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Pennsylvania

2007

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Pennsylvania 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Adams	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Adams	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-012)	Local PPO *	$11.00					
Adams	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-004)	Local PPO	$33.10	$19.70	$0	Enhanced		•
Adams	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-016)	Local PPO	$71.80	$35.30	$0	Enhanced	Generics	•
Adams	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-020)	Local PPO	$106.80	$35.30	$0	Enhanced	Generics	•
Adams	Highmark Inc.	FreedomBlue PPO Basic Rx East Central PA (H3916-018)	Local PPO	$0.00	$0.00	$0	Basic		•
Adams	Highmark Inc.	FreedomBlue PPO Value East Central PA (H3916-012)	Local PPO *	$23.00					
Adams	Highmark Inc.	FreedomBlue PPO Standard East Central PA (H3916-015)	Local PPO	$66.00	$17.50	$0	Basic		•
Adams	Highmark Inc.	FreedomBlue PPO Deluxe East Central PA (H3916-005)	Local PPO	$94.00	$35.30	$0	Enhanced	Generics	•
Adams	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Adams	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Adams	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Adams	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Adams	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Adams	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Adams	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Adams	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Adams	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Adams	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Adams	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Adams	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Adams	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Adams	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Adams	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Adams	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Adams	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Adams	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Adams	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Adams	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Adams	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Adams	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Allegheny	Advantra PPO	Advantra PPO Gold (H5522-001)	Local PPO	$93.00	$10.90	$0	Enhanced	Generics	•
Allegheny	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Allegheny	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Allegheny	Bravo by Elder Health	Bravo Classic I (H3949-012)	Local HMO	$60.00	$10.20	$0	Basic		•
Allegheny	Fresenius Medical Health Plan, Inc. - Pennsylvania	FRESENIUS MEDICAL CARE HEALTH PLAN (H5606-001)	Demo *	$0.00					
Allegheny	HealthAmerica Advantra	Advantra Bronze (H3959-023)	Local HMO	$0.00	$0.00	$0	Basic		•
Allegheny	HealthAmerica Advantra	Advantra MA Only (H3959-013)	Local HMO *	$26.00					
Allegheny	HealthAmerica Advantra	Advantra Silver (H3959-010)	Local HMO	$39.00	$6.50	$0	Basic		•
Allegheny	HealthAmerica Advantra	Advantra Gold (H3959-001)	Local HMO	$71.00	$10.90	$0	Enhanced	Generics	•
Allegheny	Highmark Inc.	FreedomBlue PPO HD Rx Southwestern PA (H3916-019)	Local PPO	$0.00	$0.00	$0	Basic		•
Allegheny	Highmark Inc.	FreedomBlue Classic PPO Southwestern PA (H3916-001)	Local PPO	$115.00	$17.50	$0	Basic		•
Allegheny	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Allegheny	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Allegheny	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Allegheny	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA (H3957-024)	Local HMO *	$25.00					
Allegheny	Keystone Health Plan West, Inc.	SecurityBlue Standard Southwestern PA (H3957-003)	Local HMO	$63.00	$18.60	$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
Allegheny	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Southwestern PA (H3957-020)	Local HMO	$124.00	$30.50	$0	Enhanced	Generics	•
Allegheny	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Allegheny	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Allegheny	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Allegheny	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Allegheny	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Allegheny	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Allegheny	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Allegheny	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Allegheny	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Allegheny	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Allegheny	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Allegheny	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Allegheny	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Allegheny	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Allegheny	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Allegheny	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Armstrong	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Armstrong	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Armstrong	HealthAmerica Advantra	Advantra Silver (H3959-015)	Local HMO	$30.00	$6.50	$0	Basic		•
Armstrong	HealthAmerica Advantra	Advantra Gold (H3959-008)	Local HMO	$60.00	$10.90	$0	Enhanced	Generics	•
Armstrong	Highmark Inc.	FreedomBlue PPO HD Rx Southwestern PA (H3916-019)	Local PPO	$0.00	$0.00	$0	Basic		•
Armstrong	Highmark Inc.	FreedomBlue Classic PPO Southwestern PA (H3916-001)	Local PPO	$115.00	$17.50	$0	Basic		•
Armstrong	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Armstrong	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Armstrong	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Armstrong	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA (H3957-024)	Local HMO *	$25.00					
Armstrong	Keystone Health Plan West, Inc.	SecurityBlue Standard Southwestern PA (H3957-003)	Local HMO	$63.00	$18.60	$0	Basic		•
Armstrong	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Southwestern PA (H3957-020)	Local HMO	$124.00	$30.50	$0	Enhanced	Generics	•
Armstrong	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Armstrong	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Armstrong	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Armstrong	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Armstrong	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Armstrong	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Armstrong	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Armstrong	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Armstrong	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Armstrong	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Armstrong	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Armstrong	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Armstrong	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Armstrong	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Armstrong	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Armstrong	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Beaver	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Beaver	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Beaver	Fresenius Medical Health Plan, Inc. - Pennsylvania	FRESENIUS MEDICAL CARE HEALTH PLAN (H5606-001)	Demo *	$0.00					
Beaver	HealthAmerica Advantra	Advantra Silver (H3959-015)	Local HMO	$30.00	$6.50	$0	Basic		•
Beaver	HealthAmerica Advantra	Advantra Gold (H3959-008)	Local HMO	$60.00	$10.90	$0	Enhanced	Generics	•

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Beaver	Highmark Inc.	FreedomBlue PPO HD Rx Southwestern PA (H3916-019)	Local PPO	$0.00	$0.00	$0	Basic		•
Beaver	Highmark Inc.	FreedomBlue Classic PPO Southwestern PA (H3916-001)	Local PPO	$115.00	$17.50	$0	Basic		•
Beaver	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Beaver	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Beaver	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Beaver	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA (H3957-024)	Local HMO *	$25.00					
Beaver	Keystone Health Plan West, Inc.	SecurityBlue Standard Southwestern PA (H3957-003)	Local HMO	$63.00	$18.60	$0	Basic		•
Beaver	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Southwestern PA (H3957-020)	Local HMO	$124.00	$30.50	$0	Enhanced	Generics	•
Beaver	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Beaver	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Beaver	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Beaver	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Beaver	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Beaver	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Beaver	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Beaver	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Beaver	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Beaver	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Beaver	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Beaver	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Beaver	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Beaver	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Beaver	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Beaver	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Beaver	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Beaver	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Beaver	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Beaver	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Bedford	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Bedford	Highmark Inc.	FreedomBlue PPO HD Rx West Central PA (H3916-020)	Local PPO	$0.00	$0.00	$0	Basic		•
Bedford	Highmark Inc.	FreedomBlue Classic PPO West Central PA (H3916-002)	Local PPO	$100.00	$17.50	$0	Basic		•
Bedford	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Bedford	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Bedford	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Bedford	Keystone Health Plan West, Inc.	SecurityBlue Value Bedford/Blair/Somerset (H3957-025)	Local HMO *	$38.00					
Bedford	Keystone Health Plan West, Inc.	SecurityBlue Standard Bedford/Blair/Somers (H3957-006)	Local HMO	$82.00	$18.60	$0	Basic		•
Bedford	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Bedford/Blair/Somerset (H3957-021)	Local HMO	$110.00	$30.50	$0	Enhanced	Generics	•
Bedford	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Bedford	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Bedford	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Bedford	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Bedford	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Bedford	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Bedford	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Bedford	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Bedford	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Bedford	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					

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Bedford	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Bedford	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Bedford	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Berks	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Berks	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Berks	Aetna Medicare	Aetna Golden Medicare Value Plan (H3931-066)	Local HMO *	$0.00					
Berks	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3931-067)	Local HMO	$37.00	$15.90	$0	Basic		•
Berks	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3931-068)	Local HMO	$97.00	$47.30	$0	Enhanced	Generics	•
Berks	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-010)	Local PPO *	$8.00					
Berks	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-002)	Local PPO	$30.10	$19.70	$0	Enhanced		•
Berks	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-014)	Local PPO	$66.80	$35.30	$0	Enhanced	Generics	•
Berks	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-018)	Local PPO	$111.80	$35.30	$0	Enhanced	Generics	•
Berks	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-098)	Local HMO *	$0.00					
Berks	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-099)	Local HMO	$21.00	$21.00	$265	Basic		
Berks	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-100)	Local HMO	$22.00	$22.00	$0	Basic		•
Berks	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-101)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Berks	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-077)	Local HMO *	$48.00					
Berks	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-078)	Local HMO	$69.00	$21.00	$265	Basic		
Berks	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-079)	Local HMO	$70.00	$22.00	$0	Basic		•
Berks	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-080)	Local HMO	$82.00	$34.00	$0	Enhanced		•
Berks	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice (H5812-002)	PFFS *	$54.00					
Berks	Geisinger Health Plan Gold Choice	GHP Gold Choice Standard Rx (H5812-011)	PFFS	$75.00	$21.00	$265	Basic		
Berks	Geisinger Health Plan Gold Choice	GHP Gold Choice $0 Deductible Rx (H5812-012)	PFFS	$76.00	$22.00	$0	Basic		•
Berks	Geisinger Health Plan Gold Choice	GHP Gold Choice Enhanced Rx (H5812-013)	PFFS	$88.00	$34.00	$0	Enhanced		•
Berks	HealthAmerica Advantra	Advantra Silver (H3959-018)	Local HMO	$22.00	$6.50	$0	Basic		•
Berks	HealthAmerica Advantra	Advantra Gold (H3959-017)	Local HMO	$67.00	$16.30	$0	Enhanced	Generics	•
Berks	Highmark Inc.	FreedomBlue PPO Basic Rx East Central PA (H3916-018)	Local PPO	$0.00	$0.00	$0	Basic		•
Berks	Highmark Inc.	FreedomBlue PPO Value East Central PA (H3916-012)	Local PPO *	$23.00					
Berks	Highmark Inc.	FreedomBlue PPO Standard East Central PA (H3916-015)	Local PPO	$66.00	$17.50	$0	Basic		•
Berks	Highmark Inc.	FreedomBlue PPO Deluxe East Central PA (H3916-005)	Local PPO	$94.00	$35.30	$0	Enhanced	Generics	•
Berks	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Berks	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Berks	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Berks	Keystone Health Plan Central, Inc.	Senior Blue Option 4 (H3962-011)	Local HMO *	$8.00					
Berks	Keystone Health Plan Central, Inc.	SeniorBlue Option 3 (H3962-008)	Local HMO	$30.10	$19.70	$0	Enhanced		•
Berks	Keystone Health Plan Central, Inc.	SeniorBlue Option 2 (H3962-005)	Local HMO	$61.80	$35.30	$0	Enhanced	Generics	•
Berks	Keystone Health Plan Central, Inc.	SeniorBlue Option 1 (H3962-002)	Local HMO	$101.80	$35.30	$0	Enhanced	Generics	•
Berks	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Berks	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Berks	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Berks	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Berks	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Berks	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Berks	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Berks	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Berks	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Berks	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Berks	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Berks	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					

Pennsylvania 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
Berks	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Berks	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Berks	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Berks	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Berks	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Berks	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Berks	WellCare	Freedom (H4577-011)	PFFS	$0.00	$0.00	$0	Enhanced		•
Berks	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Berks	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
Blair	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-102)	Local HMO *	$0.00					
Blair	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-103)	Local HMO	$21.00	$21.00	$265	Basic		
Blair	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-104)	Local HMO	$22.00	$22.00	$0	Basic		•
Blair	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-015)	Local HMO *	$31.00					
Blair	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-105)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Blair	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-056)	Local HMO	$52.00	$21.00	$265	Basic		
Blair	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-057)	Local HMO	$53.00	$22.00	$0	Basic		•
Blair	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-058)	Local HMO	$65.00	$34.00	$0	Enhanced		•
Blair	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-025)	Local PPO *	$90.00					
Blair	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-026)	Local PPO	$111.00	$21.00	$265	Basic		
Blair	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-027)	Local PPO	$112.00	$22.00	$0	Basic		•
Blair	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-028)	Local PPO	$124.00	$34.00	$0	Enhanced		•
Blair	Highmark Inc.	FreedomBlue PPO HD Rx West Central PA (H3916-020)	Local PPO	$0.00	$0.00	$0	Basic		•
Blair	Highmark Inc.	FreedomBlue Classic PPO West Central PA (H3916-002)	Local PPO	$100.00	$17.50	$0	Basic		•
Blair	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Blair	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Blair	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Blair	Keystone Health Plan West, Inc.	SecurityBlue Value Bedford/Blair/Somerset (H3957-025)	Local HMO *	$38.00					
Blair	Keystone Health Plan West, Inc.	SecurityBlue Standard Bedford/Blair/Somers (H3957-006)	Local HMO	$82.00	$18.60	$0	Basic		•
Blair	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Bedford/Blair/Somerset (H3957-021)	Local HMO	$110.00	$30.50	$0	Enhanced	Generics	•
Blair	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Blair	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Blair	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Blair	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Blair	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Blair	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Blair	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Blair	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Blair	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Blair	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Blair	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Blair	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Blair	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Blair	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Blair	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Bradford	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice (H5812-003)	PFFS *	$0.00					
Bradford	Geisinger Health Plan Gold Choice	GHP Gold Choice Standard Rx (H5812-014)	PFFS	$21.00	$21.00	$265	Basic		
Bradford	Geisinger Health Plan Gold Choice	GHP Gold Choice $0 Deductible Rx (H5812-015)	PFFS	$22.00	$22.00	$0	Basic		•
Bradford	Geisinger Health Plan Gold Choice	GHP Gold Choice Enhanced Rx (H5812-016)	PFFS	$34.00	$34.00	$0	Enhanced		•
Bradford	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Bradford	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Bradford	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Bradford	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Bradford	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Bradford	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 54 (H5435-013)	PFFS	$10.00	$10.00	$0	Enhanced		•
Bradford	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Bradford	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Bradford	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Bradford	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Bradford	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Bradford	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Bradford	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Bradford	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Bradford	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Bradford	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Bradford	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Bradford	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Bradford	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Bradford	WellCare	Concert (H4577-012)	PFFS	$0.00	$0.00	$0	Enhanced		•
Bradford	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Bradford	WellCare	Summit (H4577-005)	PFFS	$91.00	$0.00	$0	Enhanced		•
Bucks	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Bucks	Aetna Medicare	Aetna Golden Medicare Value Plan (H3931-055)	Local HMO *	$15.00					
Bucks	Aetna Medicare	Aetna Golden Medicare Special Plan (H3931-063)	Local HMO	$15.90	$15.90	$0	Basic		•
Bucks	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3931-064)	Local HMO	$47.00	$18.60	$0	Enhanced	Generics	•
Bucks	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3931-004)	Local HMO	$111.00	$47.60	$0	Enhanced	Generics	•
Bucks	Aetna Medicare	Aetna Golden Choice Standard Plan (H5521-005)	Local PPO	$121.00	$19.40	$0	Basic		•
Bucks	Aetna Medicare	Aetna Golden Choice Premier Plan (H5521-006)	Local PPO	$177.00	$61.20	$0	Enhanced	Generics	•
Bucks	Bravo by Elder Health	Bravo Classic III (H3949-002)	Local HMO	$0.00	$0.00	$0	Basic		•
Bucks	Bravo by Elder Health	Bravo Classic II (H3949-013)	Local HMO	$39.00	$18.30	$0	Basic		•
Bucks	Bravo by Elder Health	Bravo Classic I (H3949-012)	Local HMO	$60.00	$10.20	$0	Basic		•
Bucks	Fresenius Medical Health Plan, Inc. - Pennsylvania	FRESENIUS MEDICAL CARE HEALTH PLAN (H5606-001)	Demo *	$0.00					
Bucks	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Bucks	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Bucks	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Bucks	Keystone 65	Keystone 65 Value Medical Only (H3952-026)	Local HMO *	$15.00					
Bucks	Keystone 65	Keystone 65 Value Rx Option I (H3952-040)	Local HMO	$59.00	$44.00	$265	Basic		
Bucks	Keystone 65	Keystone 65 Standard Medical Only (H3952-008)	Local HMO *	$87.00					
Bucks	Keystone 65	Keystone 65 Direct Medical Only (H3952-030)	Local HMO *	$133.00					
Bucks	Keystone 65	Keystone 65 Standard Rx Option II (H3952-020)	Local HMO	$133.70	$46.70	$0	Basic		•
Bucks	Keystone 65	Keystone 65 Direct Rx Option II (H3952-032)	Local HMO	$179.70	$46.70	$0	Basic		•
Bucks	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Bucks	Personal Choice 65	Personal Choice 65 Standard Medical Only (H3909-007)	Local PPO *	$185.00					
Bucks	Personal Choice 65	Personal Choice 65 Standard Rx Option II (H3909-001)	Local PPO	$231.70	$46.70	$0	Basic		•
Bucks	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Bucks	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Bucks	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Bucks	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Bucks	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Bucks	Today's Option	Today's Options Value (H3333-023)	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
Bucks	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Bucks	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Bucks	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Bucks	United HealthCare Insurance Company	Erickson Advantage Signature without Drugs (H5697-002)	Demo *	$90.00					
Bucks	United HealthCare Insurance Company	Erickson Advantage Signature with Drugs (H5697-001)	Demo	$126.00	$19.70	$0	Enhanced		•
Bucks	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Butler	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Butler	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Butler	Fresenius Medical Health Plan, Inc. - Pennsylvania	FRESENIUS MEDICAL CARE HEALTH PLAN (H5606-001)	Demo *	$0.00					
Butler	HealthAmerica Advantra	Advantra Silver (H3959-015)	Local HMO	$30.00	$6.50	$0	Basic		•
Butler	HealthAmerica Advantra	Advantra Gold (H3959-008)	Local HMO	$60.00	$10.90	$0	Enhanced	Generics	•
Butler	Highmark Inc.	FreedomBlue PPO HD Rx Southwestern PA (H3916-019)	Local PPO	$0.00	$0.00	$0	Basic		•
Butler	Highmark Inc.	FreedomBlue Classic PPO Southwestern PA (H3916-001)	Local PPO	$115.00	$17.50	$0	Basic		•
Butler	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Butler	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Butler	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Butler	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA (H3957-024)	Local HMO *	$25.00					
Butler	Keystone Health Plan West, Inc.	SecurityBlue Standard Southwestern PA (H3957-003)	Local HMO	$63.00	$18.60	$0	Basic		•
Butler	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Southwestern PA (H3957-020)	Local HMO	$124.00	$30.50	$0	Enhanced	Generics	•
Butler	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Butler	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Butler	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Butler	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Butler	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Butler	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Butler	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Butler	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Butler	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Butler	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Butler	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Butler	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Butler	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Butler	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Butler	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Cambria	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-102)	Local HMO *	$0.00					
Cambria	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-103)	Local HMO	$21.00	$21.00	$265	Basic		
Cambria	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-104)	Local HMO	$22.00	$22.00	$0	Basic		•
Cambria	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-015)	Local HMO *	$31.00					
Cambria	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-105)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Cambria	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-056)	Local HMO	$52.00	$21.00	$265	Basic		
Cambria	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-057)	Local HMO	$53.00	$22.00	$0	Basic		•
Cambria	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-058)	Local HMO	$65.00	$34.00	$0	Enhanced		•
Cambria	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-025)	Local PPO *	$90.00					
Cambria	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-026)	Local PPO	$111.00	$21.00	$265	Basic		
Cambria	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-027)	Local PPO	$112.00	$22.00	$0	Basic		•
Cambria	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-028)	Local PPO	$124.00	$34.00	$0	Enhanced		•
Cambria	Highmark Inc.	FreedomBlue PPO HD Rx Southwestern PA (H3916-019)	Local PPO	$0.00	$0.00	$0	Basic		•

