Hood River	Health Net Medicare Advantage	Health Net Violet Option 2 (H5520-005)	Local PPO	$18.00	$16.00	$0	Basic		•
Hood River	Health Net Medicare Advantage	Health Net Aqua (H5520-001)	Local PPO *	$53.00					
Hood River	Health Net Medicare Advantage	Health Net Violet Option 1 (H5520-002)	Local PPO	$67.00	$21.40	$0	Enhanced		•
Hood River	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Hood River	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Hood River	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Hood River	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Hood River	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Hood River	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Hood River	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Hood River	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Hood River	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Hood River	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Hood River	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Hood River	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Hood River	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Hood River	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Hood River	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Hood River	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Hood River	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Hood River	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Hood River	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Hood River	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Hood River	WellCare	Concert (H1340-013)	PFFS	$0.00	$0.00	$0	Enhanced		•
Hood River	WellCare	Summit (H1340-006)	PFFS	$91.00	$0.00	$0	Enhanced		•
Jackson	CareSource	CareSource Gold (H3810-001)	Local HMO *	$49.00					
Jackson	CareSource	CareSource Gold Plus Rx (H3810-003)	Local HMO	$83.00	$36.90	$0	Enhanced		•
Jackson	CareSource	CareSource Platinum (H3810-004)	Local HMO *	$89.00					
Jackson	CareSource	CareSource Platinum Plus Rx (H3810-005)	Local HMO	$126.00	$36.90	$0	Enhanced		•
Jackson	Health Net Medicare Advantage	Health Net Violet Option 2 (H5520-006)	Local PPO	$60.00	$16.00	$0	Basic		•
Jackson	Health Net Medicare Advantage	Health Net Aqua (H5520-003)	Local PPO *	$75.00					
Jackson	Health Net Medicare Advantage	Health Net Violet Option 1 (H5520-004)	Local PPO	$89.00	$21.40	$0	Enhanced		•

Oregon 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	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Jackson	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Jackson	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Jackson	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five (H3851-007)	Cost *	$58.00					
Jackson	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five Plus (H3851-008)	Cost *	$68.00					
Jackson	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Jackson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Jackson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Jackson	Today's Option	Today's Options Value (H5421-032)	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	•
Jackson	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Jackson	WellCare	Duet (H1340-004)	PFFS *	$0.00					
Jackson	WellCare	Concert (H1340-016)	PFFS	$109.00	$49.70	$0	Enhanced		•
Jackson	WellCare	Summit (H1340-011)	PFFS	$211.00	$48.60	$0	Enhanced		•
Jefferson	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Jefferson	Clear Choice Health Plans	Clear Choice Value Plan (H3864-002)	Local HMO *	$57.00					
Jefferson	Clear Choice Health Plans	Clear Choice Traditional Plan (H3864-001)	Local HMO *	$89.00					
Jefferson	Clear Choice Health Plans	Clear Choice Value Advantage (H3864-006)	Local HMO	$98.00	$28.70	$0	Basic		•
Jefferson	Clear Choice Health Plans	Clear Choice Traditional Advantage (H3864-007)	Local HMO	$124.00	$36.10	$0	Basic		•
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Jefferson	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Jefferson	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Jefferson	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Jefferson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Jefferson	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Jefferson	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Jefferson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Jefferson	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Jefferson	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Jefferson	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Jefferson	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Jefferson	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	$35.00					
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	$46.00	$18.50	$0	Enhanced		•
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	$60.00					
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	$91.00	$28.20	$0	Enhanced	Generics	•
Josephine	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Josephine	CareSource	CareSource Gold (H3810-001)	Local HMO *	$49.00					
Josephine	CareSource	CareSource Gold Plus Rx (H3810-003)	Local HMO	$83.00	$36.90	$0	Enhanced		•
Josephine	CareSource	CareSource Platinum (H3810-004)	Local HMO *	$89.00					
Josephine	CareSource	CareSource Platinum Plus Rx (H3810-005)	Local HMO	$126.00	$36.90	$0	Enhanced		•
Josephine	Health Net Medicare Advantage	Health Net Violet Option 2 (H5520-006)	Local PPO	$60.00	$16.00	$0	Basic		•
Josephine	Health Net Medicare Advantage	Health Net Aqua (H5520-003)	Local PPO *	$75.00					
Josephine	Health Net Medicare Advantage	Health Net Violet Option 1 (H5520-004)	Local PPO	$89.00	$21.40	$0	Enhanced		•
