

*Landscape of Plan
Options in*
Wisconsin
2007

Medicare_{Rx}
Prescription Drug Coverage _{Rx}

**Medicare Advantage
Cost Plans and Demonstrations**

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Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Adams	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Adams	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Adams	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Adams	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Adams	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Adams	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Adams	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Adams	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Adams	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Adams	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Adams	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Adams	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Adams	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Ashland	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Ashland	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Ashland	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Ashland	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Ashland	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Ashland	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Ashland	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Ashland	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Ashland	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Ashland	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std (H2409-003)	PFFS *	\$0.00					
Ashland	Medica Health Plans of Wisconsin	Medica Advantage Sol. Non-Metro Std w/Rx (H2409-006)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Ashland	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Ashland	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Ashland	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Ashland	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Ashland	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Ashland	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Ashland	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Ashland	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Ashland	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Ashland	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Ashland	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Ashland	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Ashland	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Ashland	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Barron	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Barron	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Barron	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Barron	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Barron	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Barron	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Barron	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Barron	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Barron	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Barron	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Barron	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std (H2409-003)	PFFS *	\$0.00					

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Barron	Medica Health Plans of Wisconsin	Medica Advantage Sol. Non-Metro Std w/Rx (H2409-006)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Barron	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Barron	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Barron	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Barron	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Barron	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Barron	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Barron	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Barron	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Barron	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Barron	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Barron	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Barron	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Barron	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Barron	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Bayfield	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Bayfield	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Bayfield	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Bayfield	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Bayfield	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Bayfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Bayfield	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Bayfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Bayfield	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Bayfield	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std (H2409-003)	PFFS *	\$0.00					
Bayfield	Medica Health Plans of Wisconsin	Medica Advantage Sol. Non-Metro Std w/Rx (H2409-006)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Bayfield	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Bayfield	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Bayfield	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Bayfield	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Bayfield	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Bayfield	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Bayfield	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Bayfield	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Bayfield	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Bayfield	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Bayfield	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Bayfield	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Bayfield	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Bayfield	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Brown	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Brown	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Brown	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Brown	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Brown	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Brown	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Brown	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Brown	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Brown	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Brown	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Brown	Network PlatinumPlus	Network PlatinumPlus (H5215-001)	Local PPO *	\$24.00					
Brown	Network PlatinumPlus	Network Platinum Premier (H5215-006)	Local PPO *	\$57.00					
Brown	Network PlatinumPlus	Network PlatinumPlus-Pharmacy (H5215-002)	Local PPO	\$59.00	\$25.00	\$0	Enhanced		•
Brown	Network PlatinumPlus	Network Platinum Premier Pharmacy (H5215-005)	Local PPO	\$97.00	\$29.00	\$0	Enhanced	Generics	•
Brown	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Brown	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-022)	Local HMO *	\$0.00					
Brown	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Brown	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Brown	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 200 (H5435-009)	PFFS *	\$89.00					
Brown	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Brown	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Brown	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Brown	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Brown	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Brown	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Brown	WellCare	Summit (H4577-006)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Buffalo	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Buffalo	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Buffalo	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Buffalo	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Buffalo	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Buffalo	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Buffalo	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX) (H5262-004)	Local HMO *	\$27.00					
Buffalo	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Value w/RX (H5262-003)	Local HMO	\$65.30	\$38.30	\$0	Basic		•
Buffalo	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Elite (no RX) (H5262-005)	Local HMO *	\$78.00					
Buffalo	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Elite w/RX (H5262-001)	Local HMO	\$116.30	\$38.30	\$0	Basic		•
Buffalo	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Buffalo	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Buffalo	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Buffalo	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Buffalo	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Buffalo	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Buffalo	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Buffalo	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Buffalo	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Buffalo	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Buffalo	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Buffalo	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Buffalo	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Buffalo	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Burnett	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Burnett	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Burnett	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					