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Cambria	Highmark Inc.	FreedomBlue Classic PPO Southwestern PA (H3916-001)	Local PPO	$115.00	$17.50	$0	Basic		•
Cambria	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Cambria	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Cambria	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Cambria	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA (H3957-024)	Local HMO *	$25.00					
Cambria	Keystone Health Plan West, Inc.	SecurityBlue Standard Southwestern PA (H3957-003)	Local HMO	$63.00	$18.60	$0	Basic		•
Cambria	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Southwestern PA (H3957-020)	Local HMO	$124.00	$30.50	$0	Enhanced	Generics	•
Cambria	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Cambria	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Cambria	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Cambria	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Cambria	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Cambria	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Cambria	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Cambria	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Cambria	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Cambria	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cambria	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Cambria	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Cambria	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Cambria	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Cambria	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Cameron	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	$80.00	$21.80	$265	Basic		
Cameron	Highmark Inc.	FreedomBlue PPO HD Rx West Central PA (H3916-020)	Local PPO	$0.00	$0.00	$0	Basic		•
Cameron	Highmark Inc.	FreedomBlue Classic PPO West Central PA (H3916-002)	Local PPO	$100.00	$17.50	$0	Basic		•
Cameron	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Cameron	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Cameron	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Cameron	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Cameron	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Cameron	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Cameron	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Cameron	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Cameron	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Cameron	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Cameron	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Cameron	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Cameron	UPMC Health Plan	UPMC for Life PFFS (PA) (H1254-001)	PFFS *	$8.80					
Carbon	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Carbon	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Carbon	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-102)	Local HMO *	$0.00					
Carbon	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-103)	Local HMO	$21.00	$21.00	$265	Basic		
Carbon	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-104)	Local HMO	$22.00	$22.00	$0	Basic		•
Carbon	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-105)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Carbon	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-018)	Local HMO *	$40.00					
Carbon	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-059)	Local HMO	$61.00	$21.00	$265	Basic		
Carbon	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-060)	Local HMO	$62.00	$22.00	$0	Basic		•
Carbon	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-061)	Local HMO	$74.00	$34.00	$0	Enhanced		•
Carbon	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-029)	Local PPO *	$95.00					
Carbon	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-030)	Local PPO	$116.00	$21.00	$265	Basic		
Carbon	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-031)	Local PPO	$117.00	$22.00	$0	Basic		•

Pennsylvania 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
Carbon	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-032)	Local PPO	$129.00	$34.00	$0	Enhanced		•
Carbon	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Carbon	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Carbon	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Carbon	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Carbon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Carbon	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Carbon	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Carbon	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Carbon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Carbon	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Carbon	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Carbon	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Carbon	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Carbon	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Carbon	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Carbon	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Carbon	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Carbon	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Centre	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Centre	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Centre	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-011)	Local PPO *	$11.00					
Centre	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-003)	Local PPO	$33.10	$19.70	$0	Enhanced		•
Centre	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-015)	Local PPO	$76.80	$35.30	$0	Enhanced	Generics	•
Centre	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-019)	Local PPO	$121.80	$35.30	$0	Enhanced	Generics	•
Centre	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice (H5812-004)	PFFS *	$30.00					
Centre	Geisinger Health Plan Gold Choice	GHP Gold Choice Standard Rx (H5812-017)	PFFS	$51.00	$21.00	$265	Basic		
Centre	Geisinger Health Plan Gold Choice	GHP Gold Choice $0 Deductible Rx (H5812-018)	PFFS	$52.00	$22.00	$0	Basic		•
Centre	Geisinger Health Plan Gold Choice	GHP Gold Choice Enhanced Rx (H5812-019)	PFFS	$64.00	$34.00	$0	Enhanced		•
Centre	HealthAmerica Advantra	Advantra Silver (H3959-021)	Local HMO	$21.00	$6.50	$0	Basic		•
Centre	HealthAmerica Advantra	Advantra Gold (H3959-006)	Local HMO	$64.00	$16.30	$0	Enhanced	Generics	•
Centre	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Centre	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Centre	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Centre	Keystone Health Plan Central, Inc.	SeniorBlue Option 4 (H3962-012)	Local HMO *	$16.00					
Centre	Keystone Health Plan Central, Inc.	SeniorBlue Option 3 (H3962-009)	Local HMO	$38.10	$19.70	$0	Enhanced		•
Centre	Keystone Health Plan Central, Inc.	SeniorBlue Option 2 (H3962-006)	Local HMO	$66.80	$35.30	$0	Enhanced	Generics	•
Centre	Keystone Health Plan Central, Inc.	SeniorBlue Option 1 (H3962-003)	Local HMO	$111.80	$35.30	$0	Enhanced	Generics	•
Centre	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Centre	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Centre	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Centre	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Centre	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Centre	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Centre	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Centre	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Centre	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Centre	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Centre	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Centre	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Centre	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Centre	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Centre	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Centre	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•

Pennsylvania 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
Centre	UPMC Health Plan	UPMC for Life PFFS (PA) (H1254-001)	PFFS *	$8.80					
Centre	WellCare	Concert (H4577-012)	PFFS	$0.00	$0.00	$0	Enhanced		•
Centre	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Centre	WellCare	Summit (H4577-006)	PFFS	$121.00	$0.00	$0	Enhanced		•
Chester	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Chester	Aetna Medicare	Aetna Golden Medicare Value Plan (H3931-055)	Local HMO *	$15.00					
Chester	Aetna Medicare	Aetna Golden Medicare Special Plan (H3931-063)	Local HMO	$15.90	$15.90	$0	Basic		•
Chester	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3931-064)	Local HMO	$47.00	$18.60	$0	Enhanced	Generics	•
Chester	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3931-004)	Local HMO	$111.00	$47.60	$0	Enhanced	Generics	•
Chester	Aetna Medicare	Aetna Golden Choice Standard Plan (H5521-005)	Local PPO	$121.00	$19.40	$0	Basic		•
Chester	Aetna Medicare	Aetna Golden Choice Premier Plan (H5521-006)	Local PPO	$177.00	$61.20	$0	Enhanced	Generics	•
Chester	Fresenius Medical Health Plan, Inc. - Pennsylvania	FRESENIUS MEDICAL CARE HEALTH PLAN (H5606-001)	Demo *	$0.00					
Chester	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Chester	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Chester	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Chester	Keystone 65	Keystone 65 Value Medical Only (H3952-026)	Local HMO *	$15.00					
Chester	Keystone 65	Keystone 65 Value Rx Option I (H3952-040)	Local HMO	$59.00	$44.00	$265	Basic		
Chester	Keystone 65	Keystone 65 Standard Medical Only (H3952-008)	Local HMO *	$87.00					
Chester	Keystone 65	Keystone 65 Direct Medical Only (H3952-030)	Local HMO *	$133.00					
Chester	Keystone 65	Keystone 65 Standard Rx Option II (H3952-020)	Local HMO	$133.70	$46.70	$0	Basic		•
Chester	Keystone 65	Keystone 65 Direct Rx Option II (H3952-032)	Local HMO	$179.70	$46.70	$0	Basic		•
Chester	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Chester	Personal Choice 65	Personal Choice 65 Standard Medical Only (H3909-007)	Local PPO *	$185.00					
Chester	Personal Choice 65	Personal Choice 65 Standard Rx Option II (H3909-001)	Local PPO	$231.70	$46.70	$0	Basic		•
Chester	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Chester	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Chester	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Chester	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Chester	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Chester	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Chester	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Chester	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Clarion	Highmark Inc.	FreedomBlue PPO HD Rx West Central PA (H3916-020)	Local PPO	$0.00	$0.00	$0	Basic		•
Clarion	Highmark Inc.	FreedomBlue Classic PPO West Central PA (H3916-002)	Local PPO	$100.00	$17.50	$0	Basic		•
Clarion	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Clarion	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Clarion	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Clarion	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Clarion	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Clarion	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Clarion	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Clarion	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Clarion	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Clarion	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Clarion	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Clarion	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Clarion	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Clarion	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Clarion	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•

Pennsylvania 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
Clarion	UPMC Health Plan	UPMC for Life PFFS (PA) (H1254-001)	PFFS *	$8.80					
Clearfield	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Clearfield	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-102)	Local HMO *	$0.00					
Clearfield	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-013)	Local HMO *	$21.00					
Clearfield	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-103)	Local HMO	$21.00	$21.00	$265	Basic		
Clearfield	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-104)	Local HMO	$22.00	$22.00	$0	Basic		•
Clearfield	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-105)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Clearfield	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-050)	Local HMO	$42.00	$21.00	$265	Basic		
Clearfield	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-051)	Local HMO	$43.00	$22.00	$0	Basic		•
Clearfield	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-052)	Local HMO	$55.00	$34.00	$0	Enhanced		•
Clearfield	Geisinger Health Plan Gold	Geisinger Health Plan Gold Classic (H3954-007)	Local HMO *	$72.00					
Clearfield	Geisinger Health Plan Gold	GHP Gold Classic Standard Rx (H3954-032)	Local HMO	$93.00	$21.00	$265	Basic		
Clearfield	Geisinger Health Plan Gold	GHP Gold Classic $0 Deductible Rx (H3954-033)	Local HMO	$94.00	$22.00	$0	Basic		•
Clearfield	Geisinger Health Plan Gold	GHP Gold Classic Enhanced Rx (H3954-034)	Local HMO	$106.00	$34.00	$0	Enhanced		•
Clearfield	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-017)	Local PPO *	$92.00					
Clearfield	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-018)	Local PPO	$113.00	$21.00	$265	Basic		
Clearfield	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-019)	Local PPO	$114.00	$22.00	$0	Basic		•
Clearfield	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-020)	Local PPO	$126.00	$34.00	$0	Enhanced		•
Clearfield	Highmark Inc.	FreedomBlue PPO HD Rx West Central PA (H3916-020)	Local PPO	$0.00	$0.00	$0	Basic		•
Clearfield	Highmark Inc.	FreedomBlue Classic PPO West Central PA (H3916-002)	Local PPO	$100.00	$17.50	$0	Basic		•
Clearfield	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Clearfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Clearfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Clearfield	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Clearfield	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Clearfield	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Clearfield	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Clearfield	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Clearfield	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Clearfield	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Clearfield	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Clearfield	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Clearfield	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Clearfield	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Clearfield	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Clearfield	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Clinton	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Clinton	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Clinton	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-098)	Local HMO *	$0.00					
Clinton	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-099)	Local HMO	$21.00	$21.00	$265	Basic		
Clinton	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-100)	Local HMO	$22.00	$22.00	$0	Basic		•
Clinton	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-101)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Clinton	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-009)	Local HMO *	$36.00					
Clinton	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-038)	Local HMO	$57.00	$21.00	$265	Basic		
Clinton	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-039)	Local HMO	$58.00	$22.00	$0	Basic		•
Clinton	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-040)	Local HMO	$70.00	$34.00	$0	Enhanced		•
Clinton	Geisinger Health Plan Gold	Geisinger Health Plan Gold Classic (H3954-003)	Local HMO *	$90.00					
Clinton	Geisinger Health Plan Gold	GHP Gold Classic Standard Rx (H3954-020)	Local HMO	$111.00	$21.00	$265	Basic		
Clinton	Geisinger Health Plan Gold	GHP Gold Classic $0 Deductible Rx (H3954-021)	Local HMO	$112.00	$22.00	$0	Basic		•
Clinton	Geisinger Health Plan Gold	GHP Gold Classic Enhanced Rx (H3954-022)	Local HMO	$124.00	$34.00	$0	Enhanced		•
Clinton	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice (H5812-010)	PFFS *	$32.00					
Clinton	Geisinger Health Plan Gold Choice	GHP Gold Choice Standard Rx (H5812-029)	PFFS	$53.00	$21.00	$265	Basic		

