Landscape of Plan Options in

Puerto Rico

2007

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Prescription Drug Coverage

Medicare Advantage Cost Plans and Demonstrations

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Puerto Rico 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
Adjuntas	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Adjuntas	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Adjuntas	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Adjuntas	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Adjuntas	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Adjuntas	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Adjuntas	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Adjuntas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Adjuntas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Adjuntas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Adjuntas	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Adjuntas	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Adjuntas	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Adjuntas	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Adjuntas	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Adjuntas	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Adjuntas	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Adjuntas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Adjuntas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Adjuntas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Adjuntas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Adjuntas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Adjuntas	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Adjuntas	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Adjuntas	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Adjuntas	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Adjuntas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Adjuntas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Adjuntas	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Adjuntas	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Adjuntas	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Adjuntas	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Adjuntas	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Adjuntas	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Adjuntas	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Adjuntas	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Adjuntas	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Aguada	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Aguada	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aguada	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguada	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aguada	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Aguada	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Aguada	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	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
Aguada	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Aguada	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Aguada	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Aguada	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Aguada	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Aguada	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Aguada	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aguada	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Aguada	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Aguada	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aguada	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Aguada	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Aguada	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Aguada	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Aguada	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguada	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Aguada	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Aguada	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguada	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Aguada	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Aguada	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguada	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Aguada	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Aguada	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Aguada	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Aguada	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Aguada	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguada	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Aguadilla	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Aguadilla	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aguadilla	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguadilla	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aguadilla	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Aguadilla	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Aguadilla	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguadilla	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Aguadilla	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Aguadilla	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Aguadilla	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Aguadilla	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Aguadilla	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Aguadilla	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aguadilla	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Aguadilla	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Aguadilla	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aguadilla	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Aguadilla	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Aguadilla	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Aguadilla	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Aguadilla	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguadilla	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Aguadilla	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Aguadilla	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguadilla	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Aguadilla	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Aguadilla	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguadilla	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Aguadilla	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Aguadilla	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Aguadilla	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Aguadilla	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Aguadilla	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguadilla	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Aguas Buenas	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Aguas Buenas	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aguas Buenas	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguas Buenas	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aguas Buenas	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Aguas Buenas	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aguas Buenas	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Aguas Buenas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Aguas Buenas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguas Buenas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Aguas Buenas	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Aguas Buenas	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Aguas Buenas	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Aguas Buenas	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Aguas Buenas	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Aguas Buenas	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aguas Buenas	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Aguas Buenas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Aguas Buenas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aguas Buenas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Aguas Buenas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Aguas Buenas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Aguas Buenas	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Aguas Buenas	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguas Buenas	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Aguas Buenas	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Aguas Buenas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguas Buenas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					

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Aguas Buenas	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguas Buenas	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Aguas Buenas	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aguas Buenas	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Aguas Buenas	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Aguas Buenas	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Aguas Buenas	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Aguas Buenas	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Aguas Buenas	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Aguas Buenas	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Aguas Buenas	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Aguas Buenas	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Aibonito	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Aibonito	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aibonito	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aibonito	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aibonito	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Aibonito	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Aibonito	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aibonito	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Aibonito	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Aibonito	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Aibonito	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Aibonito	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Aibonito	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Aibonito	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aibonito	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Aibonito	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Aibonito	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Aibonito	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Aibonito	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Aibonito	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Aibonito	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Aibonito	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aibonito	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Aibonito	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Aibonito	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aibonito	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Aibonito	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Aibonito	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aibonito	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Aibonito	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Aibonito	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Aibonito	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•

Puerto Rico 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
Aibonito	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Aibonito	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Aibonito	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Aibonito	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Aibonito	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Aibonito	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Aibonito	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Anasco	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Anasco	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Anasco	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Anasco	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Anasco	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Anasco	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Anasco	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Anasco	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Anasco	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Anasco	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Anasco	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Anasco	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Anasco	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Anasco	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Anasco	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Anasco	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Anasco	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Anasco	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Anasco	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Anasco	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Anasco	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Anasco	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Anasco	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Anasco	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Anasco	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Anasco	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Anasco	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Anasco	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Anasco	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Anasco	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Anasco	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Anasco	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Anasco	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Anasco	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Anasco	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Arecibo	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Arecibo	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Arecibo	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Arecibo	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•

Puerto Rico 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
Arecibo	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Arecibo	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Arecibo	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Arecibo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Arecibo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Arecibo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Arecibo	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Arecibo	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Arecibo	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Arecibo	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Arecibo	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Arecibo	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Arecibo	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Arecibo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Arecibo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Arecibo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Arecibo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Arecibo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Arecibo	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Arecibo	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Arecibo	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Arecibo	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Arecibo	Medicare Ultra	Health Medicare Ultra, Inc. (H9136-001)	Local HMO	$8.20	$0.00	$0	Enhanced		•
Arecibo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Arecibo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Arecibo	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Arecibo	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Arecibo	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Arecibo	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Arecibo	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Arecibo	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Arecibo	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Arecibo	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Arecibo	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Arroyo	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Arroyo	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Arroyo	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Arroyo	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Arroyo	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Arroyo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Arroyo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Arroyo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Arroyo	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Arroyo	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$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
Arroyo	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Arroyo	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Arroyo	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Arroyo	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Arroyo	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Arroyo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Arroyo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Arroyo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Arroyo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Arroyo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Arroyo	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Arroyo	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Arroyo	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Arroyo	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Arroyo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Arroyo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Arroyo	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Arroyo	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Arroyo	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Arroyo	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Arroyo	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Arroyo	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Barceloneta	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Barceloneta	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Barceloneta	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Barceloneta	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Barceloneta	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Barceloneta	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Barceloneta	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Barceloneta	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Barceloneta	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Barceloneta	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Barceloneta	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Barceloneta	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Barceloneta	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Barceloneta	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Barceloneta	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Barceloneta	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Barceloneta	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Barceloneta	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Barceloneta	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Barceloneta	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Barceloneta	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Barceloneta	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Barceloneta	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					

Puerto Rico 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
Barceloneta	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Barceloneta	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Barceloneta	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Barceloneta	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Barceloneta	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Barceloneta	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Barceloneta	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Barceloneta	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Barceloneta	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Barceloneta	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Barceloneta	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Barranquitas	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Barranquitas	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Barranquitas	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Barranquitas	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Barranquitas	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Barranquitas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Barranquitas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Barranquitas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Barranquitas	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Barranquitas	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Barranquitas	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Barranquitas	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Barranquitas	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Barranquitas	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Barranquitas	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Barranquitas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Barranquitas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Barranquitas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Barranquitas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Barranquitas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Barranquitas	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Barranquitas	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Barranquitas	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Barranquitas	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Barranquitas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Barranquitas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Barranquitas	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Barranquitas	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Barranquitas	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Barranquitas	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Barranquitas	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Barranquitas	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Barranquitas	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Barranquitas	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Barranquitas	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•