Josephine	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Josephine	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Josephine	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Josephine	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five (H3851-007)	Cost *	$58.00					
Josephine	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five Plus (H3851-008)	Cost *	$68.00					
Josephine	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					

Oregon 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
Josephine	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Josephine	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Josephine	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Josephine	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Josephine	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Josephine	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Josephine	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Klamath	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Klamath	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Klamath	ATRIO MyAdvantage	ATRIO MyAdvantage I (H3814-001)	Local HMO *	$62.00					
Klamath	ATRIO MyAdvantage	ATRIO MyAdvantage II (H3814-005)	Local HMO *	$70.00					
Klamath	ATRIO MyAdvantage	ATRIO MyAdvantage I Rx (H3814-004)	Local HMO	$98.00	$33.50	$265	Basic		•
Klamath	ATRIO MyAdvantage	ATRIO MyAdvantage II Rx (H3814-006)	Local HMO	$107.00	$31.90	$265	Enhanced		•
Klamath	Clear Choice Health Plans	Clear Choice Value Plan (H3864-002)	Local HMO *	$57.00					
Klamath	Clear Choice Health Plans	Clear Choice Traditional Plan (H3864-001)	Local HMO *	$89.00					
Klamath	Clear Choice Health Plans	Clear Choice Value Advantage (H3864-006)	Local HMO	$98.00	$28.70	$0	Basic		•
Klamath	Clear Choice Health Plans	Clear Choice Traditional Advantage (H3864-007)	Local HMO	$124.00	$36.10	$0	Basic		•
Klamath	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Klamath	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Klamath	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Klamath	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Klamath	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Klamath	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Klamath	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Klamath	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Klamath	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Klamath	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Klamath	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Klamath	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Klamath	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Klamath	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Klamath	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Klamath	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Klamath	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Klamath	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Klamath	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Klamath	WellCare	Concert (H1340-013)	PFFS	$0.00	$0.00	$0	Enhanced		•
Klamath	WellCare	Duet (H1340-004)	PFFS *	$0.00					
Klamath	WellCare	Summit (H1340-006)	PFFS	$91.00	$0.00	$0	Enhanced		•
Lake	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Lake	Clear Choice Health Plans	Clear Choice Value Plan (H3864-002)	Local HMO *	$57.00					
Lake	Clear Choice Health Plans	Clear Choice Traditional Plan (H3864-001)	Local HMO *	$89.00					
Lake	Clear Choice Health Plans	Clear Choice Value Advantage (H3864-006)	Local HMO	$98.00	$28.70	$0	Basic		•
Lake	Clear Choice Health Plans	Clear Choice Traditional Advantage (H3864-007)	Local HMO	$124.00	$36.10	$0	Basic		•
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Lake	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Lake	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Lake	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Lake	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Lake	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Lake	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Lake	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					

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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
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	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Lake	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Lake	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Lake	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Lake	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Lane	Health Net Medicare Advantage	Health Net Violet Option 2 (H5520-005)	Local PPO	$18.00	$16.00	$0	Basic		•
Lane	Health Net Medicare Advantage	Health Net Aqua (H5520-001)	Local PPO *	$53.00					
Lane	Health Net Medicare Advantage	Health Net Violet Option 1 (H5520-002)	Local PPO	$67.00	$21.40	$0	Enhanced		•
Lane	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Lane	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Lane	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Lane	Providence Health Plan	Providence Medicare Choice (H9047-035)	Local HMO *	$25.00					
Lane	Providence Health Plan	Providence Medicare Choice + RX (H9047-024)	Local HMO	$42.40	$17.40	$0	Basic		•
Lane	Providence Health Plan	Providence Medicare Extra Plan 1 (H9047-033)	Local HMO *	$85.00					
Lane	Providence Health Plan	Providence Medicare Extra Plan 1 + RX (H9047-001)	Local HMO	$102.40	$17.40	$0	Basic		•
Lane	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five (H3851-005)	Cost *	$58.00					
Lane	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five Plus (H3851-006)	Cost *	$68.00					
Lane	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H3805-010)	Local HMO *	$35.00					
Lane	Secure Horizons Medicare Advantage Plan	MedicareComplete (H3805-007)	Local HMO	$46.00	$8.30	$0	Enhanced		•
