

**Oregon Guide to
Medigap, Medicare
Advantage &
Prescription Drug Plans**

SHIBA

Senior Health
Insurance
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LOCAL HELP FOR PEOPLE WITH MEDICARE



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You have **Original Medicare** Parts A and B.

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**Stand-alone
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See pages 120-121.

**Some Medicare Advantage Private Fee-For-Service Plans without prescription drug coverage allow members to enroll in a stand-alone drug plan. Confirm with the Medicare Advantage plan.*

How to use this guide

If you come across any terms that you do not understand, we recommend that you refer to the glossary, found on pages 122-125.

This book is laid out in the following format:

- Introduction
- Medicare Parts A, B, C and D, explanations
- Medigap, premiums, and plan information
- Medicare Advantage (Part C), premiums and plan information
- Enrollment period reference charts
- Stand-alone Prescription Drug Plans (Part D), and Medicare Advantage Part D premiums and plan information

You can use the flow chart on page 2 to determine which type(s) of coverage you want to purchase. Then you can turn directly to those coverages to make your decision. For additional guidance please call SHIBA at (800) 722-4134.

The plan information in this guide was received in October 2007 from all companies authorized to sell Medicare-related health/prescription drug insurance in Oregon. If a company is not listed, it may not be authorized to sell insurance in Oregon or it did not submit information for this consumer guide.

Premiums may change during the year. We recommend that you call the insurance company to verify premiums and benefits. Telephone numbers are provided.

Medicare hospital insurance (Part A)

Covered services per calendar year

Service	Benefit	Medicare pays	You pay (coinsurance)
Hospitalization Semiprivate room and board, general nursing, and miscellaneous hospital services and supplies	First 60 days	All but \$1,024 deductible per benefit period. (2)	\$1,024 deductible per benefit period
	Days 61-90	All but \$256 a day	\$256 a day
	Days 91-150 (1)	All but \$512 a day	\$512 a day
	Beyond 150 days	Nothing	All costs
Skilled nursing facility care After three-day hospitalization in a facility approved by Medicare within 30 days of discharge. (3)	Days 1-20	100% of approved amount per benefit period. (4)	Nothing
	Days 21-100	All but \$128 a day	Up to \$128 a day
	Beyond 100 days	Nothing	All costs
Home health care Medically necessary skilled care.	Visits limited to part-time or intermittent nursing care	100% of approved amount for services	Nothing for services
Hospice care Available only to the terminally ill.	As long as a doctor certifies medical need	All but limited costs for outpatient drugs and inpatient respite care	Limited cost-sharing option for outpatient drugs and inpatient respite care
Blood	Blood	All but the first three pints per calendar year	First three pints unless replaced (5)

These figures are for 2008 and are subject to change each year.

- (1) 60 **reserve days** may be used only once; days used are not renewable.
- (2) A hospital benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and associated skilled nursing facility for 60 days in a row.
- (3) Medicare and private Medicare-supplement insurance will not pay for most nursing home care. You must pay for custodial care.
- (4) A skilled nursing care benefit begins on the first day you are admitted to a skilled nursing facility and ends when you have been out of the skilled nursing facility for 30 days in a row (requires having passed three midnights in the hospital, having been admitted for a Medicare-approved procedure).
- (5) To the extent the blood deductible is met under one part of Medicare during the calendar year, it does not have to be met under the other part.

Remember: Medicare pays only for Medicare-approved charges, not for all costs of medical services provided.

Medicare medical insurance (Part B)

Covered services per calendar year

Service	Benefit	Medicare pays	You pay (coinsurance)
Medical expense Physician's services, physical and speech therapy, durable medical equipment, ambulance, etc.	Medicare pays for reasonable and necessary services	80% of approved amount (after \$135 deductible)**	\$135 deductible plus 20% of balance of approved amount (plus possible excess charges up to 15% of Medicare-approved amount)
Clinical laboratory services	Blood tests, biopsies, urinalysis, etc.	100% of approved amount	Nothing for services
Home health care Medically necessary skilled care	Visits limited to part-time or intermittent nursing care	100% of approved amount for services; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
Some outpatient hospital services and community mental-health center partial hospitalization	Services for the diagnosis or treatment of an illness or injury	Medicare pays a set amount (after \$135 deductible)	\$135 deductible plus a coinsurance or fixed co-payment amount for each service, up to \$1,024 for each service received**
Blood	Blood	80% of approved amount (after \$135 deductible, starting with the fourth pint)	First three pints (unless replaced) plus 20% of approved amount (after \$135 deductible)*
Welcome to Medicare Physical and other preventive services	Physical and preventive care	See pages 7-8	See pages 7-8
Part B Drug Coverage	Prescriptions	See page 6	See page 6

* To the extent the blood deductible is met under one part of Medicare during the calendar year, it does not have to be met under the other part.

** Once you spend \$135 for Part B covered services in 2008, the Part B deductible does not apply to any further covered services you receive for the rest of the year.

Remember: Medicare pays only for Medicare-approved charges, not for all costs of medical services provided.

Prescription drugs covered under Part B

Original Medicare makes payments to physicians for drugs or biologicals that are not usually self-administered. This means that coverage is usually limited to drugs or biologicals administered by someone in your provider's office.

The following classes of drugs are also covered:

Durable Medical Equipment (DME) Supply Drugs: Drugs that are used in a covered DME item. These include inhalation drugs used in a nebulizer and some chemotherapeutic agents used in an infusion pump.

Immunosuppressive Drugs: Drugs used in immunosuppressive therapy for those patients who have received a covered organ transplant.

Hemophilia Clotting Factors: Drugs used to control bleeding. This coverage also includes the items needed for administration of the drug.

Oral Anti-Cancer Drugs: Drugs taken orally during cancer chemotherapy. Some restrictions apply to this class of drugs.

Oral Anti-Emetic Drugs: Oral anti-nausea drugs, given within 48 hours of cancer chemotherapy, that replace the intravenous drugs that would be given in the provider's office.

Pneumococcal and Influenza Vaccines: These are covered when ordered by a physician.

Hepatitis B Vaccine: This is covered for those individuals considered at moderate to high risk for contracting the disease.

Antigens: These drugs are administered in the provider's office, most often to treat some type of allergy.

Erythropoietin (EPO): Drug used for the treatment of anemia for persons with chronic renal failure who are on dialysis.

Parenteral Nutrition: Drugs used to treat individuals who cannot absorb nutrients through their intestinal tract.

Intravenous Immune Globulin (IVIG): Drugs used to treat primary immune deficiency disease. Certain conditions apply.

Injectable/Intravenous Drugs:

- Administered "incident to" a physician service *and*
- Considered by Part B carrier as "not usually self-administered."

If a beneficiary's claim for a particular drug is denied because the drug is subject to the "self-administered drug" exclusion, the beneficiary may appeal the denial.

Medicare preventive services *(for those with Part B)*

Services	Frequency of coverage
“Welcome to Medicare” physical	One-time exam. Must get exam within first six months you have Part B. Exam covers recording height, weight, and blood pressure, an EKG, and possibly education, counseling, and referral for other preventive services. You pay 20 percent of the Medicare-approved amount after the yearly Part B deductible.
Cardiovascular screenings	Blood test for detection of heart disease/stroke. Tests for cholesterol, lipid and triglyceride levels. Covered every five years for all people with Medicare. (Free)
Mammograms	Once every 12 months for women age 40 and older. You pay 20 percent of the Medicare-approved amount with no Part B deductible.
Pap test/pelvic exam/ breast exam	Every 24 months for all women; 12 months for high risk. You pay nothing for the pap lab test. For pap test collection and pelvic and breast exams, you pay 20 percent of the Medicare-approved amount with no Part B deductible.
Colorectal cancer screening	For people age 50 or older or those at high-risk for colorectal cancer. Covers one or more of the following tests: FREE for fecal occult blood only. For all other tests, you pay 20% of Medicare-approved amount after yearly Part B deductible. If flexible sigmoidoscopy or colonoscopy is done in a hospital outpatient department, you pay 25 percent of the Medicare-approved amount after the yearly Part B deductible.
Flu shots	Once a flu season for all those with Medicare. (Free)
Prostate cancer screening	Once every 12 months for all men over age 50. Digital rectal: You pay 20 percent of the Medicare-approved amount after the yearly Part B deductible. PSA test. (Free)
Pneumonia vaccination	Most people need this shot once in their lifetime. Covered for everyone with Medicare. (Free)

Medicare preventive services *(for those with Part B)*

Services	Frequency of coverage
Hepatitis B shots	Covered for people at high or medium risk for Hepatitis B. You pay 20 percent of the Medicare-approved amount after the yearly Part B deductible.
Bone mass measurements	At least once every 24 months for people at risk for osteoporosis. You pay 20 percent of the Medicare-approved amount after the yearly Part B deductible.
Diabetes screening	Covered for people with risk factors-high blood pressure, high cholesterol, obesity or history of high blood sugar. Tests determine the frequency of screenings. (Free)
Glaucoma tests	Once every 12 months for those at high-risk for glaucoma. You pay 20 percent of the Medicare-approved amount after the yearly Part B deductible.
Stop smoking counseling	For those with an illness caused or complicated by tobacco use and those who take medication affected by tobacco. You pay 20 percent of the Medicare-approved amount after the yearly Part B deductible.
Ultrasound screening for abdominal aortic aneurysms	Referred during “Welcome to Medicare” exam.

Note: *You may have to help pay for some of these services.* The amount depends on what services you need and the kind of Medicare health plan you have. Ask your doctor about costs. For more information on who is covered for various tests: (800) 633-4227 (Medicare) or www.medicare.gov or (800) 722-4134 (SHIBA).

The ABCs – and D – of Medicare

What is Medicare?

Medicare is health insurance for:

- People 65 and older
- People of all ages with end-stage renal disease (permanent kidney failure) or certain other disabilities.

Because Medicare is health **insurance**, you share the costs of your care.

Part A (Hospital Insurance)

See chart on page 4 for what Part A covers

Part A helps pay for hospital stays and some skilled nursing facility stays. Most people get Part A without having to pay for it.

Help Paying Part A Premiums

If you do pay premium for Part A and have limited income, Medicare Savings Programs **may** help save you more than \$1,100 a year.

To see if you qualify, contact your local office of Seniors and People with Disabilities for an application. This office is part of Oregon's Department of Human Services (DHS). To find your local office on the Internet, go to: www.oregon.gov/dhs/spwpid/offices.shtml

You may call DHS at: (800) 282-8096.

Part B (Medical Insurance)

See chart on page 5 for what Part B covers

Part B helps pay for doctor visits and outpatient services such as X-rays and physical therapy. Most beneficiaries pay a monthly premium of \$96.40 in 2008.

Single beneficiaries with annual incomes over \$82,000 and married couples with income over \$164,000 will pay a higher percentage of the cost of Medicare Part B coverage, reducing Medicare's share. The income-related Part B premiums in 2008 will be \$122.20, \$160.90, \$199.70 or \$238.40, depending on the beneficiary's income.

Many health insurance experts recommend that you buy Part B when you are first eligible. Here's why:

- Health insurers can refuse to sell you a Medicare Advantage or Medigap plan if you don't have Parts A **and** B.
- Some employer group health plans only pay claims beyond what Part B would cover and you would have to pay the rest.
- You may be charged a Part B premium penalty if you don't enroll in Part B when first eligible. Call the Social Security Administration for details: (800) 772-1213.

Help Paying Part B Premiums

You **may** receive help paying your Part B premium. To see if you qualify, contact your local office of Seniors and People with Disabilities for an application. This office is part of Oregon's Department of Human Services (DHS). To find your local office on the Internet, go to: www.oregon.gov/dhs/spwpid/offices.shtml

You may call DHS at: (800) 282-8096.

Medicare Supplements, also called Medigap plans

See page 26-27 for a chart of what the different Medigap plans cover.

See pages 28-53 for information on Medigap policies.

Medicare Parts A and B do not cover all your health care costs. For example, you pay a \$135 deductible and 20 percent of doctor bills under Medicare Part B. Because of these “gaps” in coverage, you may want to buy additional insurance. Private companies sell Medigap plans (Plans A-L) that cover some of these gaps.

No Medigap plan sold after January 1, 2006 includes prescription drug coverage.

Part C: Medicare Advantage Plans

See pages 69-116 for information on Medicare Advantage plans

Private Medicare Advantage plans combine all your Medicare-covered benefits into a single package that may offer more services, such as dental and vision, than a Medigap plan. Typically, you must live in the plan’s service area and use doctors and hospitals in the plan’s network or pay extra to go outside the network. You can purchase Medicare Advantage plans with or without prescription drug coverage.

Part D: Prescription Drug Coverage

See pages 117-119 for information

Medicare offers prescription drug insurance to all people with Medicare, regardless of income or health. Private companies sell prescription drug plans. You may want to purchase a prescription drug coverage plan if:

- You have Parts A or B and no other drug coverage
- You have parts A and B and a Medigap plan
- You have a Medicare Advantage Private Fee-For-Service Plan with no drug coverage. (Contact your plan and ask about options.)

What are my Medicare choices?

- Assuming you have Medicare Parts A and B, do you want additional insurance through a Medigap or Medicare Advantage Plan? If so, what type of plan fits your family’s needs – Medigap or Medicare Advantage? (See *Frequently Asked Questions on pages 11-12 for a description of how Original Medicare A and B, Medicare Advantage plans, and Medigaps differ.*)
- Should I buy prescription drug insurance?

Frequently asked questions about Medicare choices

Whether you choose **Original Medicare (Parts A and B)** or a **Medicare Advantage** plan, you receive all of the Medicare-covered services to which you are entitled. The difference is in the delivery of the health care and in the payment for services.

As you decide what option is best for you consider the following:

■ *Can I go to the doctor of my choice?*

In the **Original Medicare (Parts A and B)** plan, or with a **Medigap** policy, you may go to any provider that is accepting Medicare patients.

Most **Medicare Advantage** plans have a list of providers that you must use. Some plans may allow you to go out-of-network for a higher co-pay.

Private Fee-For-Service plans do not have a provider network. Providers can refuse to bill these plans on a case-by-case basis.

■ *Do I want additional benefits that Original Medicare (Parts A and B) does not cover?*

Original Medicare generally does not cover dental, vision, or prescription drugs.

Most **Medicare Advantage** plans offer some benefits or services not covered in **Original Medicare**, including routine physicals, dental exams, and vision services.

Medicare Advantage plans may offer acupuncture or naturopathic remedies not found in **Original Medicare**.

■ *Can I get coverage where I live?*

Original Medicare (Parts A and B) is a national program. The benefits are the same in all areas of the country.

Medigap plans cover an entire state, but each state has different premiums. You must purchase coverage from the state in which you live. Plans are valid nationwide.

Most **Medicare Advantage** plans require you to live in a specific service area to receive non-emergency services. Emergency services are available nationwide when you travel.

Private Fee-For-Service plans do not restrict you to an area.

■ *What will I have to pay when I go to the doctor or receive a service?*

Original Medicare coverage is based on the two parts, A and B. See page 4-5.

Medigap policy coverage is based on whether the service is Medicare Part A or Medicare Part B. All **Medigap** plans except K and L pay the full coinsurance amount for Medicare Part B services (excluding annual deductible) and most plans pay the Part A coinsurance. (Plan K pays for 50% of the coinsurance or co-payment amount for Medicare Part B services. Plan L pays for 75% of the amount.)

Medigap plans generally are more expensive than **Medicare Advantage** plans.

Medicare Advantage plans have co-pays. For example, you may pay a co-payment for your appointment and separate co-pay amounts for your labs or your medical equipment.

■ **What if I need specialized care?**

The **Original Medicare (Parts A and B)** plan allows for self-referral to specialists. (See page 11, “**Can I go to the doctor of my choice?**” In the **Original Medicare** plan, or with a **Medigap** policy, you may go to any provider that is accepting Medicare patients.)

Certain **Medicare Advantage** plans (HMOs and PPOs) have a primary care provider and a referral system. Your plan may allow you to have a specialist as your primary care provider.

■ **How are claims processed?**

The **Original Medicare (Parts A and B)** plan contracts with private companies to pay Medicare claims.

If you choose a **Medigap** policy to supplement **Original Medicare**, there can be several payers involved in paying a claim. This occasionally requires you to submit your bills to one of the payers because they are a secondary insurer.

Medicare Advantage plans streamline payment by allowing you to pay your share of the cost at the time of service.

■ **What about drug coverage?**

Original Medicare (Parts A and B) and standardized **Medigap** policies do not include outpatient prescription drug coverage. If you have one or both of these types of plans, you may buy a “stand-alone” prescription drug plan. Most **Medicare Advantage** plans include prescription drug coverage; others do not.

Before you buy, ask:

- Is the plan approved and does the company have a strong service record? **Visit www.oregoninsurance.org to review company complaint history.** Do the premiums and benefits fit your needs and your budget?
- **IMPORTANT FOR YOU TO NOTE: Plans listed in this guide are approved and current as of the publish date of the guide.**

Before you change plans, ask:

- Is this really a change for the better?
- Are you getting as much information as possible from your prospective future insurer?
- Is the information on your application accurate?
- Have you been accepted and is your new policy in place before you cancel your old policy? **Medigap** policies require a letter of cancellation during Guaranteed Issue periods. A chart on page 18 shows **Medigap** Guaranteed Issue situations. A “Guaranteed Issue” period is when insurance companies are required by law to enroll you. (See “*Guaranteed-issue rights*” in the *Glossary*, too.)
- Will you get your prepaid premium refunded if you cancel your policy?

Prescription drug coverage (Part D)

Medicare Part D

- Medicare offers prescription drug insurance to all people who have Medicare, regardless of income or health. Many people will benefit from joining a plan. The plans cover generic and brand-name prescription drugs at a pharmacy in your area.
- Private companies sell the new prescription drug plans. Because this is insurance, most plans have monthly premiums, co-pays and deductibles. Social Security will help people with limited incomes by paying some of the costs.

Do I need prescription drug coverage?

Medicare Part D is like all insurance, and is designed to protect you against future prescription expenses (perhaps catastrophic ones) as well as to provide you coverage now. If you do not currently have prescription drug coverage, joining a plan may save money now and in the future if your drug needs change.

If you did not enroll in a Prescription Drug Plan (PDP) when first eligible, you may be penalized.

Existing prescription coverage?

If you already have prescription coverage through an employer, a union or a government agency (such as the Veteran's Administration), you will want to stay with your existing plan if the drug benefits are "creditable" (as good or better) than Medicare's. If you don't have a letter telling you whether your existing coverage is as

good as Medicare's, contact your benefits administrator and request one. If you do have a letter, keep it.

Extra help

You may qualify for help paying for a prescription drug plan *if*:

- Your yearly income in 2007 was below \$15,315 (\$20,535 for a married person living with a spouse) **AND**
- Your resources in 2007 were less than \$11,710 (\$23,410 for a married person living with a spouse)

These amounts will change in early 2008.

Call the Social Security Administration for an application, (800) 772-1213, visit www.ssa.gov, or call SHIBA.

Medicaid/SSI

You automatically qualify for extra help to pay almost all of your drug costs if you get both Medicare and Medicaid or the state pays your Medicare premiums or you get Supplemental Security Income.

If you don't select a plan by a certain time, the state will assign you to a prescription drug plan. However, you will have opportunities to switch plans as often as one time per month so you can find the best plan for you.

Contact your caseworker or call Department of Human Services — Seniors and People with Disabilities at (800) 232-3020.

Prescription Drug Plans

While there are dozens of plans to choose from, most fall into two categories:

■ Medicare Advantage (starting on page 70)

Some managed care plans offer both health and prescription drug coverage combined.

If you already have a Medicare Advantage plan, contact your plan before making changes so that you don't accidentally lose health benefits by selecting a new drug plan.

If your Medicare Advantage plan does not offer drug coverage, you may purchase a Medicare Advantage Plan that does, or you may purchase a stand-alone drug plan to go with your existing health plan. Contact your plan to verify that this is an option.

■ Stand-alone plans (starting on page 120)

You may buy a prescription drug plan by itself. You might want to add one of these plans if you have **Original Medicare** (Part A and B), you have **Original Medicare** plus a Medigap policy, or you have a Medicare Advantage Private Fee-For-Service Plan.

How much does drug coverage cost?

This depends on the plan you choose and whether you receive extra help paying for the costs of this insurance. While Medicare requires plans to meet a minimum benefit level, most plans offer different options. Some plans may have a higher premium, but will offer better benefits.

The minimum standard for prescription drug coverage is listed as:

1. There is a \$275 annual deductible that must be paid before benefits will begin.

2. After you pay your deductible, the plan will pay a minimum of 75% of your drug costs until the total drug costs reach \$2,510 (including the deductible).
3. Once the total drug costs are over \$2,510, you are required to pay 100% of your drug costs until your out-of-pocket costs equal \$4,050.
4. At this point, you will have reached catastrophic coverage. The plan will pay at least 95% of the remainder of your drug costs for the year.

What is the late penalty I've heard about?

If you don't have "creditable" prescription drug coverage, you will have to pay more for Medicare prescription drug coverage if you don't enroll in a plan when you first become eligible. "Creditable coverage" means you already have drug coverage that is at least as good as Medicare's; the person who administers your benefits can tell you whether your coverage is "creditable."

When you first become eligible for Medicare you may join a plan:

- During the period that starts three months before the month you turn 65
- The month you turn 65
- The three-month period after you turn 65.

If you receive Medicare due to a disability, you can join three months before and after your 24th month of cash disability benefits.

If you already have Medicare, you may add prescription drug coverage every year from Nov. 15 through Dec. 31.

- You will face a penalty if you could have enrolled earlier but didn't. The sooner you enroll in a plan, the smaller your penalty.

The penalty

You are charged an extra 1 percent of the national average drug insurance premium for each month that you did not have prescription drug coverage as good as Medicare's but could have. This fee accumulates until you enroll in a drug plan.

Example: Sarah turns 65 in February 2008. She has through May 2008 (three months after she turns 65) to enroll in a plan without penalty. Although she has no other drug coverage, Sarah chooses not to enroll in a prescription drug plan.

In August 2008, she becomes ill and decides drug coverage is a good idea. She can't enroll until the next opportunity, which is Nov. 15, 2008. Her coverage starts January of 2009. She is now seven months late in enrolling (June through December), and must pay an extra 7 percent in monthly premiums as long as she has prescription drug coverage.

Bottom line

Enrolling in prescription drug coverage is voluntary. However, unless you have coverage as good as Medicare's, you will pay more for Medicare prescription coverage if you don't take it when you first become eligible!

How do I join a plan?

Contact the company offering the drug plan and ask for an application, visit the plan's Web site to join online or visit www.medicare.gov for additional assistance in comparing drug plans.

Can I switch plans?

Most people can change plans from November 15 through December 31, the Annual Enrollment Period.

If you change plans, here's how:

- **Enroll in your new plan.** When you do this, you will *automatically* be dropped from your previous drug plan.
- **Do NOT take any action to end your prior drug coverage.** (You are only allowed to make one change during the annual enrollment period; if you drop your drug plan before you enroll in a new one, that will be your one change and you will not be able to enroll in a new drug plan until the next Annual Enrollment Period.)

What if a drug I need isn't covered?

Each plan will have a list of drugs (called a formulary) that it covers. In selecting a plan, it is important to make sure all or most of your drugs are covered. However, you may ask your drug plan for an exception if you and your doctor believe you need a drug that isn't on your plan's formulary. A plan may change its formulary each year. It must give you 60 days notice if one of your drugs is being removed. This allows time for you or your doctor to apply for an exception or appeal or find a covered drug that meets your needs.

What if I live in different states during a year?

Some companies offer prescription drug plans that are available nationally. These plans are listed as a "National Plan" under the service area information for each plan. You can also check to see if your plan has a mail order service that can mail your prescriptions to a different address.

Where can I get help choosing a prescription drug plan?

1. Visit www.medicare.gov on the Web
2. Call Medicare at (800) 633-4227
3. Call SHIBA (Senior Health Insurance Benefits Assistance program) at (800) 722-4134

More ways to pay for prescription drugs

- **Veterans Administration.** For information, call the VA Health Benefits Service Center, toll-free (877) 222-8387. *One may have VA Rx and a Part D Plan.*
- **Tricare for Life for military retirees and their dependents.** For eligibility information, call the Department of Defense at (800) 538-9552.
- **Pharmacy discount cards.** Ask your pharmacist for information. Also, always ask for the lowest retail price on the drug you are purchasing.
- **Drug manufacturers' discount programs or prescription-assistance programs.** Some are available if you enrolled in Part D and still can't afford your drugs. Some are only available if you do not enroll in Part D.
- **Oregon Prescription Drug Program.** The Oregon Prescription Drug Program (OPDP) is available at no cost to Oregonians. ***You must reside in Oregon.*** Applications can be downloaded at www.opdp.org or call toll-free (800) 913-4146. They are easy to fill out and an applicant's signature attests to their eligibility. Membership entitles participants to an I.D. card that provides discounts on all drugs at a large network of participating pharmacies. The largest discounts are

on generic drugs. All major chains are included in the network however a complete listing is provided to members with their I.D. cards and is also available at www.opdp.org.

Oregonians enrolling in Part D may continue to carry their OPDP cards. They can present both their Health Plan card and their OPDP card to the pharmacist and ask for the best discount during periods when they are responsible for 100% of the cost of their drugs. However if the OPDP discount is applied, it is important that the member send the receipts to their Health Plan and request that it be counted toward their Medicare True Out-of-Pocket expense. In addition if the prescription drug they are purchasing is not on their Health Plan's formulary and they still want to purchase it using their OPDP discount they may not submit the receipt to their Health Plan to be counted toward their Medicare True Out of Pocket (TROOP) expense. To view frequently asked questions about the OPDP please visit www.opdp.org.

- **Please remember:** If you have signed up for Medicare Part D prescription coverage you are still eligible for the OPDP.

Helpful prescription-drug Web sites

- www.opdp.org
- www.medicare.gov/pdphome.asp
- www.benefitscheckup.org
- www.needymeds.org
- www.rxassist.org
- www.healthassistancepartnership.org
- www.pparx.org

What is Medigap (Medicare supplement)?

You must have Medicare Parts A and B to purchase Medigap plans. Medicare does not pay all the costs of a person's medical care. Because of these "gaps" in coverage, private insurance companies sell Medicare supplement insurance policies, also known as Medigap plans.

If you are in Original Medicare (Parts A and B) and buy a Medigap policy, Medicare will pay its portion of your medical costs first. Then, your Medigap policy will pay its portion.

The Medigap plans are named by letter, Plan A through Plan L. (These are not to be confused with Medicare Parts A and B; they are different.)

Plan benefits

Medigap Plan A is the basic plan. Each plan after that adds more benefits and covers more of the "gaps." Plan B, for example, has more benefits than Plan A. Plan C has more benefits than Plan B, and so on. All plans with the same letter name offer the same benefits nationwide. Plan "A" in Oregon offers the same benefits as Plan "A" in New York, even if sold by different insurance companies.

Plan costs differ

However, the monthly bill (premium) for the policy varies by insurance company. Also, policies may have different waiting periods before they cover pre-existing conditions. (See *Will I have to wait to use my Medigap?* on page 19.) The plans are charted on pages 26-27, and a more detailed explanation of each plan is presented on pages 20-24.

Plans K and L

Plans K and L are new plans and offer an out-of-pocket maximum. This means that once you spend this amount of money, the plan will pay 100 percent of your covered medical expenses and deductibles under Medicare Parts A and B.

When can I buy a Medigap policy?

You can apply for a Medigap policy any time, but insurance companies may review your medical history and do not always have to issue you a policy. However, the companies **must** sell you a Medigap policy during *Open Enrollment* and *Guaranteed-Issue* periods.

■ Open-Enrollment Period (OEP)

Your Open-Enrollment Period for Medicare supplement plans begins when your Medicare Part B begins. It ends six months later. During your Open-Enrollment Period, all Medigap insurers doing business in Oregon must accept you for any plan they offer in this state.

■ Medigap for disabled and end-stage renal disease (ESRD) enrollees

People who receive Medicare due to a disability and those with ESRD (permanent kidney failure) have **two opportunities for open-enrollment rights** for Medigap insurance:

1. During the six months after their Medicare Part B begins
2. When they turn 65.

In Oregon, people younger than 65 who receive Medicare due to disabilities or ESRD cannot be charged higher premiums for Medigap insurance than those who are 65 and have no disabilities.

Guaranteed-Issue Situations

In these cases, the insurance company must sell you the plans listed here and cover your pre-existing conditions.