Pennsylvania 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
Clinton	Geisinger Health Plan Gold Choice	GHP Gold Choice $0 Deductible Rx (H5812-030)	PFFS	$54.00	$22.00	$0	Basic		•
Clinton	Geisinger Health Plan Gold Choice	GHP Gold Choice Enhanced Rx (H5812-031)	PFFS	$66.00	$34.00	$0	Enhanced		•
Clinton	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-001)	Local PPO *	$107.00					
Clinton	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-002)	Local PPO	$128.00	$21.00	$265	Basic		
Clinton	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-003)	Local PPO	$129.00	$22.00	$0	Basic		•
Clinton	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-004)	Local PPO	$141.00	$34.00	$0	Enhanced		•
Clinton	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Clinton	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Clinton	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Clinton	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Clinton	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Clinton	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Clinton	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Clinton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Clinton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Clinton	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Clinton	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Clinton	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Clinton	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Clinton	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Clinton	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Clinton	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Clinton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Clinton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Clinton	UPMC Health Plan	UPMC for Life PFFS (PA) (H1254-001)	PFFS *	$8.80					
Clinton	WellCare	Concert (H4577-012)	PFFS	$0.00	$0.00	$0	Enhanced		•
Clinton	WellCare	Summit (H4577-005)	PFFS	$91.00	$0.00	$0	Enhanced		•
Columbia	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Columbia	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Columbia	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-011)	Local PPO *	$11.00					
Columbia	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-003)	Local PPO	$33.10	$19.70	$0	Enhanced		•
Columbia	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-015)	Local PPO	$76.80	$35.30	$0	Enhanced	Generics	•
Columbia	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-019)	Local PPO	$121.80	$35.30	$0	Enhanced	Generics	•
Columbia	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-098)	Local HMO *	$0.00					
Columbia	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-099)	Local HMO	$21.00	$21.00	$265	Basic		
Columbia	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-100)	Local HMO	$22.00	$22.00	$0	Basic		•
Columbia	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-101)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Columbia	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-009)	Local HMO *	$36.00					
Columbia	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-038)	Local HMO	$57.00	$21.00	$265	Basic		
Columbia	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-039)	Local HMO	$58.00	$22.00	$0	Basic		•
Columbia	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-040)	Local HMO	$70.00	$34.00	$0	Enhanced		•
Columbia	Geisinger Health Plan Gold	Geisinger Health Plan Gold Classic (H3954-003)	Local HMO *	$90.00					
Columbia	Geisinger Health Plan Gold	GHP Gold Classic Standard Rx (H3954-020)	Local HMO	$111.00	$21.00	$265	Basic		
Columbia	Geisinger Health Plan Gold	GHP Gold Classic $0 Deductible Rx (H3954-021)	Local HMO	$112.00	$22.00	$0	Basic		•
Columbia	Geisinger Health Plan Gold	GHP Gold Classic Enhanced Rx (H3954-022)	Local HMO	$124.00	$34.00	$0	Enhanced		•
Columbia	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice (H5812-010)	PFFS *	$32.00					
Columbia	Geisinger Health Plan Gold Choice	GHP Gold Choice Standard Rx (H5812-029)	PFFS	$53.00	$21.00	$265	Basic		
Columbia	Geisinger Health Plan Gold Choice	GHP Gold Choice $0 Deductible Rx (H5812-030)	PFFS	$54.00	$22.00	$0	Basic		•
Columbia	Geisinger Health Plan Gold Choice	GHP Gold Choice Enhanced Rx (H5812-031)	PFFS	$66.00	$34.00	$0	Enhanced		•
Columbia	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-001)	Local PPO *	$107.00					
Columbia	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-002)	Local PPO	$128.00	$21.00	$265	Basic		
Columbia	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-003)	Local PPO	$129.00	$22.00	$0	Basic		•
Columbia	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-004)	Local PPO	$141.00	$34.00	$0	Enhanced		•
Columbia	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Columbia	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Columbia	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Columbia	Keystone Health Plan Central, Inc.	SeniorBlue Option 4 (H3962-012)	Local HMO *	$16.00					
Columbia	Keystone Health Plan Central, Inc.	SeniorBlue Option 3 (H3962-009)	Local HMO	$38.10	$19.70	$0	Enhanced		•
Columbia	Keystone Health Plan Central, Inc.	SeniorBlue Option 2 (H3962-006)	Local HMO	$66.80	$35.30	$0	Enhanced	Generics	•
Columbia	Keystone Health Plan Central, Inc.	SeniorBlue Option 1 (H3962-003)	Local HMO	$111.80	$35.30	$0	Enhanced	Generics	•
Columbia	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Columbia	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
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 (H3333-024)	PFFS *	$0.00					
Columbia	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Columbia	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Columbia	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$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 (H4577-012)	PFFS	$0.00	$0.00	$0	Enhanced		•
Columbia	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Columbia	WellCare	Summit (H4577-006)	PFFS	$121.00	$0.00	$0	Enhanced		•
Crawford	Highmark Inc.	FreedomBlue PPO HD Rx Crawford/Erie/Mercer (H3916-021)	Local PPO	$0.00	$0.00	$0	Basic		•
Crawford	Highmark Inc.	FreedomBlue Classic PPO CrawfordErieMercer (H3916-003)	Local PPO	$91.00	$17.50	$0	Basic		•
Crawford	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Crawford	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Crawford	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Crawford	Keystone Health Plan West, Inc.	SecurityBlue Value Crawford/Erie/Mercer (H3957-026)	Local HMO *	$25.00					
Crawford	Keystone Health Plan West, Inc.	SecurityBlue Standard Crawford/Erie/Mercer (H3957-016)	Local HMO	$72.00	$18.60	$0	Basic		•
Crawford	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Crawford/Erie/Mercer (H3957-022)	Local HMO	$101.00	$30.50	$0	Enhanced	Generics	•
Crawford	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Crawford	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Crawford	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Crawford	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Crawford	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Crawford	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Crawford	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Crawford	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Crawford	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Crawford	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Crawford	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Crawford	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Crawford	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Cumberland	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Cumberland	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Cumberland	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-010)	Local PPO *	$8.00					
Cumberland	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-002)	Local PPO	$30.10	$19.70	$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
Cumberland	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-014)	Local PPO	$66.80	$35.30	$0	Enhanced	Generics	•
Cumberland	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-018)	Local PPO	$111.80	$35.30	$0	Enhanced	Generics	•
Cumberland	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-098)	Local HMO *	$0.00					
Cumberland	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-099)	Local HMO	$21.00	$21.00	$265	Basic		
Cumberland	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-100)	Local HMO	$22.00	$22.00	$0	Basic		•
Cumberland	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-065)	Local HMO *	$30.00					
Cumberland	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-101)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Cumberland	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-066)	Local HMO	$51.00	$21.00	$265	Basic		
Cumberland	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-067)	Local HMO	$52.00	$22.00	$0	Basic		•
Cumberland	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-068)	Local HMO	$64.00	$34.00	$0	Enhanced		•
Cumberland	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice (H5812-005)	PFFS *	$47.00					
Cumberland	Geisinger Health Plan Gold Choice	GHP Gold Choice Standard Rx (H5812-020)	PFFS	$68.00	$21.00	$265	Basic		
Cumberland	Geisinger Health Plan Gold Choice	GHP Gold Choice $0 Deductible Rx (H5812-021)	PFFS	$69.00	$22.00	$0	Basic		•
Cumberland	Geisinger Health Plan Gold Choice	GHP Gold Choice Enhanced Rx (H5812-022)	PFFS	$81.00	$34.00	$0	Enhanced		•
Cumberland	HealthAmerica Advantra	Advantra Silver (H3959-018)	Local HMO	$22.00	$6.50	$0	Basic		•
Cumberland	HealthAmerica Advantra	Advantra Gold (H3959-017)	Local HMO	$67.00	$16.30	$0	Enhanced	Generics	•
Cumberland	Highmark Inc.	FreedomBlue PPO Basic Rx East Central PA (H3916-018)	Local PPO	$0.00	$0.00	$0	Basic		•
Cumberland	Highmark Inc.	FreedomBlue PPO Value East Central PA (H3916-012)	Local PPO *	$23.00					
Cumberland	Highmark Inc.	FreedomBlue PPO Standard East Central PA (H3916-015)	Local PPO	$66.00	$17.50	$0	Basic		•
Cumberland	Highmark Inc.	FreedomBlue PPO Deluxe East Central PA (H3916-005)	Local PPO	$94.00	$35.30	$0	Enhanced	Generics	•
Cumberland	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Cumberland	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Cumberland	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Cumberland	Keystone Health Plan Central, Inc.	Senior Blue Option 4 (H3962-011)	Local HMO *	$8.00					
Cumberland	Keystone Health Plan Central, Inc.	SeniorBlue Option 3 (H3962-008)	Local HMO	$30.10	$19.70	$0	Enhanced		•
Cumberland	Keystone Health Plan Central, Inc.	SeniorBlue Option 2 (H3962-005)	Local HMO	$61.80	$35.30	$0	Enhanced	Generics	•
Cumberland	Keystone Health Plan Central, Inc.	SeniorBlue Option 1 (H3962-002)	Local HMO	$101.80	$35.30	$0	Enhanced	Generics	•
Cumberland	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Cumberland	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Cumberland	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Cumberland	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Cumberland	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Cumberland	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Cumberland	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Cumberland	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Cumberland	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Cumberland	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Cumberland	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Cumberland	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Cumberland	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Cumberland	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Cumberland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Cumberland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Cumberland	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cumberland	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Cumberland	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Cumberland	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Cumberland	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Dauphin	Advantra PPO	Advantra PPO Gold (H5522-002)	Local PPO	$77.00	$16.30	$0	Enhanced	Generics	•
Dauphin	Advantra® Freedom	Freedom 2 (H0846-005)	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
Dauphin	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Dauphin	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-009)	Local PPO *	$14.00					
Dauphin	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-001)	Local PPO	$36.10	$19.70	$0	Enhanced		•
Dauphin	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-013)	Local PPO	$77.80	$35.30	$0	Enhanced	Generics	•
Dauphin	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-017)	Local PPO	$121.80	$35.30	$0	Enhanced	Generics	•
Dauphin	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-102)	Local HMO *	$0.00					
Dauphin	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-103)	Local HMO	$21.00	$21.00	$265	Basic		
Dauphin	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-104)	Local HMO	$22.00	$22.00	$0	Basic		•
Dauphin	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-014)	Local HMO *	$30.00					
Dauphin	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-105)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Dauphin	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-053)	Local HMO	$51.00	$21.00	$265	Basic		
Dauphin	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-054)	Local HMO	$52.00	$22.00	$0	Basic		•
Dauphin	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-055)	Local HMO	$64.00	$34.00	$0	Enhanced		•
Dauphin	Geisinger Health Plan Gold	Geisinger Health Plan Gold Classic (H3954-008)	Local HMO *	$78.00					
Dauphin	Geisinger Health Plan Gold	GHP Gold Classic Standard Rx (H3954-035)	Local HMO	$99.00	$21.00	$265	Basic		
Dauphin	Geisinger Health Plan Gold	GHP Gold Classic $0 Deductible Rx (H3954-036)	Local HMO	$100.00	$22.00	$0	Basic		•
Dauphin	Geisinger Health Plan Gold	GHP Gold Classic Enhanced Rx (H3954-037)	Local HMO	$112.00	$34.00	$0	Enhanced		•
Dauphin	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-021)	Local PPO *	$97.00					
Dauphin	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-022)	Local PPO	$118.00	$21.00	$265	Basic		
Dauphin	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-023)	Local PPO	$119.00	$22.00	$0	Basic		•
Dauphin	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-024)	Local PPO	$131.00	$34.00	$0	Enhanced		•
Dauphin	HealthAmerica Advantra	Advantra Silver (H3959-018)	Local HMO	$22.00	$6.50	$0	Basic		•
Dauphin	HealthAmerica Advantra	Advantra Gold (H3959-017)	Local HMO	$67.00	$16.30	$0	Enhanced	Generics	•
Dauphin	Highmark Inc.	FreedomBlue PPO Basic Rx East Central PA (H3916-018)	Local PPO	$0.00	$0.00	$0	Basic		•
Dauphin	Highmark Inc.	FreedomBlue PPO Value East Central PA (H3916-012)	Local PPO *	$23.00					
Dauphin	Highmark Inc.	FreedomBlue PPO Standard East Central PA (H3916-015)	Local PPO	$66.00	$17.50	$0	Basic		•
Dauphin	Highmark Inc.	FreedomBlue PPO Deluxe East Central PA (H3916-005)	Local PPO	$94.00	$35.30	$0	Enhanced	Generics	•
Dauphin	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Dauphin	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Dauphin	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Dauphin	Keystone Health Plan Central, Inc.	Senior Blue Option 4 (H3962-010)	Local HMO *	$16.00					
Dauphin	Keystone Health Plan Central, Inc.	Senior Blue Option 3 (H3962-007)	Local HMO	$38.10	$19.70	$0	Enhanced		•
Dauphin	Keystone Health Plan Central, Inc.	SeniorBlue Option 2 (H3962-004)	Local HMO	$71.80	$35.30	$0	Enhanced	Generics	•
Dauphin	Keystone Health Plan Central, Inc.	SeniorBlue Option 1 (H3962-001)	Local HMO	$111.80	$35.30	$0	Enhanced	Generics	•
Dauphin	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Dauphin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Dauphin	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Dauphin	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Dauphin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Dauphin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Dauphin	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Dauphin	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Dauphin	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Dauphin	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Dauphin	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Dauphin	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Dauphin	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Dauphin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Dauphin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Dauphin	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•

Pennsylvania 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
Dauphin	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Dauphin	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Dauphin	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Dauphin	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
Delaware	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Delaware	Aetna Medicare	Aetna Golden Medicare Value Plan (H3931-055)	Local HMO *	$15.00					
Delaware	Aetna Medicare	Aetna Golden Medicare Special Plan (H3931-063)	Local HMO	$15.90	$15.90	$0	Basic		•
Delaware	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3931-064)	Local HMO	$47.00	$18.60	$0	Enhanced	Generics	•
Delaware	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3931-004)	Local HMO	$111.00	$47.60	$0	Enhanced	Generics	•
Delaware	Aetna Medicare	Aetna Golden Choice Standard Plan (H5521-005)	Local PPO	$121.00	$19.40	$0	Basic		•
Delaware	Aetna Medicare	Aetna Golden Choice Premier Plan (H5521-006)	Local PPO	$177.00	$61.20	$0	Enhanced	Generics	•
Delaware	Bravo by Elder Health	Bravo Classic III (H3949-002)	Local HMO	$0.00	$0.00	$0	Basic		•
Delaware	Bravo by Elder Health	Bravo Classic II (H3949-013)	Local HMO	$39.00	$18.30	$0	Basic		•
Delaware	Bravo by Elder Health	Bravo Classic I (H3949-012)	Local HMO	$60.00	$10.20	$0	Basic		•
Delaware	Fresenius Medical Health Plan, Inc. - Pennsylvania	FRESENIUS MEDICAL CARE HEALTH PLAN (H5606-001)	Demo *	$0.00					
Delaware	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Delaware	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Delaware	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Delaware	Keystone 65	Keystone 65 Value Medical Only (H3952-026)	Local HMO *	$15.00					
Delaware	Keystone 65	Keystone 65 Value Rx Option I (H3952-040)	Local HMO	$59.00	$44.00	$265	Basic		
Delaware	Keystone 65	Keystone 65 Standard Medical Only (H3952-008)	Local HMO *	$87.00					
Delaware	Keystone 65	Keystone 65 Direct Medical Only (H3952-030)	Local HMO *	$133.00					
Delaware	Keystone 65	Keystone 65 Standard Rx Option II (H3952-020)	Local HMO	$133.70	$46.70	$0	Basic		•
Delaware	Keystone 65	Keystone 65 Direct Rx Option II (H3952-032)	Local HMO	$179.70	$46.70	$0	Basic		•
Delaware	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Delaware	Personal Choice 65	Personal Choice 65 Standard Medical Only (H3909-007)	Local PPO *	$185.00					
Delaware	Personal Choice 65	Personal Choice 65 Standard Rx Option II (H3909-001)	Local PPO	$231.70	$46.70	$0	Basic		•
Delaware	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Delaware	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Delaware	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Delaware	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Delaware	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Delaware	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Delaware	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Delaware	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Delaware	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Delaware	United HealthCare Insurance Company	Erickson Advantage Signature without Drugs (H5697-002)	Demo *	$90.00					
Delaware	United HealthCare Insurance Company	Erickson Advantage Signature with Drugs (H5697-001)	Demo	$126.00	$19.70	$0	Enhanced		•
Delaware	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Elk	Highmark Inc.	FreedomBlue PPO HD Rx West Central PA (H3916-020)	Local PPO	$0.00	$0.00	$0	Basic		•
Elk	Highmark Inc.	FreedomBlue Classic PPO West Central PA (H3916-002)	Local PPO	$100.00	$17.50	$0	Basic		•
Elk	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Elk	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Elk	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Elk	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Elk	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Elk	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Elk	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Elk	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Elk	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Elk	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Elk	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Elk	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Elk	UPMC Health Plan	UPMC for Life PFFS (PA) (H1254-001)	PFFS *	$8.80					
Erie	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Erie	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Erie	HealthAmerica Advantra	Advantra Silver (H3959-020)	Local HMO	$0.00	$0.00	$0	Basic		•
Erie	HealthAmerica Advantra	Advantra Gold (H3959-019)	Local HMO	$30.00	$10.90	$0	Enhanced	Generics	•
Erie	Highmark Inc.	FreedomBlue PPO HD Rx Crawford/Erie/Mercer (H3916-021)	Local PPO	$0.00	$0.00	$0	Basic		•
Erie	Highmark Inc.	FreedomBlue Classic PPO CrawfordErieMercer (H3916-003)	Local PPO	$91.00	$17.50	$0	Basic		•
Erie	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Erie	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Erie	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Erie	Keystone Health Plan West, Inc.	SecurityBlue Value Crawford/Erie/Mercer (H3957-026)	Local HMO *	$25.00					
Erie	Keystone Health Plan West, Inc.	SecurityBlue Standard Crawford/Erie/Mercer (H3957-016)	Local HMO	$72.00	$18.60	$0	Basic		•
Erie	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Crawford/Erie/Mercer (H3957-022)	Local HMO	$101.00	$30.50	$0	Enhanced	Generics	•
Erie	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Erie	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Erie	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Erie	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Erie	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Erie	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Erie	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Erie	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Erie	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Erie	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Erie	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Erie	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Erie	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Erie	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Erie	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Erie	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Erie	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Erie	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Erie	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Erie	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Erie	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Erie	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Erie	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Erie	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Erie	WellCare	Summit (H4577-009)	PFFS	$181.00	$43.10	$0	Enhanced		•
Fayette	Advantra PPO	Advantra PPO Gold (H5522-003)	Local PPO	$60.00	$10.90	$0	Enhanced	Generics	•
Fayette	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Fayette	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Fayette	Fresenius Medical Health Plan, Inc. - Pennsylvania	FRESENIUS MEDICAL CARE HEALTH PLAN (H5606-001)	Demo *	$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
Fayette	HealthAmerica Advantra	Advantra Silver (H3959-011)	Local HMO	$0.00	$0.00	$0	Basic		•
Fayette	HealthAmerica Advantra	Advantra Gold (H3959-002)	Local HMO	$37.00	$10.90	$0	Enhanced	Generics	•
Fayette	Highmark Inc.	FreedomBlue PPO HD Rx Southwestern PA (H3916-019)	Local PPO	$0.00	$0.00	$0	Basic		•
Fayette	Highmark Inc.	FreedomBlue Classic PPO Southwestern PA (H3916-001)	Local PPO	$115.00	$17.50	$0	Basic		•
Fayette	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Fayette	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Fayette	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Fayette	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA (H3957-024)	Local HMO *	$25.00					
Fayette	Keystone Health Plan West, Inc.	SecurityBlue Standard Southwestern PA (H3957-003)	Local HMO	$63.00	$18.60	$0	Basic		•
Fayette	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Southwestern PA (H3957-020)	Local HMO	$124.00	$30.50	$0	Enhanced	Generics	•
Fayette	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Fayette	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Fayette	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Fayette	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Fayette	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Fayette	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Fayette	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Fayette	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Fayette	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Fayette	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Fayette	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Fayette	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Fayette	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Fayette	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Fayette	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Forest	Highmark Inc.	FreedomBlue PPO HD Rx West Central PA (H3916-020)	Local PPO	$0.00	$0.00	$0	Basic		•
Forest	Highmark Inc.	FreedomBlue Classic PPO West Central PA (H3916-002)	Local PPO	$100.00	$17.50	$0	Basic		•
Forest	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Forest	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Forest	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Forest	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Forest	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Forest	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Forest	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Forest	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Forest	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Forest	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Forest	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Forest	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Forest	UPMC Health Plan	UPMC for Life PFFS (PA) (H1254-001)	PFFS *	$8.80					
Franklin	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Franklin	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Franklin	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-012)	Local PPO *	$11.00					
Franklin	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-004)	Local PPO	$33.10	$19.70	$0	Enhanced		•
Franklin	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-016)	Local PPO	$71.80	$35.30	$0	Enhanced	Generics	•
Franklin	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-020)	Local PPO	$106.80	$35.30	$0	Enhanced	Generics	•
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Franklin	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Franklin	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					