Lane	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Lane	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Lane	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Lane	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Lane	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Lane	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Lane	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Lane	Trillium Advantage	Trillium Advantage (H2174-002)	Local HMO	$104.00	$29.40	$0	Enhanced	Generics	•
Lane	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Lane	WellCare	Duet (H1340-004)	PFFS *	$0.00					
Lane	WellCare	Concert (H1340-016)	PFFS	$109.00	$49.70	$0	Enhanced		•
Lane	WellCare	Summit (H1340-011)	PFFS	$211.00	$48.60	$0	Enhanced		•
Lincoln	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Lincoln	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Lincoln	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Lincoln	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Lincoln	Samaritan Advantage Health Plan	The Conventional Plan (H3811-001)	Local HMO *	$42.00					
Lincoln	Samaritan Advantage Health Plan	The Premier Plan (H3811-002)	Local HMO	$79.00	$39.10	$0	Basic		•
Lincoln	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Lincoln	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Lincoln	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Lincoln	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Lincoln	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Lincoln	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Lincoln	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Lincoln	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Lincoln	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Lincoln	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Lincoln	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Lincoln	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Lincoln	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Lincoln	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Lincoln	WellCare	Duet (H1340-004)	PFFS *	$0.00					
Lincoln	WellCare	Concert (H1340-014)	PFFS	$41.00	$3.30	$0	Enhanced		•
Lincoln	WellCare	Summit (H1340-008)	PFFS	$140.90	$16.20	$0	Enhanced		•
Linn	Health Net Medicare Advantage	Health Net Violet Option 2 (H5520-005)	Local PPO	$18.00	$16.00	$0	Basic		•
Linn	Health Net Medicare Advantage	Health Net Aqua (H5520-001)	Local PPO *	$53.00					
Linn	Health Net Medicare Advantage	Health Net Violet Option 1 (H5520-002)	Local PPO	$67.00	$21.40	$0	Enhanced		•
Linn	Kaiser Foundation Health Plan of the NW	Senior Advantage (H9003-001)	Local HMO	$108.00	$10.00	$0	Basic		•
Linn	Kaiser Foundation Health Plan of the NW	Senior Advantage II (H9103-001)	Demo	$289.00	$91.00	$0	Enhanced	Generics and Brands	•
Linn	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Linn	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Linn	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Linn	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five (H3851-007)	Cost *	$58.00					
Linn	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five Plus (H3851-008)	Cost *	$68.00					
Linn	Samaritan Advantage Health Plan	The Conventional Plan (H3811-001)	Local HMO *	$42.00					
Linn	Samaritan Advantage Health Plan	The Premier Plan (H3811-002)	Local HMO	$79.00	$39.10	$0	Basic		•
Linn	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H3805-010)	Local HMO *	$35.00					
Linn	Secure Horizons Medicare Advantage Plan	MedicareComplete (H3805-007)	Local HMO	$46.00	$8.30	$0	Enhanced		•
Linn	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Linn	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Linn	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Linn	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Linn	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Linn	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Linn	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Linn	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Malheur	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Malheur	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Malheur	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Malheur	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Malheur	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Malheur	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Malheur	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Malheur	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Malheur	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Malheur	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	$99.00					
Malheur	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Malheur	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Malheur	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Malheur	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Malheur	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Malheur	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Malheur	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Malheur	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Malheur	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Malheur	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Malheur	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Malheur	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Malheur	WellCare	Concert (H1340-013)	PFFS	$0.00	$0.00	$0	Enhanced		•
Malheur	WellCare	Summit (H1340-007)	PFFS	$121.00	$0.00	$0	Enhanced		•

Oregon 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	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Marion	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Marion	Health Net Medicare Advantage	Health Net Violet Option 2 (H5520-005)	Local PPO	$18.00	$16.00	$0	Basic		•
Marion	Health Net Medicare Advantage	Health Net Aqua (H5520-001)	Local PPO *	$53.00					