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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
Barranquitas	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Barranquitas	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Barranquitas	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Barranquitas	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Bayamon	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Bayamon	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Bayamon	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Bayamon	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Bayamon	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Bayamon	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Bayamon	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Bayamon	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Bayamon	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Bayamon	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Bayamon	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Bayamon	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Bayamon	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Bayamon	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Bayamon	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Bayamon	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Bayamon	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Bayamon	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Bayamon	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Bayamon	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Bayamon	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Bayamon	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Bayamon	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Bayamon	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Bayamon	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Bayamon	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Bayamon	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Bayamon	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Bayamon	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Bayamon	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Bayamon	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Bayamon	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Bayamon	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Bayamon	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Bayamon	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Bayamon	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Bayamon	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Bayamon	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Bayamon	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Bayamon	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Bayamon	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Bayamon	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Bayamon	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Bayamon	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Cabo Rojo	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Cabo Rojo	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Cabo Rojo	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cabo Rojo	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Cabo Rojo	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Cabo Rojo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Cabo Rojo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cabo Rojo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Cabo Rojo	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Cabo Rojo	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Cabo Rojo	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Cabo Rojo	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Cabo Rojo	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Cabo Rojo	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Cabo Rojo	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Cabo Rojo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Cabo Rojo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Cabo Rojo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Cabo Rojo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Cabo Rojo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Cabo Rojo	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Cabo Rojo	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cabo Rojo	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Cabo Rojo	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Cabo Rojo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cabo Rojo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Cabo Rojo	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Cabo Rojo	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cabo Rojo	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Cabo Rojo	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Cabo Rojo	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Cabo Rojo	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Cabo Rojo	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Cabo Rojo	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cabo Rojo	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Caguas	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Caguas	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Caguas	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Caguas	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Caguas	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Caguas	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Caguas	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•

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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
Caguas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Caguas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Caguas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Caguas	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Caguas	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Caguas	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Caguas	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Caguas	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Caguas	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Caguas	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Caguas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Caguas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Caguas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Caguas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Caguas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Caguas	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Caguas	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Caguas	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Caguas	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Caguas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Caguas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Caguas	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Caguas	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Caguas	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Caguas	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
Caguas	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Caguas	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Caguas	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Caguas	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Caguas	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Caguas	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Caguas	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Caguas	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Caguas	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Caguas	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Caguas	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Caguas	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Caguas	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Camuy	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Camuy	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Camuy	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Camuy	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Camuy	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Camuy	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					

Puerto Rico 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
Camuy	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Camuy	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Camuy	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Camuy	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Camuy	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Camuy	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Camuy	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Camuy	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Camuy	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Camuy	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Camuy	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Camuy	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Camuy	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Camuy	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Camuy	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Camuy	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Camuy	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Camuy	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Camuy	Medicare Ultra	Health Medicare Ultra, Inc. (H9136-001)	Local HMO	$8.20	$0.00	$0	Enhanced		•
Camuy	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Camuy	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Camuy	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Camuy	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Camuy	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Camuy	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Camuy	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Camuy	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Camuy	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Camuy	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Camuy	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Canovanas	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Canovanas	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Canovanas	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Canovanas	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Canovanas	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Canovanas	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Canovanas	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Canovanas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Canovanas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Canovanas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Canovanas	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Canovanas	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Canovanas	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Canovanas	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Canovanas	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•

Puerto Rico 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
Canovanas	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Canovanas	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Canovanas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Canovanas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Canovanas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Canovanas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Canovanas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Canovanas	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Canovanas	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Canovanas	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Canovanas	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Canovanas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Canovanas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Canovanas	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Canovanas	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Canovanas	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Canovanas	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
Canovanas	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Canovanas	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Canovanas	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Canovanas	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Canovanas	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Canovanas	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Canovanas	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Canovanas	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Canovanas	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Canovanas	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Canovanas	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Canovanas	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Canovanas	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Carolina	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Carolina	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Carolina	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Carolina	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Carolina	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Carolina	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Carolina	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Carolina	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Carolina	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Carolina	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Carolina	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Carolina	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Carolina	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Carolina	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Carolina	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•

Puerto Rico 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
Carolina	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Carolina	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Carolina	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Carolina	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Carolina	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Carolina	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Carolina	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Carolina	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Carolina	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Carolina	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Carolina	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Carolina	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Carolina	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Carolina	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Carolina	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Carolina	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Carolina	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
Carolina	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Carolina	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Carolina	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Carolina	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Carolina	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Carolina	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Carolina	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Carolina	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Carolina	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Carolina	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Carolina	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Carolina	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Carolina	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Catano	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Catano	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Catano	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Catano	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Catano	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Catano	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Catano	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Catano	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Catano	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Catano	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Catano	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Catano	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Catano	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Catano	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Catano	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•

Puerto Rico 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
Catano	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Catano	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Catano	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Catano	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Catano	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Catano	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Catano	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Catano	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Catano	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Catano	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Catano	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Catano	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Catano	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Catano	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Catano	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Catano	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Catano	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Catano	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Catano	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Catano	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Catano	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Catano	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Catano	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Catano	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Catano	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Catano	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Catano	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Catano	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Catano	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Cayey	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Cayey	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Cayey	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cayey	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Cayey	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Cayey	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Cayey	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cayey	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Cayey	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Cayey	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Cayey	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Cayey	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Cayey	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Cayey	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Cayey	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Cayey	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Cayey	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•

Puerto Rico 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
Cayey	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Cayey	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Cayey	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Cayey	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Cayey	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cayey	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Cayey	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Cayey	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cayey	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Cayey	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Cayey	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cayey	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Cayey	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cayey	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Cayey	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Cayey	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Cayey	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Cayey	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Cayey	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Cayey	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Cayey	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Cayey	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Ceiba	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Ceiba	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ceiba	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ceiba	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ceiba	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Ceiba	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Ceiba	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ceiba	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Ceiba	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Ceiba	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Ceiba	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Ceiba	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Ceiba	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Ceiba	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ceiba	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Ceiba	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Ceiba	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ceiba	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Ceiba	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Ceiba	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Ceiba	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Ceiba	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•

Puerto Rico 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
Ceiba	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Ceiba	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Ceiba	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ceiba	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Ceiba	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Ceiba	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ceiba	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Ceiba	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
Ceiba	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Ceiba	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Ceiba	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Ciales	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Ciales	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ciales	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ciales	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ciales	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Ciales	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ciales	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Ciales	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Ciales	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ciales	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Ciales	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Ciales	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Ciales	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Ciales	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Ciales	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Ciales	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ciales	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Ciales	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Ciales	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ciales	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Ciales	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Ciales	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Ciales	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Ciales	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ciales	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Ciales	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Ciales	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ciales	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Ciales	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Ciales	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ciales	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Ciales	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ciales	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Ciales	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Ciales	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$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
Ciales	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Ciales	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Ciales	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Ciales	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Ciales	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Ciales	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Cidra	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Cidra	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Cidra	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cidra	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Cidra	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Cidra	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Cidra	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cidra	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Cidra	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Cidra	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Cidra	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Cidra	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Cidra	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Cidra	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Cidra	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Cidra	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Cidra	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Cidra	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Cidra	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Cidra	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Cidra	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Cidra	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cidra	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Cidra	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Cidra	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cidra	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Cidra	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Cidra	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cidra	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Cidra	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Cidra	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Cidra	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Cidra	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Cidra	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Cidra	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Cidra	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Cidra	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Cidra	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•