Guaranteed issue	Medigap plan choices
You joined a MA plan or PACE program <i>when you were first enrolled for Medicare, but within the first year of joining the plan,</i> you want to leave.	ALL PLANS
You terminate a Medigap policy to enroll in a MA plan, Medicare Select policy or PACE program <i>for the first time</i> and now you want to terminate that policy <i>after no more than 12 months of enrollment.</i>	Original plan. If not available then A, B, C or F
Your Medicare Advantage (MA) plan, Managed Care Organization (MCO) or PACE program coverage ends because the plan is leaving the Medicare program or stops giving care in your area.	A, B, C or F
Your employer group health plan coverage ends.	A, B, C or F
Your employer group health plan, MA, MCO, PACE, Medigap or Medicare Select health coverage ends because you move out of the plan's service area. <i>(Please see Glossary on "Medicare Select plans.")</i>	A, B, C or F
Your Medigap coverage ends through no fault of your own.	A, B, C or F
You leave any plan — MA plan, MCO, PACE, Medicare Select or Medigap — because they have committed fraud. For example, marketing materials were misleading or quality standards were not met.	A, B, C or F
Your Medicare Select insurer: 1) had its certification terminated 2) stopped offering the plan in your area, 3) substantially violated a material provision of the organization's contract in relation to the individual, 4) misrepresented the plan's provisions.	ALL PLANS
You move out of the Medicare Select plan's covered area. <i>(Please see Glossary on "Medicare Select plans.")</i>	ALL PLANS

Will I have to wait to use my Medigap?

Medigap policies can have a pre-existing conditions look-back/waiting period of up to six months before the policy will pay on benefits or before specific illnesses are covered by a health insurance policy. On pages 28-53, this is what a 0/0 or 6/6 or 6/3 or 3/3 or 6/0 refers to – how many months back the company looks at for pre-existing conditions/how many months you must wait before the Medigap policy will cover those pre-existing conditions. Not all companies' policies have waiting periods.

Medigap waiting periods

■ Can I get credit for my prior coverage?

If you apply for a Medigap policy during your Open-Enrollment Period or replace a Medigap policy with a new policy that has a waiting period for pre-existing conditions, you may qualify for credit for pre-existing conditions. The new Medicare supplement plan will accept month-for-month prior coverage as your waiting period if you submit written verification from your prior insurer that you have not had a break in coverage of more than 63 days.

Qualifying coverage must be from one of the following:

- Group or individual health-care program, including a COBRA policy
- Medicare or Medicaid
- Military-sponsored health-care program
- Indian Health Service or tribal health-care program
- State health-benefits high-risk pool
- Certain public health plans
- Federal Employees Health Benefits Program
- Peace Corps health-benefit plan

For more information, please contact SHIBA at (800) 722-4134.

Standardized Medigap plan benefits

PLAN A is the basic plan. It consists of five core benefits that are also offered by Plans B-J. (Plans K and L differ slightly on the last two of Plan A's five core benefits.)

1. Coverage for the Medicare Part A coinsurance amount (\$256 per day in 2008) for days 61 through 90 of hospitalization in each Medicare benefit period.
2. Coverage for the Medicare Part A coinsurance amount (\$512 per day in 2008) for each of Medicare's 60 nonrenewable lifetime hospital inpatient reserve days used.
3. After all Medicare hospital benefits are exhausted, coverage for 100 percent of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime. This benefit is paid at either the rate Medicare pays hospitals under its Prospective Payment System or another appropriate standard of payment.
4. Coverage under Medicare Parts A and B for the reasonable cost of the first three pints of blood, per calendar year.
5. Coverage for the coinsurance or co-payment amount of Medicare-eligible expenses under Part B.

PLAN B includes all five benefits of Plan A, plus:

- Coverage for the Medicare Part A inpatient hospital deductible (\$1,024 per benefit period in 2008.)

PLAN C includes all five benefits of Plan A, plus:

- Coverage for the Medicare Part A hospital deductible (\$1,024 per benefit period in 2008.)
- Coverage for the skilled nursing facility care coinsurance amount (\$128 per day for days 21 through 100 per benefit period in 2008.)
- Coverage for the Medicare Part B deductible (\$135 per calendar year in 2008.)
- Coverage for 80 percent of medically necessary emergency care during the first 60 days in a foreign country after a \$250 deductible. This benefit has a \$50,000 lifetime maximum.

PLAN D includes all five benefits of Plan A, plus:

- Coverage for the Medicare Part A deductible (\$1,024 per benefit period in 2008.)
- Coverage for the skilled nursing facility care coinsurance amount (\$128 per day for days 21 through 100 per benefit period in 2008.)
- Coverage for 80 percent of medically necessary emergency care during the first 60 days in a foreign country after a \$250 deductible. This benefit has a \$50,000 lifetime maximum.
- Coverage for at-home recovery if you are already getting Medicare-covered home-health services. The at-home recovery benefit pays up to \$1,600 per year for short-term, at-home assistance with activities of daily living (bathing, dressing, personal hygiene, etc.) for those recovering from an illness, injury, or surgery. There are various benefit requirements and limitations.

A benefits-comparison table is on pages 26-27; rate comparisons begin on page 28.

PLAN E includes all five benefits of Plan A, plus:

- Coverage for the Medicare Part A deductible (\$1,024 per benefit period in 2008.)
- Coverage for the skilled nursing facility care coinsurance amount (\$128 per day for days 21 through 100 per benefit period in 2008.)
- Coverage for 80 percent of medically necessary emergency care during the first 60 days in a foreign country after a \$250 deductible. This benefit has a \$50,000 lifetime maximum.
- Coverage for preventive medical care. The preventive medical care benefit pays up to \$120 per year for such things as physical examinations, serum cholesterol screenings, hearing tests, diabetes screenings, and thyroid function tests.

PLAN F includes all five benefits of Plan A, plus:

- Coverage for the Medicare Part A deductible (\$1,024 per benefit period in 2008.)
- Coverage for the skilled nursing facility care coinsurance amount (\$128 per day for days 21 through 100 per benefit period in 2008.)
- Coverage for the Medicare Part B deductible (\$135 per calendar year in 2008.)
- Coverage for 80 percent of medically necessary emergency care during the first 60 days in a foreign country after a \$250 deductible. This benefit has a \$50,000 lifetime maximum.

- Coverage for 100 percent of Medicare Part B excess charges, the difference between a health-care provider's actual charge for a service and the Medicare-approved amount for that service. (*Also, see Glossary on "Excess charge."*)

High deductible PLAN F:

- Includes all of the coverage in Plan F, after the \$1,900 deductible is met.

PLAN G includes all five benefits of Plan A, plus:

- Coverage for the Medicare Part A deductible (\$1,024 per benefit period in 2008.)
- Coverage for the skilled nursing facility care coinsurance amount (\$128 per day for days 21 through 100 per benefit period in 2008.)
- Coverage for 80 percent of Medicare Part B excess charges (*See Glossary on "Excess charge."*)
- Coverage for 80 percent of medically necessary emergency care during the first 60 days in a foreign country after a \$250 deductible. This benefit has a \$50,000 lifetime maximum.
- Coverage for at-home recovery if you are already getting Medicare-covered home-health services. The at-home recovery benefit pays up to \$1,600 per year for short-term, at-home assistance with activities of daily living (bathing, dressing, personal hygiene, etc.) for those recovering from an illness, injury, or surgery. There are various benefit requirements and limitations.

A benefits-comparison table is on pages 26-27; rate comparisons begin on page 28.

PLAN H includes all five benefits of Plan A, plus:

- Coverage for the Medicare Part A deductible (\$1,024 per benefit period in 2008.)
- Coverage for the skilled nursing facility care coinsurance amount (\$128 per day for days 21 through 100 per benefit period in 2008.)
- Coverage for 80 percent of medically necessary emergency care during the first 60 days in a foreign country after a \$250 deductible. This benefit has a \$50,000 lifetime maximum.

PLAN I includes all five benefits of Plan A, plus:

- Coverage for the Medicare Part A deductible (\$1,024 per benefit period in 2008.)
- Coverage for the skilled nursing facility care coinsurance amount (\$128 per day for days 21 through 100 per benefit period in 2008.)
- Coverage for 100 percent of Medicare Part B excess charges, the difference between a health-care provider's actual charge for a service and the Medicare-approved amount for that service. (*Also, see Glossary on "Excess charge."*)
- Coverage for 80 percent of medically necessary emergency care during the first 60 days in a foreign country after a \$250 deductible. This benefit has a \$50,000 lifetime maximum.

- Coverage for at-home recovery if you are already getting Medicare-covered home-health services. The at-home recovery benefit pays up to \$1,600 per year for short-term, at-home assistance with activities of daily living (bathing, dressing, personal hygiene, etc.) for those recovering from an illness, injury, or surgery. There are various benefit requirements and limitations.

PLAN J includes all five benefits of Plan A, plus:

- Coverage for the Medicare Part A deductible (\$1,024 per benefit period in 2008.)
- Coverage for the skilled-nursing-facility care coinsurance amount (\$128 per day for days 21 through 100 per benefit period in 2008.)
- Coverage for the Medicare Part B deductible (\$135 per calendar year in 2008.)
- Coverage for 80 percent of medically necessary emergency care during the first 60 days in a foreign country after a \$250 deductible. This benefit has a \$50,000 lifetime maximum.
- Coverage for 100 percent of Medicare Part B excess charges, the difference between a health-care provider's actual charge for a service and the Medicare-approved amount for that service. (*Also, see glossary on "Excess charge."*)

- Coverage for at-home recovery if you are already getting Medicare-covered home-health services. The at-home recovery benefit pays up to \$1,600 per year for short-term, at-home assistance with activities of daily living (bathing, dressing, personal hygiene, etc.) for those recovering from an illness, injury, or surgery. There are various benefit requirements and limitations.
- Coverage for preventive medical care. The preventive medical care benefit pays up to \$120 per year for such things as physical examinations, serum cholesterol screenings, hearing tests, diabetes screenings, and thyroid function tests.

High deductible PLAN J:

- Includes all of the coverage in Plan J, after the \$1,900 deductible is met.

PLAN K includes three of Plan A's five core benefits exactly as they are in Plan A, plus many more benefits:

- Plan A's first core benefit: Coverage for 100 percent of the Part A coinsurance amount (\$256 per day in 2008) for days 61 through 90 of hospitalization in each Medicare benefit period.
- Plan A's second core benefit: Coverage for 100 percent of the Part A coinsurance amount (\$512 per day in 2008) for each of Medicare's 60 nonrenewable lifetime hospital inpatient reserve days used.
- Plan A's third core benefit: After all Medicare hospital benefits are exhausted, coverage for 100 percent of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime.
- Half of Plan A's fourth core benefit: Coverage under Medicare Parts A and B **for 50 percent of** the reasonable cost of the first three pints of blood, per calendar year, **until the annual out-of-pocket maximum is met.**
- Fifty percent of Plan A's fifth core benefit: Except for Medicare-covered preventive benefits (which are covered at 100 percent of coinsurance amounts*), coverage **for 50 percent of** the Medicare-assigned coinsurance or co-payment amount of Medicare-eligible expenses under Part B, subject to Medicare Part B deductible, **until the annual out-of-pocket maximum is met.**
- Coverage for **50** percent of the Part A inpatient hospital benefit period deductible, until the annual out-of-pocket maximum is met.
- Coverage for **50** percent of the skilled nursing facility care coinsurance amount (\$128 per day for days 21 through 100 per benefit period in 2008), until the annual out-of-pocket maximum is met.
- *Coverage for 100 percent of Medicare Part B preventive benefits coinsurance amounts.
- Coverage for **50** percent of Medicare Part A hospice and respite care, until the annual out-of-pocket maximum is met.

A benefits-comparison table is on pages 26-27; rate comparisons begin on page 28.

- Coverage of 100 percent of all Medicare Part A and Part B co-payments, coinsurance amounts, and deductibles after the calendar year out-of-pocket maximum of **\$4,440**.

PLAN L includes:

- Plan A's first core benefit: Coverage for 100 percent of the Part A coinsurance amount (\$256 per day in 2008) for days 61 through 90 of hospitalization in each Medicare benefit period.
- Plan A's second core benefit: Coverage for 100 percent of the Part A coinsurance amount (\$512 per day in 2008) for each of Medicare's 60 nonrenewable lifetime hospital inpatient reserve days used.
- Plan A's third core benefit: After all Medicare hospital benefits are exhausted, coverage for 100 percent of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime.
- 75% of Plan A's fourth core benefit: Coverage under Medicare Parts A and B **for 75 percent of** the reasonable cost of the first three pints of blood, per calendar year, **until the annual out-of-pocket maximum is met**.
- Seventy-five percent of Plan A's fifth core benefit: Except for Medicare-covered preventive benefits (which are covered at 100 percent of coinsurance amounts*), coverage **for 75 percent of** the Medicare-assigned coinsurance or co-payment amount of Medicare-eligible expenses under Part B, subject to Medicare Part B deductible, **until the annual out-of-pocket maximum is met**.
- Coverage for **75** percent of the Part A inpatient hospital benefit period deductible, until the annual out-of-pocket maximum is met.
- Coverage for **75** percent of the skilled-nursing-facility care coinsurance amount (\$128 per day for days 21 through 100 per benefit period in 2008), until the annual out-of-pocket maximum is met.
- *Coverage for 100 percent of Medicare Part B preventive benefits coinsurance amounts.
- Coverage for **75** percent of Medicare Part A hospice and respite care, until the annual out-of-pocket maximum is met.
- Coverage of 100 percent of all Medicare Part A and Part B co-payments, coinsurance amounts, and deductibles after the calendar year out-of-pocket maximums of **\$2,220**.

Standardized Medigap plan comparison table

Basic Benefits	A	B	C	D	E	F
Part A coinsurance and hospital benefits (days 61-90 of a hospital stay)						
Part A coinsurance and hospital benefits (days 91-150 of a hospital stay, while using 60 lifetime Medicare-covered days)	X	X	X	X	X	X
Part A coinsurance and hospital benefits (up to 365 more days for hospital stays during lifetime after all Medicare hospital benefits used)						
Part B coinsurance or co-payment (after yearly deductible for Part B met)	X	X	X	X	X	X
Blood (for first three pints)	X	X	X	X	X	X
Hospice care						
Part B preventive services coinsurance						
Extra Benefits	A	B	C	D	E	F
Part A deductible		X	X	X	X	X
Skilled nursing facility coinsurance			X	X	X	X
Foreign travel emergency			X	X	X	X
Part B excess charges						X
Part B deductible			X			X
At-home recovery				X		
Preventive care					X	
Annual Out-Of-Pocket (OOP) limit						

Plan benefit explanations begin on page 17; rate comparisons begin on page 28.

F High Ded. (includes all coverage of Plan F, after \$1,900 deductible is met)	G	H	I	J	J High Ded. (includes all coverage of Plan J, after \$1,900 deductible is met)	K	L
X	X	X	X	X	X	X	X
X	X	X	X	X	X	50%	75%
X	X	X	X	X	X	50%	75%
						50%	75%
						100%	100%
F High Ded.	G	H	I	J	J High Ded.	K	L
X	X	X	X	X	X	50%	75%
X	X	X	X	X	X	50%	75%
X	X	X	X	X	X		
X	80%		X	X	X		
X				X	X		
	X		X	X	X		
				X	X		
						\$4,440, then plan pays all covered at 100%	\$2,220, then plan pays all covered at 100%

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E					
American Family Mutual Insurance Company 6000 American Parkway Madison, WI 53783-0001 (800) 374-0008 www.amfam.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> Rates apply to all zip codes EXCEPT 970-971	65 & under		65 & under							
		\$54.57		\$95.93							
		70	\$60.40	70	\$106.57						
		75	\$69.53	75	\$124.97						
		80	\$80.90	80	\$145.00						
85	\$94.13	85	\$164.47								
American Republic Insurance Company 601 6th Ave. Des Moines, IA 50309 (888) 755-3065	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i>	65 & under				65 & under					
		\$67.46				\$103.41					
		70	\$82.55			70	\$124.13				
		75	\$97.07			75	\$143.52				
		80	\$109.70			80	\$160.76				
85	\$122.92			85	\$180.16						
Bankers Fidelity Life Insurance Company 4370 Peachtree Rd. NE Atlanta, GA 30319 (866) 458-7500 www.bflif.com	<i>Does crossover</i> <i>Issue age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i>	65 & under	65 & under	65 & under							
		\$65.00	\$87.00	\$103.00							
		70	\$75.00	70	\$101.00	70	\$122.00				
		75	\$78.00	75	\$110.00	75	\$137.00				
		80	\$78.00	80	\$110.00	80	\$144.00				
85	\$78.00	85	\$110.00	85	\$144.00						
Bankers Life and Casualty Company 222 Merchandise Mart Plaza Chicago, IL 60654-2001 (800) 621-3724 www.bankerslife.com	<i>Not a crossover claim participant</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i>	65 & under	65 & under	65 & under	65 & under	65 & under					
		\$252.43	\$212.13	\$132.61	\$209.77	\$263.29					
		70	\$286.59	70	\$250.39	70	\$156.32	70	\$251.41	70	\$312.82
		75	\$334.56	75	\$302.32	75	\$189.08	75	\$309.16	75	\$380.03
		80	\$396.21	80	\$369.28	80	\$232.54	80	\$386.24	80	\$468.47
85	\$396.21	85	\$369.28	85	\$232.54	85	\$386.24	85	\$468.47		
Central Reserve Life Insurance Company P.O. Box 29190 Mission, KS 66201-9190 (877) 291-5434 www.centralreserve.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> Rates for ZIP codes 970-972, 974	65 & under		65 & under	65 & under	65 & under					
		\$106.50		\$132.36	\$103.82	\$96.67					
		70	\$119.14	70	\$148.40	70	\$116.25	70	\$107.94		
		75	\$137.42	75	\$170.73	75	\$133.95	75	\$124.13		
		80	\$150.35	80	\$187.20	80	\$146.81	80	\$133.90		
85	\$162.06	85	\$201.72	85	\$158.23	85	\$146.45				

Plan F	Plan F High \$1,900 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$1,900 deductible	Plan K	Plan L
65 & under \$105.63							65 & under \$48.47	65 & under \$70.87
70 \$117.30							70 \$54.07	70 \$78.73
75 \$137.33							75 \$63.33	75 \$92.13
80 \$159.37							80 \$73.50	80 \$106.93
85 \$181.17							85 \$83.53	85 \$121.57
65 & under \$122.64	65 & under \$46.53				65 & under \$107.53		65 & under \$60.12	65 & under \$80.56
70 \$147.21	70 \$55.79				70 \$129.06		70 \$72.17	70 \$96.71
75 \$170.22	75 \$64.52				75 \$149.27		75 \$83.45	75 \$111.82
80 \$190.67	80 \$72.29				80 \$167.27		80 \$93.47	80 \$125.24
85 \$213.67	85 \$81.02				85 \$187.38		85 \$104.74	85 \$140.36
65 & under \$148.00	65 & under \$81.00							
70 \$174.00	70 \$95.00							
75 \$194.00	75 \$106.00							
80 \$202.00	80 \$110.00							
85 \$202.00	85 \$110.00							
65 & under \$171.01	65 & under \$33.21	65 & under \$201.06			65 & under \$126.14		65 & under \$61.17	65 & under \$87.16
70 \$207.40	70 \$39.43	70 \$247.40			70 \$155.39		70 \$75.22	70 \$107.31
75 \$252.39	75 \$46.99	75 \$305.81			75 \$191.69		75 \$92.68	75 \$132.28
80 \$308.46	80 \$56.17	80 \$380.36			80 \$238.76		80 \$115.31	80 \$164.71
85 \$308.46	85 \$56.17	85 \$380.36			85 \$238.76		85 \$115.31	85 \$164.71
65 & under \$129.18	65 & under \$46.02	65 & under \$104.76	65 & under \$87.64	65 & under \$104.98	65 & under \$109.89			
70 \$144.64	70 \$51.51	70 \$117.19	70 \$97.90	70 \$117.48	70 \$123.04			
75 \$166.54	75 \$59.39	75 \$134.89	75 \$112.57	75 \$135.18	75 \$141.68			
80 \$182.43	80 \$65.10	80 \$147.82	80 \$123.26	80 \$148.18	80 \$155.19			
85 \$196.66	85 \$70.23	85 \$159.46	85 \$132.80	85 \$159.89	85 \$167.26			

- TERMS**
- Attained age rating:** Premium increases as your age increases.
 - Crossover:** Medicare notifies the Medigap of provider's remaining balance.
 - Issue age rating:** Premium increases for inflation or rising costs but not for increased age.
 - Pre-existing look-back/waiting period:** How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
Central Reserve Life Insurance Company P.O. Box 29190 Mission, KS 66201-9190 (877) 291-5434 www.centralreserve.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> For ZIP codes 973 & 975-979	65 & under \$100.23		65 & under \$124.58	65 & under \$97.72	65 & under \$90.98
		70 \$112.13		70 \$139.67	70 \$109.41	70 \$101.59
		75 \$129.34		75 \$160.68	75 \$126.07	75 \$116.82
		80 \$141.51		80 \$176.19	80 \$138.18	80 \$127.91
		85 \$152.52		85 \$189.86	85 \$148.92	85 \$137.84
Conseco Insurance Company 11815 N. Pennsylvania St. Carmel, IN 46032 (800) 888-4918 www.conseco.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i>	65 & under \$75.00			65 & under \$88.00	
		70 \$91.00			70 \$107.00	
		75 \$106.00			75 \$124.00	
		80 \$118.00			80 \$139.00	
		85 \$135.00			85 \$158.00	
Constitution Life Insurance Company 1001 Heathrow Park Lane, Suite 5001 Lake Mary, FL 32746 (800) 789-6364 www.constitutionlife.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i>	65 & under \$84.00	65 & under \$103.00	65 & under \$108.00	65 & under \$100.00	
		70 \$106.00	70 \$131.00	70 \$133.00	70 \$128.00	
		75 \$120.00	75 \$151.00	75 \$156.00	75 \$152.00	
		80 \$125.00	80 \$163.00	80 \$176.00	80 \$173.00	
		85 \$125.00	85 \$168.00	85 \$192.00	85 \$190.00	
Continental General Insurance Company P.O. Box 29136 Mission, KS 66201-9136 (877) 291-5434 www.continentalgeneral.com	<i>Does crossover</i> <i>Issue age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes 970-972 & 974	65 & under \$167.33		65 & under \$235.17		65 & under \$139.37
		70 \$179.32		70 \$262.77		70 \$166.97
		75 \$191.68		75 \$292.97		75 \$190.52
		80 \$201.00		80 \$321.87		80 \$206.78
		85 \$208.95		85 \$348.68		85 \$220.72

Plan F	Plan F High \$1,900 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$1,900 deductible	Plan K	Plan L
65 & under \$121.88	65 & under \$43.32	65 & under \$98.60	65 & under \$85.48	65 & under \$98.80	65 & under \$103.43			
70 \$136.14	70 \$48.48	70 \$110.30	70 \$92.14	70 \$110.57	70 \$115.80			
75 \$156.74	75 \$55.90	75 \$126.96	75 \$105.94	75 \$127.23	75 \$133.35			
80 \$171.70	80 \$61.27	80 \$139.13	80 \$116.01	80 \$139.47	80 \$146.06			
85 \$185.10	85 \$66.10	85 \$150.08	85 \$124.98	85 \$150.48	85 \$157.42			
65 & under \$104.00		65 & under \$89.00						
70 \$124.00		70 \$107.00						
75 \$140.00		75 \$124.00						
80 \$154.00		80 \$139.00						
85 \$176.00		85 \$159.00						
65 & under \$119.00		65 & under \$105.00						
70 \$146.00		70 \$134.00						
75 \$171.00		75 \$159.00						
80 \$192.00		80 \$180.00						
85 \$210.00		85 \$198.00						
65 & under \$194.71		65 & under \$189.37						
70 \$214.65		70 \$214.65						
75 \$236.84		75 \$243.99						
80 \$257.35		80 \$273.68						
85 \$276.14		85 \$299.55						

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare notifies the Medigap of provider's remaining balance.

Issue age rating: Premium increases for inflation or rising costs but not for increased age.

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
Continental General Insurance Company P.O. Box 29136 Mission, KS 66201-9136 (877) 291-5434 www.continentalgeneral.com	<i>Does crossover</i> <i>Issue age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes 973 & 975-979	65 & under \$157.49		65 & under \$221.34		65 & under \$131.17
		70 \$168.78		70 \$246.84		70 \$157.15
		75 \$180.40		75 \$275.74		75 \$179.32
		80 \$189.18		80 \$302.94		80 \$194.62
		85 \$196.66		85 \$328.17		85 \$207.74
Equitable Life & Casualty Insurance Company 3 Triad Center Salt Lake City, UT 84180-1200 (801) 579-3400 www.equilife.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i>	65 & under \$85.75	65 & under \$143.08	65 & under \$165.42	65 & under \$151.33	65 & under \$135.67
		70 \$101.83	70 \$171.08	70 \$199.42	70 \$186.25	70 \$164.33
		75 \$113.58	75 \$196.00	75 \$234.50	75 \$223.92	75 \$193.50
		80 \$117.33	80 \$208.58	80 \$258.58	80 \$250.83	80 \$212.17
		85 \$117.33	85 \$208.58	85 \$258.58	85 \$250.83	85 \$212.17
Genworth Life and Annuity Insurance Company 6620 West Broad St. Richmond, VA 23230 (877) 825-9337/(800) 350-1962 www.genworth.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i>	65 & under \$64.24	65 & under \$77.16	65 & under \$93.38	65 & under \$77.25	65 & under \$77.77
		70 \$79.42	70 \$96.32	70 \$114.27	70 \$96.58	70 \$97.19
		75 \$92.34	75 \$113.49	75 \$133.17	75 \$114.18	75 \$114.79
		80 \$101.18	80 \$126.32	80 \$147.74	80 \$127.54	80 \$128.32
		85 \$106.81	85 \$135.25	85 \$157.97	85 \$137.07	85 \$137.68
Globe Life and Accident Insurance Company P.O. Box 2440 McKinney, TX 75070 (800) 801-6831 www.globecaremedsupp.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 2/6</i>	65 & under \$59.67	65 & under \$89.25	65 & under \$102.75		
		70 \$79.58	70 \$115.58	70 \$129.25		
		75 \$84.58	75 \$127.92	75 \$148.08		
		80 \$84.83	80 \$129.25	80 \$155.08		
		85 \$84.83	85 \$129.25	85 \$155.08		
Guarantee Trust Life Insurance Company 1275 Milwaukee Ave. Glenview, IL 60025 (800) 338-7452 www.gtlic.com	<i>Not a crossover claim participant</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> <i>Plan F High Deductible is not available to under 65 disabled.</i>	65 & under \$87.30	65 & under \$131.40	65 & under \$153.90	65 & under \$131.90	
		70 \$102.80	70 \$154.10	70 \$180.65	70 \$154.95	
		75 \$118.20	75 \$176.45	75 \$207.10	75 \$177.65	
		80 \$132.20	80 \$197.45	80 \$231.45	80 \$198.65	
		85 \$153.30	85 \$229.25	85 \$268.80	85 \$230.60	

Plan F	Plan F High \$1,900 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$1,900 deductible	Plan K	Plan L
65 & under \$183.26		65 & under \$178.23						
70 \$202.03		70 \$202.03						
75 \$222.90		75 \$229.64						
80 \$242.22		80 \$257.58						
85 \$259.90		85 \$281.93						
65 & under \$144.92	65 & under \$65.33	65 & under \$145.42	65 & under \$131.50	65 & under \$142.08	65 & under \$161.25	65 & under \$72.67		
70 \$175.25	70 \$78.83	70 \$177.75	70 \$159.67	70 \$174.75	70 \$195.50	70 \$88.00		
75 \$206.75	75 \$93.25	75 \$211.67	75 \$188.50	75 \$209.83	75 \$230.83	75 \$104.17		
80 \$223.92	80 \$100.83	80 \$238.83	80 \$206.75	80 \$235.00	80 \$253.50	80 \$114.17		
85 \$223.92	85 \$100.83	85 \$238.83	85 \$206.75	85 \$235.00	85 \$253.50	85 \$114.17		
65 & under \$101.79	65 & under \$37.89	65 & under \$79.42						
70 \$124.41	70 \$46.21	70 \$99.10						
75 \$144.96	75 \$53.93	75 \$117.05						
80 \$160.74	80 \$59.82	80 \$130.83						
85 \$171.84	85 \$63.98	85 \$140.37						
65 & under \$103.50								
70 \$130.00								
75 \$148.92								
80 \$156.00								
85 \$156.00								
65 & under \$164.70	65 & under \$41.20	65 & under \$140.70						
70 \$193.95	70 \$48.60	70 \$165.25						
75 \$222.85	75 \$55.75	75 \$189.25						
80 \$249.50	80 \$62.45	80 \$211.70						
85 \$289.00	85 \$72.35	85 \$245.65						

- TERMS**
- Attained age rating:** Premium increases as your age increases.
 - Crossover:** Medicare notifies the Medigap of provider's remaining balance.
 - Issue age rating:** Premium increases for inflation or rising costs but not for increased age.
 - Pre-existing look-back/waiting period:** How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
Humana Insurance Company 500 West Main St. Louisville, KY 40202 (800) 872-7294 www.humana.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 3/3</i>	65 \$84.00	65 \$88.00	65 \$102.00		
		70 \$99.00	70 \$104.00	70 \$121.00		
		75 \$114.00	75 \$120.00	75 \$139.00		
		80 \$126.00	80 \$133.00	80 \$154.00		
		85 \$135.00	85 \$142.00	85 \$165.00		
LifeWise Health Plan of Oregon 2020 SW Fourth Ave., Suite 1000 Portland, OR 97201 (800) 290-1278 www.lifewiseor.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> <i>Rates effective January 1, 2008.</i> <i>No difference in rates for smokers than for non-smokers.</i>	65-69 \$95.00		65-69 \$125.00		
		70-74 \$133.00		70-74 \$175.00		
		75+ \$156.00		75+ \$204.00		
Lincoln Heritage Life Insurance Company 4343 East Camelback Rd., Suite 400 Phoenix, AZ 85018 (800) 287-7319 www.lhlic.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes 970-972	65 & under \$78.39	65 & under \$101.96	65 & under \$122.20	65 & under \$105.37	
		70 \$88.30	70 \$115.54	70 \$137.03	70 \$119.62	
		75 \$102.79	75 \$136.20	75 \$159.94	75 \$141.36	
		80 \$112.79	80 \$151.61	80 \$177.26	80 \$157.85	
		85 \$118.95	85 \$162.35	85 \$189.59	85 \$169.60	
Lincoln Heritage Life Insurance Company 4343 East Camelback Rd., Suite 400 Phoenix, AZ 85018 (800) 287-7319 www.lhlic.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes except 970-972	65 & under \$60.98	65 & under \$79.30	65 & under \$95.05	65 & under \$81.97	
		70 \$68.72	70 \$89.88	70 \$106.62	70 \$93.05	
		75 \$79.97	75 \$105.96	75 \$124.37	75 \$109.96	
		80 \$87.71	80 \$117.87	80 \$137.86	80 \$122.78	
		85 \$92.55	85 \$126.28	85 \$147.44	85 \$131.86	

Plan F		Plan F High \$1,900 deductible		Plan G	Plan H	Plan I	Plan J	Plan J High \$1,900 deductible		Plan K	Plan L	
65	\$103.00	65	\$41.00						65	\$44.00	65	\$64.00
70	\$122.00	70	\$48.00						70	\$52.00	70	\$76.00
75	\$140.00	75	\$55.00						75	\$60.00	75	\$88.00
80	\$155.00	80	\$61.00						80	\$67.00	80	\$97.00
85	\$166.00	85	\$66.00						85	\$72.00	85	\$104.00
65-69	\$130.00					65-69	\$195.00					
70-74	\$165.00					70-74	\$264.00					
75+	\$194.00					75+	\$308.00					
65 & under	\$125.95											
70	\$141.36											
75	\$164.77											
80	\$182.59											
85	\$195.26											
65 & under	\$97.96											
70	\$109.96											
75	\$128.20											
80	\$142.03											
85	\$151.86											

TERMS

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Issue age rating: Premium increases for inflation or rising costs but not for increased age.