Marion	Health Net Medicare Advantage	Health Net Violet Option 1 (H5520-002)	Local PPO	$67.00	$21.40	$0	Enhanced		•
Marion	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Marion	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Marion	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Marion	Kaiser Foundation Health Plan of the NW	Senior Advantage (H9003-001)	Local HMO	$108.00	$10.00	$0	Basic		•
Marion	Kaiser Foundation Health Plan of the NW	Senior Advantage II (H9103-001)	Demo	$289.00	$91.00	$0	Enhanced	Generics and Brands	•
Marion	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Marion	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Marion	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Marion	Providence Health Plan	Providence Medicare Choice (H9047-035)	Local HMO *	$25.00					
Marion	Providence Health Plan	Providence Medicare Choice + RX (H9047-024)	Local HMO	$42.40	$17.40	$0	Basic		•
Marion	Providence Health Plan	Providence Medicare Extra Plan 1 (H9047-033)	Local HMO *	$85.00					
Marion	Providence Health Plan	Providence Medicare Extra Plan 1 + RX (H9047-001)	Local HMO	$102.40	$17.40	$0	Basic		•
Marion	Regence BlueCross BlueShield of Oregon	MedAdvantage (H3817-001)	Local PPO *	$45.00					
Marion	Regence BlueCross BlueShield of Oregon	MedAdvantage + Rx (H3817-002)	Local PPO	$72.50	$27.40	$265	Basic		•
Marion	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five (H3856-010)	Local HMO *	$80.00					
Marion	Regence BlueCross BlueShield of Oregon	MedAdvantage + Rx Enhanced (H3817-003)	Local PPO	$81.50	$36.40	$0	Enhanced	Generics	•
Marion	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five + Rx (H3856-016)	Local HMO	$109.50	$29.50	$265	Basic		•
Marion	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H3805-011)	Local HMO *	$49.00					
Marion	Secure Horizons Medicare Advantage Plan	MedicareComplete (H3805-001)	Local HMO	$60.00	$8.00	$0	Enhanced		•
Marion	SecureHorizons	MedicareComplete Plus Plan 1 (H1286-004)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Marion	SecureHorizons	MedicareComplete Plus Plan 2 (H1286-005)	Local HMO *	$0.00					
Marion	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	$0.00	$0.00	$0	Enhanced		•
Marion	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	$0.00					
Marion	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 100 (H5435-016)	PFFS *	$99.00					
Marion	Sierra Optima	Sierra Optima (H4449-004)	PFFS *	$0.00					
Marion	Sierra Optima	Sierra Optima Plus (H4449-009)	PFFS *	$53.10					
Marion	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
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	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Marion	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Marion	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Marion	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Marion	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Marion	WellCare	Concert (H1340-013)	PFFS	$0.00	$0.00	$0	Enhanced		•
Marion	WellCare	Duet (H1340-004)	PFFS *	$0.00					
Marion	WellCare	Summit (H1340-006)	PFFS	$91.00	$0.00	$0	Enhanced		•
Morrow	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Morrow	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Morrow	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Morrow	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Morrow	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Morrow	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					

Oregon 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
Morrow	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
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	•
Morrow	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Multnomah	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Multnomah	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Multnomah	FamilyCare Health Plans, Inc.	PremierCare Choice (H3818-004)	Local HMO *	$0.00					
Multnomah	FamilyCare Health Plans, Inc.	PremierCare Choice Rx (H3818-003)	Local HMO	$28.70	$28.70	$265	Basic		
Multnomah	FamilyCare Health Plans, Inc.	PremierCare Advantage Rx (H3818-001)	Local HMO	$61.00	$34.60	$145	Basic		•
Multnomah	Health Net Medicare Advantage	Health Net Violet Option 2 (H5520-005)	Local PPO	$18.00	$16.00	$0	Basic		•
Multnomah	Health Net Medicare Advantage	Health Net Aqua (H5520-001)	Local PPO *	$53.00					
Multnomah	Health Net Medicare Advantage	Health Net Violet Option 1 (H5520-002)	Local PPO	$67.00	$21.40	$0	Enhanced		•
Multnomah	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Multnomah	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Multnomah	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Multnomah	Kaiser Foundation Health Plan of the NW	Senior Advantage (H9003-001)	Local HMO	$108.00	$10.00	$0	Basic		•
Multnomah	Kaiser Foundation Health Plan of the NW	Senior Advantage II (H9103-001)	Demo	$289.00	$91.00	$0	Enhanced	Generics and Brands	•
Multnomah	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Multnomah	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Multnomah	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Multnomah	Providence Health Plan	Providence Medicare Choice (H9047-035)	Local HMO *	$25.00					
Multnomah	Providence Health Plan	Providence Medicare Choice + RX (H9047-024)	Local HMO	$42.40	$17.40	$0	Basic		•
Multnomah	Providence Health Plan	Providence Medicare Extra Plan 1 (H9047-033)	Local HMO *	$85.00					
Multnomah	Providence Health Plan	Providence Medicare Extra Plan 1 + RX (H9047-001)	Local HMO	$102.40	$17.40	$0	Basic		•
Multnomah	Regence BlueCross BlueShield of Oregon	MedAdvantage (H3817-001)	Local PPO *	$45.00					
Multnomah	Regence BlueCross BlueShield of Oregon	MedAdvantage + Rx (H3817-002)	Local PPO	$72.50	$27.40	$265	Basic		•