Puerto Rico 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
Cidra	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Coamo	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Coamo	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Coamo	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Coamo	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Coamo	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Coamo	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Coamo	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Coamo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Coamo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Coamo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Coamo	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Coamo	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Coamo	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Coamo	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Coamo	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Coamo	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Coamo	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Coamo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Coamo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Coamo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Coamo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Coamo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Coamo	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Coamo	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Coamo	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Coamo	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Coamo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Coamo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Coamo	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Coamo	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Coamo	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Coamo	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Coamo	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Coamo	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Comerio	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Comerio	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Comerio	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Comerio	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Comerio	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Comerio	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Comerio	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Comerio	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Comerio	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•

Puerto Rico 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
Comerio	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Comerio	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Comerio	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Comerio	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Comerio	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Comerio	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Comerio	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Comerio	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Comerio	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Comerio	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Comerio	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Comerio	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Comerio	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Comerio	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Comerio	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Comerio	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Comerio	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Comerio	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Comerio	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Comerio	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Comerio	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Comerio	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Comerio	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Comerio	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Comerio	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Comerio	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Comerio	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Comerio	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Comerio	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Comerio	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Comerio	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Comerio	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Corozal	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Corozal	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Corozal	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Corozal	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Corozal	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Corozal	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Corozal	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Corozal	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Corozal	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Corozal	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Corozal	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Corozal	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		

Puerto Rico 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
Corozal	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Corozal	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Corozal	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Corozal	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Corozal	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Corozal	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Corozal	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Corozal	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Corozal	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Corozal	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Corozal	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Corozal	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Corozal	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Corozal	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Corozal	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Corozal	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Corozal	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Corozal	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Corozal	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Corozal	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Corozal	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Corozal	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Corozal	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Corozal	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Corozal	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Corozal	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Corozal	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Corozal	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Corozal	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Culebra	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Culebra	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Culebra	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Culebra	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Culebra	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Culebra	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Culebra	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Culebra	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Culebra	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Culebra	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Culebra	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Culebra	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Culebra	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Culebra	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Culebra	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Culebra	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Culebra	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•

Puerto Rico 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
Culebra	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Culebra	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Culebra	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Culebra	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Culebra	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Culebra	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Culebra	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Culebra	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Culebra	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Culebra	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Culebra	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Culebra	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Culebra	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
Culebra	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Culebra	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Culebra	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Dorado	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Dorado	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Dorado	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Dorado	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Dorado	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Dorado	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Dorado	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Dorado	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Dorado	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Dorado	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Dorado	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Dorado	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Dorado	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Dorado	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Dorado	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Dorado	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Dorado	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Dorado	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Dorado	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Dorado	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Dorado	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Dorado	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Dorado	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Dorado	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Dorado	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Dorado	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Dorado	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Dorado	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Dorado	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					

Puerto Rico 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
Dorado	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Dorado	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Dorado	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Dorado	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Dorado	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Dorado	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Dorado	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Dorado	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Dorado	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Dorado	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Dorado	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Dorado	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Dorado	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Dorado	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Dorado	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Fajardo	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Fajardo	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Fajardo	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Fajardo	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Fajardo	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Fajardo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Fajardo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Fajardo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Fajardo	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Fajardo	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Fajardo	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Fajardo	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Fajardo	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Fajardo	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Fajardo	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Fajardo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Fajardo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Fajardo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Fajardo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Fajardo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Fajardo	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Fajardo	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Fajardo	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Fajardo	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Fajardo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Fajardo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Fajardo	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Fajardo	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Fajardo	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Fajardo	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$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
Fajardo	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Fajardo	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Fajardo	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Fajardo	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Fajardo	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Fajardo	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Florida	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Florida	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Florida	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Florida	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Florida	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Florida	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Florida	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Florida	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Florida	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Florida	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Florida	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Florida	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Florida	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Florida	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Florida	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Florida	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Florida	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Florida	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Florida	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Florida	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Florida	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Florida	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Florida	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Florida	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Florida	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Florida	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Florida	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Florida	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Florida	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Florida	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Florida	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Florida	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Florida	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Florida	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Guanica	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Guanica	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guanica	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guanica	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guanica	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Guanica	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	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
Guanica	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guanica	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Guanica	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Guanica	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Guanica	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Guanica	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Guanica	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Guanica	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guanica	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Guanica	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Guanica	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guanica	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Guanica	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Guanica	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Guanica	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Guanica	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guanica	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Guanica	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Guanica	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guanica	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Guanica	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Guanica	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guanica	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Guanica	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Guanica	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Guanica	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Guayama	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Guayama	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guayama	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guayama	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guayama	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Guayama	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Guayama	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guayama	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Guayama	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Guayama	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Guayama	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Guayama	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Guayama	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Guayama	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guayama	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Guayama	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Guayama	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guayama	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Guayama	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•

Puerto Rico 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
Guayama	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Guayama	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Guayama	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guayama	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Guayama	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Guayama	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guayama	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Guayama	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Guayama	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guayama	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Guayama	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Guayama	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Guayama	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Guayanilla	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Guayanilla	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guayanilla	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guayanilla	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guayanilla	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Guayanilla	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guayanilla	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Guayanilla	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Guayanilla	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guayanilla	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Guayanilla	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Guayanilla	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Guayanilla	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Guayanilla	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Guayanilla	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Guayanilla	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guayanilla	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Guayanilla	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Guayanilla	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guayanilla	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Guayanilla	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Guayanilla	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Guayanilla	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Guayanilla	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guayanilla	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Guayanilla	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Guayanilla	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guayanilla	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Guayanilla	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Guayanilla	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guayanilla	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Guayanilla	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					

Puerto Rico 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
Guayanilla	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Guayanilla	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Guaynabo	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Guaynabo	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guaynabo	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guaynabo	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guaynabo	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Guaynabo	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guaynabo	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Guaynabo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Guaynabo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guaynabo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Guaynabo	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Guaynabo	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Guaynabo	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Guaynabo	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Guaynabo	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Guaynabo	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guaynabo	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Guaynabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Guaynabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Guaynabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Guaynabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Guaynabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Guaynabo	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Guaynabo	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guaynabo	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Guaynabo	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Guaynabo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guaynabo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Guaynabo	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Guaynabo	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guaynabo	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Guaynabo	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Guaynabo	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Guaynabo	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Guaynabo	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Guaynabo	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Guaynabo	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Guaynabo	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Guaynabo	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Guaynabo	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Guaynabo	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Guaynabo	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Guaynabo	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•

Puerto Rico 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
Guaynabo	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Gurabo	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Gurabo	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Gurabo	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Gurabo	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Gurabo	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Gurabo	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Gurabo	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Gurabo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Gurabo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Gurabo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Gurabo	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Gurabo	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Gurabo	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Gurabo	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Gurabo	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Gurabo	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Gurabo	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Gurabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Gurabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Gurabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Gurabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Gurabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Gurabo	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Gurabo	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Gurabo	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Gurabo	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Gurabo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Gurabo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Gurabo	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Gurabo	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Gurabo	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Gurabo	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
Gurabo	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Gurabo	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Gurabo	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Gurabo	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Gurabo	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Gurabo	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Gurabo	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Gurabo	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Gurabo	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Gurabo	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Hatillo	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Hatillo	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•