Pennsylvania 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Franklin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Franklin	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Franklin	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Franklin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Franklin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Franklin	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Franklin	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Franklin	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Franklin	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Franklin	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Franklin	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Franklin	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Franklin	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Fulton	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-012)	Local PPO *	$11.00					
Fulton	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-004)	Local PPO	$33.10	$19.70	$0	Enhanced		•
Fulton	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-016)	Local PPO	$71.80	$35.30	$0	Enhanced	Generics	•
Fulton	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-020)	Local PPO	$106.80	$35.30	$0	Enhanced	Generics	•
Fulton	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Fulton	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Fulton	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Fulton	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Fulton	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Fulton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Fulton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Fulton	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Fulton	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Fulton	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Fulton	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Fulton	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Fulton	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	$35.00					
Fulton	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	$46.00	$18.50	$0	Enhanced		•
Fulton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	$60.00					
Fulton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	$91.00	$28.20	$0	Enhanced	Generics	•
Fulton	UPMC Health Plan	UPMC for Life PFFS (PA) (H1254-001)	PFFS *	$8.80					
Greene	Advantra PPO	Advantra PPO Gold (H5522-003)	Local PPO	$60.00	$10.90	$0	Enhanced	Generics	•
Greene	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Greene	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Greene	HealthAmerica Advantra	Advantra Silver (H3959-011)	Local HMO	$0.00	$0.00	$0	Basic		•
Greene	HealthAmerica Advantra	Advantra Gold (H3959-002)	Local HMO	$37.00	$10.90	$0	Enhanced	Generics	•
Greene	Highmark Inc.	FreedomBlue PPO HD Rx Southwestern PA (H3916-019)	Local PPO	$0.00	$0.00	$0	Basic		•
Greene	Highmark Inc.	FreedomBlue Classic PPO Southwestern PA (H3916-001)	Local PPO	$115.00	$17.50	$0	Basic		•
Greene	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Greene	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Greene	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Greene	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA (H3957-024)	Local HMO *	$25.00					
Greene	Keystone Health Plan West, Inc.	SecurityBlue Standard Southwestern PA (H3957-003)	Local HMO	$63.00	$18.60	$0	Basic		•
Greene	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Southwestern PA (H3957-020)	Local HMO	$124.00	$30.50	$0	Enhanced	Generics	•
Greene	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					

Pennsylvania 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Greene	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Greene	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Greene	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Greene	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Greene	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Greene	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Greene	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Greene	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Greene	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Greene	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Greene	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Greene	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Greene	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Huntingdon	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Huntingdon	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Huntingdon	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-102)	Local HMO *	$0.00					
Huntingdon	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-103)	Local HMO	$21.00	$21.00	$265	Basic		
Huntingdon	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-104)	Local HMO	$22.00	$22.00	$0	Basic		•
Huntingdon	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-015)	Local HMO *	$31.00					
Huntingdon	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-105)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Huntingdon	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-056)	Local HMO	$52.00	$21.00	$265	Basic		
Huntingdon	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-057)	Local HMO	$53.00	$22.00	$0	Basic		•
Huntingdon	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-058)	Local HMO	$65.00	$34.00	$0	Enhanced		•
Huntingdon	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-025)	Local PPO *	$90.00					
Huntingdon	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-026)	Local PPO	$111.00	$21.00	$265	Basic		
Huntingdon	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-027)	Local PPO	$112.00	$22.00	$0	Basic		•
Huntingdon	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-028)	Local PPO	$124.00	$34.00	$0	Enhanced		•
Huntingdon	Highmark Inc.	FreedomBlue PPO HD Rx West Central PA (H3916-020)	Local PPO	$0.00	$0.00	$0	Basic		•
Huntingdon	Highmark Inc.	FreedomBlue Classic PPO West Central PA (H3916-002)	Local PPO	$100.00	$17.50	$0	Basic		•
Huntingdon	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Huntingdon	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Huntingdon	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Huntingdon	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Huntingdon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Huntingdon	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Huntingdon	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Huntingdon	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Huntingdon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Huntingdon	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Huntingdon	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Huntingdon	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Huntingdon	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Huntingdon	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Huntingdon	UPMC Health Plan	UPMC for Life PFFS (PA) (H1254-001)	PFFS *	$8.80					
Indiana	Highmark Inc.	FreedomBlue PPO HD Rx Southwestern PA (H3916-019)	Local PPO	$0.00	$0.00	$0	Basic		•
Indiana	Highmark Inc.	FreedomBlue Classic PPO Southwestern PA (H3916-001)	Local PPO	$115.00	$17.50	$0	Basic		•
Indiana	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Indiana	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Indiana	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Indiana	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA (H3957-024)	Local HMO *	$25.00					

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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
Indiana	Keystone Health Plan West, Inc.	SecurityBlue Standard Southwestern PA (H3957-003)	Local HMO	$63.00	$18.60	$0	Basic		•
Indiana	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Southwestern PA (H3957-020)	Local HMO	$124.00	$30.50	$0	Enhanced	Generics	•
Indiana	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Indiana	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Indiana	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Indiana	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Indiana	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Indiana	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Indiana	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Indiana	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Indiana	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Indiana	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Indiana	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Indiana	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Indiana	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Indiana	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Indiana	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Jefferson	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Jefferson	Highmark Inc.	FreedomBlue PPO HD Rx West Central PA (H3916-020)	Local PPO	$0.00	$0.00	$0	Basic		•
Jefferson	Highmark Inc.	FreedomBlue Classic PPO West Central PA (H3916-002)	Local PPO	$100.00	$17.50	$0	Basic		•
Jefferson	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Jefferson	MPower Health	MPower Health (H8011-002)	MSA Demo *	$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 I (H5006-011)	PFFS *	$9.00					
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 (H3333-029)	PFFS *	$15.00					
Jefferson	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Jefferson	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Jefferson	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Jefferson	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Jefferson	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Jefferson	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Jefferson	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Jefferson	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Jefferson	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Jefferson	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Juniata	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Juniata	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-011)	Local PPO *	$11.00					
Juniata	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-003)	Local PPO	$33.10	$19.70	$0	Enhanced		•
Juniata	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-015)	Local PPO	$76.80	$35.30	$0	Enhanced	Generics	•
Juniata	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-019)	Local PPO	$121.80	$35.30	$0	Enhanced	Generics	•
Juniata	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-102)	Local HMO *	$0.00					
Juniata	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-103)	Local HMO	$21.00	$21.00	$265	Basic		
Juniata	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-104)	Local HMO	$22.00	$22.00	$0	Basic		•
Juniata	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-015)	Local HMO *	$31.00					
Juniata	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-105)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Juniata	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-056)	Local HMO	$52.00	$21.00	$265	Basic		
Juniata	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-057)	Local HMO	$53.00	$22.00	$0	Basic		•
Juniata	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-058)	Local HMO	$65.00	$34.00	$0	Enhanced		•

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Juniata	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-025)	Local PPO *	$90.00					
Juniata	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-026)	Local PPO	$111.00	$21.00	$265	Basic		
Juniata	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-027)	Local PPO	$112.00	$22.00	$0	Basic		•
Juniata	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-028)	Local PPO	$124.00	$34.00	$0	Enhanced		•
Juniata	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Juniata	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Juniata	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Juniata	Keystone Health Plan Central, Inc.	SeniorBlue Option 4 (H3962-012)	Local HMO *	$16.00					
Juniata	Keystone Health Plan Central, Inc.	SeniorBlue Option 3 (H3962-009)	Local HMO	$38.10	$19.70	$0	Enhanced		•
Juniata	Keystone Health Plan Central, Inc.	SeniorBlue Option 2 (H3962-006)	Local HMO	$66.80	$35.30	$0	Enhanced	Generics	•
Juniata	Keystone Health Plan Central, Inc.	SeniorBlue Option 1 (H3962-003)	Local HMO	$111.80	$35.30	$0	Enhanced	Generics	•
Juniata	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Juniata	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Juniata	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Juniata	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Juniata	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Juniata	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Juniata	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Juniata	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Juniata	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Juniata	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Juniata	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Juniata	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Juniata	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Juniata	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Juniata	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Lackawanna	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Lackawanna	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Lackawanna	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-102)	Local HMO *	$0.00					
Lackawanna	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-103)	Local HMO	$21.00	$21.00	$265	Basic		
Lackawanna	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-104)	Local HMO	$22.00	$22.00	$0	Basic		•
Lackawanna	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-011)	Local HMO *	$33.00					
Lackawanna	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-105)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Lackawanna	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-044)	Local HMO	$54.00	$21.00	$265	Basic		
Lackawanna	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-045)	Local HMO	$55.00	$22.00	$0	Basic		•
Lackawanna	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-046)	Local HMO	$67.00	$34.00	$0	Enhanced		•
Lackawanna	Geisinger Health Plan Gold	Geisinger Health Plan Gold Classic (H3954-005)	Local HMO *	$75.00					
Lackawanna	Geisinger Health Plan Gold	GHP Gold Classic Standard Rx (H3954-026)	Local HMO	$96.00	$21.00	$265	Basic		
Lackawanna	Geisinger Health Plan Gold	GHP Gold Classic $0 Deductible Rx (H3954-027)	Local HMO	$97.00	$22.00	$0	Basic		•
Lackawanna	Geisinger Health Plan Gold	GHP Gold Classic Enhanced Rx (H3954-028)	Local HMO	$109.00	$34.00	$0	Enhanced		•
Lackawanna	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-009)	Local PPO *	$95.00					
Lackawanna	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-010)	Local PPO	$116.00	$21.00	$265	Basic		
Lackawanna	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-011)	Local PPO	$117.00	$22.00	$0	Basic		•
Lackawanna	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-012)	Local PPO	$129.00	$34.00	$0	Enhanced		•
Lackawanna	Highmark Inc.	FreedomBlue PPO Basic Rx East Central PA (H3916-018)	Local PPO	$0.00	$0.00	$0	Basic		•
Lackawanna	Highmark Inc.	FreedomBlue PPO Value East Central PA (H3916-012)	Local PPO *	$23.00					
Lackawanna	Highmark Inc.	FreedomBlue PPO Standard East Central PA (H3916-015)	Local PPO	$66.00	$17.50	$0	Basic		•
Lackawanna	Highmark Inc.	FreedomBlue PPO Deluxe East Central PA (H3916-005)	Local PPO	$94.00	$35.30	$0	Enhanced	Generics	•
Lackawanna	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Lackawanna	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•

Pennsylvania 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
Lackawanna	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Lackawanna	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Lackawanna	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Lackawanna	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Lackawanna	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Lackawanna	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Lackawanna	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Lackawanna	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Lackawanna	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Lackawanna	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Lackawanna	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Lackawanna	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Lackawanna	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Lackawanna	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Lackawanna	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Lackawanna	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Lancaster	Advantra PPO	Advantra PPO Gold (H5522-002)	Local PPO	$77.00	$16.30	$0	Enhanced	Generics	•
Lancaster	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Lancaster	Advantra® Freedom	Freedom 5 (H5227-001)	PFFS	$0.00	$0.00	$0	Enhanced	Generics	•
Lancaster	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Lancaster	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-012)	Local PPO *	$11.00					
Lancaster	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-004)	Local PPO	$33.10	$19.70	$0	Enhanced		•
Lancaster	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-016)	Local PPO	$71.80	$35.30	$0	Enhanced	Generics	•
Lancaster	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-020)	Local PPO	$106.80	$35.30	$0	Enhanced	Generics	•
Lancaster	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-102)	Local HMO *	$0.00					
Lancaster	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-103)	Local HMO	$21.00	$21.00	$265	Basic		
Lancaster	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-104)	Local HMO	$22.00	$22.00	$0	Basic		•
Lancaster	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-014)	Local HMO *	$30.00					
Lancaster	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-105)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Lancaster	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-053)	Local HMO	$51.00	$21.00	$265	Basic		
Lancaster	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-054)	Local HMO	$52.00	$22.00	$0	Basic		•
Lancaster	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-055)	Local HMO	$64.00	$34.00	$0	Enhanced		•
Lancaster	Geisinger Health Plan Gold	Geisinger Health Plan Gold Classic (H3954-008)	Local HMO *	$78.00					
Lancaster	Geisinger Health Plan Gold	GHP Gold Classic Standard Rx (H3954-035)	Local HMO	$99.00	$21.00	$265	Basic		
Lancaster	Geisinger Health Plan Gold	GHP Gold Classic $0 Deductible Rx (H3954-036)	Local HMO	$100.00	$22.00	$0	Basic		•
Lancaster	Geisinger Health Plan Gold	GHP Gold Classic Enhanced Rx (H3954-037)	Local HMO	$112.00	$34.00	$0	Enhanced		•
Lancaster	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice (H5812-009)	PFFS *	$0.00					
Lancaster	Geisinger Health Plan Gold Choice	GHP Gold Choice Standard Rx (H5812-026)	PFFS	$21.00	$21.00	$265	Basic		
Lancaster	Geisinger Health Plan Gold Choice	GHP Gold Choice $0 Deductible Rx (H5812-027)	PFFS	$22.00	$22.00	$0	Basic		•
Lancaster	Geisinger Health Plan Gold Choice	GHP Gold Choice Enhanced Rx (H5812-028)	PFFS	$34.00	$34.00	$0	Enhanced		•
Lancaster	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-021)	Local PPO *	$97.00					
Lancaster	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-022)	Local PPO	$118.00	$21.00	$265	Basic		
Lancaster	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-023)	Local PPO	$119.00	$22.00	$0	Basic		•
Lancaster	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-024)	Local PPO	$131.00	$34.00	$0	Enhanced		•
Lancaster	HealthAmerica Advantra	Advantra Silver (H3959-012)	Local HMO	$0.00	$0.00	$0	Basic		•
Lancaster	HealthAmerica Advantra	Advantra Gold (H3959-022)	Local HMO	$47.00	$16.30	$0	Enhanced	Generics	•
Lancaster	Highmark Inc.	FreedomBlue PPO Basic Rx East Central PA (H3916-018)	Local PPO	$0.00	$0.00	$0	Basic		•
Lancaster	Highmark Inc.	FreedomBlue PPO Value East Central PA (H3916-012)	Local PPO *	$23.00					
Lancaster	Highmark Inc.	FreedomBlue PPO Standard East Central PA (H3916-015)	Local PPO	$66.00	$17.50	$0	Basic		•
Lancaster	Highmark Inc.	FreedomBlue PPO Deluxe East Central PA (H3916-005)	Local PPO	$94.00	$35.30	$0	Enhanced	Generics	•