Multnomah	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five (H3856-010)	Local HMO *	$80.00					
Multnomah	Regence BlueCross BlueShield of Oregon	MedAdvantage + Rx Enhanced (H3817-003)	Local PPO	$81.50	$36.40	$0	Enhanced	Generics	•
Multnomah	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five + Rx (H3856-016)	Local HMO	$109.50	$29.50	$265	Basic		•
Multnomah	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H3805-011)	Local HMO *	$49.00					
Multnomah	Secure Horizons Medicare Advantage Plan	MedicareComplete (H3805-001)	Local HMO	$60.00	$8.00	$0	Enhanced		•
Multnomah	SecureHorizons	MedicareComplete Choice Plan 1 (H3812-001)	Local PPO	$0.00	$0.00	$0	Enhanced		•
Multnomah	SecureHorizons	MedicareComplete Choice Plan 2 (H3812-003)	Local PPO *	$0.00					
Multnomah	SecureHorizons	MedicareComplete Plus Plan 1 (H1286-004)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Multnomah	SecureHorizons	MedicareComplete Plus Plan 2 (H1286-005)	Local HMO *	$0.00					
Multnomah	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	$0.00	$0.00	$0	Enhanced		•
Multnomah	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	$0.00					
Multnomah	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	$99.00					
Multnomah	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Multnomah	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Multnomah	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Multnomah	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Multnomah	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Multnomah	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Multnomah	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Multnomah	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Multnomah	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Multnomah	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Multnomah	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Multnomah	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Multnomah	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Multnomah	WellCare	Concert (H1340-013)	PFFS	$0.00	$0.00	$0	Enhanced		•
Multnomah	WellCare	Duet (H1340-004)	PFFS *	$0.00					
Multnomah	WellCare	Summit (H1340-006)	PFFS	$91.00	$0.00	$0	Enhanced		•
Polk	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Polk	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Polk	Health Net Medicare Advantage	Health Net Violet Option 2 (H5520-005)	Local PPO	$18.00	$16.00	$0	Basic		•
Polk	Health Net Medicare Advantage	Health Net Aqua (H5520-001)	Local PPO *	$53.00					
Polk	Health Net Medicare Advantage	Health Net Violet Option 1 (H5520-002)	Local PPO	$67.00	$21.40	$0	Enhanced		•
Polk	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Polk	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Polk	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Polk	Kaiser Foundation Health Plan of the NW	Senior Advantage (H9003-001)	Local HMO	$108.00	$10.00	$0	Basic		•
Polk	Kaiser Foundation Health Plan of the NW	Senior Advantage II (H9103-001)	Demo	$289.00	$91.00	$0	Enhanced	Generics and Brands	•
Polk	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Polk	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Polk	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Polk	Providence Health Plan	Providence Medicare Choice (H9047-035)	Local HMO *	$25.00					
Polk	Providence Health Plan	Providence Medicare Choice + RX (H9047-024)	Local HMO	$42.40	$17.40	$0	Basic		•
Polk	Providence Health Plan	Providence Medicare Extra Plan 1 (H9047-033)	Local HMO *	$85.00					
Polk	Providence Health Plan	Providence Medicare Extra Plan 1 + RX (H9047-001)	Local HMO	$102.40	$17.40	$0	Basic		•
Polk	Regence BlueCross BlueShield of Oregon	MedAdvantage (H3817-001)	Local PPO *	$45.00					
Polk	Regence BlueCross BlueShield of Oregon	MedAdvantage + Rx (H3817-002)	Local PPO	$72.50	$27.40	$265	Basic		•
Polk	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five (H3856-010)	Local HMO *	$80.00					
Polk	Regence BlueCross BlueShield of Oregon	MedAdvantage + Rx Enhanced (H3817-003)	Local PPO	$81.50	$36.40	$0	Enhanced	Generics	•
Polk	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five + Rx (H3856-016)	Local HMO	$109.50	$29.50	$265	Basic		•
Polk	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H3805-011)	Local HMO *	$49.00					
Polk	Secure Horizons Medicare Advantage Plan	MedicareComplete (H3805-001)	Local HMO	$60.00	$8.00	$0	Enhanced		•
Polk	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	$0.00	$0.00	$0	Enhanced		•
Polk	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	$0.00					
Polk	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	$10.30	$10.30	$265	Basic		
Polk	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 100 (H5435-016)	PFFS *	$99.00					
Polk	Sierra Optima	Sierra Optima (H4449-004)	PFFS *	$0.00					
Polk	Sierra Optima	Sierra Optima Plus (H4449-009)	PFFS *	$53.10					
Polk	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Polk	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Polk	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Polk	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Polk	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Polk	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Polk	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Polk	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Polk	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Polk	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Polk	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Polk	WellCare	Concert (H1340-013)	PFFS	$0.00	$0.00	$0	Enhanced		•
Polk	WellCare	Summit (H1340-006)	PFFS	$91.00	$0.00	$0	Enhanced		•
Sherman	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					

Oregon 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