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
Loyal American Life Insurance Company 5508 Parkcrest Dr. Austin, TX 78731 (800) 633-6752 www.gafri.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i>	65 & under \$74.45	65 & under \$83.68	65 & under \$97.68	65 & under \$89.30	
		70 \$83.97	70 \$94.53	70 \$110.43	70 \$101.10	
		75 \$94.63	75 \$109.38	75 \$128.52	75 \$117.57	
		80 \$101.30	80 \$124.81	80 \$147.94	80 \$135.37	
		85 \$116.24	85 \$155.08	85 \$171.55	85 \$166.22	
Marquette National Life Insurance Company 1001 Heathrow Park Lane, Suite 5001 Lake Mary, FL 32746 (800) 934-8203 www.marquettenationallife.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> <i>9% rate increase for 1/1/08 pending Oregon approval.</i>	65 & under \$84.00			65 & under \$91.00	
		70 \$104.00			70 \$115.00	
		75 \$117.00			75 \$136.00	
		80 \$122.00			80 \$155.00	
		85 \$122.00			85 \$170.00	
Mennonite Mutual Aid Association P.O. Box 483 Goshen, IN 46527 (800) 348-7468 www.mma-online.org <i>This is a fraternal benefit society. It's policies are available only to persons eligible for membership in the Association.</i>	<i>Does crossover</i> <i>Issued age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> <i>Rates are guaranteed until 3/31/2008.</i>	65 & under \$82.64				65 & under \$116.64
		70 \$92.24				70 \$135.27
		75 \$97.28				75 \$146.87
		80 \$97.92				80 \$155.19
		85 \$99.52				85 \$161.03
Mutual of Omaha Insurance Company Mutual of Omaha Plaza Omaha, NE 68175 (800) 316-0842 www.mutualofomaha.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes 970-972	65 & under \$68.05		65 & under \$103.25	65 & under \$97.00	
		70 \$80.72		70 \$122.44	70 \$115.05	
		75 \$93.88		75 \$142.40	75 \$133.80	
		80 \$108.11		80 \$163.97	80 \$154.08	
		85 \$108.11		85 \$163.97	85 \$154.08	

Plan F	Plan F High \$1,900 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$1,900 deductible	Plan K	Plan L
65 & under \$97.96		65 & under \$84.25						
70 \$110.81		70 \$95.39						
75 \$128.90		75 \$111.10						
80 \$148.42		80 \$127.95						
85 \$172.22		85 \$160.13						
65 & under \$113.00		65 & under \$96.00						
70 \$137.00		70 \$121.00						
75 \$161.00		75 \$143.00						
80 \$181.00		80 \$163.00						
85 \$198.00		85 \$179.00						
65 & under \$137.43								65 & under \$81.28
70 \$156.07								70 \$92.96
75 \$168.47								75 \$99.12
80 \$177.11								80 \$104.64
85 \$183.51								85 \$111.76
65 & under \$131.98		65 & under \$92.92						
70 \$156.49		70 \$110.19						
75 \$182.02		75 \$128.15						
80 \$209.60		80 \$147.58						
85 \$209.60		85 \$147.58						

TERMS

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Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E			
Mutual of Omaha Insurance Company Mutual of Omaha Plaza Omaha, NE 68175 (800) 316-0842 www.mutualofomaha.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes 973-979	65 & under		65 & under	65 & under				
		\$65.33		\$99.12	\$93.12				
		70	\$77.49	70	\$117.54	70	\$110.45		
		75	\$90.12	75	\$136.71	75	\$128.45		
		80	\$103.79	80	\$157.41	80	\$147.92		
		85	\$103.79	85	\$147.92				
National States Insurance Company 1830 Craig Park Court, Suite 100 St. Louis, MO 63146 (800) 868-6788	<i>Does crossover</i> <i>A, B, C, F Issue age rating</i> <i>Plan D Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> <i>The rates given for plan D are for ZIP codes 972-973. ZIP code areas 971, 975, 976, are 95% of the rate given; and 970, 974, 978, and 979 are 90% of the rate given.</i>	65 & under	65 & under	65 & under	65 & under				
		\$113.96	\$168.14	\$266.33	\$87.44				
		70	\$127.01	70	\$186.95	70	\$295.58	70	\$104.74
		75	\$131.96	75	\$194.33	75	\$307.73	75	\$119.70
		80	\$148.34	80	\$218.00	80	\$345.26	80	\$132.21
		85	\$178.76	85	\$417.35	85	\$142.38		
ODS Companies 601 SW 2nd Portland, OR 97204 Sales: (877) 277-7073 or (503) 243-3973 www.odskompanies.com	<i>Does crossover</i> <i>Issue age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i>	65-69	\$88.00		65-69	\$138.00			
		70-74	\$101.00		70-74	\$158.00			
		75-79	\$115.00		75-79	\$180.00			
		80+	\$116.00		80+	\$181.00			
Order of United Commercial Travelers of America 632 N. Park St. Columbus, OH 43015 (800) 848-0123 www.uct.org	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> Rates for ZIP codes 970-972	65 & under				65 & under			
		\$56.44				\$68.26			
		70	\$70.62			70	\$85.42		
		75	\$82.51			75	\$99.80		
		80	\$90.88			80	\$109.83		
		85	\$96.90			85	\$117.23		

Plan F	Plan F High \$1,900 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$1,900 deductible	Plan K	Plan L
65 & under \$126.70		65 & under \$89.21						
70 \$150.23		70 \$105.78						
75 \$174.74		75 \$123.03						
80 \$201.22		80 \$141.68						
85 \$201.22		85 \$141.68						
65 & under \$167.42								
70 \$186.50								
75 \$193.70								
80 \$217.19								
85 \$262.82								
65-69 \$141.00	65-69 \$32.00							
70-74 \$161.00	70-74 \$37.00							
75-79 \$184.00	75-79 \$42.00							
80+ \$186.00	80+ \$42.00							
65 & under \$82.58		65 & under \$68.82						
70 \$100.63		70 \$86.04						
75 \$115.71		75 \$102.92						
80 \$125.12		80 \$110.80						
85 \$132.79		85 \$118.13						

TERMS

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Issue age rating: Premium increases for inflation or rising costs but not for increased age.

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
PacifiCare Life Assurance Company SecureHorizons P.O. Box 25032 Cypress, CA 90630 (800) 610-2660 www.securehorizons.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/</i> <i>waiting period: 0/0</i> <i>ESRD is a declinable condition.</i> <i>Smoker rates are higher.</i> <i>Smokers who sign up as</i> <i>guaranteed issue are given</i> <i>non-smoker rates.</i>	65 & under		65 & under		
		\$93.15		\$129.17		
		70 \$111.78		70 \$154.01		
		75 \$130.41		75 \$178.85		
		80 \$149.04		80 \$204.93		
		85 \$162.70		85 \$224.80		
Pennsylvania Life Insurance Company 1001 Heathrow Park Lane, Suite 5001 Lake Mary, FL 32746 (800) 275-7366 www.pennlife.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/</i> <i>waiting period: 6/6</i>	65 & under	65 & under	65 & under	65 & under	
		\$79.00	\$98.00	\$99.00	\$90.00	
		70 \$100.00	70 \$125.00	70 \$121.00	70 \$115.00	
		75 \$113.00	75 \$144.00	75 \$142.00	75 \$136.00	
		80 \$118.00	80 \$155.00	80 \$160.00	80 \$155.00	
	85 \$118.00	85 \$160.00	85 \$175.00	85 \$170.00		
Physicians Life Insurance Company 2600 Dodge St. Omaha, NE 68131 (800) 228-9100 www.physiciansmutual.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/</i> <i>waiting period: 0/0</i> For ZIP codes 970-972	65 & under				
		\$110.35				
		70 \$126.20				
		75 \$136.25				
		80 \$144.65				
	85 \$151.25					
Physicians Life Insurance Company 2600 Dodge St. Omaha, NE 68131 (800) 228-9100 www.physiciansmutual.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/</i> <i>waiting period: 0/0</i> For ZIP codes 973-979					

Plan F	Plan F High \$1,900 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$1,900 deductible	Plan K	Plan L
65 & under \$130.41	65 & under \$45.15	65 & under \$110.54			65 & under \$127.85			
70 \$155.25	70 \$60.90	70 \$131.65			70 \$152.20			
75 \$180.09	75 \$78.75	75 \$152.77			75 \$176.56			
80 \$206.17	80 \$97.65	80 \$175.12			80 \$202.13			
85 \$226.04	85 \$112.35	85 \$192.51			85 \$221.62			
65 & under \$114.00		65 & under \$100.00						
70 \$140.00		70 \$128.00						
75 \$164.00		75 \$152.00						
80 \$184.00		80 \$172.00						
85 \$201.00		85 \$189.00						
65 & under \$137.40		65 & under \$111.90						
70 \$163.50		70 \$132.90						
75 \$186.95		75 \$151.90						
80 \$212.05		80 \$172.20						
85 \$238.85		85 \$193.75						
		65 & under \$100.65						
		70 \$119.45						
		75 \$136.45						
		80 \$154.60						
		85 \$173.90						

TERMS

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Issue age rating: Premium increases for inflation or rising costs but not for increased age.

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
Physicians Life Insurance Company 2600 Dodge St. Omaha, NE 68131 (800) 228-9100 www.physiciansmutual.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes 973-975 and 977	65 & under				
		\$99.80				
		70	\$114.10			
		75	\$123.15			
		80	\$130.70			
		85	\$136.65			
Physicians Life Insurance Company 2600 Dodge St. Omaha, NE 68131 (800) 228-9100 www.physiciansmutual.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes 976 and 978-979	65 & under				
		\$94.55				
		70	\$108.00			
		75	\$116.55			
		80	\$123.70			
		85	\$129.30			
Provident American Life & Health Insurance Company P.O Box 29158 Mission, KS 66201-9158 (877) 291-5434 www.palhic.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> For ZIP codes 970-972 & 974	65 & under			65 & under	
		\$86.45			\$94.48	
		70	\$104.61		70	\$114.37
		75	\$120.68		75	\$131.64
		80	\$132.09		80	\$144.20
		85	\$142.35		85	\$155.49
Provident American Life & Health Insurance Company P.O Box 29158 Mission, KS 66201-9158 (877) 291-5434 www.palhic.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> For ZIP codes 973 & 975-979	65 & under			65 & under	
		\$80.68			\$88.18	
		70	\$97.64		70	\$106.74
		75	\$112.63		75	\$122.87
		80	\$123.28		80	\$134.59
		85	\$132.86		85	\$145.12

Plan F	Plan F High \$1,900 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$1,900 deductible	Plan K	Plan L
65 & under \$124.15								
70 \$147.65								
75 \$168.75								
80 \$191.35								
85 \$215.45								
65 & under \$117.55								
70 \$139.75								
75 \$159.65								
80 \$181.00								
85 \$203.75								
65 & under \$104.93	65 & under \$37.42		65 & under \$77.33	65 & under \$92.63	65 & under \$96.96			
70 \$127.05	70 \$45.26		70 \$86.38	70 \$103.66	70 \$108.57			
75 \$146.24	75 \$52.15		75 \$99.32	75 \$119.28	75 \$125.01			
80 \$160.20	80 \$57.12		80 \$108.76	80 \$130.75	80 \$136.94			
85 \$172.70	85 \$61.65		85 \$117.17	85 \$141.08	85 \$147.58			
65 & under \$97.94	65 & under \$34.93		65 & under \$72.17	65 & under \$86.45	65 & under \$90.50			
70 \$118.58	70 \$42.25		70 \$80.62	70 \$96.75	70 \$101.33			
75 \$136.49	75 \$48.67		75 \$92.70	75 \$111.32	75 \$116.68			
80 \$149.52	80 \$53.31		80 \$101.51	80 \$122.03	80 \$127.81			
85 \$161.19	85 \$57.54		85 \$109.36	85 \$131.67	85 \$137.74			

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare notifies the Medigap of provider's remaining balance.

Issue age rating: Premium increases for inflation or rising costs but not for increased age.

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E					
Pyramid Life Insurance Company 1001 Heathrow Park Lane, Suite 5001 Lake Mary, FL 32746 (800) 777-1126 www.pyramidlife.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i>	65 & under			65 & under	65 & under					
		\$133.00			\$129.00	\$100.00					
		70	\$166.00		70	\$160.00	70	\$129.00			
		75	\$183.00		75	\$179.00	75	\$153.00			
		80	\$194.00		80	\$194.00	80	\$174.00			
		85	\$202.00		85	\$207.00	85	\$191.00			
Regence BlueCross BlueShield of Oregon 100 Market St., P.O. Box 1271 Portland, OR 97207-1271 (800) 452-2909 www.or.regence.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> <i>Rates are pending Oregon approval.</i>	65 & under		65 & under	65 & under	65 & under					
		\$155.00		\$172.00	\$158.00	\$163.00					
		70	\$167.00	70	\$185.00	70	\$172.00	70	\$176.00		
		75	\$200.00	75	\$223.00	75	\$205.00	75	\$210.00		
		80	\$210.00	80	\$234.00	80	\$216.00	80	\$221.00		
		85	\$219.00	85	\$244.00	85	\$226.00	85	\$232.00		
Standard Life & Accident Insurance Company 2450 South Shore Blvd., Suite 500 League City, TX 77573 (888) 350-1488	<i>Does crossover</i> <i>Attained age rating</i> <i>A, B, C, F guaranteed issue.</i> <i>Contact plan for details.</i> <i>Pre-existing look-back/ waiting period: 0/0</i>	65 & under	65 & under	65 & under	65 & under	65 & under					
		\$91.63	\$146.79	\$166.86	\$125.06	\$130.68					
		70	\$108.35	70	\$173.41	70	\$197.40	70	\$148.45	70	\$154.45
		75	\$123.79	75	\$198.19	75	\$225.52	75	\$183.20	75	\$176.51
		80	\$137.45	80	\$219.82	80	\$250.20	80	\$229.56	80	\$195.95
		85	\$137.45	85	\$250.20	85	\$229.56	85	\$195.95		
State Farm Mutual Automobile Insurance Company One State Farm Plaza B-1 Bloomington, IL 61710-0001 Contact local State Farm agent www.statefarm.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Premium rates are for Clackamas, Columbia, Multnomah, and Washington counties only.</i>	65 & under		65 & under							
		\$85.68		\$129.20							
		70	\$107.95	70	\$162.86						
		75	\$125.12	75	\$188.70						
		80	\$140.50	80	\$211.99						
		85	\$146.54	85	\$221.00						

Plan F	Plan F High \$1,900 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$1,900 deductible	Plan K	Plan L
65 & under \$166.00	65 & under \$45.00	65 & under \$137.00						
70 \$207.00	70 \$51.00	70 \$170.00						
75 \$230.00	75 \$62.00	75 \$191.00						
80 \$248.00	80 \$69.00	80 \$207.00						
85 \$262.00	85 \$75.00	85 \$220.00						
65 & under \$175.00	65 & under \$61.00	65 & under \$159.00						
70 \$190.00	70 \$66.00	70 \$172.00						
75 \$226.00	75 \$79.00	75 \$206.00						
80 \$240.00	80 \$83.00	80 \$217.00						
85 \$250.00	85 \$87.00	85 \$227.00						
65 & under \$169.55	65 & under \$28.26	65 & under \$125.14						
70 \$200.40	70 \$33.40	70 \$147.83						
75 \$229.03	75 \$38.17	75 \$177.34						
80 \$254.25	80 \$42.38	80 \$217.58						
85 \$254.25	85 \$42.38	85 \$217.58						
65 & under \$130.56								
70 \$164.47								
75 \$190.57								
80 \$214.11								
85 \$223.21								

TERMS

Attained age rating: Premium increases as your age increases.

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Issue age rating: Premium increases for inflation or rising costs but not for increased age.

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E					
State Farm Mutual Automobile Insurance Company One State Farm Plaza B-1 Bloomington, IL 61710-0001 Contact local State Farm agent www.statefarm.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Premiums for all counties except Clackamas, Columbia, Multnomah, and Washington.</i>	65 & under		65 & under							
			\$82.36		\$124.27						
		70	\$103.78		70	\$156.57					
		75	\$120.27		75	\$181.47					
		80	\$135.15		80	\$203.83					
		85	\$140.93		85	\$212.50					
State Mutual Insurance Company P.O. Box 153 Rome, GA 30162-0153 (877) 872-5500	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> Rates for ZIP codes 971-93 and 970, 974-978 are higher.	65 & under	65 & under	65 & under	65 & under						
			\$126.79	\$142.90	\$173.89	\$157.72					
		70	\$148.53	70	\$169.60	70	\$201.70	70	\$187.67		
		75	\$173.22	75	\$200.23	75	\$235.57	75	\$222.34		
		80	\$190.12	80	\$224.05	80	\$261.66	80	\$248.92		
		85	\$200.84	85	\$240.77	85	\$280.34	85	\$267.72		
Sterling Investors Life Insurance Company 65 Technology Way Rome, GA 30162 (877) 896-6434	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> Rates for ZIP codes 970-972 are higher.	65 & under	65 & under	65 & under	65 & under	65 & under					
			\$70.53	\$76.96	\$92.33	\$77.14	\$77.51				
		70	\$79.04	70	\$86.27	70	\$102.37	70	\$86.63	70	\$87.06
		75	\$93.12	75	\$101.76	75	\$119.39	75	\$102.37	75	\$102.86
		80	\$103.72	80	\$113.27	80	\$132.37	80	\$114.43	80	\$114.98
		85	\$111.12	85	\$121.29	85	\$141.62	85	\$122.88	85	\$123.43
Sterling Life Insurance Company Select Plan, Area I P.O. Box 5348 Bellingham, WA 98227-5348 (800) 688-0010	<i>Attained age rating</i> <i>Plan only available in certain counties. Contact company for more information.</i>	69 & under	69 & under	69 & under							
			\$101.96	\$104.20	\$121.11						
		70-74	\$116.45	70-74	\$119.17	70-74	\$139.29				
		75-79	\$126.65	75-79	\$129.86	75-79	\$155.13				
		80+	\$132.09	80+	\$135.89	80+	\$171.07				

Plan F	Plan F High \$1,900 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$1,900 deductible	Plan K	Plan L
65 & under \$125.54								
70 \$158.18								
75 \$183.26								
80 \$205.87								
85 \$214.62								
65 & under \$177.14								
70 \$217.80								
75 \$239.86								
80 \$266.25								
85 \$285.06								
65 & under \$95.02	65 & under \$38.82	65 & under \$79.23						
70 \$105.61	70 \$43.10	70 \$88.96						
75 \$123.00	75 \$50.21	75 \$105.06						
80 \$136.35	80 \$55.65	80 \$117.31						
85 \$145.78	85 \$59.51	85 \$125.94						
69 & under \$122.76							69 & under \$51.24	
70-74 \$141.33							70-74 \$54.66	
75-79 \$157.37							75-79 \$60.20	
80+ \$173.31							80+ \$65.47	

TERMS

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Issue age rating: Premium increases for inflation or rising costs but not for increased age.

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
Sterling Life Insurance Company Select Plan, Area II P.O. Box 5348 Bellingham, WA 98227-5348 (800) 688-0010	Attained age rating Plan only available in certain counties. Contact company for more information.	69 & under \$100.31 70-74 \$114.50 75-79 \$124.42 80+ \$130.15	69 & under \$108.77 70-74 \$124.90 75-79 \$136.76 80+ \$144.73	69 & under \$125.00 70-74 \$144.15 75-79 \$160.67 80+ \$177.97		
Sterling Life Insurance Company Standard Plan, Area I P.O. Box 5348 Bellingham, WA 98227-5348 (800) 688-0010	Attained age rating Plan only available in certain counties. Contact company for more information.	69 & under \$118.10 70-74 \$135.21 75-79 \$147.65 80+ \$155.03	69 & under \$140.55 70-74 \$162.62 75-79 \$179.92 80+ \$193.23	69 & under \$159.12 70-74 \$184.49 75-79 \$206.94 80+ \$230.27		
Sterling Life Insurance Company Standard Plan, Area II P.O. Box 5348 Bellingham, WA 98227-5348 (800) 688-0010	Attained age rating Plan only available in certain counties. Contact company for more information.	69 & under \$115.08 70-74 \$131.61 75-79 \$143.56 80+ \$150.85	69 & under \$139.48 70-74 \$161.45 75-79 \$178.65 80+ \$192.55	69 & under \$157.37 70-74 \$182.44 75-79 \$204.31 80+ \$227.45		
United American Insurance Company P.O. Box 8080 McKinney, Texas 75070 (800) 331-2512 www.unitedamerican.com	Does crossover Issue age for Plans A, F, G disableds, and underage. All other plans are attained age. Pre-existing look-back/ waiting period: 2/6	65 & under \$115.08 70 \$124.00 75 \$124.00 80 \$124.00 85 \$124.00	65 & under \$141.42 70 \$186.67 75 \$202.08 80 \$204.25 85 \$204.25	65 & under \$130.25 70 \$171.75 75 \$188.00 80 \$197.00 85 \$197.00	65 & under \$150.33 70 \$200.00 75 \$220.00 80 \$231.08 85 \$231.08	

Plan F	Plan F High \$1,900 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$1,900 deductible	Plan K	Plan L
69 & under \$126.65 70-74 \$145.99 75-79 \$162.81 80+ \$180.11							69 & under \$53.13 70-74 \$57.18 75-79 \$63.71 80+ \$71.14	
69 & under \$160.96 70-74 \$186.72 75-79 \$209.37 80+ \$232.70		69 & under \$121.59 70-74 \$142.92 75-79 \$161.28 80+ \$180.94					69 & under \$61.59 70-74 \$67.22 75-79 \$76.27 80+ \$88.61	
69 & under \$159.21 70-74 \$184.49 75-79 \$206.74 80+ \$229.88		69 & under \$121.77 70-74 \$143.71 75-79 \$162.94 80+ \$184.35					69 & under \$61.55 70-74 \$67.38 75-79 \$76.76 80+ \$89.94	
65 & under \$178.00 70 \$194.67 75 \$201.25 80 \$205.25 85 \$205.25	65 & under \$58.42 70 \$76.75 75 \$85.00 80 \$90.17 85 \$90.17	65 & under \$201.75 70 \$221.42 75 \$229.25 80 \$233.92 85 \$233.92					65 & under \$82.67 70 \$110.08 75 \$122.50 80 \$128.83 85 \$128.83	65 & under \$116.25 70 \$155.00 75 \$172.25 80 \$181.08 85 \$181.08

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare notifies the Medigap of provider's remaining balance.

Issue age rating: Premium increases for inflation or rising costs but not for increased age.

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
United Healthcare Insurance Company (AARP Plan) P.O. Box 130 Montgomeryville, PA 18936-0130 (800) 523-5800 www.aarphealthcare.com Insureds must be members of AARP	<i>Does crossover</i> <i>Pre-existing look-back/ waiting period: 3/3</i> <i>Policies A-L, except ESRD, are guaranteed issue. Contact plan for details.</i> <i>Community rating</i> <i>Age 65-67 rates include early enrollment discount</i> <i>Additional discounts available for spouse and EFT</i>	50-64 \$86.00	50-64 \$125.00	50-64 \$144.00	50-64 \$131.50	50-64 \$132.00
		65-67 \$60.20	65-67 \$87.50	65-67 \$100.80	65-67 \$92.05	65-67 \$92.40
		68+ \$94.60	68+ \$137.50	68+ \$158.40	68+ \$144.65	68+ \$145.20
		Plan Select C		50-64 \$112.00	65-67 \$78.40	68+ \$123.20
United Teacher Associates Insurance Company 5508 Parkcrest Dr. Austin, TX 78731 (866) 459-4272 www.gafri.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i>	65 & under \$90.96	65 & under \$109.35	65 & under \$124.82	65 & under \$103.79	
		70 \$103.19	70 \$124.41	70 \$142.40	70 \$118.45	
		75 \$121.89	75 \$148.57	75 \$170.90	75 \$142.71	
		80 \$134.62	80 \$166.46	80 \$192.43	80 \$161.50	
		85 \$139.17	85 \$174.74	85 \$203.45	85 \$171.51	
United World Life Insurance Company Mutual of Omaha Plaza Omaha, NE 68175 (877) 845-0892 www.mutualofomaha.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes 970-972	65 & under \$57.83	65 & under \$70.67			
		70 \$65.73	70 \$80.33			
		75 \$76.48	75 \$93.45			
		80 \$83.40	80 \$101.92			
		85 \$89.51	85 \$109.38			
United World Life Insurance Company Mutual of Omaha Plaza Omaha, NE 68175 (877) 845-0892 www.mutualofomaha.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes 973-979	65 & under \$55.52	65 & under \$67.84			
		70 \$63.10	70 \$77.11			
		75 \$73.42	75 \$89.71			
		80 \$80.06	80 \$97.84			
		85 \$85.93	85 \$105.01			

Plan F	Plan F High \$1,900 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$1,900 deductible	Plan K	Plan L
50-64 \$145.00 65-67 \$101.50 68+ \$159.50		50-64 \$132.50 65-67 \$92.75 68+ \$145.75	50-64 \$147.25 65-67 \$103.07 68+ \$161.97	50-64 \$148.50 65-67 \$103.95 68+ \$163.35	50-64 \$176.25 65-67 \$123.37 68+ \$193.87		50-64 \$65.25 65-67 \$45.67 68+ \$71.77	50-64 \$93.00 65-67 \$65.10 68+ \$102.30
65 & under \$129.86 70 \$148.20 75 \$177.86 80 \$200.19 85 \$211.72		65 & under \$115.67 70 \$132.06 75 \$159.12 80 \$180.01 85 \$191.24	65 & under \$84.67 70 \$96.61 75 \$116.40 80 \$131.76 85 \$139.86	65 & under \$85.25 70 \$101.12 75 \$117.65 80 \$135.44 85 \$141.03	65 & under \$100.53 70 \$119.24 75 \$138.61 80 \$159.65 85 \$166.25			
65 & under \$89.20 70 \$101.39 75 \$117.96 80 \$128.64 85 \$138.06		65 & under \$76.40 70 \$86.84 75 \$101.02 80 \$110.18 85 \$118.24						
65 & under \$85.63 70 \$97.34 75 \$113.24 80 \$123.49 85 \$132.54		65 & under \$73.34 70 \$83.36 75 \$96.98 80 \$105.77 85 \$113.51						

TERMS

- Attained age rating:** Premium increases as your age increases.
- Crossover:** Medicare notifies the Medigap of provider's remaining balance.
- Issue age rating:** Premium increases for inflation or rising costs but not for increased age.
- Pre-existing look-back/waiting period:** How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
USAA Life Insurance Company 9800 Fredricksburg Rd. San Antonio, TX 78288 (800) 531-8000 www.usaa.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i>	65 & under			65 & under	
		\$93.16			\$116.62	
		70 \$102.85			70 \$128.52	
		75 \$110.50			75 \$138.55	
		80 \$117.30			80 \$147.56	
85 \$125.12			85 \$156.06			
World Corp Insurance P.O. Box 2155 Omaha, NE 68103 (800) 822-9993	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i>	65 & under				
		\$74.95				
		70 \$89.98				
		75 \$104.05				
		80 \$116.60				
85 \$130.57						

Plan F	Plan F High \$1,900 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$1,900 deductible	Plan K	Plan L
65 & under \$122.57		65 & under \$120.19						
70 \$134.64		70 \$132.43						
75 \$145.18		75 \$142.46						
80 \$154.53		80 \$151.64						
85 \$163.88		85 \$160.82						
65 & under \$103.10	65 & under \$42.51							65 & under \$56.57
70 \$123.01	70 \$51.02							70 \$67.87
75 \$141.67	75 \$59.06							75 \$78.50
80 \$155.37	80 \$66.15							80 \$87.97
85 \$171.07	85 \$74.09							85 \$98.50

TERMS

- Attained age rating:** Premium increases as your age increases.
- Crossover:** Medicare notifies the Medigap of provider's remaining balance.
- Issue age rating:** Premium increases for inflation or rising costs but not for increased age.
- Pre-existing look-back/waiting period:** How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions.