Pennsylvania 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
Lancaster	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Lancaster	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Lancaster	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Lancaster	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Lancaster	SecureHorizons	MedicareComplete Choice Plan 1 (H3921-003)	Local PPO	$25.00	$6.00	$0	Enhanced		•
Lancaster	SecureHorizons	MedicareComplete Choice Plan 2 (H3921-006)	Local PPO *	$25.00					
Lancaster	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	$0.00					
Lancaster	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Lancaster	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Lancaster	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Lancaster	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Lancaster	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Lancaster	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Lancaster	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Lancaster	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Lancaster	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Lancaster	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Lancaster	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Lancaster	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Lancaster	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Lancaster	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Lancaster	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Lancaster	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Lancaster	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Lancaster	WellCare	Freedom (H4577-011)	PFFS	$0.00	$0.00	$0	Enhanced		•
Lancaster	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Lancaster	WellCare	Summit (H4577-008)	PFFS	$161.00	$31.30	$0	Enhanced		•
Lawrence	Advantra PPO	Advantra PPO Gold (H5522-003)	Local PPO	$60.00	$10.90	$0	Enhanced	Generics	•
Lawrence	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Lawrence	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Lawrence	HealthAmerica Advantra	Advantra Silver (H3959-011)	Local HMO	$0.00	$0.00	$0	Basic		•
Lawrence	HealthAmerica Advantra	Advantra Gold (H3959-002)	Local HMO	$37.00	$10.90	$0	Enhanced	Generics	•
Lawrence	Highmark Inc.	FreedomBlue PPO HD Rx Southwestern PA (H3916-019)	Local PPO	$0.00	$0.00	$0	Basic		•
Lawrence	Highmark Inc.	FreedomBlue Classic PPO Southwestern PA (H3916-001)	Local PPO	$115.00	$17.50	$0	Basic		•
Lawrence	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Lawrence	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Lawrence	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Lawrence	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA (H3957-024)	Local HMO *	$25.00					
Lawrence	Keystone Health Plan West, Inc.	SecurityBlue Standard Southwestern PA (H3957-003)	Local HMO	$63.00	$18.60	$0	Basic		•
Lawrence	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Southwestern PA (H3957-020)	Local HMO	$124.00	$30.50	$0	Enhanced	Generics	•
Lawrence	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Lawrence	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Lawrence	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Lawrence	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Lawrence	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Lawrence	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Lawrence	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Lawrence	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Lawrence	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Lawrence	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Lawrence	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Lawrence	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Lawrence	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Lawrence	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Lawrence	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Lebanon	Advantra PPO	Advantra PPO Gold (H5522-002)	Local PPO	$77.00	$16.30	$0	Enhanced	Generics	•
Lebanon	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Lebanon	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Lebanon	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-012)	Local PPO *	$11.00					
Lebanon	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-004)	Local PPO	$33.10	$19.70	$0	Enhanced		•
Lebanon	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-016)	Local PPO	$71.80	$35.30	$0	Enhanced	Generics	•
Lebanon	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-020)	Local PPO	$106.80	$35.30	$0	Enhanced	Generics	•
Lebanon	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-102)	Local HMO *	$0.00					
Lebanon	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-103)	Local HMO	$21.00	$21.00	$265	Basic		
Lebanon	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-104)	Local HMO	$22.00	$22.00	$0	Basic		•
Lebanon	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-014)	Local HMO *	$30.00					
Lebanon	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-105)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Lebanon	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-053)	Local HMO	$51.00	$21.00	$265	Basic		
Lebanon	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-054)	Local HMO	$52.00	$22.00	$0	Basic		•
Lebanon	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-055)	Local HMO	$64.00	$34.00	$0	Enhanced		•
Lebanon	Geisinger Health Plan Gold	Geisinger Health Plan Gold Classic (H3954-008)	Local HMO *	$78.00					
Lebanon	Geisinger Health Plan Gold	GHP Gold Classic Standard Rx (H3954-035)	Local HMO	$99.00	$21.00	$265	Basic		
Lebanon	Geisinger Health Plan Gold	GHP Gold Classic $0 Deductible Rx (H3954-036)	Local HMO	$100.00	$22.00	$0	Basic		•
Lebanon	Geisinger Health Plan Gold	GHP Gold Classic Enhanced Rx (H3954-037)	Local HMO	$112.00	$34.00	$0	Enhanced		•
Lebanon	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice (H5812-009)	PFFS *	$0.00					
Lebanon	Geisinger Health Plan Gold Choice	GHP Gold Choice Standard Rx (H5812-026)	PFFS	$21.00	$21.00	$265	Basic		
Lebanon	Geisinger Health Plan Gold Choice	GHP Gold Choice $0 Deductible Rx (H5812-027)	PFFS	$22.00	$22.00	$0	Basic		•
Lebanon	Geisinger Health Plan Gold Choice	GHP Gold Choice Enhanced Rx (H5812-028)	PFFS	$34.00	$34.00	$0	Enhanced		•
Lebanon	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-021)	Local PPO *	$97.00					
Lebanon	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-022)	Local PPO	$118.00	$21.00	$265	Basic		
Lebanon	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-023)	Local PPO	$119.00	$22.00	$0	Basic		•
Lebanon	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-024)	Local PPO	$131.00	$34.00	$0	Enhanced		•
Lebanon	HealthAmerica Advantra	Advantra Silver (H3959-012)	Local HMO	$0.00	$0.00	$0	Basic		•
Lebanon	HealthAmerica Advantra	Advantra Gold (H3959-022)	Local HMO	$47.00	$16.30	$0	Enhanced	Generics	•
Lebanon	Highmark Inc.	FreedomBlue PPO Basic Rx East Central PA (H3916-018)	Local PPO	$0.00	$0.00	$0	Basic		•
Lebanon	Highmark Inc.	FreedomBlue PPO Value East Central PA (H3916-012)	Local PPO *	$23.00					
Lebanon	Highmark Inc.	FreedomBlue PPO Standard East Central PA (H3916-015)	Local PPO	$66.00	$17.50	$0	Basic		•
Lebanon	Highmark Inc.	FreedomBlue PPO Deluxe East Central PA (H3916-005)	Local PPO	$94.00	$35.30	$0	Enhanced	Generics	•
Lebanon	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Lebanon	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Lebanon	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Lebanon	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Lebanon	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 53 (H2408-015)	PFFS	$0.00	$0.00	$0	Enhanced		•
Lebanon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	$0.00					
Lebanon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	$10.30	$10.30	$265	Basic		
Lebanon	Sierra Optima	Sierra Optima (H4449-004)	PFFS *	$0.00					
Lebanon	Sierra Optima	Sierra Optima Plus (H4449-009)	PFFS *	$53.10					
Lebanon	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Lebanon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Lebanon	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					

Pennsylvania 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
Lebanon	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Lebanon	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Lebanon	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Lebanon	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Lebanon	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Lebanon	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Lebanon	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Lebanon	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Lebanon	WellCare	Concert (H4577-012)	PFFS	$0.00	$0.00	$0	Enhanced		•
Lebanon	WellCare	Summit (H4577-006)	PFFS	$121.00	$0.00	$0	Enhanced		•
Lehigh	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Lehigh	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Lehigh	Aetna Medicare	Aetna Golden Medicare Value Plan (H3931-066)	Local HMO *	$0.00					
Lehigh	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3931-067)	Local HMO	$37.00	$15.90	$0	Basic		•
Lehigh	Aetna Medicare	Aetna Golden Choice Standard Plan (H5521-002)	Local PPO	$71.00	$19.40	$0	Basic		•
Lehigh	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3931-068)	Local HMO	$97.00	$47.30	$0	Enhanced	Generics	•
Lehigh	Aetna Medicare	Aetna Golden Choice Premier Plan (H5521-003)	Local PPO	$127.00	$51.40	$0	Enhanced	Generics	•
Lehigh	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-009)	Local PPO *	$14.00					
Lehigh	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-001)	Local PPO	$36.10	$19.70	$0	Enhanced		•
Lehigh	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-013)	Local PPO	$77.80	$35.30	$0	Enhanced	Generics	•
Lehigh	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-017)	Local PPO	$121.80	$35.30	$0	Enhanced	Generics	•
Lehigh	HealthAmerica Advantra	Advantra Silver (H3959-018)	Local HMO	$22.00	$6.50	$0	Basic		•
Lehigh	HealthAmerica Advantra	Advantra Gold (H3959-017)	Local HMO	$67.00	$16.30	$0	Enhanced	Generics	•
Lehigh	Highmark Inc.	FreedomBlue PPO Basic Rx East Central PA (H3916-018)	Local PPO	$0.00	$0.00	$0	Basic		•
Lehigh	Highmark Inc.	FreedomBlue PPO Value East Central PA (H3916-012)	Local PPO *	$23.00					
Lehigh	Highmark Inc.	FreedomBlue PPO Standard East Central PA (H3916-015)	Local PPO	$66.00	$17.50	$0	Basic		•
Lehigh	Highmark Inc.	FreedomBlue PPO Deluxe East Central PA (H3916-005)	Local PPO	$94.00	$35.30	$0	Enhanced	Generics	•
Lehigh	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Lehigh	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Lehigh	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Lehigh	Keystone Health Plan Central, Inc.	Senior Blue Option 4 (H3962-010)	Local HMO *	$16.00					
Lehigh	Keystone Health Plan Central, Inc.	Senior Blue Option 3 (H3962-007)	Local HMO	$38.10	$19.70	$0	Enhanced		•
Lehigh	Keystone Health Plan Central, Inc.	SeniorBlue Option 2 (H3962-004)	Local HMO	$71.80	$35.30	$0	Enhanced	Generics	•
Lehigh	Keystone Health Plan Central, Inc.	SeniorBlue Option 1 (H3962-001)	Local HMO	$111.80	$35.30	$0	Enhanced	Generics	•
Lehigh	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Lehigh	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Lehigh	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Lehigh	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Lehigh	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Lehigh	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Lehigh	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Lehigh	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Lehigh	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Lehigh	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Lehigh	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Lehigh	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Lehigh	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Lehigh	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Lehigh	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Lehigh	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$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
Lehigh	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Lehigh	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Lehigh	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Luzerne	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Luzerne	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-102)	Local HMO *	$0.00					
Luzerne	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-103)	Local HMO	$21.00	$21.00	$265	Basic		
Luzerne	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-104)	Local HMO	$22.00	$22.00	$0	Basic		•
Luzerne	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-105)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Luzerne	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-012)	Local HMO *	$40.00					
Luzerne	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-047)	Local HMO	$61.00	$21.00	$265	Basic		
Luzerne	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-048)	Local HMO	$62.00	$22.00	$0	Basic		•
Luzerne	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-049)	Local HMO	$74.00	$34.00	$0	Enhanced		•
Luzerne	Geisinger Health Plan Gold	Geisinger Health Plan Gold Classic (H3954-006)	Local HMO *	$75.00					
Luzerne	Geisinger Health Plan Gold	GHP Gold Classic Standard Rx (H3954-029)	Local HMO	$96.00	$21.00	$265	Basic		
Luzerne	Geisinger Health Plan Gold	GHP Gold Classic $0 Deductible Rx (H3954-030)	Local HMO	$97.00	$22.00	$0	Basic		•
Luzerne	Geisinger Health Plan Gold	GHP Gold Classic Enhanced Rx (H3954-031)	Local HMO	$109.00	$34.00	$0	Enhanced		•
Luzerne	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-013)	Local PPO *	$95.00					
Luzerne	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-014)	Local PPO	$116.00	$21.00	$265	Basic		
Luzerne	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-015)	Local PPO	$117.00	$22.00	$0	Basic		•
Luzerne	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-016)	Local PPO	$129.00	$34.00	$0	Enhanced		•
Luzerne	Highmark Inc.	FreedomBlue PPO Basic Rx East Central PA (H3916-018)	Local PPO	$0.00	$0.00	$0	Basic		•
Luzerne	Highmark Inc.	FreedomBlue PPO Value East Central PA (H3916-012)	Local PPO *	$23.00					
Luzerne	Highmark Inc.	FreedomBlue PPO Standard East Central PA (H3916-015)	Local PPO	$66.00	$17.50	$0	Basic		•
Luzerne	Highmark Inc.	FreedomBlue PPO Deluxe East Central PA (H3916-005)	Local PPO	$94.00	$35.30	$0	Enhanced	Generics	•
Luzerne	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Luzerne	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Luzerne	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Luzerne	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Luzerne	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Luzerne	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Luzerne	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Luzerne	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Luzerne	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Luzerne	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Luzerne	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Luzerne	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Luzerne	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Luzerne	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Luzerne	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Luzerne	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Luzerne	WellCare	Concert (H4577-014)	PFFS	$81.00	$38.20	$0	Enhanced		•
Lycoming	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Lycoming	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Lycoming	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-098)	Local HMO *	$0.00					
Lycoming	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-099)	Local HMO	$21.00	$21.00	$265	Basic		
Lycoming	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-100)	Local HMO	$22.00	$22.00	$0	Basic		•
Lycoming	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-101)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Lycoming	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-009)	Local HMO *	$36.00					
Lycoming	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-038)	Local HMO	$57.00	$21.00	$265	Basic		
Lycoming	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-039)	Local HMO	$58.00	$22.00	$0	Basic		•

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Lycoming	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-040)	Local HMO	$70.00	$34.00	$0	Enhanced		•
Lycoming	Geisinger Health Plan Gold	Geisinger Health Plan Gold Classic (H3954-003)	Local HMO *	$90.00					
Lycoming	Geisinger Health Plan Gold	GHP Gold Classic Standard Rx (H3954-020)	Local HMO	$111.00	$21.00	$265	Basic		
Lycoming	Geisinger Health Plan Gold	GHP Gold Classic $0 Deductible Rx (H3954-021)	Local HMO	$112.00	$22.00	$0	Basic		•
Lycoming	Geisinger Health Plan Gold	GHP Gold Classic Enhanced Rx (H3954-022)	Local HMO	$124.00	$34.00	$0	Enhanced		•
Lycoming	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice (H5812-010)	PFFS *	$32.00					
Lycoming	Geisinger Health Plan Gold Choice	GHP Gold Choice Standard Rx (H5812-029)	PFFS	$53.00	$21.00	$265	Basic		
Lycoming	Geisinger Health Plan Gold Choice	GHP Gold Choice $0 Deductible Rx (H5812-030)	PFFS	$54.00	$22.00	$0	Basic		•
Lycoming	Geisinger Health Plan Gold Choice	GHP Gold Choice Enhanced Rx (H5812-031)	PFFS	$66.00	$34.00	$0	Enhanced		•
Lycoming	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-001)	Local PPO *	$107.00					
Lycoming	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-002)	Local PPO	$128.00	$21.00	$265	Basic		
Lycoming	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-003)	Local PPO	$129.00	$22.00	$0	Basic		•
Lycoming	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-004)	Local PPO	$141.00	$34.00	$0	Enhanced		•
Lycoming	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Lycoming	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Lycoming	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Lycoming	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Lycoming	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	$0.00					
Lycoming	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Lycoming	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Lycoming	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Lycoming	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Lycoming	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Lycoming	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Lycoming	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Lycoming	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Lycoming	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Lycoming	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Lycoming	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Lycoming	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Lycoming	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Lycoming	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Lycoming	WellCare	Concert (H4577-012)	PFFS	$0.00	$0.00	$0	Enhanced		•
Lycoming	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Lycoming	WellCare	Summit (H4577-005)	PFFS	$91.00	$0.00	$0	Enhanced		•
McKean	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
McKean	Highmark Inc.	FreedomBlue PPO HD Rx West Central PA (H3916-020)	Local PPO	$0.00	$0.00	$0	Basic		•
McKean	Highmark Inc.	FreedomBlue Classic PPO West Central PA (H3916-002)	Local PPO	$100.00	$17.50	$0	Basic		•
McKean	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
McKean	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
McKean	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
McKean	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
McKean	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
McKean	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
McKean	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
McKean	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
McKean	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
McKean	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
McKean	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
McKean	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
McKean	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
McKean	UPMC Health Plan	UPMC for Life PFFS (PA) (H1254-001)	PFFS *	$8.80					