Puerto Rico 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
Hatillo	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hatillo	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Hatillo	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Hatillo	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Hatillo	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Hatillo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Hatillo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hatillo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Hatillo	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Hatillo	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Hatillo	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Hatillo	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Hatillo	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Hatillo	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Hatillo	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Hatillo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Hatillo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Hatillo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Hatillo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Hatillo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Hatillo	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Hatillo	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hatillo	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Hatillo	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Hatillo	Medicare Ultra	Health Medicare Ultra, Inc. (H9136-001)	Local HMO	$8.20	$0.00	$0	Enhanced		•
Hatillo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hatillo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Hatillo	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Hatillo	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hatillo	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Hatillo	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Hatillo	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Hatillo	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Hatillo	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Hatillo	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hatillo	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Hormigueros	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Hormigueros	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Hormigueros	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hormigueros	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Hormigueros	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Hormigueros	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Hormigueros	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hormigueros	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•

Puerto Rico 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
Hormigueros	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Hormigueros	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Hormigueros	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Hormigueros	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Hormigueros	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Hormigueros	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Hormigueros	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Hormigueros	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Hormigueros	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Hormigueros	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Hormigueros	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Hormigueros	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Hormigueros	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Hormigueros	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hormigueros	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Hormigueros	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Hormigueros	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hormigueros	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Hormigueros	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Hormigueros	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hormigueros	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Hormigueros	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Hormigueros	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Hormigueros	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Hormigueros	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Hormigueros	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Hormigueros	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Humacao	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Humacao	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Humacao	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Humacao	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Humacao	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Humacao	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Humacao	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Humacao	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Humacao	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Humacao	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Humacao	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Humacao	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Humacao	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Humacao	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Humacao	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Humacao	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Humacao	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Humacao	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Humacao	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•

Puerto Rico 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
Humacao	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Humacao	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Humacao	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Humacao	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Humacao	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Humacao	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Humacao	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Humacao	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Humacao	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Humacao	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Humacao	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
Humacao	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Humacao	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Humacao	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Humacao	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Humacao	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Humacao	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Humacao	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Humacao	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Humacao	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Humacao	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Isabela	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Isabela	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Isabela	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Isabela	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Isabela	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Isabela	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Isabela	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Isabela	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Isabela	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Isabela	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Isabela	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Isabela	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Isabela	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Isabela	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Isabela	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Isabela	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Isabela	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Isabela	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Isabela	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Isabela	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Isabela	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Isabela	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Isabela	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Isabela	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•

Puerto Rico 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
Isabela	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Isabela	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Isabela	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Isabela	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Isabela	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Isabela	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Isabela	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Isabela	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Jayuya	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Jayuya	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Jayuya	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Jayuya	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Jayuya	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Jayuya	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Jayuya	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Jayuya	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Jayuya	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Jayuya	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Jayuya	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Jayuya	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Jayuya	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Jayuya	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Jayuya	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Jayuya	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Jayuya	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Jayuya	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Jayuya	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Jayuya	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Jayuya	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Jayuya	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Jayuya	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Jayuya	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Jayuya	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Jayuya	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Jayuya	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Jayuya	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Jayuya	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Jayuya	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Jayuya	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Jayuya	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Jayuya	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Jayuya	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Jayuya	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Jayuya	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Jayuya	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Juana Diaz	American Health Medicare	American Health Basic (H5774-003)	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
Juana Diaz	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Juana Diaz	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Juana Diaz	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Juana Diaz	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Juana Diaz	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Juana Diaz	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Juana Diaz	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Juana Diaz	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Juana Diaz	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Juana Diaz	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Juana Diaz	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Juana Diaz	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Juana Diaz	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Juana Diaz	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Juana Diaz	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Juana Diaz	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Juana Diaz	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Juana Diaz	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Juana Diaz	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Juana Diaz	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Juana Diaz	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Juana Diaz	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Juana Diaz	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Juana Diaz	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Juana Diaz	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Juana Diaz	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Juana Diaz	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Juana Diaz	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Juana Diaz	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Juana Diaz	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Juana Diaz	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Juana Diaz	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Juana Diaz	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Juncos	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Juncos	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Juncos	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Juncos	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Juncos	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Juncos	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Juncos	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Juncos	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Juncos	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Juncos	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Juncos	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$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
Juncos	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Juncos	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Juncos	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Juncos	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Juncos	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Juncos	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Juncos	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Juncos	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Juncos	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Juncos	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Juncos	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Juncos	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Juncos	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Juncos	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Juncos	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Juncos	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Juncos	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Juncos	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Juncos	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
Juncos	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Juncos	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Juncos	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Juncos	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Juncos	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Juncos	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Juncos	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Juncos	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Juncos	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Juncos	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Lajas	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Lajas	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Lajas	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Lajas	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Lajas	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Lajas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Lajas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Lajas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Lajas	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Lajas	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Lajas	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Lajas	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Lajas	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Lajas	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Lajas	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Lajas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Lajas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•

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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
Lajas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Lajas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Lajas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Lajas	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Lajas	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Lajas	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Lajas	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Lajas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Lajas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Lajas	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Lajas	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Lajas	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Lajas	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Lajas	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Lajas	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Lares	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Lares	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Lares	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Lares	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Lares	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Lares	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Lares	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Lares	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Lares	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Lares	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Lares	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Lares	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Lares	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Lares	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Lares	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Lares	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Lares	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Lares	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Lares	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Lares	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Lares	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Lares	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Lares	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Lares	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Lares	Medicare Ultra	Health Medicare Ultra, Inc. (H9136-001)	Local HMO	$8.20	$0.00	$0	Enhanced		•
Lares	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Lares	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Lares	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Lares	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Lares	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•

Puerto Rico 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
Lares	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Lares	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Lares	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Lares	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Lares	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Lares	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Las Marias	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Las Marias	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Las Marias	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Las Marias	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Las Marias	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Las Marias	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Las Marias	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Las Marias	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Las Marias	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Las Marias	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Las Marias	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Las Marias	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Las Marias	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Las Marias	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Las Marias	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Las Marias	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Las Marias	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Las Marias	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Las Marias	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Las Marias	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Las Marias	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Las Marias	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Las Marias	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Las Marias	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Las Marias	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Las Marias	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Las Marias	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Las Marias	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Las Marias	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Las Marias	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Las Marias	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Las Marias	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Las Marias	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Las Marias	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Las Marias	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Las Piedras	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Las Piedras	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Las Piedras	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Las Piedras	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Las Piedras	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Las Piedras	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					