What are my Medicare Advantage plan choices?

Medicare Advantage

Private companies contract with Medicare to offer managed care and private fee-for-service health insurance plans. Medicare pays these plans to provide all your Medicare-approved services.

When you join a Medicare Advantage plan, you agree to that plan's terms and conditions. You will receive the same benefits as in **Original Medicare**, but not at the same payment rates. You will still pay the Part B premium, a premium to the plan, co-payments for certain services, and, in some cases, deductibles.

Medicare Advantage plans renew their contracts with the Centers for Medicare and Medicaid Services (CMS) annually. This means the policies are not guaranteed renewable. However, if you join a plan and that plan decides not to renew its contract, you have protections under the law that enables you to join another plan or purchase a Medigap policy.

In most Medicare Advantage plans, you must reside in a specific ZIP-code area. You can find out if the plan covers your area by calling the company or by reviewing the plan on Medicare's Web site, www.medicare.gov.

Can anyone join a Medicare Advantage plan?

Most people who have Medicare Part A and Part B and live in the plan's service area can join a plan. Beneficiaries who have end-stage renal disease (ESRD) are not eligible to join a plan. However, if you are already in a plan and develop ESRD, you can stay in the plan. If you've had a successful kidney transplant, you may be able to join a plan.

Medicare Advantage Enrollment and Election Periods

During Enrollment and Election Periods, Medicare health plans must accept eligible Medicare beneficiaries unless the plan has reached its member limit.

Exception: If you have been diagnosed with end-stage renal disease (ESRD) prior to enrollment in a Medicare Advantage plan, you may not be eligible to enroll in a Medicare Advantage plan.

For more information on what is offered to beneficiaries with ESRD, see Medicare publication #10128, entitled "Medicare Coverage of Kidney Dialysis and Kidney Transplant Services."

Special Election Period

You are given a Special Election Period to change Medicare Advantage plans, to return to **Original Medicare**, or to join Medigap plans A, B, C, or F in certain situations. You will have a Special Election Period of 63 days if you move permanently outside the service area; the Medicare Advantage plan breaks its contract with you or does not renew its contract with CMS; or in other exceptional conditions, as determined by CMS.

This Special Election Period is different from Medicare's Special Enrollment Period, which is for people who wait to enroll in Medicare Part B because they are covered under a group health plan.

Annual Enrollment Period & Open Enrollment Period

You may enroll or change Medicare Advantage plans each year from (AEP) Nov. 15 - Dec. 31 or (OEP) January 1 - March 31.

For additional details see pages 60 and 61.

Medicare Advantage disenrollment

If you change from one Medicare health plan to another, the new plan will disenroll you from your old plan automatically. **Enroll, do not disenroll.**

In order to change from a Medicare Advantage plan to Original Medicare, you must contact the plan in writing. *Send the disenrollment letter by certified mail.*

Before taking any disenrollment action, it is strongly recommended you contact SHIBA for assistance in reviewing your options.

For additional information on specific Enrollment Periods refer to Enrollment Deadline charts on pages 59-63.

Abbreviation key

See definitions of plan types on pages 122-125 in the glossary.

HMO Health-maintenance organization

MCO Managed-care organization

MSA Medical savings account
(Not available in every state)

PFFS Private fee-for-service plan

POS Health-maintenance organization with point-of-service option

PPO Preferred-provider organization

PSO Provider-sponsored organization

SNP Special needs plan

Managed Care and Private Fee-For-Service (PFFS) compared

Most Medicare Advantage plans used to be health maintenance organizations. Today, there are many more choices in how your health care will be delivered and what it will cost. Here are the types of plans available and some of the pros and cons of each.

Managed Care PROs and CONs

Plan type	☺ PROs	☹ CONs
Health Maintenance Organizations (HMOs)	<ul style="list-style-type: none"> ■ Total medical costs likely lower and more predictable than with fee-for-service health insurance. ■ HMOs do not require claim forms for office visits or hospital stays. 	<ul style="list-style-type: none"> ■ HMOs limit choice. Usually, choices of doctors and hospitals are limited to those who have agreements with the HMO. ■ HMOs influence how much health care you use — e.g., they might require approval before allowing admission to a hospital. ■ You usually cannot see a specialist without a referral from your primary care physician (PCP). ■ You may have to wait longer for an appointment than you would with a fee-for-service health insurance plan.
Health Maintenance Organizations with Point-Of-Service option (HMOs with POS)	<ul style="list-style-type: none"> ■ Members may refer themselves outside the plan and still get some coverage. ■ If the doctor makes a referral out of the network, the plan pays all or most of the bill. 	<ul style="list-style-type: none"> ■ If you refer yourself to a provider outside the network and the service is covered by the plan, you will have to pay coinsurance.
Preferred Provider Organizations (PPOs)	<ul style="list-style-type: none"> ■ When you use providers designated as “preferred” (or “network”) providers, most of your medical bills are covered. ■ In a PPO, you may use doctors and hospitals who are not “preferred” and still receive some coverage, but with some added expense to you. ■ Some people like the PPO option because even if their doctor is not a part of the network, it means they do not have to change doctors to join a PPO. 	<ul style="list-style-type: none"> ■ Like an HMO, limited number of doctors and hospitals to choose from – a network of Medicare doctors and hospitals. ■ You may see doctors or attend hospitals not in the network and still receive some coverage, but at these times, you will pay a larger portion of the bill (and also fill out the claims forms).

Private Fee-For-Service PROs and CONs

Plan type	☺ PROs	☹ CONs
Private Fee-For-Service (PFFS)	<ul style="list-style-type: none"> ■ Offers the most choices of doctors and hospitals, no provider network. Enrollees may access any provider that accepts Medicare and that accepts Medicare assignment and the administrative terms of the health plan. ■ It has all the flexibility of Original Medicare, plus the coverage of essentially a Medigap policy, but at a substantially cheaper price. ■ Most fee-for-service plans have a “cap” – the most you will have to pay for medical bills in any one year. ■ In an HMO you may have to wait longer for an appointment than you would with a fee-for-service health insurance plan. 	<ul style="list-style-type: none"> ■ You may have to fill out forms and send them to your insurer. ■ Some services are limited or not covered at all. ■ It is up to physicians whether to take you or not; not all providers that accept Medicare will accept all PFFS plans. ■ In a Private Fee-For-Service plan, beneficiaries might have to pay up to 15% more than the Original Medicare approved amount to a plan provider.

Medicare health plans

Medicare Advantage Plans					
PFFSs <i>ARE</i> Medicare Advantage <i>ARE NOT</i> Managed Care	Regional Coordinated Care Plans (Managed Care Organizations)				1876 Cost Plans <i>ARE NOT</i> Medicare Advantage <i>ARE</i> Managed Care
Private Fee For Service plans <i>are</i> Medicare Advantage plans, they <i>are not</i> Managed Care plans, whereas 1876 Cost Plans <i>are not</i> Medicare Advantage plans, they <i>are</i> Managed Care plans.					
PFFSs	HMOs	PPOs	SNPs	MSAs	1876 Cost Plans
The plan, rather than Medicare, decides how much providers will be paid and how much enrollees will pay.	HMOs with POS option	Local or <i>Regional</i>	In Oregon, only for dual-eligibles (those eligible for both Medicare and Medicaid)	Savings account into which Medicare deposits amount each year with high deductible MA plan	From early Medicare managed care; (no new cost plans anymore)
<ul style="list-style-type: none"> ■ MAs replace Medicare as the insurance carrier. Medicare's only role is to pay the MA plans. ■ Organizations offering MA coordinated care/managed care in an area must also offer Part D PDP. ■ MA <i>regional PPOs</i> must be offered to <i>all beneficiaries in all counties of the region.</i> ■ <i>Regional PPOs</i> will: 1) offer Part D PDPs 2) have a limit on out-of-pocket cost sharing. ■ HMO — You usually may use only doctors/hospitals in their network — little or no out-of-pocket cost. ■ PPO or POS — You usually <i>may use</i> doctors/hospitals <i>out of network</i> — <i>for extra out-of-pocket cost.</i> 					

Medicare **DOES** make capitated payments to PFFSs (just as it does to HMOs, etc.) Medicare **DOES NOT** make capitated payment to 1876 Cost Plans.

Enrollment periods at a glance

See pages 59-63 for additional enrollment charts.

AEP: Annual Election Period

GEP: General Enrollment Period

GI: Guaranteed Issue

IEP: Initial Enrollment Period

OEP: Open Enrollment Period

SEP: Special Enrollment/Election Period



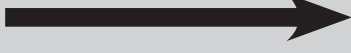
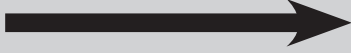
OEPNEW:

Open Enrollment Period for **NEW**ly Eligible Individuals

Medicare Part A		Medicare Part B		Medicare Part D		Medicare Advantage		Medigaps	
IEP	7 months	IEP	7 months	IEP	7 months				
GEP	Jan. - March	GEP	Jan. - March	GEP	Nov. 15 - Dec. 31				
Coverage not effective until July 1		Coverage not effective until July 1		AEP	Nov. 15 - Dec. 31	AEP	Nov. 15 - Dec. 31		
						OEP	Jan. 1 - March 31	OEP	Part B + 6 months
SEP	Not applicable	SEP	8 months	SEP	60 days	SEP	Varies*	SEP	63 day GI
						OEPNEW	Month of entitlement to both Part A and B + 3 months or Dec. 31, whichever occurs first.	GI	63 day

*Situations vary on a case-by-case basis, contact Medicare at (800) 633-4227 (1-800-MEDICARE).

Medicare Advantage open enrollment period (January - March) limits

If coverage you have is	January-March, you <i>can</i> get	January-March, you <i>cannot</i> get
Medicare Advantage <i>with</i> prescription drug coverage (MAPD) 	Medicare Advantage <i>with</i> prescription drug coverage (MAPD), Original Medicare with a PDP, or Medicare Advantage PFFS with a PDP	Medicare Advantage <i>without</i> prescription drug coverage (MA) or Original Medicare without a PDP
Medicare Advantage <i>without</i> prescription drug coverage (MA) 	Medicare Advantage <i>without</i> prescription drug coverage (MA), or Original Medicare without a PDP	Medicare Advantage <i>with</i> prescription drug coverage (MAPD), or Original Medicare with a PDP
Original Medicare <i>with</i> a prescription drug plan (PDP) 	Medicare Advantage <i>with</i> a prescription drug plan (MAPD)	Medicare Advantage <i>without</i> a prescription drug plan (MA), or a different PDP to use with Original Medicare
Original Medicare <i>without</i> a prescription drug plan (PDP) 	Medicare Advantage <i>without</i> prescription drug coverage (MA)	Medicare Advantage <i>with</i> prescription drug coverage (MAPD), or Original Medicare with a PDP

- When going from one Medicare Advantage to another Medicare Advantage plan or from Original Medicare to a Medicare Advantage plan enroll in the new plan. **DO NOT DISENROLL.**
- When going from a Medicare Advantage Plan to Original Medicare **disenroll from the Medicare Advantage plan in writing.**

Enrollment/Election Periods/Deadlines (under period *names*)

Plan	ICEP/IEP	Annual/General	Special/GI	OEP	Late penalty
Medicare Part A	The 7 months which begin 3 months before age 65; auto-enrolled if already receiving SS payment.	Anytime for free premium; otherwise, Jan., Feb., March each year, effective July 1.	None	See Annual/General.	None, unless premium is not free: then add 10 percent of premium to premium – penalty lasts for twice the number of years enrollment was delayed.
Medicare Part B	The 7 months which begin 3 months before age 65; or auto-enrolled after 24 months of SS disability payments.	Jan., Feb., March each year; effective July 1.	1 to 8 months after no longer covered by employer's or currently-working-spouse's insurance.	See Annual/General.	Premium increases 10 percent each 12 months delayed. Lasts forever.
Medigap	Open Enrollment Period during first 6 months after first enrolled in Part B.	Anytime, at plan's discretion; may underwrite, leading to higher charges, or refusal to insure due to health conditions.	63 day GI period for plans A, B, C, and F from date previous plan ends if you lose coverage through no fault of your own. <i>See GI chart on page 18.</i>	During first 6 months after first enrolled in Part B. Also, see Annual.	May cost more. If beyond OEP and GI periods, may refuse to insure due to health conditions.
Medicare Advantage	The 7 months which begin 3 months before age 65, or at the time of qualifying for Medicare due to disability.	Nov. 15-Dec. 31 each year, effective Jan. 1. Any change may be made.	During Oct. 1 - Dec. 31 , if plan announces it is leaving Medicare, plus 63 days after leaving a discontinued plan or moving out of a plan's service area, and during an EGHP's OEP.	During Jan. 1 - March 31 , but only from like-to-like coverages, see page 60.	None. Plans may be closed if full.
Medicare Part D	The 7 months which begin 3 months before age 65, or at the time of qualifying for Medicare due to disability.	During Nov. 15-Dec. 31.	60 days after involuntarily no longer covered by employer's or currently-working-spouse's creditable insurance.	See Annual/General.	Penalty for each month enrollment was delayed is 1%-of-current-average-national-monthly-premium. (For example, if delay 7 months, penalty is 7%-per-month-of-current-average-national-monthly-premium.)

AEP: Annual Election Period **GI:** Guaranteed Issue **IEP:** Initial Enrollment Period **SEP:** Special Election Period
GEP: General Enrollment Period **ICEP:** Initial Coverage Election Period **OEP:** Open Enrollment Period

Enrollment/Election Periods/Deadlines (under period *times*)

Plan	The 7 months which begin 3 months before age 65		
		Nov. 15-Dec. 31	Jan. 1-March 31
Medicare Part A	If not auto-enrolled, Initial Enrollment Period (IEP); auto-enrolled if already receiving SS payments.		General Enrollment Period (GEP)
Medicare Part B	If not auto-enrolled, Initial Enrollment Period (IEP); auto-enrolled after 24 months of SS disability payments.		General Enrollment Period (GEP)
Medigap			
Medicare Advantage (Medicare Part C)	Open Enrollment Period* (OEP) for people new to Medicare eligibility. (*OEP = period when MAs must accept all eligible applicants.)	Annual Coordinated Election Period (or Annual Election Period - AEP); enrollees accepted on first-come, first-served basis; also when enrollees may make changes of every type; plans must accept new members.	Open Enrollment Period* (OEP) *period when MAs must accept all eligible applicants; also when enrollees may make one change to another plan, but may not change their drug option.
Medicare Part D	Initial Coverage Election Period, or Initial Enrollment Period (IEP).	Annual Coordinated Election Period (or Annual Election Period - AEP) or General Enrollment Period (GEP).	

Part B enrollment date + 6 months	Special Enrollment Period/ Special Election Period (both "SEP")	After 24 months of SS disability benefits	Oct. 1-Dec. 31	Anytime
	None	Auto-enrolled		For free premium, if quality.
	8 month period starting with month the worker or working spouse is no longer working; 8 month period starting with month the worker or working spouse is no longer covered by an EGHP; whichever occurs first.	Auto-enrolled		
Open Enrollment Period (OEP)	63 days Guaranteed Issue (GI) period for plans A, B, C and F from date of end of coverage through no personal fault, and within first year of trying an MA plan when you first enrolled in Medicare.			At plan's discretion, may underwrite, leading to higher premium, or refusal to insure due to health conditions.
	Enrollee relocates outside MA's service area, MA plan breaks its contract or does not renew contract with CMS or vice versa.		If plan announces it is leaving Medicare.	Anytime a plan is allowing new members to join.
	60 days starting with day the worker or working spouse is involuntarily no longer covered by a creditable EGHP.			

Medicare Advantage Plan availability by county/service areas

See company plan details in Medicare Advantage section pages 70-116.

Service areas/ company	Advantra	Aetna	ATRIO	CareSource	Clear Choice	Family Care	HealthMarkets	Health Net	Humana	Kaiser	Marion Polk Comm Health
All of Oregon											
<i>Azalea</i>				X							
Baker	X	X					X	X	X		
Benton	X	X					X	X	X	X	
Clackamas	X	X				X	X	X	X	X	
Clatsop						X					
Columbia	X	X					X	X	X	X	
Coos	X		X						X		
Crook	X				X		X		X		
Curry	X								X		
Deschutes	X				X		X	X	X		
Douglas	X		X	X				X	X		
Gilliam	X							X			
<i>Glendale</i>				X							
<i>Gold Hill</i>				X							
Grant	X				X				X		
Harney	X								X		
Hood River	X	X			X		X	X	X		
Jackson				X				X			
Jefferson	X				X			X	X		
Josephine	X			X				X			

Italics indicates cities in Oregon vs. counties.

Mennonite Mutual	ODS	Providence	Regence	Samaritan	Sterling	Today's Options	Trillium	Unicare	United Healthcare*	WellCare
X	X				X	X		X		
X	X				X	X		X		
X	X				X	X		X	SHMD	X
X	X		X	X	X	X		X	AARP SHMD	X
X	X	X	X		X	X		X	AARP SHMD SHUH	X
X	X		X		X	X		X		
X	X	X	X		X	X		X	SHMD	X
X	X				X	X		X		X
X	X				X	X		X	SHMD	
X	X		X		X	X		X		
X	X				X	X		X	SHMD	X
X	X		X		X	X		X	SHMD	X
X	X				X	X		X		
X	X				X	X		X		
X	X				X	X		X	SHMD	X
X	X				X	X		X	SHMD	
X	X		X		X	X		X	SHMD	X
X	X		X		X	X	X	X		X
X	X				X	X		X	SHMD	
X	X		X		X	X		X		X

*AARP MedicareComplete provided by SecureHorizons and SecureHorizons by UnitedHealthcare (SHUH) and SecureHorizons MedicareDirect (SHMD) plans.

Plan Availability By County/Service Areas

Service areas/ company	Advantra	Aetna	ATRIO	CareSource	Clear Choice	Family Care	HealthMarkets	Health Net	Humana	Kaiser	Marion Polk Comm Health
Klamath	X	X	X		97731 97733 97737		X	X	X		
Lake	X				97638 97641 97735			X	X		
Lane	X							X			
Lincoln	X						X		X		
Linn								X		X	
Malheur	X	X					X	X	X		
Marion	X	X					X	X	X	X	X
Morrow	X					X		X			
Multnomah	X	X				X	X	X	X	X	
Polk	X	X					X	X	X	X	X
<i>Rogue River</i>				X							
Sherman	X				X				X		
Tillamook	X										
Umatilla	X					X	X	X	X		
Union	X	X					X	X	X		
Wallowa	X								X		
Wasco	X				X		X	X	X		
Washington	X	X				X	X	X	X	X	
Wheeler	X	X			X				X		
Yamhill	X							X	X	X	
<i>Clark in WA</i>	X	X					X	X	X	X	

Italics indicates cities in Oregon vs. counties.

Mennonite Mutual	ODS	Providence	Regence	Samaritan	Sterling	Today's Options	Trillium	Unicare	United Healthcare*	WellCare
X	X				X	X		X	SHMD	X
X	X				X	X		X	SHMD	X
X	X	X	X		X	X	X	X	AARP	X
X	X		X	X	X	X		X	SHMD	X
X	X		X	X	X	X		X	AARP	
X	X				X	X		X	SHMD	X
X	X	X	X		X	X		X	AARP SHMD SHUH	X
X	X				X	X		X	SHMD	X
X	X	X	X		X	X		X	AARP SHMD SHUH	X
X	X	X	X		X	X		X	AARP SHMD SHUH	X
X	X				X	X		X		
X	X				X	X		X	SHMD	X
X	X		X		X	X		X		X
X	X				X	X		X	SHMD	X
X	X				X	X		X	SHMD	
X	X		X		X	X		X	SHMD	X
X	X	X	X		X	X		X	AARP SHMD SHUH	X
X	X				X	X		X	SHMD	
X	X	X	X		X	X		X		
		X	X		X	X		X	SHMD SHUH	X

*AARP Medicare Complete provided by SecureHorizons and SecureHorizons by UnitedHealthcare (SHUH) and SecureHorizons Medicare Direct (SHMD) plans.

Special needs plans

These are special Medicare Advantage plans that provides all Medicare Part A and Part B health care and services to people who can benefit the most from things like special care for chronic illnesses and care management of multiple diseases. These plans may limit membership to people:

- in certain institutions (like a nursing home),
- eligible for both Medicare and Medicaid, or
- with certain chronic or disabling conditions.

ATRIO Health Plans

ATRIO MyAdvantage SNP (HMO)

P.O. Box 8003, 500 SE Cass St., Suite 230, Roseburg, OR 97470
(541) 672-8620 or (877) 672-8620; TTY (800) 735-2900

www.atriohp.com

CareOregon Advantage

CareOregon Advantage (HMO)

315 SW Fifth Ave., Suite 900, Portland, OR 97204
(503) 416-4100 or (800) 224-4840; TTY (877) 416-4161

www.careadvantage.org

Evercare® Health Plans

Evercare Plan IH-POS (HMO with POS), Evercare Plan DH-POS (HMO with POS), Evercare Plan MH-POS (HMO with POS), Evercare Plan IP (PPO), Evercare Plan DP (PPO), and Evercare Plan MP (PPO)

9020 SW Washington Square Road, Suite 420, Portland, OR 97223
(888) 834-3721; TTY (888) 685-8480

www.EvercareHealthPlans.com

FamilyCare Health Plans, Inc.

PremierCare Plus (HMO)

2121 SW Broadway, Suite 300, Portland, OR 97201
(866) 225-2273 or (503) 345-5701; TTY (800) 735-2900

www.familycareinc.org

Health Net Medicare Programs

Health Net Sage North and South (PPO)

13221 SW 68th Parkway, Suite 200, Tigard, OR 97223
(800) 822-7698; TTY (800) 929-9955

www.abetterdecision.com

Marion Polk Community Health Plan Advantage, Inc.

Marion Polk Community Health Plan Advantage (HMO)

P.O. Box 2777, Salem, OR 97308, (866) 869-1514

www.mpchpa.org

CareSource Health Plan

CareSource Special Needs Plan (HMO)

740 SE 7th St., Grants Pass, OR 97526
(541) 471-4106 or (888) 460-0185; TTY/TDD (800) 735-2900

www.caresourcehealthplans.com

Samaritan Advantage Health Plan

Samaritan Advantage Special Needs Plan (HMO)

815 NW 9th St., Suite 101, Corvallis, OR 97330
(800) 317-7489; TTY (800) 735-2900

www.samaritanadvantage.com

Trillium Community Health Plan

Trillium Advantage SNP (HMO)

1800 Millrace Dr., Eugene, OR 97401, (800) 910-3906

www.trilliumchp.com

Choosing a Medicare Advantage plan

The following pages describe Medicare Advantage plans from the companies that submitted this information. **On page 116, are the names and contact information of additional plans that did not submit information by our deadline.**

This guide does not separate plans with prescription drug coverage from those without this coverage. At the bottom of the page for each plan, we provide information on the Part D prescription drug benefit.

Additionally, we list all the Medicare Advantage plans that include prescription drug coverage on pages 117-119.

This is not the same as the stand-alone prescription drug plans that you might purchase in addition to a Medigap plan. The stand-alone Prescription Drug Plans are listed on pages 120-121.

How do I select a plan?

■ *What plans are offered in my area?*

Look in the upper right-hand corner of each page under “Plan service areas” to see what plans are available to you.

■ *Will your doctor accept the plan?*

Ask your doctor(s) what plans he/she accepts. Even though a plan may be offered in your area, the doctor does not have to participate. In some plans, if your doctor is not part of the preferred network, you will have to pay more to see that doctor. It’s very important to understand whether the plan you’re considering allows you to see your doctor at the best price.

■ *Can I afford the plan?*

Make sure you understand the coverage, including premiums and out-of-pocket costs. The following pages list your share of the costs. Here are some of the words you’ll want to understand:

- **Premiums:** The amount you pay monthly to have the plan.
- **Maximum out-of-pocket costs:** This is the most you have to pay in a year for covered services, **excluding Part D drugs**, before the plan starts paying 100 percent.
- **Co-pays:** This is a fixed amount you pay when you visit a doctor or other provider.
- **Coinsurance:** A percent of costs that you pay for the service.

■ *Prescription Drug Coverage*

Do you want prescription drug coverage with your Medicare Advantage plan? Some plans include prescription drug coverage. Some plans that don’t offer Part D may allow you to buy a stand-alone prescription drug plan. Call the company to see if this is the case.

Help comparing plans

A SHIBA volunteer can help you compare the plans, and the plan rules, such as how and when you may disenroll. For a SHIBA contact in your area, call (800) 722-4134.