Pennsylvania 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Mercer	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Mercer	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Mercer	Fresenius Medical Health Plan, Inc. - Pennsylvania	FRESENIUS MEDICAL CARE HEALTH PLAN (H5606-001)	Demo *	$0.00					
Mercer	HealthAmerica Advantra	Advantra Silver (H3959-015)	Local HMO	$30.00	$6.50	$0	Basic		•
Mercer	HealthAmerica Advantra	Advantra Gold (H3959-008)	Local HMO	$60.00	$10.90	$0	Enhanced	Generics	•
Mercer	Highmark Inc.	FreedomBlue PPO HD Rx Crawford/Erie/Mercer (H3916-021)	Local PPO	$0.00	$0.00	$0	Basic		•
Mercer	Highmark Inc.	FreedomBlue Classic PPO CrawfordErieMercer (H3916-003)	Local PPO	$91.00	$17.50	$0	Basic		•
Mercer	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Mercer	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Mercer	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Mercer	Keystone Health Plan West, Inc.	SecurityBlue Value Crawford/Erie/Mercer (H3957-026)	Local HMO *	$25.00					
Mercer	Keystone Health Plan West, Inc.	SecurityBlue Standard Crawford/Erie/Mercer (H3957-016)	Local HMO	$72.00	$18.60	$0	Basic		•
Mercer	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Crawford/Erie/Mercer (H3957-022)	Local HMO	$101.00	$30.50	$0	Enhanced	Generics	•
Mercer	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Mercer	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Mercer	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Mercer	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Mercer	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Mercer	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Mercer	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Mercer	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Mercer	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Mercer	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Mercer	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Mercer	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Mercer	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Mercer	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Mercer	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Mercer	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Mifflin	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Mifflin	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-011)	Local PPO *	$11.00					
Mifflin	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-003)	Local PPO	$33.10	$19.70	$0	Enhanced		•
Mifflin	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-015)	Local PPO	$76.80	$35.30	$0	Enhanced	Generics	•
Mifflin	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-019)	Local PPO	$121.80	$35.30	$0	Enhanced	Generics	•
Mifflin	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-102)	Local HMO *	$0.00					
Mifflin	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-013)	Local HMO *	$21.00					
Mifflin	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-103)	Local HMO	$21.00	$21.00	$265	Basic		
Mifflin	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-104)	Local HMO	$22.00	$22.00	$0	Basic		•
Mifflin	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-105)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Mifflin	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-050)	Local HMO	$42.00	$21.00	$265	Basic		
Mifflin	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-051)	Local HMO	$43.00	$22.00	$0	Basic		•
Mifflin	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-052)	Local HMO	$55.00	$34.00	$0	Enhanced		•
Mifflin	Geisinger Health Plan Gold	Geisinger Health Plan Gold Classic (H3954-007)	Local HMO *	$72.00					
Mifflin	Geisinger Health Plan Gold	GHP Gold Classic Standard Rx (H3954-032)	Local HMO	$93.00	$21.00	$265	Basic		
Mifflin	Geisinger Health Plan Gold	GHP Gold Classic $0 Deductible Rx (H3954-033)	Local HMO	$94.00	$22.00	$0	Basic		•
Mifflin	Geisinger Health Plan Gold	GHP Gold Classic Enhanced Rx (H3954-034)	Local HMO	$106.00	$34.00	$0	Enhanced		•
Mifflin	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-017)	Local PPO *	$92.00					
Mifflin	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-018)	Local PPO	$113.00	$21.00	$265	Basic		

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Mifflin	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-019)	Local PPO	$114.00	$22.00	$0	Basic		•
Mifflin	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-020)	Local PPO	$126.00	$34.00	$0	Enhanced		•
Mifflin	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Mifflin	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Mifflin	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Mifflin	Keystone Health Plan Central, Inc.	SeniorBlue Option 4 (H3962-012)	Local HMO *	$16.00					
Mifflin	Keystone Health Plan Central, Inc.	SeniorBlue Option 3 (H3962-009)	Local HMO	$38.10	$19.70	$0	Enhanced		•
Mifflin	Keystone Health Plan Central, Inc.	SeniorBlue Option 2 (H3962-006)	Local HMO	$66.80	$35.30	$0	Enhanced	Generics	•
Mifflin	Keystone Health Plan Central, Inc.	SeniorBlue Option 1 (H3962-003)	Local HMO	$111.80	$35.30	$0	Enhanced	Generics	•
Mifflin	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Mifflin	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Mifflin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Mifflin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Mifflin	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Mifflin	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Mifflin	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Mifflin	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Mifflin	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Mifflin	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	$35.00					
Mifflin	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	$46.00	$18.50	$0	Enhanced		•
Mifflin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	$60.00					
Mifflin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	$91.00	$28.20	$0	Enhanced	Generics	•
Monroe	Aetna Medicare	Aetna Golden Medicare Value Plan (H3931-066)	Local HMO *	$0.00					
Monroe	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3931-067)	Local HMO	$37.00	$15.90	$0	Basic		•
Monroe	Aetna Medicare	Aetna Golden Choice Standard Plan (H5521-002)	Local PPO	$71.00	$19.40	$0	Basic		•
Monroe	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3931-068)	Local HMO	$97.00	$47.30	$0	Enhanced	Generics	•
Monroe	Aetna Medicare	Aetna Golden Choice Premier Plan (H5521-003)	Local PPO	$127.00	$51.40	$0	Enhanced	Generics	•
Monroe	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-102)	Local HMO *	$0.00					
Monroe	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-103)	Local HMO	$21.00	$21.00	$265	Basic		
Monroe	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-104)	Local HMO	$22.00	$22.00	$0	Basic		•
Monroe	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-105)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Monroe	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-018)	Local HMO *	$40.00					
Monroe	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-059)	Local HMO	$61.00	$21.00	$265	Basic		
Monroe	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-060)	Local HMO	$62.00	$22.00	$0	Basic		•
Monroe	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-061)	Local HMO	$74.00	$34.00	$0	Enhanced		•
Monroe	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-029)	Local PPO *	$95.00					
Monroe	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-030)	Local PPO	$116.00	$21.00	$265	Basic		
Monroe	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-031)	Local PPO	$117.00	$22.00	$0	Basic		•
Monroe	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-032)	Local PPO	$129.00	$34.00	$0	Enhanced		•
Monroe	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Monroe	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Monroe	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Monroe	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Monroe	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Monroe	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Monroe	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Monroe	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Monroe	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Monroe	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Monroe	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Monroe	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Montgomery	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Montgomery	Aetna Medicare	Aetna Golden Medicare Value Plan (H3931-055)	Local HMO *	$15.00					
Montgomery	Aetna Medicare	Aetna Golden Medicare Special Plan (H3931-063)	Local HMO	$15.90	$15.90	$0	Basic		•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Montgomery	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3931-064)	Local HMO	$47.00	$18.60	$0	Enhanced	Generics	•
Montgomery	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3931-004)	Local HMO	$111.00	$47.60	$0	Enhanced	Generics	•
Montgomery	Aetna Medicare	Aetna Golden Choice Standard Plan (H5521-005)	Local PPO	$121.00	$19.40	$0	Basic		•
Montgomery	Aetna Medicare	Aetna Golden Choice Premier Plan (H5521-006)	Local PPO	$177.00	$61.20	$0	Enhanced	Generics	•
Montgomery	Bravo by Elder Health	Bravo Classic III (H3949-002)	Local HMO	$0.00	$0.00	$0	Basic		•
Montgomery	Bravo by Elder Health	Bravo Classic II (H3949-013)	Local HMO	$39.00	$18.30	$0	Basic		•
Montgomery	Bravo by Elder Health	Bravo Classic I (H3949-012)	Local HMO	$60.00	$10.20	$0	Basic		•
Montgomery	Fresenius Medical Health Plan, Inc. - Pennsylvania	FRESENIUS MEDICAL CARE HEALTH PLAN (H5606-001)	Demo *	$0.00					
Montgomery	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Montgomery	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Montgomery	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Montgomery	Keystone 65	Keystone 65 Value Medical Only (H3952-026)	Local HMO *	$15.00					
Montgomery	Keystone 65	Keystone 65 Value Rx Option I (H3952-040)	Local HMO	$59.00	$44.00	$265	Basic		
Montgomery	Keystone 65	Keystone 65 Standard Medical Only (H3952-008)	Local HMO *	$87.00					
Montgomery	Keystone 65	Keystone 65 Direct Medical Only (H3952-030)	Local HMO *	$133.00					
Montgomery	Keystone 65	Keystone 65 Standard Rx Option II (H3952-020)	Local HMO	$133.70	$46.70	$0	Basic		•
Montgomery	Keystone 65	Keystone 65 Direct Rx Option II (H3952-032)	Local HMO	$179.70	$46.70	$0	Basic		•
Montgomery	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Montgomery	Personal Choice 65	Personal Choice 65 Standard Medical Only (H3909-007)	Local PPO *	$185.00					
Montgomery	Personal Choice 65	Personal Choice 65 Standard Rx Option II (H3909-001)	Local PPO	$231.70	$46.70	$0	Basic		•
Montgomery	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Montgomery	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Montgomery	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Montgomery	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Montgomery	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Montgomery	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Montgomery	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Montgomery	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Montgomery	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Montour	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Montour	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-011)	Local PPO *	$11.00					
Montour	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-003)	Local PPO	$33.10	$19.70	$0	Enhanced		•
Montour	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-015)	Local PPO	$76.80	$35.30	$0	Enhanced	Generics	•
Montour	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-019)	Local PPO	$121.80	$35.30	$0	Enhanced	Generics	•
Montour	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-098)	Local HMO *	$0.00					
Montour	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-099)	Local HMO	$21.00	$21.00	$265	Basic		
Montour	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-100)	Local HMO	$22.00	$22.00	$0	Basic		•
Montour	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-101)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Montour	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-009)	Local HMO *	$36.00					
Montour	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-038)	Local HMO	$57.00	$21.00	$265	Basic		
Montour	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-039)	Local HMO	$58.00	$22.00	$0	Basic		•
Montour	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-040)	Local HMO	$70.00	$34.00	$0	Enhanced		•
Montour	Geisinger Health Plan Gold	Geisinger Health Plan Gold Classic (H3954-003)	Local HMO *	$90.00					
Montour	Geisinger Health Plan Gold	GHP Gold Classic Standard Rx (H3954-020)	Local HMO	$111.00	$21.00	$265	Basic		
Montour	Geisinger Health Plan Gold	GHP Gold Classic $0 Deductible Rx (H3954-021)	Local HMO	$112.00	$22.00	$0	Basic		•
Montour	Geisinger Health Plan Gold	GHP Gold Classic Enhanced Rx (H3954-022)	Local HMO	$124.00	$34.00	$0	Enhanced		•
Montour	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice (H5812-010)	PFFS *	$32.00					
Montour	Geisinger Health Plan Gold Choice	GHP Gold Choice Standard Rx (H5812-029)	PFFS	$53.00	$21.00	$265	Basic		
Montour	Geisinger Health Plan Gold Choice	GHP Gold Choice $0 Deductible Rx (H5812-030)	PFFS	$54.00	$22.00	$0	Basic		•
Montour	Geisinger Health Plan Gold Choice	GHP Gold Choice Enhanced Rx (H5812-031)	PFFS	$66.00	$34.00	$0	Enhanced		•
Montour	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-001)	Local PPO *	$107.00					

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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
Montour	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-002)	Local PPO	$128.00	$21.00	$265	Basic		
Montour	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-003)	Local PPO	$129.00	$22.00	$0	Basic		•
Montour	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-004)	Local PPO	$141.00	$34.00	$0	Enhanced		•
Montour	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Montour	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Montour	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Montour	Keystone Health Plan Central, Inc.	SeniorBlue Option 4 (H3962-012)	Local HMO *	$16.00					
Montour	Keystone Health Plan Central, Inc.	SeniorBlue Option 3 (H3962-009)	Local HMO	$38.10	$19.70	$0	Enhanced		•
Montour	Keystone Health Plan Central, Inc.	SeniorBlue Option 2 (H3962-006)	Local HMO	$66.80	$35.30	$0	Enhanced	Generics	•
Montour	Keystone Health Plan Central, Inc.	SeniorBlue Option 1 (H3962-003)	Local HMO	$111.80	$35.30	$0	Enhanced	Generics	•
Montour	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Montour	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Montour	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Montour	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Montour	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Montour	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Montour	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Montour	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Montour	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Montour	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Montour	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Montour	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Montour	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Montour	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Montour	WellCare	Concert (H4577-012)	PFFS	$0.00	$0.00	$0	Enhanced		•
Montour	WellCare	Summit (H4577-005)	PFFS	$91.00	$0.00	$0	Enhanced		•
Northampton	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Northampton	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Northampton	Aetna Medicare	Aetna Golden Medicare Value Plan (H3931-066)	Local HMO *	$0.00					
Northampton	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3931-067)	Local HMO	$37.00	$15.90	$0	Basic		•
Northampton	Aetna Medicare	Aetna Golden Choice Standard Plan (H5521-002)	Local PPO	$71.00	$19.40	$0	Basic		•
Northampton	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3931-068)	Local HMO	$97.00	$47.30	$0	Enhanced	Generics	•
Northampton	Aetna Medicare	Aetna Golden Choice Premier Plan (H5521-003)	Local PPO	$127.00	$51.40	$0	Enhanced	Generics	•
Northampton	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-009)	Local PPO *	$14.00					
Northampton	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-001)	Local PPO	$36.10	$19.70	$0	Enhanced		•
Northampton	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-013)	Local PPO	$77.80	$35.30	$0	Enhanced	Generics	•
Northampton	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-017)	Local PPO	$121.80	$35.30	$0	Enhanced	Generics	•
Northampton	HealthAmerica Advantra	Advantra Silver (H3959-018)	Local HMO	$22.00	$6.50	$0	Basic		•
Northampton	HealthAmerica Advantra	Advantra Gold (H3959-017)	Local HMO	$67.00	$16.30	$0	Enhanced	Generics	•
Northampton	Highmark Inc.	FreedomBlue PPO Basic Rx East Central PA (H3916-018)	Local PPO	$0.00	$0.00	$0	Basic		•
Northampton	Highmark Inc.	FreedomBlue PPO Value East Central PA (H3916-012)	Local PPO *	$23.00					
Northampton	Highmark Inc.	FreedomBlue PPO Standard East Central PA (H3916-015)	Local PPO	$66.00	$17.50	$0	Basic		•
Northampton	Highmark Inc.	FreedomBlue PPO Deluxe East Central PA (H3916-005)	Local PPO	$94.00	$35.30	$0	Enhanced	Generics	•
Northampton	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Northampton	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Northampton	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Northampton	Keystone Health Plan Central, Inc.	Senior Blue Option 4 (H3962-010)	Local HMO *	$16.00					
Northampton	Keystone Health Plan Central, Inc.	Senior Blue Option 3 (H3962-007)	Local HMO	$38.10	$19.70	$0	Enhanced		•
Northampton	Keystone Health Plan Central, Inc.	SeniorBlue Option 2 (H3962-004)	Local HMO	$71.80	$35.30	$0	Enhanced	Generics	•
Northampton	Keystone Health Plan Central, Inc.	SeniorBlue Option 1 (H3962-001)	Local HMO	$111.80	$35.30	$0	Enhanced	Generics	•

Pennsylvania 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
Northampton	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Northampton	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Northampton	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Northampton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Northampton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Northampton	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Northampton	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Northampton	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Northampton	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Northampton	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Northampton	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Northampton	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Northumberland	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Northumberland	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-011)	Local PPO *	$11.00					
Northumberland	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-003)	Local PPO	$33.10	$19.70	$0	Enhanced		•
Northumberland	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-015)	Local PPO	$76.80	$35.30	$0	Enhanced	Generics	•
Northumberland	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-019)	Local PPO	$121.80	$35.30	$0	Enhanced	Generics	•
Northumberland	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-098)	Local HMO *	$0.00					
Northumberland	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-099)	Local HMO	$21.00	$21.00	$265	Basic		
Northumberland	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-100)	Local HMO	$22.00	$22.00	$0	Basic		•
Northumberland	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-101)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Northumberland	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-019)	Local HMO *	$50.00					
Northumberland	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-062)	Local HMO	$71.00	$21.00	$265	Basic		
Northumberland	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-063)	Local HMO	$72.00	$22.00	$0	Basic		•
Northumberland	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-064)	Local HMO	$84.00	$34.00	$0	Enhanced		•
Northumberland	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Northumberland	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Northumberland	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Northumberland	Keystone Health Plan Central, Inc.	SeniorBlue Option 4 (H3962-012)	Local HMO *	$16.00					
Northumberland	Keystone Health Plan Central, Inc.	SeniorBlue Option 3 (H3962-009)	Local HMO	$38.10	$19.70	$0	Enhanced		•
Northumberland	Keystone Health Plan Central, Inc.	SeniorBlue Option 2 (H3962-006)	Local HMO	$66.80	$35.30	$0	Enhanced	Generics	•
Northumberland	Keystone Health Plan Central, Inc.	SeniorBlue Option 1 (H3962-003)	Local HMO	$111.80	$35.30	$0	Enhanced	Generics	•
Northumberland	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Northumberland	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Northumberland	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Northumberland	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Northumberland	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Northumberland	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Northumberland	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Northumberland	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Northumberland	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Northumberland	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Northumberland	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Northumberland	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Northumberland	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Northumberland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Northumberland	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Northumberland	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Northumberland	WellCare	Freedom (H4577-011)	PFFS	$0.00	$0.00	$0	Enhanced		•
Northumberland	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Northumberland	WellCare	Summit (H4577-008)	PFFS	$161.00	$31.30	$0	Enhanced		•
Perry	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Perry	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Perry	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-011)	Local PPO *	$11.00					