Puerto Rico 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
Las Piedras	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Las Piedras	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Las Piedras	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Las Piedras	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Las Piedras	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Las Piedras	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Las Piedras	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Las Piedras	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Las Piedras	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Las Piedras	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Las Piedras	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Las Piedras	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Las Piedras	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Las Piedras	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Las Piedras	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Las Piedras	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Las Piedras	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Las Piedras	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Las Piedras	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Las Piedras	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Las Piedras	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Las Piedras	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Las Piedras	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Las Piedras	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
Las Piedras	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Las Piedras	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Las Piedras	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Las Piedras	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Las Piedras	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Las Piedras	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Las Piedras	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Las Piedras	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Las Piedras	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Las Piedras	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Loiza	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Loiza	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Loiza	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Loiza	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Loiza	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Loiza	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Loiza	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Loiza	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Loiza	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	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
Loiza	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Loiza	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Loiza	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Loiza	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Loiza	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Loiza	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Loiza	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Loiza	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Loiza	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Loiza	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Loiza	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Loiza	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Loiza	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Loiza	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Loiza	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Loiza	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Loiza	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Loiza	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Loiza	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Loiza	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Loiza	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Loiza	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Loiza	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
Loiza	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Loiza	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Loiza	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Loiza	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Loiza	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Loiza	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Loiza	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Loiza	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Loiza	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Loiza	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Loiza	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Loiza	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Loiza	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Luquillo	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Luquillo	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Luquillo	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Luquillo	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Luquillo	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Luquillo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Luquillo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Luquillo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Luquillo	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					

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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
Luquillo	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Luquillo	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Luquillo	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Luquillo	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Luquillo	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Luquillo	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Luquillo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Luquillo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Luquillo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Luquillo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Luquillo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Luquillo	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Luquillo	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Luquillo	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Luquillo	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Luquillo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Luquillo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Luquillo	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Luquillo	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Luquillo	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Luquillo	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
Luquillo	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Luquillo	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Luquillo	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Luquillo	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Luquillo	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Luquillo	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Manati	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Manati	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Manati	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Manati	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Manati	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Manati	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Manati	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Manati	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Manati	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Manati	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Manati	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Manati	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Manati	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Manati	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Manati	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Manati	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Manati	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Manati	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Manati	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Manati	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Manati	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Manati	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Manati	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Manati	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Manati	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Manati	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Manati	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Manati	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Manati	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Manati	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Manati	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Manati	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Manati	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Manati	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Manati	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Manati	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Manati	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Manati	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Manati	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Manati	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Manati	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Maricao	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Maricao	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Maricao	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Maricao	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Maricao	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Maricao	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Maricao	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Maricao	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Maricao	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Maricao	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Maricao	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Maricao	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Maricao	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Maricao	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Maricao	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Maricao	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Maricao	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Maricao	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Maricao	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Maricao	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Maricao	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Maricao	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Maricao	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Maricao	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Maricao	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Maricao	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Maricao	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Maricao	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Maricao	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Maricao	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Maricao	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Maricao	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Maricao	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Maricao	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Maricao	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Maunabo	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Maunabo	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Maunabo	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Maunabo	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Maunabo	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Maunabo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Maunabo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Maunabo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Maunabo	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Maunabo	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Maunabo	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Maunabo	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Maunabo	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Maunabo	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Maunabo	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Maunabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Maunabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Maunabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Maunabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Maunabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Maunabo	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Maunabo	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Maunabo	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Maunabo	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Maunabo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Maunabo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Maunabo	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Maunabo	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Maunabo	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Maunabo	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Maunabo	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Maunabo	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Mayaguez	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Mayaguez	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Mayaguez	American Health Medicare	Security (H5774-008)	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
Mayaguez	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Mayaguez	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Mayaguez	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Mayaguez	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Mayaguez	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Mayaguez	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Mayaguez	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Mayaguez	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Mayaguez	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Mayaguez	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Mayaguez	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Mayaguez	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Mayaguez	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Mayaguez	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Mayaguez	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Mayaguez	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Mayaguez	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Mayaguez	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Mayaguez	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Mayaguez	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Mayaguez	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Mayaguez	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Mayaguez	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Mayaguez	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Mayaguez	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Mayaguez	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Mayaguez	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Mayaguez	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Mayaguez	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Mayaguez	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Mayaguez	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Mayaguez	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Moca	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Moca	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Moca	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Moca	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Moca	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Moca	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Moca	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Moca	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Moca	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Moca	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Moca	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Moca	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Moca	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•

Puerto Rico 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
Moca	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Moca	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Moca	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Moca	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Moca	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Moca	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Moca	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Moca	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Moca	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Moca	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Moca	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Moca	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Moca	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Moca	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Moca	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Moca	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Moca	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Moca	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Moca	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Moca	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Moca	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Moca	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Morovis	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Morovis	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Morovis	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Morovis	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Morovis	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Morovis	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Morovis	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Morovis	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Morovis	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Morovis	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Morovis	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Morovis	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Morovis	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Morovis	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Morovis	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Morovis	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Morovis	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Morovis	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Morovis	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Morovis	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Morovis	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Morovis	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Morovis	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					

Puerto Rico 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
Morovis	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Morovis	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Morovis	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Morovis	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Morovis	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Morovis	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Morovis	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Morovis	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Morovis	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Morovis	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Morovis	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Morovis	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Morovis	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Morovis	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Morovis	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Morovis	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Morovis	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Morovis	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Naguabo	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Naguabo	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Naguabo	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Naguabo	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Naguabo	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Naguabo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Naguabo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Naguabo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Naguabo	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Naguabo	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Naguabo	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Naguabo	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Naguabo	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Naguabo	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Naguabo	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Naguabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Naguabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Naguabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Naguabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Naguabo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Naguabo	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Naguabo	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Naguabo	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Naguabo	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Naguabo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Naguabo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Naguabo	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Naguabo	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•

Puerto Rico 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
Naguabo	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Naguabo	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
Naguabo	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Naguabo	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Naguabo	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Naranjito	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Naranjito	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Naranjito	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Naranjito	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Naranjito	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Naranjito	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Naranjito	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Naranjito	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Naranjito	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Naranjito	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Naranjito	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Naranjito	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Naranjito	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Naranjito	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Naranjito	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Naranjito	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Naranjito	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Naranjito	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Naranjito	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Naranjito	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Naranjito	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Naranjito	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Naranjito	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Naranjito	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Naranjito	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Naranjito	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Naranjito	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Naranjito	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Naranjito	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Naranjito	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Naranjito	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Naranjito	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Naranjito	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Naranjito	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Naranjito	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Naranjito	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Naranjito	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Naranjito	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Naranjito	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					

Puerto Rico 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
Naranjito	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Naranjito	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Orocovis	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Orocovis	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Orocovis	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Orocovis	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Orocovis	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Orocovis	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Orocovis	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Orocovis	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Orocovis	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Orocovis	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Orocovis	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Orocovis	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Orocovis	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Orocovis	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Orocovis	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Orocovis	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Orocovis	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Orocovis	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Orocovis	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Orocovis	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Orocovis	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Orocovis	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Orocovis	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Orocovis	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Orocovis	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Orocovis	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Orocovis	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Orocovis	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Orocovis	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Orocovis	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Orocovis	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Orocovis	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Orocovis	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Orocovis	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Orocovis	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Orocovis	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Orocovis	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Orocovis	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Orocovis	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Patillas	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Patillas	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Patillas	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Patillas	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Patillas	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•