Sherman	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Sherman	Clear Choice Health Plans	Clear Choice Value Plan (H3864-002)	Local HMO *	$57.00					
Sherman	Clear Choice Health Plans	Clear Choice Traditional Plan (H3864-001)	Local HMO *	$89.00					
Sherman	Clear Choice Health Plans	Clear Choice Value Advantage (H3864-006)	Local HMO	$98.00	$28.70	$0	Basic		•
Sherman	Clear Choice Health Plans	Clear Choice Traditional Advantage (H3864-007)	Local HMO	$124.00	$36.10	$0	Basic		•
Sherman	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Sherman	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Sherman	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Sherman	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Sherman	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Sherman	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Sherman	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Sherman	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Sherman	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Sherman	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Sherman	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Sherman	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Sherman	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Sherman	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Sherman	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Sherman	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Sherman	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Sherman	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Sherman	WellCare	Concert (H1340-013)	PFFS	$0.00	$0.00	$0	Enhanced		•
Sherman	WellCare	Summit (H1340-006)	PFFS	$91.00	$0.00	$0	Enhanced		•
Tillamook	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Tillamook	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Tillamook	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Tillamook	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Tillamook	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five (H3851-007)	Cost *	$58.00					
Tillamook	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five Plus (H3851-008)	Cost *	$68.00					
Tillamook	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Tillamook	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Tillamook	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Tillamook	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Tillamook	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Tillamook	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Tillamook	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Tillamook	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Umatilla	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Umatilla	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Umatilla	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Umatilla	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Umatilla	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Umatilla	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Umatilla	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Umatilla	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Umatilla	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Umatilla	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Umatilla	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Umatilla	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Umatilla	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Umatilla	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Umatilla	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					

Oregon 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
Umatilla	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Umatilla	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Umatilla	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Umatilla	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Umatilla	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Umatilla	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Umatilla	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Umatilla	WellCare	Concert (H1340-013)	PFFS	$0.00	$0.00	$0	Enhanced		•
Umatilla	WellCare	Duet (H1340-004)	PFFS *	$0.00					
Umatilla	WellCare	Summit (H1340-007)	PFFS	$121.00	$0.00	$0	Enhanced		•
Union	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Union	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Union	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Union	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Union	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Union	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Union	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	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 Premier (H5421-039)	PFFS *	$0.00					
Union	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Union	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Union	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Union	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Union	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Union	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Union	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Union	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Union	WellCare	Concert (H1340-013)	PFFS	$0.00	$0.00	$0	Enhanced		•
Union	WellCare	Summit (H1340-006)	PFFS	$91.00	$0.00	$0	Enhanced		•