Pennsylvania 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Perry	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-003)	Local PPO	$33.10	$19.70	$0	Enhanced		•
Perry	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-015)	Local PPO	$76.80	$35.30	$0	Enhanced	Generics	•
Perry	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-019)	Local PPO	$121.80	$35.30	$0	Enhanced	Generics	•
Perry	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-098)	Local HMO *	$0.00					
Perry	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-099)	Local HMO	$21.00	$21.00	$265	Basic		
Perry	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-100)	Local HMO	$22.00	$22.00	$0	Basic		•
Perry	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-065)	Local HMO *	$30.00					
Perry	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-101)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Perry	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-066)	Local HMO	$51.00	$21.00	$265	Basic		
Perry	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-067)	Local HMO	$52.00	$22.00	$0	Basic		•
Perry	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-068)	Local HMO	$64.00	$34.00	$0	Enhanced		•
Perry	HealthAmerica Advantra	Advantra Silver (H3959-018)	Local HMO	$22.00	$6.50	$0	Basic		•
Perry	HealthAmerica Advantra	Advantra Gold (H3959-017)	Local HMO	$67.00	$16.30	$0	Enhanced	Generics	•
Perry	Highmark Inc.	FreedomBlue PPO Basic Rx East Central PA (H3916-018)	Local PPO	$0.00	$0.00	$0	Basic		•
Perry	Highmark Inc.	FreedomBlue PPO Value East Central PA (H3916-012)	Local PPO *	$23.00					
Perry	Highmark Inc.	FreedomBlue PPO Standard East Central PA (H3916-015)	Local PPO	$66.00	$17.50	$0	Basic		•
Perry	Highmark Inc.	FreedomBlue PPO Deluxe East Central PA (H3916-005)	Local PPO	$94.00	$35.30	$0	Enhanced	Generics	•
Perry	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Perry	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Perry	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Perry	Keystone Health Plan Central, Inc.	SeniorBlue Option 4 (H3962-012)	Local HMO *	$16.00					
Perry	Keystone Health Plan Central, Inc.	SeniorBlue Option 3 (H3962-009)	Local HMO	$38.10	$19.70	$0	Enhanced		•
Perry	Keystone Health Plan Central, Inc.	SeniorBlue Option 2 (H3962-006)	Local HMO	$66.80	$35.30	$0	Enhanced	Generics	•
Perry	Keystone Health Plan Central, Inc.	SeniorBlue Option 1 (H3962-003)	Local HMO	$111.80	$35.30	$0	Enhanced	Generics	•
Perry	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Perry	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Perry	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Perry	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Perry	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Perry	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Perry	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Perry	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Perry	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Perry	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Perry	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Perry	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Perry	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Philadelphia	Aetna Medicare	Aetna Golden Medicare Value Plan (H3931-054)	Local HMO *	$0.00					
Philadelphia	Aetna Medicare	Aetna Golden Medicare Special Plan (H3931-060)	Local HMO	$15.90	$15.90	$0	Basic		•
Philadelphia	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3931-065)	Local HMO	$37.00	$15.90	$0	Basic		•
Philadelphia	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3931-058)	Local HMO	$97.00	$56.60	$0	Enhanced	Generics	•
Philadelphia	Aetna Medicare	Aetna Golden Choice Standard Plan (H5521-008)	Local PPO	$107.00	$19.40	$0	Basic		•
Philadelphia	Aetna Medicare	Aetna Golden Choice Premier Plan (H5521-009)	Local PPO	$161.00	$60.80	$0	Enhanced	Generics	•
Philadelphia	Bravo by Elder Health	Bravo Classic III (H3949-002)	Local HMO	$0.00	$0.00	$0	Basic		•
Philadelphia	Bravo by Elder Health	Bravo Classic II (H3949-013)	Local HMO	$39.00	$18.30	$0	Basic		•
Philadelphia	Bravo by Elder Health	Bravo Classic I (H3949-012)	Local HMO	$60.00	$10.20	$0	Basic		•
Philadelphia	Fresenius Medical Health Plan, Inc. - Pennsylvania	FRESENIUS MEDICAL CARE HEALTH PLAN (H5606-001)	Demo *	$0.00					
Philadelphia	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Philadelphia	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•

Pennsylvania 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
Philadelphia	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Philadelphia	Keystone 65	Keystone 65 Value Medical Only (H3952-026)	Local HMO *	$15.00					
Philadelphia	Keystone 65	Keystone 65 Value Rx Option I (H3952-040)	Local HMO	$59.00	$44.00	$265	Basic		
Philadelphia	Keystone 65	Keystone 65 Standard Medical Only (H3952-008)	Local HMO *	$87.00					
Philadelphia	Keystone 65	Keystone 65 Direct Medical Only (H3952-030)	Local HMO *	$133.00					
Philadelphia	Keystone 65	Keystone 65 Standard Rx Option II (H3952-020)	Local HMO	$133.70	$46.70	$0	Basic		•
Philadelphia	Keystone 65	Keystone 65 Direct Rx Option II (H3952-032)	Local HMO	$179.70	$46.70	$0	Basic		•
Philadelphia	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Philadelphia	Personal Choice 65	Personal Choice 65 Standard Medical Only (H3909-007)	Local PPO *	$185.00					
Philadelphia	Personal Choice 65	Personal Choice 65 Standard Rx Option II (H3909-001)	Local PPO	$231.70	$46.70	$0	Basic		•
Philadelphia	Senior Partners	Senior Partners Gold (H3964-001)	Local HMO *	$0.00					
Philadelphia	Senior Partners	Senior Partners Gold Rx (H3964-003)	Local HMO	$24.80	$24.80	$150	Basic		•
Philadelphia	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Philadelphia	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Philadelphia	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Philadelphia	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Philadelphia	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Philadelphia	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Philadelphia	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Philadelphia	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Philadelphia	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Philadelphia	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Philadelphia	WellCare	Freedom (H4577-011)	PFFS	$0.00	$0.00	$0	Enhanced		•
Philadelphia	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Philadelphia	WellCare	Summit (H4577-010)	PFFS	$211.00	$50.10	$0	Enhanced		•
Pike	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Pike	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Pike	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Pike	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Pike	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Pike	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Pike	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Pike	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Pike	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Pike	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Pike	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Pike	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Pike	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Potter	Highmark Inc.	FreedomBlue PPO HD Rx West Central PA (H3916-020)	Local PPO	$0.00	$0.00	$0	Basic		•
Potter	Highmark Inc.	FreedomBlue Classic PPO West Central PA (H3916-002)	Local PPO	$100.00	$17.50	$0	Basic		•
Potter	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Potter	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Potter	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Potter	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Potter	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Potter	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Potter	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Potter	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Potter	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Potter	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					

Pennsylvania 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
Potter	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Potter	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Potter	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Potter	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Potter	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Potter	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Potter	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Potter	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Potter	WellCare	Freedom (H4577-011)	PFFS	$0.00	$0.00	$0	Enhanced		•
Potter	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Potter	WellCare	Summit (H4577-008)	PFFS	$161.00	$31.30	$0	Enhanced		•
Schuylkill	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Schuylkill	Aetna Medicare	Aetna Golden Medicare Value Plan (H3931-066)	Local HMO *	$0.00					
Schuylkill	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3931-067)	Local HMO	$37.00	$15.90	$0	Basic		•
Schuylkill	Aetna Medicare	Aetna Golden Choice Standard Plan (H5521-002)	Local PPO	$71.00	$19.40	$0	Basic		•
Schuylkill	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3931-068)	Local HMO	$97.00	$47.30	$0	Enhanced	Generics	•
Schuylkill	Aetna Medicare	Aetna Golden Choice Premier Plan (H5521-003)	Local PPO	$127.00	$51.40	$0	Enhanced	Generics	•
Schuylkill	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-010)	Local PPO *	$8.00					
Schuylkill	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-002)	Local PPO	$30.10	$19.70	$0	Enhanced		•
Schuylkill	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-014)	Local PPO	$66.80	$35.30	$0	Enhanced	Generics	•
Schuylkill	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-018)	Local PPO	$111.80	$35.30	$0	Enhanced	Generics	•
Schuylkill	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-098)	Local HMO *	$0.00					
Schuylkill	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-099)	Local HMO	$21.00	$21.00	$265	Basic		
Schuylkill	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-100)	Local HMO	$22.00	$22.00	$0	Basic		•
Schuylkill	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-101)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Schuylkill	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-009)	Local HMO *	$36.00					
Schuylkill	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-038)	Local HMO	$57.00	$21.00	$265	Basic		
Schuylkill	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-039)	Local HMO	$58.00	$22.00	$0	Basic		•
Schuylkill	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-040)	Local HMO	$70.00	$34.00	$0	Enhanced		•
Schuylkill	Geisinger Health Plan Gold	Geisinger Health Plan Gold Classic (H3954-003)	Local HMO *	$90.00					
Schuylkill	Geisinger Health Plan Gold	GHP Gold Classic Standard Rx (H3954-020)	Local HMO	$111.00	$21.00	$265	Basic		
Schuylkill	Geisinger Health Plan Gold	GHP Gold Classic $0 Deductible Rx (H3954-021)	Local HMO	$112.00	$22.00	$0	Basic		•
Schuylkill	Geisinger Health Plan Gold	GHP Gold Classic Enhanced Rx (H3954-022)	Local HMO	$124.00	$34.00	$0	Enhanced		•
Schuylkill	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-001)	Local PPO *	$107.00					
Schuylkill	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-002)	Local PPO	$128.00	$21.00	$265	Basic		
Schuylkill	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-003)	Local PPO	$129.00	$22.00	$0	Basic		•
Schuylkill	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-004)	Local PPO	$141.00	$34.00	$0	Enhanced		•
Schuylkill	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Schuylkill	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Schuylkill	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Schuylkill	Keystone Health Plan Central, Inc.	Senior Blue Option 4 (H3962-011)	Local HMO *	$8.00					
Schuylkill	Keystone Health Plan Central, Inc.	SeniorBlue Option 3 (H3962-008)	Local HMO	$30.10	$19.70	$0	Enhanced		•
Schuylkill	Keystone Health Plan Central, Inc.	SeniorBlue Option 2 (H3962-005)	Local HMO	$61.80	$35.30	$0	Enhanced	Generics	•
Schuylkill	Keystone Health Plan Central, Inc.	SeniorBlue Option 1 (H3962-002)	Local HMO	$101.80	$35.30	$0	Enhanced	Generics	•
Schuylkill	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Schuylkill	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Schuylkill	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Schuylkill	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Schuylkill	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Schuylkill	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Schuylkill	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Schuylkill	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Schuylkill	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Schuylkill	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•

Pennsylvania 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
Schuylkill	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Schuylkill	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Schuylkill	WellCare	Concert (H4577-015)	PFFS	$109.00	$48.70	$0	Enhanced		•
Snyder	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Snyder	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Snyder	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-011)	Local PPO *	$11.00					
Snyder	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-003)	Local PPO	$33.10	$19.70	$0	Enhanced		•
Snyder	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-015)	Local PPO	$76.80	$35.30	$0	Enhanced	Generics	•
Snyder	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-019)	Local PPO	$121.80	$35.30	$0	Enhanced	Generics	•
Snyder	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-098)	Local HMO *	$0.00					
Snyder	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-099)	Local HMO	$21.00	$21.00	$265	Basic		
Snyder	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-100)	Local HMO	$22.00	$22.00	$0	Basic		•
Snyder	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-101)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Snyder	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-009)	Local HMO *	$36.00					
Snyder	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-038)	Local HMO	$57.00	$21.00	$265	Basic		
Snyder	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-039)	Local HMO	$58.00	$22.00	$0	Basic		•
Snyder	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-040)	Local HMO	$70.00	$34.00	$0	Enhanced		•
Snyder	Geisinger Health Plan Gold	Geisinger Health Plan Gold Classic (H3954-003)	Local HMO *	$90.00					
Snyder	Geisinger Health Plan Gold	GHP Gold Classic Standard Rx (H3954-020)	Local HMO	$111.00	$21.00	$265	Basic		
Snyder	Geisinger Health Plan Gold	GHP Gold Classic $0 Deductible Rx (H3954-021)	Local HMO	$112.00	$22.00	$0	Basic		•
Snyder	Geisinger Health Plan Gold	GHP Gold Classic Enhanced Rx (H3954-022)	Local HMO	$124.00	$34.00	$0	Enhanced		•
Snyder	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-001)	Local PPO *	$107.00					
Snyder	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-002)	Local PPO	$128.00	$21.00	$265	Basic		
Snyder	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-003)	Local PPO	$129.00	$22.00	$0	Basic		•
Snyder	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-004)	Local PPO	$141.00	$34.00	$0	Enhanced		•
Snyder	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Snyder	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Snyder	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Snyder	Keystone Health Plan Central, Inc.	SeniorBlue Option 4 (H3962-012)	Local HMO *	$16.00					
Snyder	Keystone Health Plan Central, Inc.	SeniorBlue Option 3 (H3962-009)	Local HMO	$38.10	$19.70	$0	Enhanced		•
Snyder	Keystone Health Plan Central, Inc.	SeniorBlue Option 2 (H3962-006)	Local HMO	$66.80	$35.30	$0	Enhanced	Generics	•
Snyder	Keystone Health Plan Central, Inc.	SeniorBlue Option 1 (H3962-003)	Local HMO	$111.80	$35.30	$0	Enhanced	Generics	•
Snyder	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Snyder	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Snyder	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Snyder	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Snyder	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Snyder	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Snyder	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Snyder	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Snyder	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Snyder	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Snyder	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Snyder	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Snyder	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Snyder	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Somerset	Highmark Inc.	FreedomBlue PPO HD Rx West Central PA (H3916-020)	Local PPO	$0.00	$0.00	$0	Basic		•
Somerset	Highmark Inc.	FreedomBlue Classic PPO West Central PA (H3916-002)	Local PPO	$100.00	$17.50	$0	Basic		•
Somerset	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Somerset	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Somerset	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$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
Somerset	Keystone Health Plan West, Inc.	SecurityBlue Value Bedford/Blair/Somerset (H3957-025)	Local HMO *	$38.00					
Somerset	Keystone Health Plan West, Inc.	SecurityBlue Standard Bedford/Blair/Somers (H3957-006)	Local HMO	$82.00	$18.60	$0	Basic		•
Somerset	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Bedford/Blair/Somerset (H3957-021)	Local HMO	$110.00	$30.50	$0	Enhanced	Generics	•
Somerset	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Somerset	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Somerset	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Somerset	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Somerset	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Somerset	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Somerset	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Somerset	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Somerset	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Somerset	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Somerset	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Somerset	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Somerset	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Somerset	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Somerset	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Statewide	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Sullivan	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-098)	Local HMO *	$0.00					
Sullivan	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-099)	Local HMO	$21.00	$21.00	$265	Basic		
Sullivan	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-100)	Local HMO	$22.00	$22.00	$0	Basic		•
Sullivan	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-101)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Sullivan	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-089)	Local HMO *	$35.00					
Sullivan	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-090)	Local HMO	$56.00	$21.00	$265	Basic		
Sullivan	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-091)	Local HMO	$57.00	$22.00	$0	Basic		•
Sullivan	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-092)	Local HMO	$69.00	$34.00	$0	Enhanced		•
Sullivan	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice (H5812-032)	PFFS *	$0.00					
Sullivan	Geisinger Health Plan Gold Choice	GHP Gold Choice Standard Rx (H5812-033)	PFFS	$21.00	$21.00	$265	Basic		
Sullivan	Geisinger Health Plan Gold Choice	GHP Gold Choice $0 Deductible Rx (H5812-034)	PFFS	$22.00	$22.00	$0	Basic		•
Sullivan	Geisinger Health Plan Gold Choice	GHP Gold Choice Enhanced Rx (H5812-035)	PFFS	$34.00	$34.00	$0	Enhanced		•
Sullivan	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Sullivan	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Sullivan	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Sullivan	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Sullivan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Sullivan	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Sullivan	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Sullivan	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Sullivan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Sullivan	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Sullivan	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Sullivan	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Sullivan	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Sullivan	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Sullivan	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Sullivan	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Sullivan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Sullivan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Sullivan	WellCare	Concert (H4577-012)	PFFS	$0.00	$0.00	$0	Enhanced		•
Sullivan	WellCare	Summit (H4577-005)	PFFS	$91.00	$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
Susquehanna	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Susquehanna	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Susquehanna	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-098)	Local HMO *	$0.00					
Susquehanna	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-099)	Local HMO	$21.00	$21.00	$265	Basic		
Susquehanna	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-100)	Local HMO	$22.00	$22.00	$0	Basic		•
Susquehanna	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-101)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Susquehanna	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-089)	Local HMO *	$35.00					
Susquehanna	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-090)	Local HMO	$56.00	$21.00	$265	Basic		
Susquehanna	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-091)	Local HMO	$57.00	$22.00	$0	Basic		•
Susquehanna	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-092)	Local HMO	$69.00	$34.00	$0	Enhanced		•
Susquehanna	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Susquehanna	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Susquehanna	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Susquehanna	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Susquehanna	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Susquehanna	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Susquehanna	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Susquehanna	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Susquehanna	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Susquehanna	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Susquehanna	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Susquehanna	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Susquehanna	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Susquehanna	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Susquehanna	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Susquehanna	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Susquehanna	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Susquehanna	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Tioga	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice (H5812-006)	PFFS *	$53.00					
Tioga	Geisinger Health Plan Gold Choice	GHP Gold Choice Standard Rx (H5812-023)	PFFS	$74.00	$21.00	$265	Basic		
Tioga	Geisinger Health Plan Gold Choice	GHP Gold Choice $0 Deductible Rx (H5812-024)	PFFS	$75.00	$22.00	$0	Basic		•
Tioga	Geisinger Health Plan Gold Choice	GHP Gold Choice Enhanced Rx (H5812-025)	PFFS	$87.00	$34.00	$0	Enhanced		•
Tioga	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Tioga	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Tioga	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Tioga	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Tioga	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Tioga	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Tioga	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Tioga	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Tioga	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Tioga	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Tioga	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Tioga	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Tioga	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Tioga	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Tioga	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Tioga	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Tioga	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Tioga	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Tioga	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Tioga	WellCare	Freedom (H4577-011)	PFFS	$0.00	$0.00	$0	Enhanced		•
Tioga	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Tioga	WellCare	Summit (H4577-008)	PFFS	$161.00	$31.30	$0	Enhanced		•