Puerto Rico 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
Patillas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Patillas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Patillas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Patillas	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Patillas	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Patillas	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Patillas	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Patillas	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Patillas	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Patillas	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Patillas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Patillas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Patillas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Patillas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Patillas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Patillas	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Patillas	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Patillas	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Patillas	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Patillas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Patillas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Patillas	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Patillas	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Patillas	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Patillas	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Patillas	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Patillas	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Penuelas	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Penuelas	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Penuelas	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Penuelas	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Penuelas	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Penuelas	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Penuelas	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Penuelas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Penuelas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Penuelas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Penuelas	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Penuelas	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Penuelas	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Penuelas	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Penuelas	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Penuelas	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Penuelas	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•

Puerto Rico 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
Penuelas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Penuelas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Penuelas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Penuelas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Penuelas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Penuelas	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Penuelas	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Penuelas	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Penuelas	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Penuelas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Penuelas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Penuelas	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Penuelas	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Penuelas	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Penuelas	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Penuelas	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Penuelas	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Penuelas	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Penuelas	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Penuelas	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Ponce	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Ponce	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ponce	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ponce	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ponce	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Ponce	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ponce	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Ponce	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Ponce	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ponce	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Ponce	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Ponce	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Ponce	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Ponce	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Ponce	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Ponce	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ponce	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Ponce	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Ponce	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Ponce	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Ponce	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Ponce	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Ponce	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Ponce	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ponce	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•

Puerto Rico 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
Ponce	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Ponce	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ponce	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Ponce	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Ponce	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ponce	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Ponce	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Ponce	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Ponce	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Ponce	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Ponce	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Ponce	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Quebradillas	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Quebradillas	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Quebradillas	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Quebradillas	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Quebradillas	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Quebradillas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Quebradillas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Quebradillas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Quebradillas	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Quebradillas	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Quebradillas	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Quebradillas	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Quebradillas	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Quebradillas	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Quebradillas	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Quebradillas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Quebradillas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Quebradillas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Quebradillas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Quebradillas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Quebradillas	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Quebradillas	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Quebradillas	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Quebradillas	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Quebradillas	Medicare Ultra	Health Medicare Ultra, Inc. (H9136-001)	Local HMO	$8.20	$0.00	$0	Enhanced		•
Quebradillas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Quebradillas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Quebradillas	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Quebradillas	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Quebradillas	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Quebradillas	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Quebradillas	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Quebradillas	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Rincon	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Rincon	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•

Puerto Rico 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
Rincon	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Rincon	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Rincon	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Rincon	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Rincon	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Rincon	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Rincon	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Rincon	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Rincon	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Rincon	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Rincon	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Rincon	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Rincon	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Rincon	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Rincon	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Rincon	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Rincon	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Rincon	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Rincon	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Rincon	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Rincon	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Rincon	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Rincon	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Rincon	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Rincon	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Rincon	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Rincon	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Rincon	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Rincon	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Rincon	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Rincon	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Rincon	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Rincon	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Rio Grande	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Rio Grande	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Rio Grande	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Rio Grande	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Rio Grande	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Rio Grande	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Rio Grande	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Rio Grande	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Rio Grande	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Rio Grande	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Rio Grande	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					

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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
Rio Grande	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Rio Grande	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Rio Grande	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Rio Grande	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Rio Grande	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Rio Grande	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Rio Grande	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Rio Grande	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Rio Grande	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Rio Grande	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Rio Grande	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Rio Grande	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Rio Grande	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Rio Grande	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Rio Grande	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Rio Grande	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Rio Grande	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Rio Grande	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Rio Grande	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Rio Grande	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Rio Grande	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
Rio Grande	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Rio Grande	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Rio Grande	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Rio Grande	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Rio Grande	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Rio Grande	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Rio Grande	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Rio Grande	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Rio Grande	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Rio Grande	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Rio Grande	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Rio Grande	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Rio Grande	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Sabana Grande	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Sabana Grande	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Sabana Grande	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Sabana Grande	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Sabana Grande	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Sabana Grande	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Sabana Grande	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Sabana Grande	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Sabana Grande	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Sabana Grande	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Sabana Grande	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Sabana Grande	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Sabana Grande	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Sabana Grande	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Sabana Grande	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Sabana Grande	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Sabana Grande	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Sabana Grande	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Sabana Grande	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Sabana Grande	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Sabana Grande	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Sabana Grande	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Sabana Grande	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Sabana Grande	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Sabana Grande	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Sabana Grande	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Sabana Grande	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Sabana Grande	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Sabana Grande	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Sabana Grande	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Sabana Grande	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Sabana Grande	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Sabana Grande	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Sabana Grande	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Sabana Grande	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Salinas	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Salinas	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Salinas	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Salinas	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Salinas	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Salinas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Salinas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Salinas	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Salinas	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Salinas	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Salinas	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Salinas	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Salinas	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Salinas	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Salinas	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Salinas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Salinas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Salinas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Salinas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Salinas	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Salinas	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Salinas	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Salinas	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•

Puerto Rico 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
Salinas	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Salinas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Salinas	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Salinas	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Salinas	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Salinas	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Salinas	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Salinas	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Salinas	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
San German	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
San German	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San German	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San German	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San German	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
San German	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
San German	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San German	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
San German	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
San German	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
San German	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
San German	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
San German	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
San German	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San German	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
San German	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
San German	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San German	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
San German	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
San German	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
San German	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
San German	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San German	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
San German	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
San German	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San German	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
San German	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
San German	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San German	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
San German	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
San German	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
San German	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
San German	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
San German	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San German	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
San Juan	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
San Juan	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Juan	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•

Puerto Rico 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
San Juan	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Juan	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
San Juan	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Juan	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
San Juan	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
San Juan	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Juan	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
San Juan	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
San Juan	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
San Juan	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
San Juan	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
San Juan	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
San Juan	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Juan	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
San Juan	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
San Juan	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Juan	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
San Juan	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
San Juan	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
San Juan	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
San Juan	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Juan	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
San Juan	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
San Juan	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Juan	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
San Juan	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
San Juan	Preferred Medicare Choice, Inc.	MA San Juan Care (H4004-021)	Local HMO *	$0.00					
San Juan	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Juan	Preferred Medicare Choice, Inc.	MA-PD San Juan Care Gold (H4004-024)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Juan	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
San Juan	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
San Juan	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Juan	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
San Juan	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
San Juan	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
San Juan	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
San Juan	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
San Juan	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
San Juan	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
San Juan	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
San Juan	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
San Juan	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
San Juan	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Juan	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
San Lorenzo	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					

Puerto Rico 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
San Lorenzo	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Lorenzo	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Lorenzo	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Lorenzo	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
San Lorenzo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
San Lorenzo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Lorenzo	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
San Lorenzo	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
San Lorenzo	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
San Lorenzo	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
San Lorenzo	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
San Lorenzo	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
San Lorenzo	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Lorenzo	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
San Lorenzo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
San Lorenzo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Lorenzo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
San Lorenzo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
San Lorenzo	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
San Lorenzo	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
San Lorenzo	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Lorenzo	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
San Lorenzo	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
San Lorenzo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Lorenzo	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
San Lorenzo	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
San Lorenzo	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Lorenzo	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
San Lorenzo	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
San Lorenzo	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Lorenzo	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
San Lorenzo	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
San Lorenzo	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
San Lorenzo	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
San Lorenzo	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
San Lorenzo	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
San Lorenzo	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
San Lorenzo	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
San Lorenzo	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
San Sebastian	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
San Sebastian	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Sebastian	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Sebastian	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Sebastian	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
San Sebastian	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					