Plan contact information	Plan service areas
<p>AARP MedicareComplete provided by SecureHorizons 5 Centerpointe Dr., Suite 600, Lake Oswego, OR 97035 (800) 950-9355; TTY (888) 685-8480 www.aarpmedicarecomplete.com</p>	<p><i>AARP MedicareComplete H3805-001 counties are: Clackamas, Marion, Multnomah, Polk, and Washington.</i> <i>AARP MedicareComplete H3805-007 counties are: Benton, Lane, and Linn.</i> <i>AARP MedicareComplete Essential H3805-011 counties are: Benton, Clackamas, Lane, Linn, Marion, Multnomah, Polk, and Washington.</i></p>

Your costs	AARP MedicareComplete H3805-001	AARP MedicareComplete H3805-007	AARP MedicareComplete Essential H3805-011
TYPE OF PLAN	HMO	HMO	HMO
IMPORTANT INFORMATION			
1 Monthly premium <i>no Rx</i>			\$49
Monthly premium <i>with Rx</i>	\$60	\$46	
Annual out-of-pocket max.	Not applicable	Not applicable	Not applicable
INPATIENT CARE			
3 Inpatient hospital care	\$200/day (days 1-5) No cost for additional days	\$150/day (days 1-5) No cost for additional days	\$200/day (days 1-5) No cost for additional days
4 Inpatient mental health care	\$912 per stay	\$912 per stay	\$912 per stay
5 Skilled nursing facility	No cost (days 1-10) \$100/day (days 11-100)	No cost (days 1-10) \$100/day (days 11-100)	No cost (days 1-10) \$100/day (days 11-100)
6 Home health care	No cost	No cost	No cost
7 Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE			
8 Doctor office visits	\$15	\$15	\$15
Specialist	\$30	\$30	\$30
9 Chiropractor	\$30*	\$30*	\$30*
10 Podiatry	\$30*	\$30*	\$30*
11 Outpatient mental health	\$30	\$30	\$30
12 Outpatient substance abuse	\$30	\$30	\$30
13 Outpatient services/surgery	\$200	\$150	\$200
14 Ambulance	\$100	\$100	\$100
15 Emergency care	\$50, worldwide coverage	\$50, worldwide coverage	\$50, worldwide coverage
16 Urgent care	\$30 Urgent care center	\$30 Urgent care center	\$30 Urgent care center
17 Outpatient rehab	No cost (visits 1-12), \$30 thereafter	No cost (visits 1-12), \$30 thereafter	No cost (visits 1-12), \$30 thereafter

**For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.*

Your costs		AARP MedicareComplete H3805-001	AARP MedicareComplete H3805-007	AARP MedicareComplete Essential H3805-011
OUTPATIENT MEDICAL SERVICES/SUPPLIES				
18	Durable medical equipment	20%	20%	20%
19	Prosthetic devices	20%	20%	20%
20	Diabetes self-monitoring training and supplies	No cost	No cost	No cost
21	Diagnostic tests, X-rays, and lab services	\$8 lab/\$15 standard X-ray/ 20% other radiological services	\$9 lab/\$15 standard X-ray/ 20% other radiological services	No cost for lab/\$15 standard X-ray/ 20% other radiological services
PREVENTIVE SERVICES				
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	No cost	No cost
28	End-stage renal disease			
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)				
29	Prescription drug benefit – Part B	20%	20%	20%
30	Dental	Optional riders available: Optional dental 469 \$5 per month Optional dental 466 \$12 per month	Optional riders available: Optional dental 469 \$5 per month Optional dental 466 \$12 per month	Optional riders available: Optional dental 469 \$5 per month Optional dental 466 \$12 per month
31	Hearing exams	\$30*	\$30*	\$30*
32	Vision	\$30 (every 2 years)	\$30 (every 2 years)	\$30 (every 2 years)
33	Routine physical exams	\$15	\$15	\$15
	Foreign travel, worldwide	\$50, emergency coverage	\$50, emergency coverage	\$50, emergency coverage
	Health club	No cost – Silver & Fit	No cost – Silver & Fit	No cost – Silver & Fit
<i>Not covered in these plans: Acupuncture, health/wellness education, naturopathy, transportation, and over-the-counter allowance.</i>				

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
AARP MedicareComplete H3805-001	No deductible	None	Yes
AARP MedicareComplete H3805-007	No deductible	None	Yes

Plan contact information	Plan service areas
ATRIO Health Plans P.O. Box 8003, 500 SE Cass St., Suite 230, Roseburg, OR 97470 (541) 672-8620 or (877) 672-8620; TTY (800) 735-2900 www.atriohp.com	Douglas, Coos, and Klamath (Klamath county except ZIPs 97425, 97731, 97733, 97737, and 97739). <i>MyAdvantage Active/Active Rx does not include Coos county.</i>

Your costs	MyAdvantage I My Advantage I-Rx	MyAdvantage II MyAdvantage II – Rx MyAdvantage II – Rx Plus	MyAdvantage Active	MyAdvantage Active Rx
TYPE OF PLAN	HMO	HMO	HMO	HMO
IMPORTANT INFORMATION				
1 Monthly premium <i>no Rx</i>	\$39.50	\$67	No premium	
Monthly premium <i>with Rx</i>	\$76	\$102		\$17
Monthly premium <i>with Rx Plus</i>		\$111		
Annual out-of-pocket max.	\$3,000 (excludes Part D costs)	\$1,200 (excludes Part D costs)	\$3,000	\$5,000 (excludes Part D costs)
INPATIENT CARE				
3 Inpatient hospital care	\$150/day (days 1-5) No cost (days 6-90)	\$100/day (days 1-5) No cost (days 6-90)	\$170/day (days 1-11) No cost (days 12-90)	\$250/day (days 1-11) No cost (days 12-90)
4 Inpatient mental health care	\$150/day (days 1-5) No cost (days 6-90)	\$100/day (days 1-5) No cost (days 6-90)	\$170/day (days 1-11) No cost (days 12-90)	\$250/day (days 1-11) No cost (days 12-90)
5 Skilled nursing facility <i>Prior authorization required</i>	\$25/day (days 1-100)	\$25/day (days 1-100)	\$25/day (days 1-100)	\$25/day (days 1-100)
6 Home health care	No cost*	No cost*	No cost*	No cost*
7 Hospice (Medicare-certified program)	No cost	No cost	No cost	No cost
OUTPATIENT CARE				
8 Doctor office visits	\$15	\$15	\$10	\$15
Specialist	\$20	\$15	\$25	\$30
9-12 Chiropractor, podiatry, outpatient mental health, and outpatient substance abuse	\$20*	\$15*	\$25*	\$30*
13 Outpatient services/surgery	\$200*	\$100*	20%* coinsurance	20%* coinsurance
14 Ambulance	\$50 (waived if admitted)	\$50 (waived if admitted)	\$150 (waived if admitted)	\$150 (waived if admitted)
15 Emergency care	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
16 Urgent care	\$20 (waived if admitted)	\$15 (waived if admitted)	\$25 (waived if admitted)	\$30 (waived if admitted)

**For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.*

Your costs		MyAdvantage I My Advantage I-Rx	MyAdvantage II MyAdvantage II – Rx MyAdvantage II – Rx Plus	MyAdvantage Active	MyAdvantage Active Rx
17	Outpatient rehab	\$20*	\$15*	\$25*	\$30*
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	20% coinsurance*	No cost*	10% coinsurance*	10% coinsurance*
19	Prosthetic devices	20% coinsurance*	No cost*	10% coinsurance*	10% coinsurance*
20	Diabetes self-monitoring training and supplies	No cost	No cost	No cost	No cost
21	Diagnostic tests, X-rays, and lab services	10% radiology only No cost for other services	No cost*	20% coinsurance radiology/X-rays No cost for lab services	20% coinsurance radiology/X-rays No cost for lab services
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	No cost	No cost	No cost
28	End-stage renal disease	No cost	No cost	No cost	No cost
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)					
29	Prescription drug benefit – Part B	10% coinsurance	No cost	10% coinsurance	10% coinsurance
30	Dental	\$20* (no preventive care)	\$15* (no preventive care)	\$25* (no preventative care)	\$30* (no preventative care)
31	Hearing exams <i>Contact plan for details</i>	\$20*	\$15*	\$25*	\$30*
32	Vision <i>Contact plan for details</i>	\$20*	\$15*	\$25*	\$30*
33	Routine physical exams	\$15 (every 2 years)	\$15 (every 2 years)	\$10 (every 2 years)	\$15 (every 2 years)
	Foreign travel, worldwide	Emergency and urgent care	Emergency and urgent care	Emergency and urgent care	Emergency and urgent care
<i>Not covered in these plans: Acupuncture, naturopathy, health/wellness education, transportation, health club, and over-the-counter allowance.</i>					

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
My Advantage I-Rx	\$275 brand-name only/No deductible on generic drugs	None	No
MyAdvantage II – Rx	\$275 brand-name only/No deductible on generic drugs	None	No
MyAdvantage II – Rx Plus	No deductible	All generics	No
MyAdvantage Active Rx	\$275 brand-name only/No deductible on generic drugs	None	Yes

Plan contact information	Plan service areas
CareSource 740 SE 7th St., Grants Pass, OR 97526 (541) 471-4106 or (888) 460-0185; TTY/TDD (800) 735-2900 www.caresourcehealthplans.com	Jackson and Josephine

Your costs	CareSource Silver	CareSource Gold	CareSource Platinum
	CareSource Silver Plus Rx	CareSource Gold Plus Rx	CareSource Platinum Plus Rx
TYPE OF PLAN	HMO	HMO	HMO/POS
IMPORTANT INFORMATION			
1 Monthly premium <i>no Rx</i>	Jackson: \$18 Josephine: No premium	Jackson: \$59/Josephine: \$49	Jackson: \$104/Josephine: \$91
Monthly premium <i>with Plus Rx</i>	Jackson: \$55/Josephine: \$29	Jackson: \$99/Josephine: \$83	Jackson: \$143/Josephine: \$126
Annual out-of-pocket max.	\$3,250 (excludes Part D costs)	\$2,000 (excludes Part D costs)	\$500 (excludes Part D costs)
INPATIENT CARE			
3-5 Inpatient hospital care, inpatient mental health care, and skilled nursing facility	\$250-\$295/day (days 1-11)	\$100 per admission (days 1-3)	\$100 per admission
6 Home health care	No cost*	No cost*	No cost*
7 Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE			
8 Doctor office visits	\$15	\$15	\$5
Specialist	\$25	\$15	\$5
9-10 Chiropractor and podiatry	\$25*	\$15*	
11-12 Outpatient mental health and outpatient substance abuse	\$15*	\$15*	\$5*
13 Outpatient services/surgery	\$200*	\$50*	\$50*
14 Ambulance	\$50*	\$50*	\$50*
15 Emergency care, worldwide	\$50* (waived if admitted within 24 hours)	\$50* (waived if admitted within 24 hours)	\$50* (waived if admitted within 24 hours)
16 Urgent care, worldwide	\$25* (waived if admitted within 24 hours)	\$25* (waived if admitted within 24 hours)	\$25* (waived if admitted within 24 hours)
17 Outpatient rehab	\$15*	\$15*	\$5*

*For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.

Your costs		CareSource Silver CareSource Silver Plus Rx	CareSource Gold CareSource Gold Plus Rx	CareSource Platinum CareSource Platinum Plus Rx
OUTPATIENT MEDICAL SERVICES/SUPPLIES				
18	Durable medical equipment	20%*	No cost*	No cost*
19	Prosthetic devices	20%*	No cost*	No cost*
20	Diabetes self-monitoring training and supplies	No cost	No cost	No cost
21	Diagnostic tests, X-rays, and lab services	No cost*	No cost*	No cost*
PREVENTIVE SERVICES				
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	No cost	No cost
28	End-stage renal disease	20% for dialysis	No cost for dialysis	No cost for dialysis
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)				
29	Prescription drug benefit – Part B	No cost	No cost	No cost
30	Dental	Not covered	Not covered	Not covered
31	Hearing exams	\$25 diagnostic exams	\$15 diagnostic exams	\$5 diagnostic exams
32	Vision	No cost for 1 pair of eyeglasses or contact lenses after each cataract surgery. \$25 exams (1 routine exam every 2 years). \$100 limit for eyewear every 2 years.	No cost for 1 pair of eyeglasses or contact lenses after each cataract surgery. \$15 exams (1 routine exam every 2 years). \$100 limit for eyewear every 2 years.	No cost for 1 pair of eyeglasses or contact lenses after each cataract surgery. \$5 exams (1 routine exam every 2 years). \$200 limit for eyewear every 2 years.
33	Routine physical exams	No cost (1 annually)	No cost (1 annually)	No cost (1 annually)
37	Point-of-service option	Not applicable	Not applicable	Yes, primary/specialty care only (\$5,000 max. benefit)
<p>Contact plan for additional benefit categories: Acupuncture, foreign travel, health/wellness education, and health club. Not covered in these plans: Naturopathy, transportation, and over-the-counter allowance.</p>				

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
CareSource Silver Plus Rx	No deductible	None	Yes
CareSource Gold Plus Rx	No deductible	None	Yes
CareSource Platinum Plus Rx	No deductible	None	Yes

Plan contact information	Plan service areas
CareSource <i>Continued from previous page</i>	Jackson and Josephine

Your costs		CareSource Diamond CareSource Diamond Plus Rx	
TYPE OF PLAN		PPO	
IMPORTANT INFORMATION			
1	Monthly premium <i>no Rx</i>	Jackson: \$89 and Josephine: \$59	
	Monthly premium <i>with Plus Rx</i>	Jackson: \$123 and Josephine: \$93	
	Annual out-of-pocket max.	In-network: \$2,000 (excludes Part D costs)	Out-of-network: \$4,000
INPATIENT CARE			
3-5	Inpatient hospital care, inpatient mental health care, and skilled nursing facility	In-network: \$100/day (days 1-7) Out-of-network: 20% of the cost for each stay	
6	Home health care	No cost*	
7	Hospice (Medicare-certified program)	Paid through Medicare	
OUTPATIENT CARE			
8	Doctor office visits	In-network: \$15	Out-of-network: 20%
	Specialist	In-network: \$25	Out-of-network: 20%
9	Chiropractor	In-network: \$15*	Out-of-network: 20%*
10	Podiatry	In-network: \$25*	Out-of-network: 20%*
11-12	Outpatient mental health and outpatient substance abuse	In-network: \$15-\$25*	Out-of-network: 20%*
13	Outpatient services/surgery	In-network: \$100*	Out-of-network: 20%*
14	Ambulance	\$50*	
15	Emergency care, worldwide	\$50* (waived if admitted within 24 hours)	
16	Urgent care, worldwide	\$25* (waived if admitted within 24 hours)	
17	Outpatient rehab	In-network: \$15*	Out-of-network: 20%*

**For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.*

Your costs		CareSource Diamond	CareSource Diamond Plus Rx
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	20%*	
19	Prosthetic devices	20%*	
20	Diabetes self-monitoring training and supplies	In-network: No cost	Out-of-network: 20%
21	Diagnostic tests, X-rays, and lab services	In-network: No cost*	Out-of-network: 20%*
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	
28	End-stage renal disease	In-network: \$25 for dialysis	Out-of-network: 20%
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
29	Prescription drug benefit – Part B	No cost	
30	Dental	Not covered	
31	Hearing exams	In-network: \$25 diagnostic exams	Out-of-network: 20%
32	Vision	In-network: No cost for 1 pair of eyeglasses or contact lenses after each cataract surgery. \$25 exams (1 routine exam every 2 years). \$100 limit for eyewear every 2 years. Out-of-network: 20%	
33	Routine physical exams	No cost (1 annually)	
<p><i>Contact plan for additional benefit categories: Acupuncture, foreign travel, health/wellness education, and health club.</i> <i>Not covered in these plans: Naturopathy, transportation, and over-the-counter allowance.</i></p>			

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
CareSource Diamond Plus Rx	No deductible	None	Yes

Plan contact information	Plan service areas
<p>Clear Choice Health Plans, Inc. 2650 NE Courtney Drive, Bend, OR 97701 (541) 385-5315 or (888) 863-3637; TTY (800) 735-2900 www.clearchoicehp.com</p>	<p>Deschutes, Grant, Hood River, Jefferson, Sherman, Wasco, Wheeler, and Klamath (ZIPs 97731, 97733, 97737, 97739) and Lake (ZIPs 97638, 97641, 97735). <i>The Value/Value Advantage plans also include Crook county.</i></p>

Your costs		Value	Value Advantage	Traditional	Traditional Advantage
TYPE OF PLAN		HMO	HMO	HMO	HMO with POS
IMPORTANT INFORMATION					
1	Monthly premium <i>no Rx</i>	\$69		\$95	
	Monthly premium <i>with Rx</i>		\$114		\$145
	Annual out-of-pocket max.	\$1,500	\$1,500 (excludes Part D costs)	\$1,500	\$1,500 (excludes Part D costs)
INPATIENT CARE					
3	Inpatient hospital care	\$100/day (days 1-5 only)	\$100/day (days 1-5 only)	No cost	\$100/stay
4	Inpatient mental health care	\$100/day (days 1-5 only)	\$100/day (days 1-5 only)	No cost	\$100/stay
5	Skilled nursing facility	\$25/day	\$25/day	No cost	No cost
6	Home health care	No cost	No cost	No cost	No cost
7	Hospice	No cost	No cost	No cost	No cost
OUTPATIENT CARE					
8	Doctor office visits	\$20	\$15	\$15	\$10 (10% out-of-network)
	Specialist	\$20	\$15	\$15	\$15 (10% out-of-network)
9-12	Chiropractor, podiatry, outpatient mental health, and outpatient substance abuse	\$20	\$15	\$15	\$15
13	Outpatient services/surgery	\$200	\$200	No cost	No cost
14	Ambulance	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
15	Emergency care	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
16	Urgent care	\$20	\$15	\$15	\$10
17	Outpatient rehab	\$20	\$15	\$15	\$15
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	0-20% (\$500 annual out-of-pocket max.)	0-20% (\$500 annual out-of-pocket max.)	0-20% (\$500 annual out-of-pocket max.)	0-20% (\$500 annual out-of-pocket max.)
19	Prosthetic devices	0-20% (\$500 annual out-of-pocket max.)	0-20% (\$500 annual out-of-pocket max.)	0-20% (\$500 annual out-of-pocket max.)	0-20% (\$500 annual out-of-pocket max.)

**For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.*

	Your costs	Value	Value Advantage	Traditional	Traditional Advantage
20	Diabetes self-monitoring training and supplies	No cost	No cost	No cost	No cost
21	Diagnostic tests, X-rays, and lab services	No cost	No cost	No cost	No cost
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	No cost	No cost	No cost
28	End-stage renal disease	No cost	No cost	No cost	No cost
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)					
29	Prescription drug benefit – Part B	10%	No cost	10%	No cost
30	Dental	Not covered	Not covered	Not covered	Not covered
31	Hearing exam	\$20*	\$15*	\$15*	\$15*
	Hearing aid benefit	\$250 (every 2 years)	\$250 (every 2 years)	\$250 (every 2 years)	\$250 (every 2 years)
32	Vision Routine eye exam and hardware benefit	\$120 reimbursement	\$120 reimbursement	\$120 reimbursement	\$120 reimbursement
33	Routine physical exams	\$20 (every 2 years)	\$15 (every 2 years)	\$15 (every 2 years)	\$10 (every 2 years)
34	Health/wellness education	Contact plan for details	Contact plan for details	Contact plan for details	Contact plan for details
37	Point-of-service option	Not covered	Not covered	Not covered	Yes (doctor office visits, including lab and X-ray services)
	Foreign travel	Contact plan for details	Contact plan for details	Contact plan for details	Contact plan for details
<i>Not covered in these plans: Acupuncture, naturopathy, transportation, health club, and over-the-counter allowance.</i>					

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
Value Advantage Plan	\$200		No
Traditional Advantage Plan	No deductible		No

Plan contact information	Plan service areas
FamilyCare Health Plans, Inc. 2121 SW Broadway, Suite 300, Portland, OR 97201 (866) 225-2273 or (503) 345-5701; TTY (800) 735-2900 www.familycareinc.org	Clackamas, Clatsop, Multnomah, and Washington

Your costs	PremierCare Choice PremierCare Choice Rx	PremierCare Advantage Rx
TYPE OF PLAN	HMO	HMO
IMPORTANT INFORMATION		
1 Monthly premium <i>no Rx</i>	No premium	
Monthly premium <i>with Rx</i>	\$24	\$59
Annual out-of-pocket max.	\$3,000 (excludes Part D costs)	\$1,500 (excludes Part D costs)
INPATIENT CARE		
3 Inpatient hospital care	\$200/day (days 1-5) No cost (days 6-90)	\$100/day (days 1-5) No cost (days 6-90)
4 Inpatient mental health care	\$200/day (days 1-5) No cost (days 6-90)	\$100/day (days 1-5) No cost (days 6-90)
5 Skilled nursing facility	No cost	No cost
6 Home health care	\$20	\$20
7 Hospice (Medicare-certified program)	No cost	No cost
OUTPATIENT CARE		
8 Doctor office visits	\$15	\$15
Specialist	\$30	\$25
9 Chiropractor	\$30	\$25
10 Podiatry services	\$30	\$20*
Podiatry services - routine	\$30	\$25
11 Outpatient mental health	\$30	\$25
12 Outpatient substance abuse	\$30	No cost
13 Outpatient services/surgery	20%	No cost
14 Ambulance	\$50	\$50
15 Emergency care	\$50	\$50
16 Urgent care	\$20	\$20
17 Outpatient rehab	20%	\$25

*For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.

Your costs		PremierCare Choice PremierCare Choice Rx	PremierCare Advantage Rx
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	20%	20%
19	Prosthetic devices	20%	\$20
20	Diabetes self-monitoring training and supplies	No cost	No cost
21	Diagnostic tests, X-rays, and lab services	20%	No cost
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/ pelvic exams, and prostate cancer exams	No cost	No cost
28	End-stage renal disease	20% for dialysis	No cost for dialysis
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
29	Prescription drug benefit – Part B	20%	20%
30	Dental (All dental benefits through Willamette Dental)	\$12 per office visit (every 6 months) \$35 each cleaning (every 6 months) \$8-\$40 for dental X-rays (1 annually)	\$12 per office visit (every 6 months) \$35 each cleaning (every 6 months) \$8-\$40 for dental X-rays (1 annually)
31	Hearing	\$20 for diagnostic exam and for each routine test	\$20 for diagnostic exam and for each routine test
	Hearing aid benefit	No cost 1 hearing aid(s) every 3 years and each fitting evolution for a hearing aid(s)	No cost 1 hearing aid(s) every 3 years and each fitting evolution for a hearing aid(s)
32	Vision (All vision services provided through contracted VSP providers, contact plan for details)	\$25 for each routine eye exam No cost for glasses/contacts (every 2 years)	\$25 for each routine eye exam No cost for glasses/contacts (every 2 years)
33	Routine physical exams	\$20	\$20
34	Health/wellness education	Contact plan for details	Contact plan for details
Not covered in these plans: Acupuncture, naturopathy, foreign travel, transportation, health club, and over-the-counter allowance.			

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
PremierCare Choice Rx	\$145	Not covered	Yes
PremierCare Advantage Rx	No deductible	Not covered	No

Plan contact information	Plan service areas
Health Net Medicare Programs 13221 SW 68th Parkway, Suite 200, Tigard, OR 97223 (800) 822-7698; TTY (800) 929-9955 www.abetterdecision.com	<i>North counties are: Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill in Oregon. Clark in Washington.</i> <i>South counties are: Jackson and Josephine.</i>

Your costs		Violet 1 - South		Violet 1 - North	
TYPE OF PLAN		PPO		PPO	
IMPORTANT INFORMATION					
1	Monthly premium <i>with Rx</i>	\$89		\$67	
	Annual out-of-pocket max.	In-network: \$2,000 (excludes Part D costs) Out-of-network: \$3,500		In-network: \$1,950 (excludes Part D costs) Out-of-network: \$3,000	
INPATIENT CARE					
3	Inpatient hospital care	In-network: \$100/day (days 1-7) Out-of-network: \$200/day (days 1-7)		In-network: \$100/day (days 1-4) Out-of-network: \$200/day (days 1-4)	
4	Inpatient mental health care	In-network: \$100/day (days 1-7) Out-of-network: \$200/day (days 1-7)		In-network: \$100/day (days 1-4) Out-of-network: \$200/day (days 1-4)	
5	Skilled nursing facility	In-network: \$100/day (days 1-7) Out-of-network: \$200/day (days 1-7)		In-network: \$100/day (days 1-4) Out-of-network: \$200/day (days 1-4)	
6	Home health care	No cost		No cost	
7	Hospice (Medicare-certified program)	No cost		No cost	
OUTPATIENT CARE					
8	Doctor office visits	In-network: \$15 Out-of-network: \$25		In-network: \$10 Out-of-network: \$20	
	Specialist	In-network: \$15 Out-of-network: \$25		In-network: \$10 Out-of-network: \$20	
9	Chiropractor	In-network: \$15*; Other \$15 Out-of-network: \$50*; Other \$15		In-network: \$15*; Other \$15 Out-of-network: \$50*; Other \$15	
10	Podiatry	In-network: \$25 Out-of-network: \$35		In-network: \$25 Out-of-network: \$35	
11	Outpatient mental health	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
12	Outpatient substance abuse	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
13	Outpatient services/surgery	In-network: \$200 Out-of-network: \$400		In-network: \$200 Out-of-network: \$400	
14	Ambulance	\$50		\$50	
15	Emergency care	\$50		\$50	
16	Urgent care	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
17	Outpatient rehab	In-network: \$25 Out-of-network: \$35		In-network: \$25 Out-of-network: \$35	

**For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.*

Your costs		Violet 1 - South		Violet 1 - North	
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
19	Prosthetic devices	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
20	Diabetes self-monitoring training and supplies	In-network: \$15 training/\$20 supplies Out-of-network: \$25 training/\$30 supplies		In-network: \$10 training/\$20 supplies Out-of-network: \$20 training/\$30 supplies	
21	Diagnostic tests, X-rays, and lab services	In-network: \$0-\$600	Out-of-network: \$25-\$900	In-network: \$0-\$600	Out-of-network: \$20-\$900
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	In-network: \$15 Out-of-network: \$25		In-network: \$10 Out-of-network: \$20	
28	End-stage renal disease	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)					
29	Prescription drug benefit – Part B	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
30	Dental (\$500 annual benefit limit)	In-network: \$10*, routine dental \$35 ded., no coinsurance, Out-of-network: \$50*, routine dental \$35 ded., 20% coinsurance, Health Net pays 80% of UCR		In-network: \$10*, routine dental \$35 ded., no coinsurance, Out-of-network: \$50*, routine dental \$35 ded., 20% coinsurance, Health Net pays 80% of UCR	
31	Hearing exams	In-network: \$15*	Out-of-network: \$25*	In-network: \$10*	Out-of-network: \$20*
32	Vision	In-network: \$15*, \$10 routine exam (1 annually) Out-of-network: \$25*, \$10 routine exam (1 annually), Health Net pays first \$45 and member pays \$10 plus balance		In-network: \$10*, \$10 routine exam (1 annually) Out-of-network: \$20*, \$10 routine exam (1 annually), Health Net pays first \$45 and member pays \$10 plus balance	
33	Routine physical exams	In-network: \$15	Out-of-network: \$25	In-network: \$10	Out-of-network: \$20
34	Health/wellness education	No cost		No cost	
36	Acupuncture/naturopathy	\$15		\$15	
<i>Not covered in these plans:</i> Foreign travel, transportation, health club, and over-the-counter allowance.					

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
Violet 1 - South	No deductible	None	No
Violet 1 - North	No deductible	None	No

Health Net plans, continued on next page

Plan contact information	Plan service areas
Health Net Medicare Programs <i>Continued from previous page</i>	<i>North counties are: Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill in Oregon. Clark in Washington.</i> <i>South counties are: Jackson and Josephine.</i>

Your costs		Violet 2 - South		Violet 2 - North	
TYPE OF PLAN	PPO		PPO		PPO
IMPORTANT INFORMATION					
1	Monthly premium <i>with Rx</i>	\$60		No premium	
	Annual out-of-pocket max.	In-network: \$3,200 (excludes Part D costs)	Out-of-network: \$6,200	In-network: \$3,200 (excludes Part D costs)	Out-of-network: \$6,200
INPATIENT CARE					
3	Inpatient hospital care	In-network: \$200/day (days 1-10) Out-of-network: \$400/day (days 1-10)		In-network: \$200/day (days 1-10) Out-of-network: \$400/day (days 1-10)	
4	Inpatient mental health care	In-network: \$200/day (days 1-10) Out-of-network: \$400/day (days 1-10)		In-network: \$200/day (days 1-10) Out-of-network: \$400/day (days 1-10)	
5	Skilled nursing facility	In-network: \$100/day (days 1-10) Out-of-network: \$200/day (days 1-10)		In-network: \$100/day (days 1-10) Out-of-network: \$200/day (days 1-10)	
6	Home health care	No cost		No cost	
7	Hospice (Medicare-certified program)	No cost		No cost	
OUTPATIENT CARE					
8	Doctor office visits	In-network: \$15	Out-of-network: \$30	In-network: \$10	Out-of-network: \$30
	Specialist	In-network: \$15	Out-of-network: \$30	In-network: \$10	Out-of-network: \$30
9	Chiropractor	In-network: \$15*; Other \$15 Out-of-network: \$50*; Other \$15		In-network: \$15*; Other \$15 Out-of-network: \$50*; Other \$15	
10	Podiatry	In-network: \$25	Out-of-network: \$35	In-network: \$25	Out-of-network: \$35
11	Outpatient mental health	\$40		\$40	
12	Outpatient substance abuse	\$40		\$40	
13	Outpatient services/surgery	In-network: 30%	Out-of-network: 40%	In-network: 30%	Out-of-network: 40%
14	Ambulance	\$150		\$150	
15	Emergency care	\$50		\$50	
16	Urgent care	In-network: \$25	Out-of-network: \$50	In-network: \$25	Out-of-network: \$50
17	Outpatient rehab	In-network: 30%	Out-of-network: 40%	In-network: 30%	Out-of-network: 40%

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Your costs		Violet 2 - South		Violet 2 - North	
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	30%		30%	
19	Prosthetic devices	30%		30%	
20	Diabetes self-monitoring training and supplies	In-network: \$15 training/30% supplies Out-of-network: \$30 training/30% supplies		In-network: \$10 training/30% supplies Out-of-network: \$30 training/30% supplies	
21	Diagnostic tests, X-rays, and lab services	In-network: \$0-\$600 Out-of-network: \$30-\$900		In-network: \$0-\$600 Out-of-network: \$30-\$900	
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	In-network: \$15 Out-of-network: \$30		In-network: \$10 Out-of-network: \$30	
28	End-stage renal disease	In-network: \$20-\$600 Out-of-network: \$30-\$900		In-network: \$20-\$600 Out-of-network: \$30-\$900	
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)					
29	Prescription drug benefit – Part B	In-network: \$20-\$600 Out-of-network: \$30-\$900		In-network: \$20-\$600 Out-of-network: \$30-\$900	
30	Dental	In-network: \$10* Out-of-network: \$50*		In-network: \$10* Out-of-network: \$50*	
31	Hearing exams	In-network: \$15* Out-of-network: \$30*		In-network: \$10* Out-of-network: \$30*	
32	Vision	In-network: \$15*, \$15 routine Out-of-network: \$30*, \$30 routine		In-network: \$10*, \$15 routine Out-of-network: \$30*, \$30 routine	
33	Routine physical exams	In-network: \$15 Out-of-network: \$30		In-network: \$10 Out-of-network: \$30	
34	Health/wellness education	No cost		No cost	
36	Acupuncture/naturopathy	\$15		\$15	
<i>Not covered in these plans: Foreign travel, transportation, health club, and over-the-counter allowance.</i>					

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
Violet 2 - South	No deductible	None	No
Violet 2 - North	No deductible	None	Yes

Health Net plans, continued on next page

Plan contact information	Plan service areas
Health Net Medicare Programs <i>Continued from previous page</i>	<i>North counties are: Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill in Oregon. Clark in Washington.</i> <i>South counties are: Jackson and Josephine.</i>

Your costs		Aqua - South		Aqua - North	
TYPE OF PLAN	PPO	PPO		PPO	
IMPORTANT INFORMATION					
1	Monthly premium <i>no Rx</i>	\$75		\$53	
	Annual out-of-pocket max.	In-network: \$1,750	Out-of-network: \$3,250	In-network: \$1,500	Out-of-network: \$3,000
INPATIENT CARE					
3	Inpatient hospital care	In-network: \$100/day (days 1-7) Out-of-network: \$200/day (days 1-7)		In-network: \$100/day (days 1-4) Out-of-network: \$200/day (days 1-4)	
4	Inpatient mental health care	In-network: \$100/day (days 1-7) Out-of-network: \$200/day (days 1-7)		In-network: \$100/day (days 1-4) Out-of-network: \$200/day (days 1-4)	
5	Skilled nursing facility	In-network: \$100/day (days 1-7) Out-of-network: \$200/day (days 1-7)		In-network: \$100/day (days 1-4) Out-of-network: \$200/day (days 1-4)	
6	Home health care	No cost		No cost	
7	Hospice (Medicare-certified program)	No cost		No cost	
OUTPATIENT CARE					
8	Doctor office visits	In-network: \$15	Out-of-network: \$25	In-network: \$10	Out-of-network: \$20
	Specialist	In-network: \$15	Out-of-network: \$25	In-network: \$10	Out-of-network: \$20
9	Chiropractor	In-network: \$15*; Other \$15 Out-of-network: \$50*; Other \$15		In-network: \$15*; Other \$15 Out-of-network: \$50*; Other \$15	
10	Podiatry	In-network: \$25	Out-of-network: \$35	In-network: \$25	Out-of-network: \$35
11	Outpatient mental health	In-network: \$25	Out-of-network: \$50	In-network: \$25	Out-of-network: \$50
12	Outpatient substance abuse	In-network: \$25	Out-of-network: \$50	In-network: \$25	Out-of-network: \$50
13	Outpatient services/surgery	In-network: \$200	Out-of-network: \$400	In-network: \$200	Out-of-network: \$400
14	Ambulance	\$25		\$25	
15	Emergency care	\$50		\$50	
16	Urgent care	In-network: \$25	Out-of-network: \$50	In-network: \$25	Out-of-network: \$50
17	Outpatient rehab	In-network: \$25	Out-of-network: \$35	In-network: \$25	Out-of-network: \$35

**For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.*

Your costs		Aqua - South		Aqua - North	
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
19	Prosthetic devices	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
20	Diabetes self-monitoring training and supplies	In-network: \$15 training/\$20 supplies Out-of-network: \$25 training/\$30 supplies		In-network: \$10 training/\$20 supplies Out-of-network: \$20 training/\$30 supplies	
21	Diagnostic tests, X-rays, and lab services	In-network: \$0-\$600	Out-of-network: \$25-\$900	In-network: \$0-\$600	Out-of-network: \$20-\$900
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	In-network: \$15	Out-of-network: \$25	In-network: \$10	Out-of-network: \$20
28	End-stage renal disease	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
ADDITIONAL BENEFITS					
29	Prescription drug benefit – Part B	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
30	Dental (\$500 annual benefit limit)	In-network: \$10*, routine dental \$35 ded., no coinsurance, Out-of-network: \$50*, routine dental \$35 ded., 20% coinsurance, Health Net pays 80% of UCR		In-network: \$10*, routine dental \$35 ded., no coinsurance, Out-of-network: \$50*, routine dental \$35 ded., 20% coinsurance, Health Net pays 80% of UCR	
31	Hearing exams	In-network: \$15*	Out-of-network: \$25*	In-network: \$10*	Out-of-network: \$20*
32	Vision	In-network: \$15*, \$10 routine exam (1 annually) Out-of-network: \$25*, \$10 routine exam (1 annually), Health Net pays first \$45 and member pays \$10 plus balance		In-network: \$10*, \$10 routine exam (1 annually) Out-of-network: \$20*, \$10 routine exam (1 annually), Health Net pays first \$45 and member pays \$10 plus balance	
33	Routine physical exams	In-network: \$15	Out-of-network: \$25	In-network: \$10	Out-of-network: \$20
34	Health/wellness education	No cost		No cost	
36	Acupuncture/naturopathy	\$15		\$15	
<i>Not covered in these plans:</i> Foreign travel, transportation, health club, and over-the-counter allowance.					