Pennsylvania 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
Union	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Union	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Union	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-011)	Local PPO *	$11.00					
Union	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-003)	Local PPO	$33.10	$19.70	$0	Enhanced		•
Union	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-015)	Local PPO	$76.80	$35.30	$0	Enhanced	Generics	•
Union	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-019)	Local PPO	$121.80	$35.30	$0	Enhanced	Generics	•
Union	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-098)	Local HMO *	$0.00					
Union	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-099)	Local HMO	$21.00	$21.00	$265	Basic		
Union	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-100)	Local HMO	$22.00	$22.00	$0	Basic		•
Union	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-101)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Union	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-009)	Local HMO *	$36.00					
Union	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-038)	Local HMO	$57.00	$21.00	$265	Basic		
Union	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-039)	Local HMO	$58.00	$22.00	$0	Basic		•
Union	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-040)	Local HMO	$70.00	$34.00	$0	Enhanced		•
Union	Geisinger Health Plan Gold	Geisinger Health Plan Gold Classic (H3954-003)	Local HMO *	$90.00					
Union	Geisinger Health Plan Gold	GHP Gold Classic Standard Rx (H3954-020)	Local HMO	$111.00	$21.00	$265	Basic		
Union	Geisinger Health Plan Gold	GHP Gold Classic $0 Deductible Rx (H3954-021)	Local HMO	$112.00	$22.00	$0	Basic		•
Union	Geisinger Health Plan Gold	GHP Gold Classic Enhanced Rx (H3954-022)	Local HMO	$124.00	$34.00	$0	Enhanced		•
Union	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice (H5812-010)	PFFS *	$32.00					
Union	Geisinger Health Plan Gold Choice	GHP Gold Choice Standard Rx (H5812-029)	PFFS	$53.00	$21.00	$265	Basic		
Union	Geisinger Health Plan Gold Choice	GHP Gold Choice $0 Deductible Rx (H5812-030)	PFFS	$54.00	$22.00	$0	Basic		•
Union	Geisinger Health Plan Gold Choice	GHP Gold Choice Enhanced Rx (H5812-031)	PFFS	$66.00	$34.00	$0	Enhanced		•
Union	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-001)	Local PPO *	$107.00					
Union	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-002)	Local PPO	$128.00	$21.00	$265	Basic		
Union	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-003)	Local PPO	$129.00	$22.00	$0	Basic		•
Union	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-004)	Local PPO	$141.00	$34.00	$0	Enhanced		•
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Union	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Union	Keystone Health Plan Central, Inc.	SeniorBlue Option 4 (H3962-012)	Local HMO *	$16.00					
Union	Keystone Health Plan Central, Inc.	SeniorBlue Option 3 (H3962-009)	Local HMO	$38.10	$19.70	$0	Enhanced		•
Union	Keystone Health Plan Central, Inc.	SeniorBlue Option 2 (H3962-006)	Local HMO	$66.80	$35.30	$0	Enhanced	Generics	•
Union	Keystone Health Plan Central, Inc.	SeniorBlue Option 1 (H3962-003)	Local HMO	$111.80	$35.30	$0	Enhanced	Generics	•
Union	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Union	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Union	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Union	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Union	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
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 (H3333-024)	PFFS *	$0.00					
Union	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Union	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Union	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$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	Freedom (H4577-011)	PFFS	$0.00	$0.00	$0	Enhanced		•
Union	WellCare	Concert (H4577-013)	PFFS	$41.00	$1.90	$0	Enhanced		•
Union	WellCare	Summit (H4577-008)	PFFS	$161.00	$31.30	$0	Enhanced		•
Venango	Highmark Inc.	FreedomBlue PPO HD Rx West Central PA (H3916-020)	Local PPO	$0.00	$0.00	$0	Basic		•

Pennsylvania 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
Venango	Highmark Inc.	FreedomBlue Classic PPO West Central PA (H3916-002)	Local PPO	$100.00	$17.50	$0	Basic		•
Venango	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Venango	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Venango	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Venango	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Venango	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Venango	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Venango	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Venango	Today's Option	Today's Options Value (H3333-029)	PFFS *	$15.00					
Venango	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Venango	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Venango	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Venango	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Venango	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Venango	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Venango	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Venango	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Warren	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Warren	Highmark Inc.	FreedomBlue PPO HD Rx West Central PA (H3916-020)	Local PPO	$0.00	$0.00	$0	Basic		•
Warren	Highmark Inc.	FreedomBlue Classic PPO West Central PA (H3916-002)	Local PPO	$100.00	$17.50	$0	Basic		•
Warren	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Warren	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Warren	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Warren	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Warren	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Warren	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Warren	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Warren	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Warren	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Warren	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Warren	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Warren	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Warren	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Warren	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Warren	UPMC Health Plan	UPMC for Life PFFS (PA) (H1254-001)	PFFS *	$8.80					
Washington	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Washington	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Washington	Fresenius Medical Health Plan, Inc. - Pennsylvania	FRESENIUS MEDICAL CARE HEALTH PLAN (H5606-001)	Demo *	$0.00					
Washington	HealthAmerica Advantra	Advantra Silver (H3959-015)	Local HMO	$30.00	$6.50	$0	Basic		•
Washington	HealthAmerica Advantra	Advantra Gold (H3959-008)	Local HMO	$60.00	$10.90	$0	Enhanced	Generics	•
Washington	Highmark Inc.	FreedomBlue PPO HD Rx Southwestern PA (H3916-019)	Local PPO	$0.00	$0.00	$0	Basic		•
Washington	Highmark Inc.	FreedomBlue Classic PPO Southwestern PA (H3916-001)	Local PPO	$115.00	$17.50	$0	Basic		•
Washington	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Washington	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA (H3957-024)	Local HMO *	$25.00					
Washington	Keystone Health Plan West, Inc.	SecurityBlue Standard Southwestern PA (H3957-003)	Local HMO	$63.00	$18.60	$0	Basic		•
Washington	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Southwestern PA (H3957-020)	Local HMO	$124.00	$30.50	$0	Enhanced	Generics	•

Pennsylvania 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
Washington	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Washington	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
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 Value (H3333-029)	PFFS *	$15.00					
Washington	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	$43.00	$27.70	$0	Basic		•
Washington	Today's Option	Today's Options Premier (H3333-030)	PFFS *	$46.00					
Washington	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	$85.00	$39.00	$0	Enhanced	Generics	•
Washington	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Washington	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Washington	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Washington	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Washington	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Washington	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Washington	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Wayne	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Wayne	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Wayne	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Wayne	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Wayne	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Wayne	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Wayne	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Wayne	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Wayne	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Wayne	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Wayne	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Wayne	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Wayne	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Wayne	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Westmoreland	Advantra PPO	Advantra PPO Gold (H5522-003)	Local PPO	$60.00	$10.90	$0	Enhanced	Generics	•
Westmoreland	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Westmoreland	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Westmoreland	Fresenius Medical Health Plan, Inc. - Pennsylvania	FRESENIUS MEDICAL CARE HEALTH PLAN (H5606-001)	Demo *	$0.00					
Westmoreland	HealthAmerica Advantra	Advantra Silver (H3959-011)	Local HMO	$0.00	$0.00	$0	Basic		•
Westmoreland	HealthAmerica Advantra	Advantra Gold (H3959-002)	Local HMO	$37.00	$10.90	$0	Enhanced	Generics	•
Westmoreland	Highmark Inc.	FreedomBlue PPO HD Rx Southwestern PA (H3916-019)	Local PPO	$0.00	$0.00	$0	Basic		•
Westmoreland	Highmark Inc.	FreedomBlue Classic PPO Southwestern PA (H3916-001)	Local PPO	$115.00	$17.50	$0	Basic		•
Westmoreland	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Westmoreland	Humana Insurance Company	Humana Gold Choice PFFS H1804-093 (H1804-093)	PFFS	$109.00	$22.70	$0	Enhanced		•
Westmoreland	Humana Insurance Company	Humana Gold Choice PFFS H1804-224 (H1804-224)	PFFS	$132.00	$24.00	$0	Enhanced		•
Westmoreland	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA (H3957-024)	Local HMO *	$25.00					
Westmoreland	Keystone Health Plan West, Inc.	SecurityBlue Standard Southwestern PA (H3957-003)	Local HMO	$63.00	$18.60	$0	Basic		•
Westmoreland	Keystone Health Plan West, Inc.	SecurityBlue Deluxe Southwestern PA (H3957-020)	Local HMO	$124.00	$30.50	$0	Enhanced	Generics	•
Westmoreland	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Westmoreland	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Westmoreland	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Westmoreland	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Westmoreland	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Westmoreland	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Westmoreland	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Westmoreland	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•

Pennsylvania 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
Westmoreland	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Westmoreland	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Westmoreland	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
Westmoreland	UPMC Health Plan	UPMC for Life HMO (H3907-002)	Local HMO *	$0.00					
Westmoreland	UPMC Health Plan	UPMC for Life HMO Rx (H3907-021)	Local HMO	$23.60	$23.60	$0	Basic		•
Westmoreland	UPMC Health Plan	UPMC for Life HMO Rx Enhanced (H3907-006)	Local HMO	$72.50	$36.70	$0	Enhanced	Generics	•
Westmoreland	UPMC Health Plan	UPMC for Life PPO Rx Enhanced (H5533-002)	Local PPO	$116.50	$36.70	$0	Enhanced	Generics	•
Westmoreland	WellCare	Duet (H4577-004)	PFFS *	$0.00					
Wyoming	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Wyoming	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Wyoming	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-102)	Local HMO *	$0.00					
Wyoming	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-103)	Local HMO	$21.00	$21.00	$265	Basic		
Wyoming	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-104)	Local HMO	$22.00	$22.00	$0	Basic		•
Wyoming	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-105)	Local HMO	$34.00	$34.00	$0	Enhanced		•
Wyoming	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-010)	Local HMO *	$43.00					
Wyoming	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-041)	Local HMO	$64.00	$21.00	$265	Basic		
Wyoming	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible Rx (H3954-042)	Local HMO	$65.00	$22.00	$0	Basic		•
Wyoming	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-043)	Local HMO	$77.00	$34.00	$0	Enhanced		•
Wyoming	Geisinger Health Plan Gold	Geisinger Health Plan Gold Classic (H3954-004)	Local HMO *	$99.00					
Wyoming	Geisinger Health Plan Gold	GHP Gold Classic Standard Rx (H3954-023)	Local HMO	$120.00	$21.00	$265	Basic		
Wyoming	Geisinger Health Plan Gold	GHP Gold Classic $0 Deductible Rx (H3954-024)	Local HMO	$121.00	$22.00	$0	Basic		•
Wyoming	Geisinger Health Plan Gold	GHP Gold Classic Enhanced Rx (H3954-025)	Local HMO	$133.00	$34.00	$0	Enhanced		•
Wyoming	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred (H3924-005)	Local PPO *	$119.00					
Wyoming	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx (H3924-006)	Local PPO	$140.00	$21.00	$265	Basic		
Wyoming	Geisinger Health Plan Gold Preferred	GHP Gold Preferred $0 Deductible Rx (H3924-007)	Local PPO	$141.00	$22.00	$0	Basic		•
Wyoming	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Enhanced Rx (H3924-008)	Local PPO	$153.00	$34.00	$0	Enhanced		•
Wyoming	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
Wyoming	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
Wyoming	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
Wyoming	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
Wyoming	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Wyoming	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Wyoming	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Wyoming	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
Wyoming	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
Wyoming	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
Wyoming	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
Wyoming	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
Wyoming	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
Wyoming	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Wyoming	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Wyoming	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Wyoming	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Wyoming	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
York	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
York	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
York	Capital Advantage Insurance Company	SeniorBlue PPO - Option 4 (H3923-012)	Local PPO *	$11.00					
York	Capital Advantage Insurance Company	SeniorBlue PPO - Option 3 (H3923-004)	Local PPO	$33.10	$19.70	$0	Enhanced		•
York	Capital Advantage Insurance Company	SeniorBlue PPO - Option 2 (H3923-016)	Local PPO	$71.80	$35.30	$0	Enhanced	Generics	•
York	Capital Advantage Insurance Company	SeniorBlue PPO - Option 1 (H3923-020)	Local PPO	$106.80	$35.30	$0	Enhanced	Generics	•
York	Geisinger Health Plan Gold	Geisinger Health Plan Gold Assure (H3954-098)	Local HMO *	$0.00					
York	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select (H3954-073)	Local HMO *	$15.00					
York	Geisinger Health Plan Gold	GHP Gold Assure Standard Rx (H3954-099)	Local HMO	$21.00	$21.00	$265	Basic		
York	Geisinger Health Plan Gold	GHP Gold Assure $0 Deductible Rx (H3954-100)	Local HMO	$22.00	$22.00	$0	Basic		•

Pennsylvania 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
York	Geisinger Health Plan Gold	GHP Gold Assure Enhanced Rx (H3954-101)	Local HMO	$34.00	$34.00	$0	Enhanced		•
York	Geisinger Health Plan Gold	GHP Gold Select Standard Rx (H3954-074)	Local HMO	$36.00	$21.00	$265	Basic		
York	Geisinger Health Plan Gold	GHP Gold Select $0 Deductible (H3954-075)	Local HMO	$37.00	$22.00	$0	Basic		•
York	Geisinger Health Plan Gold	GHP Gold Select Enhanced Rx (H3954-076)	Local HMO	$49.00	$34.00	$0	Enhanced		•
York	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice (H5812-009)	PFFS *	$0.00					
York	Geisinger Health Plan Gold Choice	GHP Gold Choice Standard Rx (H5812-026)	PFFS	$21.00	$21.00	$265	Basic		
York	Geisinger Health Plan Gold Choice	GHP Gold Choice $0 Deductible Rx (H5812-027)	PFFS	$22.00	$22.00	$0	Basic		•
York	Geisinger Health Plan Gold Choice	GHP Gold Choice Enhanced Rx (H5812-028)	PFFS	$34.00	$34.00	$0	Enhanced		•
York	Highmark Inc.	FreedomBlue PPO Basic Rx East Central PA (H3916-018)	Local PPO	$0.00	$0.00	$0	Basic		•
York	Highmark Inc.	FreedomBlue PPO Value East Central PA (H3916-012)	Local PPO *	$23.00					
York	Highmark Inc.	FreedomBlue PPO Standard East Central PA (H3916-015)	Local PPO	$66.00	$17.50	$0	Basic		•
York	Highmark Inc.	FreedomBlue PPO Deluxe East Central PA (H3916-005)	Local PPO	$94.00	$35.30	$0	Enhanced	Generics	•
York	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 (H1804-091)	PFFS	$0.00	$0.00	$0	Enhanced		•
York	Humana Insurance Company	Humana Gold Choice PFFS H1804-223 (H1804-223)	PFFS	$23.00	$23.00	$0	Enhanced		•
York	Humana Insurance Company	HumanaChoicePPO PPO R5826-002 (R5826-002)	Regional PPO	$82.00	$27.30	$0	Basic		•
York	MPower Health	MPower Health (H8011-002)	MSA Demo *	$0.00					
York	SecureHorizons	MedicareComplete Choice Plan 1 (H3921-001)	Local PPO	$0.00	$0.00	$0	Enhanced		•
York	SecureHorizons	MedicareComplete Choice Plan 2 (H3921-005)	Local PPO *	$0.00					
York	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 53 (H2408-015)	PFFS	$0.00	$0.00	$0	Enhanced		•
York	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
York	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
York	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
York	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
York	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	$9.00					
York	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	$28.70	$28.70	$100	Enhanced		•
York	Today's Option	Today's Options Premier (H3333-024)	PFFS *	$0.00					
York	Today's Option	Today's Options Value (H3333-023)	PFFS *	$0.00					
York	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	$0.00	$0.00	$0	Basic		•
York	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	$39.00	$38.90	$0	Enhanced	Generics	•
York	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
York	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
York	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
York	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
York	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
York	Unison Advantage	Unison Advantage Choice (H3920-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
York	Unison Advantage	Unison Advantage Preferred (H3920-002)	Local HMO	$54.00	$54.00	$0	Enhanced	Generics	•
York	WellCare	Concert (H4577-012)	PFFS	$0.00	$0.00	$0	Enhanced		•
York	WellCare	Duet (H4577-004)	PFFS *	$0.00					
York	WellCare	Summit (H4577-007)	PFFS	$140.90	$14.40	$0	Enhanced		•