Wallowa	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Wallowa	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Wallowa	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Wallowa	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Wallowa	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Wallowa	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Wallowa	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Wallowa	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Wallowa	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Wallowa	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Wallowa	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Wallowa	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Wallowa	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Wallowa	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Wallowa	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Wallowa	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Wallowa	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	$35.00					
Wallowa	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	$46.00	$18.50	$0	Enhanced		•
Wallowa	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	$60.00					
Wallowa	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	$91.00	$28.20	$0	Enhanced	Generics	•

Oregon 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
Wasco	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Wasco	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Wasco	Clear Choice Health Plans	Clear Choice Value Plan (H3864-002)	Local HMO *	$57.00					
Wasco	Clear Choice Health Plans	Clear Choice Traditional Plan (H3864-001)	Local HMO *	$89.00					
Wasco	Clear Choice Health Plans	Clear Choice Value Advantage (H3864-006)	Local HMO	$98.00	$28.70	$0	Basic		•
Wasco	Clear Choice Health Plans	Clear Choice Traditional Advantage (H3864-007)	Local HMO	$124.00	$36.10	$0	Basic		•
Wasco	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Wasco	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Wasco	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Wasco	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Wasco	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Wasco	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Wasco	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Wasco	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Wasco	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Wasco	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Wasco	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Wasco	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Wasco	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Wasco	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Wasco	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Wasco	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Wasco	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Wasco	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Wasco	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Washington	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Washington	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Washington	FamilyCare Health Plans, Inc.	PremierCare Choice (H3818-004)	Local HMO *	$0.00					
Washington	FamilyCare Health Plans, Inc.	PremierCare Choice Rx (H3818-003)	Local HMO	$28.70	$28.70	$265	Basic		
Washington	FamilyCare Health Plans, Inc.	PremierCare Advantage Rx (H3818-001)	Local HMO	$61.00	$34.60	$145	Basic		•
Washington	Health Net Medicare Advantage	Health Net Violet Option 2 (H5520-005)	Local PPO	$18.00	$16.00	$0	Basic		•
Washington	Health Net Medicare Advantage	Health Net Aqua (H5520-001)	Local PPO *	$53.00					
Washington	Health Net Medicare Advantage	Health Net Violet Option 1 (H5520-002)	Local PPO	$67.00	$21.40	$0	Enhanced		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Washington	Kaiser Foundation Health Plan of the NW	Senior Advantage (H9003-001)	Local HMO	$108.00	$10.00	$0	Basic		•
Washington	Kaiser Foundation Health Plan of the NW	Senior Advantage II (H9103-001)	Demo	$289.00	$91.00	$0	Enhanced	Generics and Brands	•
Washington	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Washington	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Washington	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Washington	Providence Health Plan	Providence Medicare Choice (H9047-035)	Local HMO *	$25.00					
Washington	Providence Health Plan	Providence Medicare Choice + RX (H9047-024)	Local HMO	$42.40	$17.40	$0	Basic		•
Washington	Providence Health Plan	Providence Medicare Extra Plan 1 (H9047-033)	Local HMO *	$85.00					
Washington	Providence Health Plan	Providence Medicare Extra Plan 1 + RX (H9047-001)	Local HMO	$102.40	$17.40	$0	Basic		•
Washington	Regence BlueCross BlueShield of Oregon	MedAdvantage (H3817-001)	Local PPO *	$45.00					
Washington	Regence BlueCross BlueShield of Oregon	MedAdvantage + Rx (H3817-002)	Local PPO	$72.50	$27.40	$265	Basic		•
Washington	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five (H3856-010)	Local HMO *	$80.00					
Washington	Regence BlueCross BlueShield of Oregon	MedAdvantage + Rx Enhanced (H3817-003)	Local PPO	$81.50	$36.40	$0	Enhanced	Generics	•
Washington	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five + Rx (H3856-016)	Local HMO	$109.50	$29.50	$265	Basic		•
Washington	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H3805-011)	Local HMO *	$49.00					
Washington	Secure Horizons Medicare Advantage Plan	MedicareComplete (H3805-001)	Local HMO	$60.00	$8.00	$0	Enhanced		•
Washington	SecureHorizons	MedicareComplete Choice Plan 1 (H3812-001)	Local PPO	$0.00	$0.00	$0	Enhanced		•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Washington	SecureHorizons	MedicareComplete Choice Plan 2 (H3812-003)	Local PPO *	$0.00					
Washington	SecureHorizons	MedicareComplete Plus Plan 1 (H1286-004)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Washington	SecureHorizons	MedicareComplete Plus Plan 2 (H1286-005)	Local HMO *	$0.00					
Washington	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	$0.00	$0.00	$0	Enhanced		•
Washington	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	$0.00					
Washington	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	$99.00					