Puerto Rico 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
San Sebastian	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Sebastian	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
San Sebastian	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
San Sebastian	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
San Sebastian	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
San Sebastian	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
San Sebastian	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
San Sebastian	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Sebastian	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
San Sebastian	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
San Sebastian	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
San Sebastian	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
San Sebastian	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
San Sebastian	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
San Sebastian	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
San Sebastian	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Sebastian	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
San Sebastian	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
San Sebastian	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Sebastian	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
San Sebastian	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
San Sebastian	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Sebastian	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
San Sebastian	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
San Sebastian	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
San Sebastian	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
San Sebastian	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
San Sebastian	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
San Sebastian	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Santa Isabel	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Santa Isabel	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Santa Isabel	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Santa Isabel	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Santa Isabel	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Santa Isabel	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Santa Isabel	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Santa Isabel	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Santa Isabel	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Santa Isabel	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Santa Isabel	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Santa Isabel	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Santa Isabel	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Santa Isabel	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Santa Isabel	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Santa Isabel	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•

Puerto Rico 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
Santa Isabel	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Santa Isabel	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Santa Isabel	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Santa Isabel	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Santa Isabel	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Santa Isabel	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Santa Isabel	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Santa Isabel	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Santa Isabel	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Santa Isabel	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Santa Isabel	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Santa Isabel	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Santa Isabel	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Santa Isabel	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Santa Isabel	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Santa Isabel	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Santa Isabel	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Santa Isabel	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Toa Alta	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Toa Alta	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Toa Alta	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Toa Alta	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Toa Alta	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Toa Alta	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Toa Alta	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Toa Alta	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Toa Alta	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Toa Alta	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Toa Alta	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Toa Alta	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Toa Alta	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Toa Alta	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Toa Alta	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Toa Alta	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Toa Alta	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Toa Alta	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Toa Alta	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Toa Alta	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Toa Alta	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Toa Alta	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Toa Alta	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Toa Alta	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Toa Alta	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Toa Alta	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Toa Alta	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	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
Toa Alta	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Toa Alta	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Toa Alta	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Toa Alta	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Toa Alta	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Toa Alta	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Toa Alta	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Toa Alta	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Toa Alta	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Toa Alta	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Toa Alta	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Toa Alta	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Toa Alta	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Toa Alta	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Toa Alta	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Toa Alta	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Toa Alta	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Toa Baja	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Toa Baja	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Toa Baja	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Toa Baja	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Toa Baja	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Toa Baja	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Toa Baja	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Toa Baja	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Toa Baja	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Toa Baja	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Toa Baja	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Toa Baja	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Toa Baja	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Toa Baja	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Toa Baja	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Toa Baja	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Toa Baja	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Toa Baja	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Toa Baja	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Toa Baja	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Toa Baja	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Toa Baja	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Toa Baja	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Toa Baja	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Toa Baja	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Toa Baja	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Toa Baja	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Toa Baja	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	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
Toa Baja	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Toa Baja	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Toa Baja	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Toa Baja	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Toa Baja	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Toa Baja	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Toa Baja	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Toa Baja	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Toa Baja	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Toa Baja	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Toa Baja	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Toa Baja	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Toa Baja	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Toa Baja	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Toa Baja	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Toa Baja	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Trujillo Alto	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Trujillo Alto	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Trujillo Alto	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Trujillo Alto	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Trujillo Alto	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Trujillo Alto	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Trujillo Alto	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Trujillo Alto	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Trujillo Alto	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Trujillo Alto	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Trujillo Alto	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Trujillo Alto	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Trujillo Alto	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Trujillo Alto	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Trujillo Alto	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Trujillo Alto	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Trujillo Alto	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Trujillo Alto	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Trujillo Alto	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Trujillo Alto	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Trujillo Alto	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Trujillo Alto	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Trujillo Alto	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Trujillo Alto	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Trujillo Alto	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Trujillo Alto	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Trujillo Alto	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Trujillo Alto	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Trujillo Alto	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					

Puerto Rico 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
Trujillo Alto	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Trujillo Alto	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Trujillo Alto	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
Trujillo Alto	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Trujillo Alto	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Trujillo Alto	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Trujillo Alto	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Trujillo Alto	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Trujillo Alto	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Trujillo Alto	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Trujillo Alto	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Trujillo Alto	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Trujillo Alto	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Trujillo Alto	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Trujillo Alto	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Trujillo Alto	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Utuado	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Utuado	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Utuado	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Utuado	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Utuado	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Utuado	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Utuado	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Utuado	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Utuado	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Utuado	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Utuado	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Utuado	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Utuado	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Utuado	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Utuado	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Utuado	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Utuado	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Utuado	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Utuado	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Utuado	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Utuado	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Utuado	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Utuado	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Utuado	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Utuado	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Utuado	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Utuado	Medicare Ultra	Health Medicare Ultra, Inc. (H9136-001)	Local HMO	$8.20	$0.00	$0	Enhanced		•
Utuado	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Utuado	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					

Puerto Rico 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
Utuado	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Utuado	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Utuado	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Utuado	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Utuado	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Utuado	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Utuado	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Utuado	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Utuado	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•
Vega Alta	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Vega Alta	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Vega Alta	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vega Alta	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Vega Alta	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Vega Alta	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Vega Alta	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Vega Alta	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Vega Alta	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vega Alta	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Vega Alta	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Vega Alta	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Vega Alta	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Vega Alta	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Vega Alta	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Vega Alta	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Vega Alta	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Vega Alta	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Vega Alta	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Vega Alta	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Vega Alta	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Vega Alta	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Vega Alta	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Vega Alta	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vega Alta	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Vega Alta	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Vega Alta	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vega Alta	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Vega Alta	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Vega Alta	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vega Alta	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Vega Alta	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vega Alta	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Vega Alta	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Vega Alta	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Vega Alta	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•

Puerto Rico 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
Vega Alta	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Vega Alta	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•
Vega Alta	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Vega Alta	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Vega Alta	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Vega Baja	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Vega Baja	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Vega Baja	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vega Baja	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Vega Baja	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Vega Baja	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Vega Baja	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Vega Baja	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Vega Baja	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vega Baja	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Vega Baja	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Vega Baja	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Vega Baja	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Vega Baja	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Vega Baja	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Vega Baja	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Vega Baja	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Vega Baja	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Vega Baja	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Vega Baja	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Vega Baja	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Vega Baja	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Vega Baja	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Vega Baja	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vega Baja	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Vega Baja	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Vega Baja	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vega Baja	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Vega Baja	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Vega Baja	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vega Baja	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Vega Baja	Salud Dorada con Medicare	SDM Medicare Royal (H4009-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vega Baja	Salud Dorada con Medicare	SDM Medicare Supreme (H4009-001)	Local HMO *	$0.00					
Vega Baja	Salud Dorada con Medicare	SDM Medicare Vital (H4009-003)	Local HMO	$0.00	$0.00	$265	Basic		•
Vega Baja	Salud Dorada con Medicare	SDM Medicare Platino Dorado (H4009-007)	Local HMO	$33.10	$33.10	$265	Basic		
Vega Baja	Salud Dorada con Medicare	SDM Medicare Colosal (H4009-004)	Local HMO	$48.00	$48.00	$0	Enhanced		•
Vega Baja	Salud Dorada con Medicare	SDM Medicare Platino (H4009-006)	Local HMO	$82.00	$82.00	$0	Enhanced	Generics and Brands	•
Vega Baja	Salud Dorada con Medicare	ELA Dorado (H4009-005)	Local HMO	$98.80	$98.20	$0	Enhanced	Generics and Brands	•