Health Net plans, continued on next page

Plan contact information	Plan service areas
Health Net Medicare Programs (800) 200-0410 <i>Continued from previous page</i>	<i>PFFS</i> counties are: Baker, Deschutes, Douglas, Gilliam, Jefferson, Klamath, Lake, Malheur, Morrow, Umatilla, Union, and Wasco.

Your costs		Pearl PFFS - Option 7	Pearl PFFS - Option 16
TYPE OF PLAN		PFFS	PFFS
IMPORTANT INFORMATION			
1	Monthly premium <i>no Rx</i>	\$99	\$29
	Annual out-of-pocket max.	\$1,500	\$4,000
INPATIENT CARE			
3	Inpatient hospital care	No cost (unlimited days)	\$200/day (days 1-90)
4	Inpatient mental health care	No cost	\$200/day (days 1-15)
5	Skilled nursing facility	No cost (days 1-8) \$75/day (days 9-100)	No cost (days 1-8) \$120/day (days 9-100)
6	Home health care	No cost	No cost
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE			
8	Doctor office visits	\$5	\$5
	Specialist	\$5	\$35
9	Chiropractor	No cost	\$35
10	Podiatry	\$5	\$35
11	Outpatient mental health	\$10	\$35
12	Outpatient substance abuse	\$10	\$35
13	Outpatient services/surgery	No cost	\$125
14	Ambulance	\$100	\$150
15	Emergency care	\$50	\$50
16	Urgent care	\$5	\$35
17	Outpatient rehab	\$5	\$35

**For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.*

Your costs		Pearl PFFS - Option 7	Pearl PFFS - Option 16
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	30%	30%
19	Prosthetic devices	30%	30%
20	Diabetes self-monitoring training and supplies	No cost training/30% supplies	No cost training/30% supplies
21	Diagnostic tests, X-rays, and lab services	\$0-\$15	\$0-\$15
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	No cost
28	End-stage renal disease	No cost	No cost
ADDITIONAL BENEFITS			
29	Prescription drug benefit – Part B	30%	25%
30	Dental	\$5*	\$35
31	Hearing exams	\$5	\$35
32	Vision	No cost exams \$30 for eyewear after each cataract surgery	\$5 exams \$30 for eyewear after each cataract surgery
33	Routine physical exams	No cost	No cost
<p><i>Not covered in these plans: Acupuncture, naturopathy, health/wellness education, foreign travel, transportation, health club, and over-the-counter allowance.</i></p>			

Plan contact information	Plan service areas
Humana Insurance Company 500 West Main St., Louisville, KY 40202 (877) 511-5000 or (800) 833-2312 www.humana-medicare.com	Baker, Benton, Clackamas, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Grant, Harney, Hood River, Jefferson, Klamath, Lake, Lincoln, Malheur, Marion, Multnomah, Polk, Sherman, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, and Yamhill.

Your costs		Humana Gold Choice H1804-260	Humana Gold Choice H1804-261	Humana Gold Choice H1804-262
TYPE OF PLAN		PFFS	PFFS	PFFS
IMPORTANT INFORMATION				
1	Monthly premium <i>with Rx</i>	\$32	\$52	\$22
	Annual out-of-pocket max.	\$5,000 (excludes Part D costs)	\$3,000 (excludes Part D costs)	\$5,000 (excludes Part D costs)
INPATIENT CARE				
3	Inpatient hospital care	\$625 per admit	\$625 per admit	\$625 per admit
4	Inpatient mental health care	\$625 per admit	\$625 per admit	\$625 per admit
5	Skilled nursing facility	No cost (days 1-20) \$124/day (days 21-100)	No cost (days 1-20) \$124/day (days 21-100)	No cost (days 1-20) \$124/day (days 21-100)
6	Home health care	No cost	No cost	No cost
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE				
8	Doctor office visits	\$15	\$15	\$15
	Specialist	\$30	\$30	\$30
9-10	Chiropractor and podiatry	\$30*	\$30*	\$30*
11-12	Outpatient mental health and outpatient substance abuse	20% coinsurance	\$50	20% coinsurance
13	Outpatient services/surgery	20% coinsurance	\$50 non-surgical and \$95 surgical	20% coinsurance
14	Ambulance	20% coinsurance	\$100 coinsurance	20% coinsurance
15	Emergency care	20% coinsurance (\$50 max.)	\$50	20% coinsurance (\$50 max.)
16	Urgent care	20% coinsurance	\$30	20% coinsurance
17	Outpatient rehab	20% coinsurance	\$50	20% coinsurance
OUTPATIENT MEDICAL SERVICES/SUPPLIES				
18	Durable medical equipment	20% coinsurance	20% coinsurance	20% coinsurance
19	Prosthetic devices	20% coinsurance	20% coinsurance	20% coinsurance

*For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.

Your costs		Humana Gold Choice H1804-260	Humana Gold Choice H1804-261	Humana Gold Choice H1804-262
20	Diabetes self-monitoring training and supplies	20% coinsurance	20% coinsurance	20% coinsurance
21	Diagnostic tests, X-rays, and lab services	\$15 PCP/\$30 SPC/20% coinsurance all other outpatient settings	\$15 PCP/\$30 SPC/\$50 outpatient hospital and no cost freestanding lab	\$15 PCP/\$30 SPC/20% coinsurance all other outpatient settings
PREVENTIVE SERVICES				
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	No cost	No cost
28	End-stage renal disease	20% for dialysis/No cost for therapy	\$50 for dialysis/No cost for therapy	20% for dialysis/No cost for therapy
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)				
29	Prescription drug benefit – Part B	20% coinsurance - physician's office \$4/\$30/\$60/25% up to catastrophic - network pharmacy	20% coinsurance - physician's office \$4/\$30/\$60/25% up to catastrophic - network pharmacy	20% coinsurance - physician's office \$275 deductible/25% coinsurance up to catastrophic - network pharmacy
30	Dental	\$30*	\$30*	\$30*
31	Hearing exams	\$30*	\$30*	\$30*
32	Vision	\$30*	\$30*	\$30*
33	Routine physical exams	\$15	\$15	\$15
34	Health/wellness education	SilverSneakers	SilverSneakers	SilverSneakers
	Foreign travel	\$250 deductible/20% coinsurance (\$25,000 annually max.)	\$250 deductible/20% coinsurance (\$25,000 annually max.)	\$250 deductible/20% coinsurance (\$25,000 annually max.)
<i>Not covered in these plans: Acupuncture, naturopathy, transportation, health club, and over-the-counter allowance.</i>				

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
Humana Gold Choice H1804-260	No deductible	Home Infusion Drugs	No
Humana Gold Choice H1804-261	No deductible	Home Infusion Drugs	No
Humana Gold Choice H1804-262	\$275	None	Yes

Plan contact information	Plan service areas
Kaiser Permanente 500 NE Multnomah, Suite 100, Portland, OR 97232 (877) 221-8221; TTY (800) 735-2900 www.kaiserpermanente.org	Benton: 97330, 97331, 97333, 97339, and 97370; Clackamas: 97004, 97009, 97011, 97013, 97015, 97017, 97022, 97023, 97027, 97034, 97035, 97036, 97038, 97042, 97045, 97055, 97067, 97068, 97070, 97086, 97089, 97222, 97267, and 97268; Columbia: All ZIP codes; Linn: 97321, 97322, 97335, 97355, 97358, 97360, 97374, and 97389; Marion: 97002, 97020, 97026, 97032, 97071, 97137, 97301, 97302, 97303, 97305, 97306, 97307, 97308, 97309, 97310, 97311, 97312, 97313, 97314, 97317, 97325, 97352, 97359, 97362, 97375, 97381, 97383, 97384, 97385, 97392; Multnomah, Polk, Washington, and Yamhill: All ZIP codes.

Your costs		Senior Advantage Basic	Senior Advantage
TYPE OF PLAN		HMO	HMO
IMPORTANT INFORMATION			
1	Monthly premium <i>with Rx</i>	\$62	\$108
	Annual out-of-pocket max.	\$3,250 (excludes Part D costs)	\$3,250 (excludes Part D costs)
INPATIENT CARE			
3	Inpatient hospital care	\$250/day (days 1-10)/No cost (days 11-90) No cost for additional hospital days	\$200/day (days 1-7)/No cost (days 8-90) No cost for additional hospital days
4	Inpatient mental health care	\$250/day (days 1-10)/No cost (days 11-90)*	\$200/day (days 1-7)/No cost (days 8-90)*
5	Skilled nursing facility	No cost for SNF services, 100 days per benefit period*	No cost for SNF services, 100 days per benefit period*
6	Home health care	No cost*	No cost*
7	Hospice (Medicare-certified program)	No cost*	No cost*
OUTPATIENT CARE			
8	Doctor office visits	\$40*	\$25*
	Specialist	\$40*	\$25*
9	Chiropractor	\$40*	\$25*
10	Podiatry	\$40*	\$25*
11	Outpatient mental health	\$40 individual therapy*/\$20 group therapy*	\$25 individual therapy*/\$12 group therapy*
12	Outpatient substance abuse	\$40 individual therapy*/\$20 group therapy*	\$25 individual therapy*/\$12 group therapy*
13	Outpatient services/surgery	\$0*-\$200*	\$0*-\$150*
14	Ambulance	\$300*	\$150*
15	Emergency care	\$50*	\$50*
16	Urgent care	\$40*	\$25*
17	Outpatient rehab	\$40*	\$25*

*For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.

Your costs		Senior Advantage Basic	Senior Advantage
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	0%*-20%*	0%*-20%*
19	Prosthetic devices	20%*	20%*
20	Diabetes self-monitoring training and supplies	\$0-\$120 training/\$40 therapy/20% supplies	\$0-\$120 training/\$25 therapy/20% supplies
21	Diagnostic tests, X-rays, and lab services	No cost* for lab services/\$0*-\$200* for diagnostic procedures/\$100* for MRI/PET/CT/\$40* for radiation therapy	No cost* for lab services/\$0*-\$150* for diagnostic procedures/\$50* for MRI/PET/CT/\$25* for radiation therapy
PREVENTIVE SERVICES			
22	Bone mass measurement	No cost*	No cost*
23	Colorectal screening exams	\$0*-\$200*	\$0*-\$150*
24	Immunizations	No cost for flu, pneumonia, and Hepatitis B vaccines	No cost for flu, pneumonia, and Hepatitis B vaccines
25	Mammograms (annually)	No cost	No cost
26	Pap smears/pelvic exams	No cost* for pap smears/\$40* for pelvic exams	No cost* for pap smears/\$25* for pelvic exams
27	Prostate cancer exams	\$40*	\$25*
28	End-stage renal disease	No cost for dialysis/\$40 for nutrition therapy	No cost for dialysis/\$25 for nutrition therapy
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
29	Prescription drug benefit – Part B	\$0-\$45	\$0-\$45
30	Dental	No preventive benefits; call plan for details	No preventive benefits; call plan for details
31	Hearing exams	\$40 diagnostic exams/routine hearing tests (hearing aids not covered)	\$25 diagnostic exams/routine hearing tests (hearing aids not covered)
32	Vision	\$40 exams/20% for 1 pair of eyeglasses or contact lenses after each cataract surgery	\$25 exams/20% for 1 pair of eyeglasses or contact lenses after each cataract surgery/\$50 eyewear credit every 2 years
33	Routine physical exams	\$40	\$25
34	Health/wellness education	Contact plan for details	Contact plan for details
36	Acupuncture	Limited basis; referral only	Limited basis; referral only
	Foreign travel	Urgent and emergency services only	Urgent and emergency services only
	Health club	Not covered	No cost
<i>Not covered in these plans: Naturopathy, non-medically necessary transportation, and over-the-counter allowance.</i>			

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
Senior Advantage Basic	No deductible	Generic only	Yes
Senior Advantage	No deductible	Generic only	No

Plan contact information	Plan service areas
Marion Polk Community Health Plan Advantage, Inc. P.O. Box 5490, Salem, OR 97304 (888) 236-2496 www.PhysiciansChoiceAdvantage.com	Marion and Polk

Your costs		Physicians Choice Advantage Physicians Choice Advantage + Rx
TYPE OF PLAN		HMO
IMPORTANT INFORMATION		
1	Monthly premium <i>no Rx</i>	No premium
	Monthly premium <i>with Rx</i>	\$67
	Annual out-of-pocket max.	\$2,250 (excludes Part D costs)
INPATIENT CARE		
3	Inpatient hospital care	\$100/day (days 1-7)/No cost (days 8-90)
4	Inpatient mental health care	\$100/day (days 1-7)/No cost (days 8-90)
5	Skilled nursing facility	No cost
6	Home health care	No cost
7	Hospice (Medicare-certified program)	No cost
OUTPATIENT CARE		
8	Doctor office visits	\$10
	Specialist	\$10
9-12	Chiropractor, podiatry, outpatient mental health, and outpatient substance abuse	\$15
13	Outpatient services/surgery	\$50-\$100
14	Ambulance	\$50
15	Emergency care	\$50 (waived if admitted within 48 hours for same condition)
16	Urgent care	\$20 (waived if admitted within 48 hours for same condition)
17	Outpatient rehab	\$15
OUTPATIENT MEDICAL SERVICES/SUPPLIES		
18	Durable medical equipment	No cost
19	Prosthetic devices	No cost
20	Diabetes self-monitoring training and supplies	No cost
21	Diagnostic tests, X-rays, and lab services	\$0-\$50

**For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.*

Your costs		Physicians Choice Advantage	Physicians Choice Advantage + Rx
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	
28	End-stage renal disease	No cost	
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
29	Prescription drug benefit – Part B	20%	
30	Dental	\$15 (\$50 deductible)	
31	Hearing exams	\$15*	
32	Vision	\$20 (Eyewear covered up to \$137 and 1 routine exam every 2 years)	
33	Routine physical exams	\$15 (1 annually)	
34	Health/wellness education	No cost*	
35	Transportation	No cost (plan-approved location)	
<i>Not covered in these plans: Acupuncture, naturopathy, foreign travel, health club, and over-the-counter allowance.</i>			

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
Physicians Choice Advantage + Rx	No deductible	None	Yes

Plan contact information	Plan service areas
<p>Mennonite Mutual Aid Association P.O. Box 483, Goshen, IN 46527 (800) 348-7468; TTY (800) 348-7468 www.mma-online.org <i>This is a fraternal benefit society. It's policies are available only to persons eligible for membership in the Association.</i></p>	All counties in Oregon

Your costs	Team Care Advantage	Team Care Advantage Rx
TYPE OF PLAN	PFFS	PFFS
IMPORTANT INFORMATION		
1 Monthly premium <i>no Rx</i>	\$10	
Monthly premium <i>with Rx</i>		\$25
Annual out-of-pocket max.	\$5,000	\$5,000 (excludes Part D costs)
INPATIENT CARE		
3 Inpatient hospital care	\$125/day (days 1-5) for each admission	\$175/day (days 1-5) for each admission
4 Inpatient mental health care	\$125/day (days 1-5) for each admission	\$175/day (days 1-5) for each admission
5 Skilled nursing facility	No cost (days 1-10)/\$40/day (days 11-100)	No cost (days 1-10)/\$50/day (days 11-100)
6 Home health care	10%	15%
7 Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE		
8 Doctor office visits	\$15	\$15
Specialist	\$30	\$35
9 Chiropractor	\$15	\$15
10 Podiatry	\$30	\$35
11 Outpatient mental health	50%	50%
12 Outpatient substance abuse	50%	50%
13 Outpatient services/surgery	10%	15%
14 Ambulance	\$100	\$150
15 Emergency care	\$50 (Unless admitted within 1 day)	\$50 (Unless admitted within 1 day)
16 Urgent care	\$15-\$30	\$15-\$35
17 Outpatient rehab	10%	15%

**For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.*

Your costs		Team Care Advantage	Team Care Advantage Rx
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	20%, 50% if no prior notification given on device costing more than \$750	20%, 50% if no prior notification given on device costing more than \$750
19	Prosthetic devices	20%, 50% if no prior notification given on device costing more than \$750	20%, 50% if no prior notification given on device costing more than \$750
20	Diabetes self-monitoring training and supplies	No cost training/20% supplies	No cost training/20% supplies
21	Diagnostic tests, X-rays, and lab services	No cost for lab services/diagnostic procedures and tests/10% for X-rays/diagnostic and therapeutic radiology services	No cost for lab services/diagnostic procedures and tests/15% for X-rays/diagnostic and therapeutic radiology services
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/ pelvic exams, and prostate cancer exams	No cost	No cost
28	End-stage renal disease	10% for dialysis/No cost for therapy	15% for dialysis/No cost for therapy
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
29	Prescription drug benefit – Part B	20%	20%
30	Dental	No cost for preventive dental (\$200 annually)	No cost for preventive dental (\$100 annually)
31	Hearing exams	No cost for routine exams (\$100 annually)	No cost for routine exams (\$100 annually)
32	Vision	No cost for routine exam (\$100 annually) No cost for eyewear following cataract surgery	No cost for routine exam (\$100 annually) No cost for eyewear following cataract surgery
33	Routine physical exams	No cost for exam (\$150 annually)	No cost for exam (\$150 annually)
34	Health/wellness education	Contact plan for details	Contact plan for details
	Foreign travel	\$100 deductible and 10% (\$25,000 annually)	\$150 deductible and 15% (\$25,000 annually)
<i>Not covered in these plans: Acupuncture, naturopathy, transportation, health club, and over-the-counter allowance.</i>			

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
Team Care Advantage Rx	\$100	No coverage in the gap	No

Plan contact information	Plan service areas
ODS Companies 601 SW 2nd, Portland, OR 97204 Sales: (888) 217-2375 or (503) 265-2975 www.odscompanies.com	Entire state of Oregon

Your costs		ODS Advantage PPO ODS Advantage PPO Rx ODS Advantage PPO Rx Select
TYPE OF PLAN		PPO
IMPORTANT INFORMATION		
1	Monthly premium <i>no Rx</i>	\$28.30
	Monthly premium <i>with Rx</i>	\$77.50
	Monthly premium <i>with Rx Select</i>	\$99.90
	Annual out-of-pocket max.	\$1,500 (excludes Part D costs)
INPATIENT CARE		
3	Inpatient hospital care	\$400
4	Inpatient mental health care	\$400
5	Skilled nursing facility	No cost (days 1-20)/\$50/day (days 21-100)
6	Home health care	No cost
7	Hospice (Medicare-certified program)	Paid through Medicare
OUTPATIENT CARE		
8	Doctor office visits	\$20
	Specialist	\$35
9	Chiropractor	\$20
10	Podiatry	\$20
11	Outpatient mental health	\$35
12	Outpatient substance abuse	\$35
13	Outpatient services/surgery	\$400
14	Ambulance	\$50
15	Emergency care	\$50
16	Urgent care	\$20
17	Outpatient rehab	\$20

**For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.*

Your costs		ODS Advantage PPO ODS Advantage PPO Rx ODS Advantage PPO Rx Select
OUTPATIENT MEDICAL SERVICES/SUPPLIES		
18	Durable medical equipment	10%
19	Prosthetic devices	\$10
20	Diabetes self-monitoring training and supplies	\$10
21	Diagnostic tests, X-rays, and lab services	No cost
PREVENTIVE SERVICES		
22	Bone mass measurement	\$20
23	Colorectal screening exams	No cost
24	Immunizations	No cost
25	Mammograms (annually)	\$20
26	Pap smears/pelvic exams	No cost
27	Prostate cancer exams	No cost
28	End-stage renal disease	10% for dialysis/\$10 for therapy
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)		
29	Prescription drug benefit – Part B	\$10
30	Dental	No cost
31	Hearing exams	\$20
32	Vision	No cost
33	Routine physical exams	No cost
34	Health/wellness education	Yes
36	Acupuncture/naturopathy	Optional supplemental package
	Foreign travel	Emergency coverage only
<i>Not covered in these plans: Transportation, health club, and over-the-counter allowance.</i>		

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
ODS Advantage PPO Rx	\$275	None	Yes
ODS Advantage PPO Rx Select	No deductible	75% generics only	Yes

Plan contact information	Plan service areas
Providence Health Plans 3601 SW Murray Blvd., Suite 10, Beaverton, OR 97005 (503) 574-5551, (800) 457-6064, or (800) 988-0088 www.providence.org/healthplans/	Clackamas, Clark, Columbia, Lane, Marion, Multnomah, Polk, Washington, and Yamhill

Your costs	Providence Medicare Extra Providence Medicare Extra + Rx	Providence Medicare Choice Providence Medicare Choice + Rx
TYPE OF PLAN	HMO	HMO with POS <i>**Authorization rules may apply. Contact plan for details.</i>
IMPORTANT INFORMATION		
1 Monthly premium <i>no Rx</i>	\$85	\$29
Monthly premium <i>with Rx</i>	\$112	\$52
Annual out-of-pocket max.	\$2,500 (excludes Part D costs)	\$3,500 (excludes Part D costs)
INPATIENT CARE		
3 Inpatient hospital care	\$250	In-network: \$350 Out-of-network: 20%**
4 Inpatient mental health care	\$250	In-network: \$350 Out-of-network: 20%**
5 Skilled nursing facility	No cost	In-network: No cost (days 1-21)/\$50/day (days 22-100) Out-of-network: 20%
6 Home health care	No cost	In-network: 10% Out-of-network: 20%
7 Hospice (Original Medicare)	No cost	In-network: No cost Out-of-network: Not applicable
OUTPATIENT CARE		
8 Doctor office visits	\$15	In-network: \$20 Out-of-network: 20%
Specialist	\$15	In-network: \$20 Out-of-network: 20%
9 Chiropractor	\$15*	In-network: \$20 Out-of-network: 20%
Other	Not covered, discounts available	Not covered, discounts available
10-12 Podiatry, outpatient mental health, and outpatient substance abuse	\$15	In-network: \$20 Out-of-network: 20%
13 Outpatient services/surgery	\$50	In-network: \$100 Out-of-network: 20%
14 Ambulance, worldwide	\$50	\$50
15 Emergency care, worldwide	\$50 (waived if admitted)	\$50
16 Urgent care, worldwide	\$25 (waived if admitted)	\$25
17 Outpatient rehab	\$15	In-network: \$20 Out-of-network: 20%

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Your costs		Providence Medicare Extra Providence Medicare Extra + Rx	Providence Medicare Choice Providence Medicare Choice + Rx
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	10%	In-network: 10% Out-of-network: 20%**
19	Prosthetic devices	10%	In-network: 10% Out-of-network: 20%**
20	Diabetes self-monitoring training and supplies	\$0-\$15	In-network: \$0-\$20 Out-of-network: 20%
21	Diagnostic tests, X-rays, and lab services	0%-10%	In-network: 0%-10% Out-of-network: 20%
PREVENTIVE SERVICES			
22-24	Bone mass measurement, colorectal screening exams, and immunizations	No cost	In-network: No cost Out-of-network: 20%
25	Mammograms (annually)	No cost (Diagnostic test co-pay may apply)	In-network: No cost (Diagnostic test co-pay may apply) Out-of-network: 20%
26	Pap smears/pelvic exams	No cost (Diagnostic test co-pay may apply)	In-network: No cost (Diagnostic test co-pay may apply) Out-of-network: 20%
27	Prostate cancer exams	No cost	In-network: No cost Out-of-network: 20%
28	End-stage renal disease	No cost for dialysis/\$15 for therapy	10% for dialysis/\$20 for therapy
ADDITIONAL BENEFITS <i>(For prescription drug benefit – Part D, see table below)</i>			
29	Prescription drug benefit – Part B	10%	In-network: 10% Out-of-network: 20%
30	Dental	Offered after enrollment	Offered after enrollment
31	Hearing exams	\$15	In-network: \$20 Out-of-network: 20%
	Hearing aid	Discount available	Discount available
32	Vision	\$15 (Routine exam every 2 years)	In-network: \$20 Out-of-network: 20%
33	Routine physical exams	\$15	In-network: \$20 Out-of-network: 20%
34	Health/wellness education	Contact plan for details	Contact plan for details
35	Transportation	Ambulance (Ground and air)	Ambulance (Ground and air)
36	Acupuncture/naturopathy	Discounts available	Discounts available
	Foreign travel	\$25-\$50	\$25-\$50
	Health club	Discounts available	Discounts available

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
Providence Medicare Extra + Rx	No deductible	Not applicable	Yes
Providence Medicare Choice + Rx	No deductible	Not applicable	Yes

Plan contact information	Plan service areas
Regence BlueCross BlueShield of Oregon P.O. Box 12625, Salem, OR 97309 (800) 452-2909 or (888) 734-3623; TTY (800) 382-1003 www.or.regence.com	<i>MedAdvantage</i> counties are: Benton, Clackamas, Clark (WA), Clatsop, Columbia, Hood River, Jackson, Josephine, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Wasco, Washington, and Yamhill. <i>Preferred Choice</i> counties are: Curry, Douglas, and Tillamook.