Washington	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Washington	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Washington	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Washington	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Washington	Today's Option	Today's Options Premier (H5421-039)	PFFS *	$0.00					
Washington	Today's Option	Today's Options Value (H5421-038)	PFFS *	$0.00					
Washington	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	$10.00	$10.00	$0	Basic		•
Washington	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	$45.00	$44.90	$0	Enhanced	Generics	•
Washington	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Washington	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Washington	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Washington	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Washington	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Washington	WellCare	Concert (H1340-013)	PFFS	$0.00	$0.00	$0	Enhanced		•
Washington	WellCare	Duet (H1340-004)	PFFS *	$0.00					
Washington	WellCare	Summit (H1340-006)	PFFS	$91.00	$0.00	$0	Enhanced		•
Wheeler	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Wheeler	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	$80.00	$21.80	$265	Basic		
Wheeler	Clear Choice Health Plans	Clear Choice Value Plan (H3864-002)	Local HMO *	$57.00					
Wheeler	Clear Choice Health Plans	Clear Choice Traditional Plan (H3864-001)	Local HMO *	$89.00					
Wheeler	Clear Choice Health Plans	Clear Choice Value Advantage (H3864-006)	Local HMO	$98.00	$28.70	$0	Basic		•
Wheeler	Clear Choice Health Plans	Clear Choice Traditional Advantage (H3864-007)	Local HMO	$124.00	$36.10	$0	Basic		•
Wheeler	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Wheeler	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•
Wheeler	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Wheeler	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Wheeler	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Wheeler	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Wheeler	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Wheeler	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Wheeler	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Wheeler	Today's Option	Today's Options Value (H5421-035)	PFFS *	$12.00					
Wheeler	Today's Option	Today's Options Premier (H5421-037)	PFFS *	$35.00					
Wheeler	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	$44.00	$31.90	$0	Basic		•
Wheeler	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	$80.00	$44.90	$0	Enhanced	Generics	•
Wheeler	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Wheeler	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	$35.00					
Wheeler	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	$46.00	$18.50	$0	Enhanced		•
Wheeler	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	$60.00					
Wheeler	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	$91.00	$28.20	$0	Enhanced	Generics	•
Yamhill	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Yamhill	Health Net Medicare Advantage	Health Net Violet Option 2 (H5520-005)	Local PPO	$18.00	$16.00	$0	Basic		•
Yamhill	Health Net Medicare Advantage	Health Net Aqua (H5520-001)	Local PPO *	$53.00					
Yamhill	Health Net Medicare Advantage	Health Net Violet Option 1 (H5520-002)	Local PPO	$67.00	$21.40	$0	Enhanced		•
Yamhill	Humana Insurance Company	Humana Gold Choice PFFS H1804-262 (H1804-262)	PFFS	$22.00	$12.60	$265	Basic		
Yamhill	Humana Insurance Company	Humana Gold Choice PFFS H1804-260 (H1804-260)	PFFS	$32.00	$22.30	$0	Enhanced		•

Oregon 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
Yamhill	Humana Insurance Company	Humana Gold Choice PFFS H1804-261 (H1804-261)	PFFS	$52.00	$22.30	$0	Enhanced		•
Yamhill	Kaiser Foundation Health Plan of the NW	Senior Advantage (H9003-001)	Local HMO	$108.00	$10.00	$0	Basic		•
Yamhill	Kaiser Foundation Health Plan of the NW	Senior Advantage II (H9103-001)	Demo	$289.00	$91.00	$0	Enhanced	Generics and Brands	•
Yamhill	ODS Advantage	ODS Advantage PPO (H3813-001)	Local PPO *	$44.10					
Yamhill	ODS Advantage	ODS Advantage PPOrx (H3813-002)	Local PPO	$80.90	$29.00	$265	Basic		
Yamhill	ODS Advantage	ODS Advantage PPOrx Select (H3813-003)	Local PPO	$99.50	$47.60	$0	Enhanced	Generics	
Yamhill	Providence Health Plan	Providence Medicare Choice (H9047-035)	Local HMO *	$25.00					
Yamhill	Providence Health Plan	Providence Medicare Choice + RX (H9047-024)	Local HMO	$42.40	$17.40	$0	Basic		•
Yamhill	Providence Health Plan	Providence Medicare Extra Plan 1 (H9047-033)	Local HMO *	$85.00					
Yamhill	Providence Health Plan	Providence Medicare Extra Plan 1 + RX (H9047-001)	Local HMO	$102.40	$17.40	$0	Basic		•
Yamhill	Regence BlueCross BlueShield of Oregon	MedAdvantage (H3817-001)	Local PPO *	$45.00					
Yamhill	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five (H3851-007)	Cost *	$58.00					
Yamhill	Regence BlueCross BlueShield Of Oregon	Preferred Choice Sixty-Five Plus (H3851-008)	Cost *	$68.00					
Yamhill	Regence BlueCross BlueShield of Oregon	MedAdvantage + Rx (H3817-002)	Local PPO	$72.50	$27.40	$265	Basic		•
Yamhill	Regence BlueCross BlueShield of Oregon	MedAdvantage + Rx Enhanced (H3817-003)	Local PPO	$81.50	$36.40	$0	Enhanced	Generics	•
Yamhill	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Yamhill	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Yamhill	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Yamhill	Today's Option	Today's Options Value (H5421-032)	PFFS *	$48.00					
Yamhill	Today's Option	Today's Options Premier (H5421-034)	PFFS *	$72.00					
Yamhill	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	$80.00	$31.90	$0	Basic		•
Yamhill	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	$117.00	$44.90	$0	Enhanced	Generics	•
Yamhill	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					