Puerto Rico 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
Vega Baja	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Vega Baja	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Vega Baja	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Vieques	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Vieques	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Vieques	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vieques	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Vieques	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Vieques	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Vieques	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vieques	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Vieques	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Vieques	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Vieques	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Vieques	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Vieques	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Vieques	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Vieques	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Vieques	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Vieques	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Vieques	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Vieques	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Vieques	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Vieques	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Vieques	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vieques	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Vieques	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Vieques	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vieques	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Vieques	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Vieques	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Vieques	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Vieques	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
Vieques	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Vieques	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Vieques	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Villalba	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Villalba	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Villalba	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Villalba	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Villalba	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Villalba	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Villalba	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Villalba	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Villalba	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•

Puerto Rico 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
Villalba	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Villalba	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Villalba	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Villalba	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Villalba	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Villalba	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Villalba	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Villalba	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Villalba	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Villalba	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Villalba	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Villalba	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Villalba	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Villalba	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Villalba	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Villalba	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Villalba	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Villalba	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Villalba	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Villalba	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Villalba	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Villalba	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Villalba	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Villalba	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Villalba	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Yabucoa	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Yabucoa	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Yabucoa	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Yabucoa	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Yabucoa	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Yabucoa	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Yabucoa	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Yabucoa	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Yabucoa	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Yabucoa	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Yabucoa	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Yabucoa	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Yabucoa	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Yabucoa	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Yabucoa	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Yabucoa	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Yabucoa	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Yabucoa	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Yabucoa	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Yabucoa	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•

Puerto Rico 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
Yabucoa	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Yabucoa	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Yabucoa	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Yabucoa	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Yabucoa	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Yabucoa	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Yabucoa	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Yabucoa	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Yabucoa	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Yabucoa	Red Med	Red Medica de Puerto Rico, Inc. (H5577-001)	Local HMO	$11.50	$0.00	$0	Enhanced		•
Yabucoa	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Yabucoa	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•
Yabucoa	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Yauco	American Health Medicare	American Health Basic (H5774-003)	Local HMO *	$0.00					
Yauco	American Health Medicare	Independance (H5774-007)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Yauco	American Health Medicare	Security (H5774-008)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Yauco	American Health Medicare	Standard (H5774-005)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Yauco	American Health Medicare	Premium (H5774-006)	Local HMO	$28.10	$28.10	$0	Enhanced	Generics	•
Yauco	Auxilio Platino	Auxilio Platino Clßsico (H5732-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Yauco	Auxilio Platino	Auxilio Platino Premier (H5732-002)	Local HMO	$49.00	$49.00	$0	Enhanced	Generics and Brands	•
Yauco	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care (H5760-001)	Local HMO *	$0.00					
Yauco	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care R+ (H5760-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Yauco	Cooperativa de Seguros de Vida de PR (COSVI)	CosviMed Care RmaX (H5760-003)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics and Preferred Brands	•
Yauco	First Medical Health Plan, Inc.	First Plus Advantage (H4011-001)	Local PPO *	$0.00					
Yauco	First Medical Health Plan, Inc.	FirstCare Plus (H5887-001)	Local HMO	$0.00	$0.00	$265	Basic		
Yauco	First Medical Health Plan, Inc.	First Plus Advantage Plus (H4011-003)	Local PPO	$20.00	$20.00	$265	Basic		
Yauco	First Medical Health Plan, Inc.	First Plus Advantage Premium (H4011-004)	Local PPO	$53.00	$48.00	$0	Enhanced	Generics	•
Yauco	First Medical Health Plan, Inc.	First Plus A+ (H4011-008)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Yauco	Humana Health Plans Of Puerto Rico Inc	Humana Gold Plus HMO H4007-002D (H4007-002)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Yauco	Humana Insurance Of Puerto Rico, Inc	Humana Gold Choice PFFS H4008-001 (H4008-001)	PFFS	$19.00	$19.00	$0	Enhanced		•
Yauco	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel (H5821-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	
Yauco	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Extended (H5821-013)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Yauco	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Premier (H5821-004)	Local HMO	$20.00	$20.00	$0	Enhanced	Generics	•
Yauco	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel Deluxe (H5821-007)	Local HMO	$75.00	$75.00	$0	Enhanced	Generics and Brands	•
Yauco	MAPFRE LIFE Insurance Company	MAPFRE Medicare Excel ELA (H5821-008)	Local HMO	$100.00	$100.00	$0	Enhanced	Generics and Brands	•
Yauco	MCS Classicare	MCS Classicare MA (H4006-001)	Local HMO *	$0.00					
Yauco	MCS Classicare	MCS Classicare Premium A (H4006-007)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Yauco	MCS Classicare	MCS Classicare Premium B (H4006-008)	Local HMO	$34.20	$34.20	$0	Enhanced	Generics	•
Yauco	MCS Classicare	MCS Classicare PFFS (H7981-001)	PFFS	$57.90	$56.80	$0	Enhanced	Generics	•
Yauco	Medicare y Mucho Mßs	Medicare y Mucho Mßs - BASICO (H4003-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Yauco	Medicare y Mucho Mßs	Medicare y Mucho Mßs - ORIGINAL (H4003-008)	Local HMO *	$0.00					
Yauco	Preferred Medicare Choice, Inc.	MA Dorado (H4004-025)	Local HMO *	$0.00					
Yauco	Preferred Medicare Choice, Inc.	MA-PD Dorado Plus (H4004-015)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Yauco	Preferred Medicare Choice, Inc.	MA-PD Diamante (H4004-017)	Local HMO	$100.00	$0.00	$0	Enhanced	Generics and Brands	•
Yauco	Triple-S, Inc.	Triple-S Medicare Optimo (H4005-001)	Local PPO *	$0.00					
Yauco	Triple-S, Inc.	Triple-S Medicare Optimo Plus (H4005-004)	Local PPO	$0.00	$0.00	$0	Basic		•

Puerto Rico 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
Yauco	Triple-S, Inc.	Triple-S Medicare Optimo Superior (H4005-003)	Local PPO	$56.00	$56.00	$0	Enhanced	Generics	•
Yauco	Viva Salud	A Plus (H9984-001)	Local HMO	$0.00	$0.00	$140	Basic		•
Yauco	Viva Salud	AA (H9984-002)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Yauco	Viva Salud	AAA (H9984-003)	Local HMO	$38.00	$38.00	$0	Enhanced	Generics	•