Your costs	MedAdvantage MedAdvantage + Rx MedAdvantage + Rx Enhanced	Preferred Choice 65 Basic Preferred Choice 65 Plus
TYPE OF PLAN	PPO	1876 Cost <i>Out-of-network not covered unless urgent/emergent.</i>
IMPORTANT INFORMATION		
1 Monthly premium <i>no Rx</i>	\$75	<i>Basic:</i> \$65 <i>Plus:</i> \$75
Monthly premium <i>with Rx</i>	\$116	
Monthly premium <i>with Rx Enhanced</i>	\$123	
Annual out-of-pocket max.	In-network: \$1,000 Out-of-network: \$2,000 (excludes Part D costs)	\$1,500 (excludes Part D costs)
INPATIENT CARE		
3 Inpatient hospital care	In-network: \$100/day (days 1-3); maximum \$300 per admit; no limit to number of days Out-of-network: \$200/day (days 1-5); maximum of \$1,000 per admit; no limit to number of days	<i>Basic:</i> \$100/day (days 1-8)/No cost (days 9-90); maximum \$800 per admit; 90 days each benefit period <i>Plus:</i> Same as above, but no limit to number of days
4 Inpatient mental health care	In-network: \$100/day (days 1-3); maximum \$300 per admit; 190 day lifetime limit Out-of-network: \$200/day (days 1-5); maximum of \$1,000 per admit; 190 day lifetime limit	\$100/day (days 1-8)/No cost (days 9-90); maximum \$800 per admit; 190 days each benefit period
5 Skilled nursing facility	In-network: No cost first 100 days; no benefits after 100 days Out-of-network: No cost first 25 days; \$25/day (days 26-100); no benefits after 100 days	No cost; 100 days per benefit period; 3 day hospital stay is required
6 Home health care	In-network: No cost Out-of-network: 20%	No cost
7 Hospice (Medicare-certified program)	Paid through Medicare	
OUTPATIENT CARE		
8 Doctor office visits/specialist	In-network: \$5 Out-of-network: \$20	\$20
9-12 Chiropractor, podiatry, outpatient mental health, and outpatient substance abuse	In-network: \$5 Out-of-network: \$20	Not covered
13 Outpatient services/surgery	In-network: No cost Out-of-network: Services: No cost/Surgery: \$100	Surgery: \$50

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Your costs		MedAdvantage MedAdvantage + Rx MedAdvantage + Rx Enhanced	Preferred Choice 65 Basic Preferred Choice 65 Plus
14	Ambulance	\$50	\$50
15	Emergency care	\$50	\$50
16	Urgent care	In-network: \$5 Out-of-network: \$20	Plan co-pay applies
17	Outpatient rehab	In-network: \$5 Out-of-network: \$20	Not covered
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	In-network: 10% Out-of-network: 20%	20%
19	Prosthetic devices	In-network: No cost Out-of-network: 20%	Not covered
20	Diabetes self-monitoring training/supplies	No cost	No cost
21	Diagnostic tests, X-rays, and lab services	No cost	No cost
PREVENTIVE SERVICES			
22	Bone mass measurement	In-network: No cost Out-of-network: \$20	Not covered
23	Colorectal screening exams	In-network: No cost Out-of-network: \$20	Not covered
24	Immunizations	No cost	Not covered
25	Mammograms (annually)	In-network: No cost Out-of-network: \$20	Not covered
26	Pap smears/pelvic exams	In-network: No cost Out-of-network: \$20	Not covered
27	Prostate cancer exams	In-network: No cost Out-of-network: \$20	Not covered
28	End-stage renal disease	No cost	Not covered
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
29	Prescription drug benefit – Part B	10% for Part B-covered drugs (not including Part B-covered chemotherapy drugs)	Not covered
30	Dental (contact plans for details)	In-network: \$0-\$5 Out-of-network: \$0-\$20	\$20* (no preventive benefits)
31	Hearing exams (contact plans for details)	In-network: \$5 Out-of-network: \$20	Hearing diagnostic: \$20
32	Vision (contact plans for details)	In-network: \$0-\$5 Out-of-network: \$0-\$20	<i>Basic:</i> Medicare-covered exam/eyewear only; <i>Plus:</i> Exams \$20*/\$100 for eyewear every 2 years
33	Routine physical exams	In-network: \$5 Out-of-network: \$20	<i>Basic:</i> Not covered; <i>Plus:</i> \$20
<p>Contact plan for additional benefits for health/wellness education and foreign travel. Not covered in these plans: Acupuncture, naturopathy, transportation, health club, and over-the-counter allowance.</p>			

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
MedAdvantage + Rx	\$275	None	No
MedAdvantage + Rx Enhanced	No deductible	Generics only	No

Plan contact information	Plan service areas
Samaritan Health Services 815 NW 9th St., Suite 101, Corvallis, OR 97330 (541) 786-4550 or (800) 317-7489 www.samaritanadvantage.com	Benton, Lincoln, and Linn

Your costs	Samaritan Advantage Conventional Samaritan Advantage Premier	Samaritan Advantage Premier Plus
TYPE OF PLAN	HMO	HMO
IMPORTANT INFORMATION		
1 Monthly premium <i>no Rx</i>	\$33.50	
Monthly premium <i>with Rx</i>	\$67	\$78
Annual out-of-pocket max.	Not applicable	Not applicable
INPATIENT CARE		
3 Inpatient hospital care	\$50/day (days 1-4)/No cost (days 5-90) \$400 annual out-of-pocket max.	\$50/day (days 1-4)/No cost (days 5-90) \$400 annual out-of-pocket max.
4 Inpatient mental health care	\$50/day (days 1-4)/No cost (days 5-90) \$400 annual out-of-pocket max.	\$50/day (days 1-4)/No cost (days 5-90) \$400 annual out-of-pocket max.
5 Skilled nursing facility	No cost (days 1-10)/\$50/day (days 11-20) \$80 (days 21-100)	No cost (days 1-10)/\$50/day (days 11-20) \$80 (days 21-100)
6 Home health care	No cost	No cost
7 Hospice (Medicare-certified program)	No cost	No cost
OUTPATIENT CARE		
8 Doctor office visits	\$10	\$10
Specialist	\$15	\$15
9 Chiropractor	\$15*, \$25 (5 routine visits annually)	\$15*, \$25 (5 routine visits annually)
10 Podiatry	\$15*	\$15*
11 Outpatient mental health	\$20 individual therapy 1-6 \$40 individual therapy 7 and beyond \$15 group therapy 1-6/\$30 group therapy 7 and beyond	\$20 individual therapy 1-6 \$40 individual therapy 7 and beyond \$15 group therapy 1-6/\$30 group therapy 7 and beyond
12 Outpatient substance abuse	20% coinsurance	20% coinsurance
13 Outpatient services/surgery	\$30	\$30
14 Ambulance	\$50	\$50
15 Emergency care	\$50 (waived if admitted to hospital within 12 hours for same condition)	\$50 (waived if admitted to hospital within 12 hours for same condition)

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Your costs		Samaritan Advantage Conventional Samaritan Advantage Premier	Samaritan Advantage Premier Plus
16	Urgent care	\$10	\$10
17	Outpatient rehab	\$15	\$15
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	20% coinsurance	20% coinsurance (\$2,000 annual out-of-pocket max.)
19	Prosthetic devices	20% coinsurance	20% coinsurance
20	Diabetes self-monitoring training and supplies	No cost	No cost
21	Diagnostic tests, X-rays, and lab services	No cost	No cost
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	No cost
28	End-stage renal disease	No cost	No cost
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
29	Prescription drug benefit – Part B	10%	10%
30	Dental	\$15* (no preventive benefits)	15* (1 oral exam, cleaning, and dental X-ray per year)
31	Hearing exams	No cost for diagnostic hearing exams (hearing aids not covered)	No cost for diagnostic hearing exam (\$500 hearing aid benefit per year)
32	Vision	Contact plan for details	Contact plan for details
33	Routine physical exams	\$15	\$15
34	Health/wellness education	Contact plan for details	Contact plan for details
36	Acupuncture	\$15 (15 visits per year)	\$15 (15 visits per year)
	Foreign travel	Emergency care only	Emergency care only
<i>Not covered in these plans: Naturopathy, transportation, health club, and over-the-counter allowance.</i>			

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
Samaritan Advantage Premier Plan	\$50	None	No
Samaritan Advantage Premier Plus Plan	\$50	Generics only	No

Plan contact information	Plan service areas
SecureHorizons by UnitedHealthcare P.O. Box 29825, Hot Springs, AR 71903-0825 (800) 962-8047; TTY (800)387-1074 www.aarpmedicarecomplete.com	<i>AARP Medicare Complete Choice Plan 1 H3812-001 counties are: Clackamas, Multnomah, and Washington.</i> <i>AARP Medicare Complete Plus Plan 1 H1286-004 counties are: Clackamas, Marion, Multnomah, and Washington.</i>

Your costs		AARP Medicare Complete Choice Plan 1 H3812-001	AARP Medicare Complete Plus Plan 1 H1286-004
TYPE OF PLAN		PPO	HMO with POS
IMPORTANT INFORMATION			
1	Monthly premium <i>with Rx</i>	No premium	No premium
	Annual out-of-pocket max.	In-network: \$2,900 (excludes Part D costs) Out-of-network: \$3,600	In-network: \$2,900 (excludes Part D costs) Out-of-network: \$3,600
INPATIENT CARE			
3-4	Inpatient hospital care and inpatient mental health care	In-network: \$275/day (days 1-11 or until out-of-pocket is reach) Out-of-network: \$375/day (days 1-10 or until out-of-pocket is reach)	In-network: \$275/day (days 1-11 or until out-of-pocket is reach) Out-of-network: \$375/day (days 1-10 or until out-of-pocket is reach)
5	Skilled nursing facility	In-network: \$150/day (days 1-20 or until out-of-pocket is reach) Out-of-network: \$175/day (days 1-21 or until out-of-pocket is reach)	In-network: \$150/day (days 1-20 or until out-of-pocket is reach) Out-of-network: \$175/day (days 1-21 or until out-of-pocket is reach)
6	Home health care	In-network: No cost Out-of-network: 40%	In-network: No cost Out-of-network: 40%
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE			
8	Doctor office visits	In-network: \$13 Out-of-network: \$20	In-network: \$13 Out-of-network: \$20
	Specialist	In-network: \$28 Out-of-network: \$35	In-network: \$28 Out-of-network: \$35
9	Chiropractor	In-network: \$28* Out-of-network: \$35*	In-network: \$28* Out-of-network: \$35*
10	Podiatry	In-network: \$28 (6 routine visits per year) Out-of-network: \$35	In-network: \$28 (6 routine visits per year) Out-of-network: \$35
11	Outpatient mental health	In-network: \$30-\$40 Out-of-network: \$35-\$45	In-network: \$30-\$40 Out-of-network: \$35-\$45
12	Outpatient substance abuse	In-network: \$30-\$40 Out-of-network: \$35-\$45	In-network: \$30-\$40 Out-of-network: \$35-\$45
13	Outpatient services/surgery	In-network: 30% Out-of-network: 40%	In-network: 30% Out-of-network: 40%
14	Ambulance	\$175	\$175
15	Emergency care, worldwide	\$50	\$50

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Your costs		AARP MedicareComplete Choice Plan 1 H3812-001		AARP MedicareComplete Plus Plan 1 H1286-004	
16	Urgent care	\$50		\$50	
17	Outpatient rehab	In-network: 30%	Out-of-network: 40%	In-network: 30%	Out-of-network: 40%
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	30%		30%	
19	Prosthetic devices	30%		30%	
20	Diabetes self-monitoring training and supplies	In-network: No cost training/30% supplies Out-of-network: 40% training/30% supplies		In-network: No cost training/30% supplies Out-of-network: 40% training/30% supplies	
21	Diagnostic tests, X-rays, and lab services	In-network: \$20 lab/\$15 standard X-ray Out-of-network: \$20 lab/standard X-ray		In-network: \$20 lab/\$15 standard X-ray Out-of-network: \$20 lab/standard X-ray	
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	In-network: No cost Out-of-network: 40%		In-network: No cost Out-of-network: 40%	
28	End-stage renal disease	No cost		No cost	
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)					
29	Prescription drug benefit – Part B	30%		30%	
30	Dental	In-network: \$28*		In-network: \$28*	
31	Hearing exam (annual)	In-network: \$28	Out-of-network: \$35	In-network: \$28	Out-of-network: \$35
32	Vision exam (annual)	In-network: \$28	Out-of-network: \$35	In-network: \$28	Out-of-network: \$35
33	Routine physical exams	In-network: \$13	Out-of-network: \$20	In-network: \$13	Out-of-network: \$20
	Foreign travel, worldwide	\$50, emergency coverage U.S. travel benefit (UnitedHealth Passport)		\$50, emergency coverage U.S. travel benefit (UnitedHealth Passport)	
<i>Not covered in these plans: Acupuncture, health/wellness education, naturopathy, transportation, and over-the-counter allowance.</i>					

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
AARP MedicareComplete Choice Plan 1 H3812-001	No deductible	None	Yes
AARP MedicareComplete Plus Plan 1 H1286-004	No deductible	None	Yes

Plan contact information	Plan service areas
<p>SecureHorizons MedicareDirect (United Healthcare Insurance Company) P.O. Box 29650, Hot Springs, AR 71903-9650 (888) 834-3734, (800) 555-5757, or (800) 711-6088; TTY (888) 685-8480 www.securehorizons.com</p>	<p><i>Plans 3 and 3A counties are:</i> Baker, Benton, Clackamas, Columbia, Crook, Deschutes, Douglas, Grant, Harney, Hood River, Jefferson, Klamath, Lake, Lincoln, Malheur, Marion, Morrow, Multnomah, Polk, Sherman, Umatilla, Union, Wallowa, Wasco, Washington, and Wheeler. <i>Plans 51 and 51A counties are:</i> Clackamas, Marion, Morrow, Multnomah, Polk, and Washington.</p>

Your costs	SecureHorizons MedicareDirect Plan 3	SecureHorizons MedicareDirect Plan 3A	SecureHorizons MedicareDirect Rx Plan 51	SecureHorizons MedicareDirect Rx Plan 51A
TYPE OF PLAN	PFFS	PFFS	PFFS	PFFS
IMPORTANT INFORMATION				
1 Monthly premium <i>no Rx</i>	No premium	No premium		
Monthly premium <i>with Rx</i>			No premium	No premium
Annual out-of-pocket max.	\$3,200	\$3,200	\$3,240 (excludes Part D costs)	\$3,500 (excludes Part D costs)
INPATIENT CARE				
3-4 Inpatient hospital care and Inpatient mental health care	\$100/day (days 1-30)/No cost (days 31 and beyond)	\$500 per admission	\$180/day (days 1-18)/No cost (days 19 and beyond)	\$645 per admission
5 Skilled nursing facility	\$75/day (days 1-43)/No cost (days 44 and beyond)	\$75/day (days 1-43)/No cost (days 44 and beyond)	\$100/day (days 1-33)/No cost (days 34 and beyond)	\$100/day (days 1-45)/No cost (days 46 and beyond)
6 Home health care	No cost	No cost	No cost	No cost
7 Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE				
8 Doctor office visits	\$10	\$15	\$10	\$15
Specialist	\$20	\$25	\$20	\$25
9 Chiropractor	\$20	\$25	\$20	\$25
10 Podiatry	\$20* (6 routine visits annually)	\$25* (6 routine visits annually)	\$20* (6 routine visits annually)	\$25* (6 routine visits annually)
11 Outpatient mental health	\$25	\$25	\$40 individual therapy \$30 group therapy	\$40 individual therapy \$30 group therapy
12 Outpatient substance abuse	\$25	\$25	\$40 individual therapy \$30 group therapy	\$40 individual therapy \$30 group therapy
13 Outpatient services/surgery	\$125	\$125	20%	20%
14 Ambulance	\$125	\$125	\$100	\$100

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Your costs		SecureHorizons MedicareDirect Plan 3	SecureHorizons MedicareDirect Plan 3A	SecureHorizons MedicareDirect Rx Plan 51	SecureHorizons MedicareDirect Rx Plan 51A
15	Emergency care	\$50	\$50	\$50	\$50
16	Urgent care	\$40	\$40	\$50	\$50
17	Outpatient rehab	\$25	\$25	20%	20%
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	30%	30%	30%	30%
19	Prosthetic devices	20%	20%	30%	30%
20	Diabetes self-monitoring training and supplies	No cost training 20% supplies	No cost training 20% supplies	No cost training 30% supplies	No cost training 30% supplies
21	Diagnostic tests, X-rays, and lab services	20% diagnostic tests/ No cost lab/\$25 X-rays	20% diagnostic tests/ No cost lab/\$25 X-rays	20% diagnostic tests/ \$15 lab/\$15 X-rays	20% diagnostic tests/ \$15 lab/\$15 X-rays
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	No cost	No cost	No cost
28	End-stage renal disease				
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)					
29	Prescription drug benefit – Part B	20%	20%	30%	30%
30	Dental	\$20	\$25	\$20	\$25
31	Hearing exams	Diagnostic hearing \$20 (1 routine exam annually)	Diagnostic hearing \$25 (1 routine exam annually)	Diagnostic hearing \$20 (1 routine exam annually)	Diagnostic hearing \$25 (1 routine exam annually)
32	Vision	\$20* (1 exam annually)	\$25* (1 exam annually)	\$20*(1 exam annually)	\$25* (1 exam annually)
33	Routine physical exams	\$10 (1 exam annually)	\$15 (1 exam annually)	\$10 (1 exam annually)	\$15 (1 exam annually)
34	Health/wellness education	Nursing hotline: No cost	Nursing hotline: No cost	Nursing hotline: No cost	Nursing hotline: No cost
	Foreign travel, worldwide	\$50, emergency coverage	\$50, emergency coverage	\$50, emergency coverage	\$50, emergency coverage
<i>Not covered in these plans: Acupuncture, naturopathy, transportation, health club, and over-the-counter allowance.</i>					

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
SecureHorizons MedicareDirect Rx Plan 51	No deductible	No coverage in the gap	Yes
SecureHorizons MedicareDirect Rx Plan 51A	No deductible	No coverage in the gap	Yes

Plan contact information	Plan service areas
Today's Options (Pyramid Life Insurance Company) 1001 Heathrow Park Lane, Lake Mary, FL 32746 (866) 568-8921 or (800) 444-0321 www.todaysoptions.com	Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, and Yamhill.

Your costs		Today's Options Value Today's Options Value Plus	Today's Options Basic Today's Options Basic Plus	Today's Options Premier Today's Options Premier Plus
TYPE OF PLAN		PFFS	PFFS	PFFS
IMPORTANT INFORMATION				
1	Monthly premium <i>no Rx</i>	\$0-\$65	\$0-\$35	\$0-\$90
	Monthly premium <i>with Rx</i>	\$22.20-\$85.20	\$22.20-\$55.20	\$32-\$122
	Annual out-of-pocket max.	\$3,000 (excludes Part D costs)	\$3,000 (excludes Part D costs)	\$2,500 (excludes Part D costs)
INPATIENT CARE				
3	Inpatient hospital care <i>Contact plan for details</i>	Before admit, contact plan. Without notification \$150/day (\$150 max. per admission).	Before admit, contact plan. Without notification \$150/day (\$150 max. per admission).	Before admit, contact plan. Without notification \$150/day (\$150 max. per admission).
4	Inpatient mental health care	\$195/day (days 1-5) No cost (days 6-90)	<i>Contact plan for details</i>	\$95/day (days 1-5) No cost (days 6-90)
5	Skilled nursing facility <i>Contact plan for details</i>	No cost (days 1-20) \$100/day (days 21-100)	No cost (days 1-20) \$125/day (days 21-100)	No cost (days 1-20) \$100/day (days 21-100)
6	Home health care	15%*	20%*	15%*
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE				
8	Doctor office visits	\$20*-\$50*	\$20*-\$75*	\$10*-\$35*
	Specialist	\$30*	\$35*	\$25*
9-10	Chiropractor and podiatry	\$35*	\$45*	\$20*
11-12	Outpatient mental health and outpatient substance abuse	50%*	50%*	50%*
13	Outpatient services/surgery	\$100*-\$400*	\$200*-\$800*	\$25*-\$100*
14	Ambulance	\$100*	\$150*	\$50*
15	Emergency care	\$50*, \$25,000 limit outside U.S.	\$50*	\$35*, \$25,000 limit outside U.S.
16	Urgent care	\$20*-\$50*	\$20*-\$75*	\$10*-\$35*

*For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.

Your costs		Today's Options Value Today's Options Value Plus	Today's Options Basic Today's Options Basic Plus	Today's Options Premier Today's Options Premier Plus
17	Outpatient rehab	\$30*	\$35*	\$15*
OUTPATIENT MEDICAL SERVICES/SUPPLIES				
18-19	Durable medical equipment and prosthetic devices	For equipment more than \$750 contact plan. Without notification you pay 50% of the cost.	For equipment more than \$750 contact plan. Without notification you pay 50% of the cost.	For equipment more than \$750 contact plan. Without notification you pay 50% of the cost.
20	Diabetes self-monitoring training and supplies	No cost	No cost	No cost
21	Diagnostic tests, X-rays, and lab services	No cost	No cost	No cost
PREVENTIVE SERVICES				
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	No cost	No cost
28	End-stage renal disease	\$50 for dialysis No cost for therapy	\$50 for dialysis No cost for therapy	\$50 for dialysis No cost for therapy
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)				
29	Prescription drug benefit – Part B	In-network: \$5-\$183 Out-of-network: \$5-30% coinsurance	In-network: \$5-\$183 Out-of-network: \$5-30% coinsurance	In-network: \$5-\$183 Out-of-network: \$5-30% coinsurance
30	Dental	No cost	No cost	No cost
31	Hearing exams	No cost	\$35 diagnostic exams \$35 (1 routine test annually) Hearing aids not covered	\$15 diagnostic exams Hearing aids not covered
32	Vision – <i>contact plan for details</i>	\$30	\$35	\$15
33	Routine physical exams	\$30	\$35	No cost
34	Health/wellness education	Covered	Covered	Covered
<i>Not covered in these plans: Acupuncture, naturopathy, foreign travel, transportation, health club, and over-the-counter allowance.</i>				

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
Value Plus	Contact plan for details		
Basic Plus	Contact plan for details		
Premier Plus	Contact plan for details		

Plan contact information	Plan service areas
Trillium Community Health Plan 1800 Millrace Dr., Eugene, OR 97403 (800) 910-3906 www.trilliumchp.com	Jackson and Lane

Your costs		Trillium Advantage Trillium Advantage + Rx
TYPE OF PLAN		HMO
IMPORTANT INFORMATION		
1	Monthly premium <i>no Rx</i>	\$50
	Monthly premium <i>with Rx</i>	\$99.60
	Annual out-of-pocket max.	\$1,500 (excludes Part D costs)
INPATIENT CARE		
3	Inpatient hospital care	\$100/day (\$500 max. annually)
4	Inpatient mental health care	\$100/day (\$500 max. annually)
5	Skilled nursing facility	No cost
6	Home health care	No cost
7	Hospice (Medicare-certified program)	Paid through Medicare
OUTPATIENT CARE		
8	Doctor office visits	\$20
	Specialist	\$20
9-10	Chiropractor and podiatry	\$20*
11-12	Outpatient mental health and outpatient substance abuse	\$20
13	Outpatient services/surgery	\$50 (hospital or surgery center)
14	Ambulance	\$50
15	Emergency care	\$50, worldwide (waived if admitted within 72 hours)
16	Urgent care	\$25, worldwide (waived if admitted within 72 hours)
17	Outpatient rehab	20%

**For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.*

Your costs		Trillium Advantage Trillium Advantage + Rx
OUTPATIENT MEDICAL SERVICES/SUPPLIES		
18	Durable medical equipment	20%
19	Prosthetic devices	No cost*
20	Diabetes self-monitoring training and supplies	No cost
21	Diagnostic tests, X-rays, and lab services	No cost for all but diagnostic radiology/\$75 diagnostic radiology
PREVENTIVE SERVICES		
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost
28	End-stage renal disease	
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)		
29	Prescription drug benefit – Part B	\$9-\$160
30	Dental	\$20*
31	Hearing exams	\$20*
32	Vision	\$20* (every 2 years)
33	Routine physical exams	No cost
36	Acupuncture/naturopathy	Part of VAS called Club Trillium
	Health club	Part of VAS called Club Trillium
<i>Not covered in these plans: Foreign travel, health/wellness education, transportation, and over-the-counter allowance.</i>		

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
Trillium Advantage + Rx	No deductible	Generics only	Included in \$99.60 premium

Plan contact information		Plan service areas			
WellCare 8725 Henderson Rd., Tampa, FL 33634 (866) 238-9898 www.wellcarepffs.com		Baker, Benton, Clackamas, Columbia, Coos, Deschutes, Douglas, Grant, Hood River, Jackson, Josephine, Klamath, Lake, Lane, Lincoln, Malheur, Marion, Morrow, Multnomah, Polk, Sherman, Tillamook, Umatilla, Union, Wasco, and Washington			
Your costs	Concert	Duet	Prelude	Sonata	
TYPE OF PLAN	PFFS	PFFS	PFFS	PFFS	
IMPORTANT INFORMATION					
1	Monthly premium <i>no Rx</i>		\$135	\$50 rebate monthly	No premium
	Monthly premium <i>with Rx</i>	No premium			
	Annual out-of-pocket max.	\$3,750 (excludes Part D costs)	None	\$3,750	\$3,500
INPATIENT CARE					
3	Inpatient hospital care <i>Contact plan for details</i>	\$150/day (days 1-5) No cost (days 6-90)	\$1,024 ded. (days 1-5) \$256/day (days 6-90)	\$250/day (days 1-5) No cost (days 6-90)	\$175/day (days 1-5) No cost (days 6-90)
4	Inpatient mental health care <i>Contact plan for details</i>	\$150/day (days 1-5) No cost (days 6-90)	\$1,024 ded. (days 1-5) \$256/day (days 6-90)	\$250/day (days 1-5) No cost (days 6-90)	\$175/day (days 1-5) No cost (days 6-90)
5	Skilled nursing facility <i>Contact plan for details</i>	No cost (days 1-7) \$85/day (days 8-100)	No cost (days 1-20) \$128/day (days 21-100)	No cost (days 1-7) \$85/day (days 8-100)	No cost (days 1-7) \$85/day (days 8-100)
6	Home health care	\$0*-\$35*	No cost*	\$0*-\$35*	\$0*-\$25*
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE					
8	Doctor office visits	\$20*	20%*	\$20*	\$10*
	Specialist	\$35*	20%*	\$35*	\$25*
9	Chiropractor	\$35*	20%*	\$35*	\$25*
10	Podiatry	\$35*	20%*	\$35*	\$25*
11-12	Outpatient mental health and outpatient substance abuse	\$35* individual therapy \$25* group therapy	20%-50% Contact plan for details	\$35* individual therapy \$25* group therapy	\$25* individual therapy \$15* group therapy
13	Outpatient services/surgery	\$75* ambulatory surgical center visit/\$150* outpatient hospital facility visit	20%*	\$75* ambulatory surgical center visit/\$150* outpatient hospital facility visit	\$45* ambulatory surgical center visit/\$90* outpatient hospital facility visit
14	Ambulance	\$100*	20%*	\$100*	\$100*
15	Emergency care <i>Contact plan for details</i>	\$50* (waived if admitted within 24 hours)	20%* up to \$50 (waived if admitted within 3 days)	\$50* (waived if admitted within 24 hours)	\$50* (waived if admitted within 24 hours)

**For services that Medicare covers; you pay the entire cost of any services not covered by Medicare.*

Your costs		Concert	Duet	Prelude	Sonata
16	Urgent care	\$20*-\$35* (waived if admitted within 24 hours)	20%* (waived if admitted within 3 days)	\$20*-\$35* (waived if admitted within 24 hours)	\$10*-\$25* (waived if admitted within 24 hours)
17	Outpatient rehab	\$35* (up to 20%)	20%*	\$35* (up to 20%)	\$25* (up to 20%)
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	30%*	20%*	30%*	30%*
19	Prosthetic devices	30%*	20%*	30%*	30%*
20	Diabetes self-monitoring training and supplies	No cost for training and therapy/30% supplies	No cost for training and therapy/20% supplies	No cost for training and therapy/30% supplies	No cost for training and therapy/30% supplies
21	Diagnostic tests, X-rays, and lab services	\$0*-\$20* lab/tests/X-rays 20%* radiology	\$0*-\$20* lab/tests/X-rays 20%* radiology	\$0*-\$20* lab/tests/X-rays 20%* radiology	\$0*-\$20* lab/tests/X-rays 20%* radiology
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost*	No cost*	No cost*	No cost*
28	End-stage renal disease	25% for dialysis No cost for therapy	25% for dialysis No cost for therapy	25% for dialysis No cost for therapy	25% for dialysis No cost for therapy
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)					
29	Prescription drug benefit – Part B	Most drugs not covered. 30% for Part-B drugs (not including chemotherapy drugs)	Most drugs not covered. 20% for Part-B drugs (not including chemotherapy drugs)	Most drugs not covered. 30% for Part-B drugs (not including chemotherapy drugs)	Most drugs not covered. 30% for Part-B drugs (not including chemotherapy drugs)
30	Dental <i>Contact plan for details</i>	20%*, \$20 for 1 oral exam/cleaning every 6 months, \$20-\$30 for 1 X-ray visit	20%*, no cost for 1 oral exam/cleaning every 6 months, no cost for 1 X-ray visit	20%*, \$20 for 1 oral exam/cleaning every 6 months, \$20-\$30 for 1 X-ray visit	20%*, \$20 for 1 oral exam/cleaning every 6 months, \$20-\$30 for 1 X-ray visit
31	Hearing exams <i>Contact plan for details</i>	20% for diagnostic exam, no cost for 1 routine hearing test annually	20% for diagnostic exam, no cost for 1 routine hearing test annually	20% for diagnostic exam, no cost for 1 routine hearing test annually	20% for diagnostic exam, no cost for 1 routine hearing test annually
32	Vision	Contact plan for details	Contact plan for details	Contact plan for details	Contact plan for details
33	Routine physical exams	No cost* (1 exam annually)	No cost* (1 exam annually)	No cost* (1 exam annually)	No cost* (1 exam annually)
34	Health/wellness education	All covered	All covered	All covered	All covered
	Over-the-counter allowance	\$8 monthly	\$30 monthly	\$30 monthly	\$30 monthly
<i>Not covered in these plans: Acupuncture, naturopathy, foreign travel, transportation, and health club.</i>					

Part D Plan	Annual deductible	Type of gap coverage	\$0 basic plan premium with full LIS
Concert	No deductible		Yes

These Medicare Advantage plans are available in Oregon, but did not submit information by our deadline. Contact the plans for more information.

Organization name	Plan name	Type of plan	Drug benefit?	Premium (includes Rx if available)
Advantra® Freedom (800) 711-1607; TTY (888) 788-4010	Freedom 1	PFFS	No	\$98
	Freedom 2 and Freedom 3	PFFS	No	Varies by county
Aetna Medicare (800) 832-2640; TTY (800) 628-3323	Open Premier Plan and Open Value Plan	PFFS	No	Varies by county
	Open Premier Plan with Rx and Open Value Plan with Rx	PFFS	Yes	Varies by county
HealthMarkets Care Assured (800) 892-3351; TTY (800) 216-1307	Premier Plan	PFFS	No	\$49.40
	Premier Plus Plan	PFFS	Yes	\$93
	Value Plan	PFFS	No	\$0
	Value Plus Plan	PFFS	Yes	\$29.40
Sterling Life Insurance Company (888) 858-8572; TTY (888) 858-8567	Option 1	PFFS	No	\$15
	Option II	PFFS	Yes	\$28
	Option III	PFFS	No	\$45
	Option IV	PFFS	Yes	\$56
Today's Options (Marquette National Life Insurance Company) Powered by CCRx (866) 234-3801 or (866) 222-5137; TTY (866) 903-7421	Basic, Value, and Premier	PFFS	No	Varies by county
	Basic Plus, Value Plus, Premier Plus	PFFS	Yes	Varies by county
Unicare (888) 949-5384; TTY (800) 297-1538	Save Well - Plan I, Save Well-Plan II, and Save Well-Plan III	MSA	No	\$0
Unicare Life and Health Insurance Company (888) 949-5384; TTY (800) 297-1538	SecurityChoice Classic and SecurityChoice Enhanced	PFFS	No	Varies by county
	SecurityChoice Enhanced Plus	PFFS	Yes	Varies by county
	SecurityChoice Essential	PFFS	No	\$0
	SecurityChoice Essential Plus	PFFS	Yes	\$33
	Security Choice Plus	PFFS	Yes	Varies by county

Medicare Advantage plans — Part D Index

Parent co. name	MAPD plan name	Annual deductible	Type of gap coverage	\$0 basic plan prem. with full LIS?
AARP MedicareComplete provided by SecureHorizons 5 Centerpointe Dr., Suite 600 Lake Oswego, OR 97035 (800) 950-9355; TTY (888) 685-8480 www.aarpmedicarecomplete.com	AARP MedicareComplete H3805-001	No deductible	None	Yes
	AARP MedicareComplete H3805-007	No deductible	None	Yes
ATRIO Health Plans P.O. Box 8003, 500 SE Cass St., Suite 230, Roseburg, OR 97470 (541) 672-8620 or (877) 672-8620 TTY (800) 735-2900 www.atriohp.com	My Advantage I-Rx	\$275 brand-name only/no deductible on generic drugs	None	No
	MyAdvantage II – Rx	\$275 brand-name only/no deductible on generic drugs	None	No
	MyAdvantage II – Rx Plus	No deductible	All generics	No
	MyAdvantage Active Rx	\$275 brand-name only/no deductible on generic drugs	None	Yes
Caresource 740 SE 7th St., Grants Pass, OR 97526 (541) 471-4106 or (888) 460-0185 TTY/TDD (800) 735-2900 www.caresourcehealthplans.com	CareSource Silver Plus Rx	No deductible	None	Yes
	CareSource Gold Plus Rx	No deductible	None	Yes
	CareSource Platinum Plus Rx	No deductible	None	Yes
	CareSource Diamond Plus Rx	No deductible	None	Yes
Clear Choice Health Plans, Inc. 2650 NE Courtney Drive, Bend, OR 97701 (541) 385-5315 or (888) 863-3637 TTY (800) 735-2900 www.clearchoicehp.com	Value Advantage Plan	\$200		No
	Traditional Advantage Plan	No deductible		No
FamilyCare Health Plans, Inc. 2121 SW Broadway, Suite 300, Portland, OR 97201 (866) 225-2273; TTY (800) 735-2900 www.familycareinc.org	PremierCare Choice Rx	\$145	Not covered	Yes
	PremierCare Advantage Rx	No deductible	Not covered	No

Note: Only Private Fee-For-Service plans allow members to enroll in stand-alone drug plans.

Parent co. name	MAPD plan name	Annual deductible	Type of gap coverage	\$0 basic plan prem. with full LIS?
Health Net Medicare Programs 13221 SW 68th Parkway, Suite 200, Tigard, OR 97223 (800) 822-7698; TTY (800) 929-9955 www.abetterdecision.com	Violet 1 - South	No deductible	None	No
	Violet 1 - North	No deductible	None	No
	Violet 2 - South	No deductible	None	No
	Violet 2 - North	No deductible	None	Yes
Humana Insurance Company 500 West Main St., Louisville, KY 40202 (877) 511-5000 or (800) 833-2312 www.humana-medicare.com	Humana Gold Choice H1804-260	No deductible	Home Infusion Drugs	No
	Humana Gold Choice H1804-261	No deductible	Home Infusion Drugs	No
	Humana Gold Choice H1804-262	\$275	None	Yes
Kaiser Permanente 500 NE Multnomah, Suite 100, Portland, OR 97232 (877) 221-8221; TTY (800) 735-2900 www.kaiserpermanente.org	Senior Advantage Basic	No deductible	Generic only	Yes
	Senior Advantage	No deductible	Generic only	No
Marion Polk Community Health Plan Advantage, Inc. P.O. Box 5490, Salem, OR 97304 (888) 236-2496 www.PhysiciansChoiceAdvantage.com	Physicians Choice Advantage + Rx	No deductible	None	Yes
Mennonite Mutual Aid Association P.O. Box 483, Goshen, IN 46527 (800) 348-7468; TTY (800) 348-7468 www.mma-online.org	Team Care Advantage Rx	\$100	No coverage in the gap	No
ODS Companies 601 SW 2nd, Portland, OR 97204 Sales: (888) 217-2375 or (503) 265-2975 www.odscompanies.com	ODS Advantage PPO Rx	\$275	None	Yes
	ODS Advantage PPO Rx Select	No deductible	75% generics only	Yes
Providence Health Plans 3601 SW Murray Blvd., Suite 10, Beaverton, OR 97005 (503) 574-5551, (800) 457-6064, or (800) 988-0088 www.providence.org/healthplans/	Providence Medicare Extra + Rx	No deductible	Not applicable	Yes
	Providence Medicare Choice + Rx	No deductible	Not applicable	Yes

Note: Only Private Fee-For-Service plans allow members to enroll in stand-alone drug plans.

Parent co. name	MAPD plan name	Annual deductible	Type of gap coverage	\$0 basic plan prem. with full LIS?
Regence BlueCross BlueShield of Oregon P.O. Box 12625, Salem, OR 97309 (800) 452-2909 or (888) 734-3623; TTY (800) 382-1003 www.or.regence.com	MedAdvantage + Rx	\$275	None	No
	MedAdvantage + Rx Enhanced	No deductible	Generics only	No
Samaritan Health Services 815 NW 9th St., Suite 101, Corvallis, OR 97330 (541) 786-4550 or (800) 317-7489 www.samaritanadvantage.com	Samaritan Advantage Premier Plan	\$50	None	No
	Samaritan Advantage Premier Plus Plan	\$50	Generics only	No
SecureHorizons by UnitedHealthcare P.O. Box 29825, Hot Springs, AR 71903-0825 (800) 962-8047; TTY (800)387-1074 www.aarpmedicarecomplete.com	AARP MedicareComplete Choice Plan 1	No deductible	None	Yes
	AARP MedicareComplete Plus Plan 1	No deductible	None	Yes
SecureHorizons MedicareDirect (United Healthcare Insurance Company) P.O. Box 29650, Hot Springs, AR 71903-9650 (888) 834-3734, (800) 555-5757, or (800) 711-6088; TTY (888) 685-8480 www.securehorizons.com	SecureHorizons MedicareDirect Rx Plan 51	No deductible	No coverage in the gap	Yes
	SecureHorizons MedicareDirect Rx Plan 51A	No deductible	No coverage in the gap	Yes
Today's Options (Pyramid Life Insurance Company) 1001 Heathrow Park Lane, Lake Mary, FL 32746 (866) 568-8921 or (800) 444-0321 www.todaysoptions.com	Value Plus	Contact plan for details		
	Basic Plus	Contact plan for details		
	Premier Plus	Contact plan for details		
Trillium Community Health Plan 1800 Millrace Dr., Eugene, OR 97401 (800) 910-3906 www.trilliumchp.com	Trillium Advantage + Rx	No deductible	Generics only	Included in \$99.60 premium
WellCare 8725 Henderson Rd., Tampa, FL 33634 (866) 238-9898 www.wellcarepffs.com	Concert	No deductible		Yes

Note: Only Private Fee-For-Service plans allow members to enroll in stand-alone drug plans.

Stand-alone prescription drug plans (These plans may be purchased by

Parent co. name, contract, and phone numbers	Plan name and plan number	National plan	Premium	Annual deductible	Type of gap coverage	\$0 basic plan prem. with full LIS?
Aetna Medicare — S5810 (800) 654-3250 (short menu)	Rx Essentials 064	X	\$27	\$275		Yes
	Rx Plus 166	X	\$43.30	\$0		
	Rx Premier 200	X	\$92.20	\$0	Generics	
Asuris Northwest Health — S5609 (800) 452-2909 (person)	Medicare Script 001		\$64	\$275		
	Medicare Script Enhanced 002		\$78	\$0	Generics	
CIGNA Medicare Rx — S5617 (800) 735-1459 (long menu)	Plan One 148	X	\$33.70	\$275		
	Plan Two 150	X	\$41.70	\$0		
	Plan Three 200	X	\$75.30	\$0	Some generics	
Coventry AdvantraRx — S5674 (866) 823-5177 (short menu)	Value 044	X	\$23.30	\$0		
	Premier 045	X	\$35	\$0		
	Premier Plus 047	X	\$47	\$0	Preferred generics	
EnvisionRx Plus — S7694 (866) 250-2005 (long menu)	EnvisionRxPlus Standard 030	X	\$72	\$275		
	EnvisionRxPlus Gold 064	X	\$100	\$0	Preferred generics	
First Health Part D — S5768 (866) 823-5177 (same as Coventry)	Secure 112		\$14.80	\$175		
	Select 077		\$43.30	\$0	Preferred generics	
Fox Insurance Co. — S5557 (888) 369-7979	Fox Value Plan 005		\$24	\$275		Yes
	Fox Grand Plan 010		\$30	\$275	Preferred generics	
Health Net, Inc. — S5678 (800) 865-9431 (short menu)	Orange Option 1 006	X	\$25.40	\$275		Yes
	Orange Option 2 012	X	\$38	\$0		
HealthSpring Prescription Drug Plan — S5932 (800) 331-6293 (medium menu)	Region 30 029	X	\$19.70	\$275		Yes
Humana Inc. — S5884 (877) 856-5705	Enhanced 028	X	\$22.10	\$0		
	Standard 088	X	\$25.50	\$275		Yes
	Complete 058	X	\$101.60	\$0	Preferred generics	
Medco Medicare Prescription Plan — S5660 (800) 758-4574 (long menu)	Value 132	X	\$26.50	\$275		Yes
	Choice 030	X	\$40.30	\$0		
	Access 200	X	\$77	\$0	Generics	
MEMBERHEALTH — S5803 (866) 684-5353	Community CCRx Basic 099	X	\$24.30	\$275		Yes
	Community CCRx Choice 167	X	\$35.50	\$0		
	Community CCRx Gold 247	X	\$45.90	\$0	Generics	
ODS — S5975 (888) 786-7509 and (503) 265-4709 (medium menu)	Advantage Rx 001		\$53.50	\$275		
	Advantage Rx Extra 002		\$72.10	\$0	Generics	

Original Medicare beneficiaries, Medigap policyholders, and Medicare Advantage Private Fee-For-Service members.)

Parent co. name, contract, and phone numbers	Plan name and plan number	National plan	Premium	Annual deductible	Type of gap coverage	\$0 basic plan prem. with full LIS?
Pennsylvania Life Ins. Co.— S5597 (800) 766-3233 (medium menu)	Prescription Pathway Bronze Plan Region 30 095	X	\$24.30	\$275		Yes
	Prescription Pathway Gold Plan Region 30 062	X	\$27.70	\$0		
	Prescription Pathway Platinum Plan Region 30 227	X	\$63.50	\$0	Generics	
RxAmerica — S5644 (877) 279-0370 (long menu)	Advantage Star Plan 083	X	\$20.30	\$275		Yes
	Advantage Freedom Plan 062	X	\$25.70	\$0		
	Advantage Allegiance Plan 315	X	\$43.40	\$0	Generics	
SierraRx — S5917 (866) 789-1522 (medium menu)	SierraRx Basic 031		\$33.60	\$275		
	SierraRx 006		\$35.10	\$0		
SilverScript Ins. Co. — S5601 (866) 552-6106 (medium menu)	SilverScript 060	X	\$21.60	\$275		Yes
	SilverScript Plus 061	X	\$37.90	\$0	Generics	
	SilverScript Complete 101	X	\$43.50	\$0	Generics	
Sterling Life Ins. Co. — S4802 (888) 858-8572 (person)	Sterling Rx 020		\$30.30	\$275		Yes
	Sterling Rx Plus 063		\$75.90	\$100	Generics	
Unicare — S5960 (866) 892-5335 (person)	MedicareRx Rewards Standard 136	X	\$23.10	\$275		Yes
	MedicareRx Rewards Value 030	X	\$27.50	\$0		Yes
United American Ins. Co. — S5755 (972) 569-3224 (person)	UA Medicare Part D Prescription Drug Coverage 033	X	\$42.50	\$0		
	UA Medicare Part D Rx Coverage Silver Plan 068	X	\$43.80	\$120		
United Healthcare — S5820 (888) 867-5561 (short menu)	United Health Rx Value 133	X	\$19.10	\$275		
United Healthcare — S5921 (800) 745-0922 (short menu)	AARP Medicare Rx Saver 021	X	\$30.40	\$275		Yes
United Healthcare — S5820 (888) 867-5564 (short menu)	AARP Medicare Rx Preferred 029	X	\$33.90	\$0		
United Healthcare — S5921 (888) 867-5561 (short menu)	United Health Rx Basic 022	X	\$43.70	\$0		
United Healthcare — S5921 (888) 867-5564 (short menu)	AARP Medicare Rx Enhanced 023	X	\$64.20	\$0	Preferred generics	
WellCare — S5967 (813) 290-6200 (hold for agent)	WellCare Classic 167	X	\$29	\$250		Yes
	WellCare Signature 064	X	\$32.30	\$0		

Glossary

Actual charge: This is the amount a physician or supplier actually bills a patient for a particular medical service or supply. This may differ from the allowable amount under Medicare.

Assignment: A method of payment under Medicare Part B. The doctor agrees to accept the amount of the Medicare approved charge as full payment.

Attained-age policies: Insurance policies whose premiums increase based on the age of the insured.

Benefit period: The period for which benefits are payable. In Original Medicare Part A, for example, your benefit period begins on the first day of hospitalization and ends when you have been out of the hospital for 60 consecutive days.

Catastrophic coverage: The highest amount of money paid out-of-pocket before a health plan pays the majority or all co-payment amounts. Medicare Part D catastrophic coverage begins at \$4,050 out-of-pocket and \$5,726.25 in total drug costs (total drug costs include what the beneficiary and other payers have paid.)

CMS: Centers for Medicare and Medicaid Services.

Coinsurance: A fixed percentage paid per service received or prescription filled.

Co-payment: A fixed dollar amount paid per service received or prescription filled.

Community rating (no-age): A rating method that assigns a single rate to all ages and classes of individuals in the group, regardless of risk factors such as age or health.

Cost-sharing tier: Different levels of co-payment amounts depending on the type of drug. The lowest co-payment is for generics, followed by formulary brands, and a non-formulary co-payment is in the highest tier.

Creditable coverage: An insurance policy that is as good or better than a Medicare Part D plan. (e.g. retiree drug coverage.)

Crossover claim participant: A Medigap company that pays to have claims submitted to them electronically, directly from Medicare. This eliminates the need for the beneficiary to submit claims to a secondary payer.

Deductible: A dollar amount determined by an individual's insurance policy (including Medicare) that must be paid by the insured individual for covered services before Medicare or the insurance policy begins paying.

Demonstration project: A government-sponsored experimental program offered in particular areas. Participants have the same rights and protections with a demonstration project as with any other plan.

Diagnosis related groups (DRGs): Categories of illnesses assigned a dollar amount by the federal government to determine the actual payment Medicare will make to a hospital for treatment of a specific illness.

Dual eligible: A person who has Medicare and Medicaid.

Effective date: The date on which an insurance policy is in effect and its coverage begins.

Election period: The period during which an eligible person may join or leave Original Medicare or a Medicare Advantage plan.

Elimination period: *See Waiting period.*

End-stage renal disease (ESRD): A medical condition in which a person's kidneys no longer function, requiring dialysis or a kidney transplant to maintain life.

Excess charge: The difference between a health-care provider's actual charge and the Medicare-approved amount. The maximum amount that providers, who do not accept assignment, can charge for a covered service is 15 percent above Medicare's approved amount. This is an additional cost to the beneficiary above the 20 percent coinsurance payment. (*See Assignment.*) Medigap plans F, G, I, and J will pay part or all of excess charges.

Federal poverty level (FPL): The income level set by the federal government to determine eligibility for many needs-based programs.

Foreign travel benefits: Coverage for medically necessary emergency care in a foreign country; covers 80 percent of billed charges not covered by Medicare for Medicare-eligible expenses. Subject to time limits, deductibles, and a lifetime maximum.

Formulary: A list of drugs that a health plan will cover. Formulary drugs usually have lower co-payments than non-formulary drugs. A formulary is also known as a Preferred Drug List.

Guaranteed-issue rights: A consumer's right to purchase insurance policies during certain periods and under certain circumstances in which insurance companies are required by law to offer them. For more information, see *the topics "When can I buy a Medigap policy?"* and *"Can I get credit for my prior coverage?"* on pages 17-19 Some companies offer guaranteed-issue policies beyond those required by law.

Guaranteed renewable policy: A policy that cannot be canceled as long as the policyholder continues to pay the premium. All standard Medigap policies are guaranteed renewable.

Health Maintenance Organizations (HMO): A type of Medicare Advantage Plan that is available in some areas of the country. Plans must cover all Medicare Part A and Part B health care. Some HMOs cover extra benefits, like extra days in the hospital. In most HMOs, you can only go to doctors, specialists, or hospitals on the plan's list except in an emergency. Your costs may be lower than in the Original Medicare Plan.

High-deductible Medigap policies: Two standardized Medigap policies that have the same benefit packages as Plan F or Plan J, except that the policies have a high deductible (\$1,900 in 2008). The beneficiary is responsible for payment of expenses up to this amount; the policy pays 100 percent of covered out-of-pocket expenses once the deductible has been met. These plans are referred to as "High F" and "High J."

Home health care: Skilled nursing care and support services for individuals who do not need institutional care. Such services are provided during intermittent home visits and may include nursing care, physical therapy, speech and hearing therapy, occupational therapy, social services, and some support services.

Initial Enrollment Period (IEP): The seven-month period surrounding your 65th birthday. (Three months prior to your birth month plus your birth month plus the three months following your birth month.)

Issue-age policies: Policies whose premiums are based on your age when you buy them. Premiums will not increase due to your increase in age; however, premiums may increase for other reasons.

LIS (Low income subsidy): The LIS program is operated by the SSA and provides extra help with prescription drug costs for individuals who meet the income and asset requirements.

LTC: Long term care.

MA: Medicare Advantage Plans (currently known as Medicare Managed Care organizations, they replace Medicare + Choice plans.)

MA-PD: Medicare Advantage Plan with prescription drug coverage.

Managed Care Organization (MCO): In most managed care plans, you can only go to doctors, specialists, or hospitals on the plan's list except in an emergency. Plans must cover all Medicare Part A and Part B health care. Some managed care plans cover extra benefits, like extra days in the hospital. In most cases, a type of Medicare Advantage Plan that is available in some areas of the country. Your costs may be lower than in the Original Medicare Plan.

Medicare cost plan: Centers for Medicare and Medicaid Services (CMS) is not approving new cost plans. Medicare cost plans are carried forward from the early days of Medicare.

Medicare risk plan: Centers for Medicare and Medicaid Services (CMS) pays an HMO an amount equal to 95 percent of the average adjusted per capita cost (AAPCC) for each enrollee in the plan. The HMO uses these funds to provide care to Medicare-eligible enrollees. Competition for enrollees often is so intense that HMOs offer enrollees incentives, such as discounts on prescription drugs and dental and vision care coverage, to join their plans.

Medicare Select plans: Medicare Select plans (a type of Medigap plan) are standardized plans that require insureds to use specific hospitals and doctors to get full insurance benefits (except in an emergency.) For this reason, Medicare Select policies generally have lower premiums. Medicare Select policyholders who don't use Medicare Select providers for non-emergency services have to pay what Medicare does not pay. Medicare will pay its share of approved charge no matter what provider you choose.

Medicare Summary Notice (MSN): A document that explains to beneficiaries what Medicare has and has not paid for; formerly called the "Explanation of Medicare Benefits."

Medigap plans: Standardized Medicare Supplement plans.

MMA: Medicare Prescription Drug, Improvement and Modernization Act.

Open Enrollment Period (OEP): The period when plans must accept applicants, as long as the plan has not met its maximum enrollment capacity.

Original Medicare: This coverage includes Part A, hospital expenses, and Part B, medical expenses.

Out-of-pocket cost: The patient's share of any medical care costs not covered by insurance and Medicare. These are the deductibles, coinsurance, and co-payments that beneficiaries are required to pay.

Out-of-pocket maximum: A limit, in some plans, on out-of-pocket expenses. Insureds whose out-of-pocket expenses exceed the maximum don't have financial responsibility for covered benefits.

Outpatient Prospective Payment System (OPPS): System under which Medicare pays a set amount for covered outpatient services. You or your insurer are responsible for your deductible and a co-payment amount that may vary according to the service.

PACE: A combination of medical, social and long-term care services for frail elderly people.

PDP: Prescription Drug Plan.

Penalty: An amount added to your monthly premium for Medicare Part B or for Medicare Part D if you do not join when you are first eligible. You pay this higher amount as long as you have Medicare. There are some exceptions.

Point-Of-Service (POS) option: An HMO option that lets you use doctors and hospitals outside the plan for an additional cost.

Pre-existing condition: A medical condition diagnosed, treated, or needing treatment prior to the purchase of an insurance policy. A pre-existing condition may be excluded for a period specified in the policy. Look for "Pre-ex" in this publication's list of Medigap companies; the first number following "Pre-ex" refers to the number of months of your health history that the insurer will review to determine your pre-existing conditions. The second number is the number of months for which the insurer will not cover expenses related to a pre-existing condition. For example, 6/3 means that if you received medical advice or treatment for a condition within six months of the policy's effective date, the insurer will not cover that condition for the first three months the policy is in effect. If you met a previous policy's six-month pre-existing-condition waiting period, you may be exempt from the new policy's waiting period by qualifying for creditable coverage.

Preferred Provider Organization (PPO) plan: A type of Medicare Advantage Plan in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Premium: The amount paid to a plan for insurance coverage. The amounts listed in this guide are current as of the print date and are subject to change.

Primary insurer: When a person has more than one health insurance plan, the primary insurer is the one that covers the initial payments after the deductible, usually paying the largest share. The secondary insurer pays next.

Private fee-for-service plan: A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare Program, decides how much it will pay and what you pay for the services you get. You may pay more or less for Medicare-covered benefits. You may have extra benefits the Original Medicare Plan doesn't cover.

Prospective Payment System (PPS): Also called Inpatient Prospective Payment System (IPPS), this system is used by Medicare to pay its bills. Medicare pays hospitals a predetermined rate based on categories of diagnoses. Federal law requires hospitals to accept the prospective payment rate as payment in full for in-hospital stays.

Provider Sponsored Organization (PSO): A group of doctors, hospitals, and other health care providers that agree to give health care to Medicare beneficiaries for a set amount of money from Medicare every month. This type of managed care plan is run by the doctors and providers themselves, and not by an insurance company.

Reserve days: 60 additional days that may be used in conjunction with a hospital stay. These days are non-renewable and can only be used once per lifetime.

Secondary insurer: When a person has more than one health insurance plan, the secondary insurer pays after the primary insurer, and supplements the primary coverage.

Service area: The specified counties and/or ZIP codes that plans have agreed to cover. If there is a specific service area that is covered, it is listed with each plan.

Skilled care: Care which can only be provided by a licensed professional, such as a physical therapist, occupational therapist, R.N., etc.

Skilled nursing facility (SNF): A facility at which medically necessary (prescribed) care is provided by licensed health-care professionals.

Special Needs Plan: Special needs plans are private insurance plans that provide Medicare benefits including drug coverage. Includes people eligible for Medicare and Medicaid, those living in certain LTC facilities and those with severe chronic or disabling conditions.

SSA: Social Security Administration.

TrOOP: True Out-of-Pocket costs.

Underwriting: The process health insurance companies use to determine an applicant's insurability by asking potential policyholders questions and reviewing their health history and physical condition.

Usual, customary, and reasonable (UCR) charges: Fees commonly charged by physicians or other providers for particular services, treatments, or supplies. UCRs may vary throughout a state.

Waiting period: The amount of time that must pass before benefits will be paid or before pre-existing conditions or specific illnesses are covered by a health insurance policy.

Insurance publications

You can request a free copy of these and other publications or view them on one of the Web sites listed.

Popular Medicare publications

- *Medicare & You*
- *Choosing a Medigap Policy*
- *Your Medicare Benefits*
- *Medicare Coverage of Kidney Dialysis and Transplant Services*
- *Medicare and Other Health Benefits: Your Guide to Who Pays First*
- *Mammograms & Breast Health: An Information Guide for Women*

To order Medicare publications:

- Call Medicare (CMS)
Toll-free (800) 633-4227
- **Web site:** www.medicare.gov

Oregon Insurance Division publications

- *Consumer Guide to Long-Term Care Insurance in Oregon*
- *Consumer Guide to Health Insurance*
- *Consumer Guide to Oregon Insurance Complaints*
- *Preneed Funeral Plans and So-Called "Funeral Insurance" Brochure*
- *Tips for Seniors and Their Families*
- *Your Rights when Purchasing Insurance and Annuities*

To order insurance publications:

- Call (503) 947-7984
Toll-free in Oregon (888) 877-4894
E-mail: dcbs.inmail@state.or.us
- Write to: **Publications**
Oregon Insurance Division
P.O. Box 14480
Salem, OR 97309-0405
- **Web site:** www.insurance.oregon.gov



LOCAL HELP FOR PEOPLE WITH MEDICARE



About SHIBA

The Senior Health Insurance Benefits Assistance (SHIBA) program is part of the Oregon Department of Consumer & Business Services (DCBS). SHIBA is a statewide network of trained volunteers who provide one-on-one assistance to people with Medicare. The goal of these volunteers is to help people make better decisions about health insurance by providing confidential and objective health-insurance counseling.

Contact the Senior Health Insurance Benefits Assistance (SHIBA) program:

- To order free brochures
Are You Ready for Medicare?
Free Help with Medicare and Prescription Drug Insurance
- To get free help filing claims, comparing Medicare Advantage plans, Medigap policies, and Prescription Drug Plans, or understanding long-term care insurance
- To become a SHIBA volunteer

Contact information:

- Toll-free in Oregon (800) 722-4134
E-mail: shiba.oregon@state.or.us
- **Web site:** www.oregonshiba.org

About the Oregon Insurance Division

The Oregon Insurance Division provides the following services:

- Answers consumer questions about insurance
- Resolves consumer complaints about insurance companies or producers
- Investigates and penalizes companies and producers for violations of insurance law
- Monitors marketplace conduct of insurers
- Educates the public about insurance costs

Contact information:

- Toll-free in Oregon (888) 877-4894 or (503) 947-7984
E-mail: dcbs.insmail@state.or.us
- **Web site:** www.oregoninsurance.org



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