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Burnett	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Burnett	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Burnett	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Burnett	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Burnett	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Burnett	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Burnett	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Burnett	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std (H2409-003)	PFFS *	\$0.00					
Burnett	Medica Health Plans of Wisconsin	Medica Advantage Sol. Non-Metro Std w/Rx (H2409-006)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Burnett	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Burnett	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Burnett	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Burnett	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Burnett	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Burnett	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Burnett	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Burnett	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Burnett	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Burnett	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Burnett	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Burnett	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Burnett	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Burnett	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Calumet	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Calumet	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Calumet	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Calumet	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Calumet	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Calumet	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Calumet	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Calumet	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Calumet	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Calumet	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Calumet	Network PlatinumPlus	Network PlatinumPlus (H5215-001)	Local PPO *	\$24.00					
Calumet	Network PlatinumPlus	Network Platinum Premier (H5215-006)	Local PPO *	\$57.00					
Calumet	Network PlatinumPlus	Network PlatinumPlus-Pharmacy (H5215-002)	Local PPO	\$59.00	\$25.00	\$0	Enhanced		•
Calumet	Network PlatinumPlus	Network Platinum Premier Pharmacy (H5215-005)	Local PPO	\$97.00	\$29.00	\$0	Enhanced	Generics	•
Calumet	Network SeniorPlus	Network SeniorPlus (H5254-001)	Cost *	\$140.00					
Calumet	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Calumet	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-022)	Local HMO *	\$0.00					
Calumet	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Calumet	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Calumet	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Calumet	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Calumet	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Calumet	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Calumet	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Calumet	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Calumet	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Calumet	WellCare	Summit (H4577-005)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Chippewa	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Chippewa	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Chippewa	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Chippewa	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Chippewa	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Chippewa	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Chippewa	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Chippewa	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Chippewa	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Chippewa	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Chippewa	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std (H2409-003)	PFFS *	\$0.00					
Chippewa	Medica Health Plans of Wisconsin	Medica Advantage Sol. Non-Metro Std w/Rx (H2409-006)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Chippewa	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Chippewa	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Chippewa	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Chippewa	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Chippewa	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Chippewa	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Chippewa	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Chippewa	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Chippewa	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Clark	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Clark	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Clark	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Clark	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Clark	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Clark	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Clark	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Clark	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Clark	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Clark	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Clark	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Clark	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Clark	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Columbia	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Columbia	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Columbia	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Columbia	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Columbia	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Columbia	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Columbia	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Columbia	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Columbia	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Columbia	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Columbia	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Columbia	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Columbia	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 200 (H5435-009)	PFFS *	\$89.00					
Columbia	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Columbia	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Columbia	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Columbia	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Columbia	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Columbia	WellCare	Summit (H4577-006)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Crawford	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Crawford	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Crawford	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Crawford	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Crawford	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Crawford	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Crawford	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX) (H5262-004)	Local HMO *	\$27.00					
Crawford	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Value w/RX (H5262-003)	Local HMO	\$65.30	\$38.30	\$0	Basic		•
Crawford	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Elite (no RX) (H5262-005)	Local HMO *	\$78.00					
Crawford	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Elite w/RX (H5262-001)	Local HMO	\$116.30	\$38.30	\$0	Basic		•
Crawford	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Crawford	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Crawford	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Crawford	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Crawford	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Advantage Plan (H5256-001)	Cost *	\$92.00					
Crawford	Medical Associates Clinic Health Plan of Wisconsin	MAHP Medicare Community Plan (H5256-002)	Cost *	\$102.00					
Crawford	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Crawford	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Crawford	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Crawford	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Crawford	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Crawford	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Crawford	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Crawford	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Crawford	WellCare	Summit (H4577-005)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Dane	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Dane	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Dane	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Dane	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Dane	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Dane	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Dane	Dean Health Plan, Inc.	DeanCare Gold (H5264-003)	Cost *	\$87.00					
Dane	Dean Health Plan, Inc.	DeanCare Gold Enhanced (H5264-002)	Cost *	\$97.00					
Dane	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dane	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Dane	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dane	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Dane	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dane	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Dane	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Dane	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Dane	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Dane	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Dane	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Dane	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Dane	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dane	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Dane	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
Dodge	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Dodge	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Dodge	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Dodge	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Dodge	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Dodge	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Dodge	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dodge	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Dodge	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dodge	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Dodge	Network PlatinumPlus	Network PlatinumPlus (H5215-001)	Local PPO *	\$24.00					
Dodge	Network PlatinumPlus	Network Platinum Premier (H5215-006)	Local PPO *	\$57.00					
Dodge	Network PlatinumPlus	Network PlatinumPlus-Pharmacy (H5215-002)	Local PPO	\$59.00	\$25.00	\$0	Enhanced		•
Dodge	Network PlatinumPlus	Network Platinum Premier Pharmacy (H5215-005)	Local PPO	\$97.00	\$29.00	\$0	Enhanced	Generics	•
Dodge	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dodge	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Dodge	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Dodge	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Dodge	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Dodge	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Dodge	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Door	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Door	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Door	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Door	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Door	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Door	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Door	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Door	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Door	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Door	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Door	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Door	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Door	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Door	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Douglas	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Douglas	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Douglas	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Douglas	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Douglas	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Douglas	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Douglas	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Douglas	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Douglas	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std (H2409-003)	PFFS *	\$0.00					
Douglas	Medica Health Plans of Wisconsin	Medica Advantage Sol. Non-Metro Std w/Rx (H2409-006)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Douglas	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Douglas	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Douglas	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Douglas	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Douglas	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Douglas	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Douglas	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Douglas	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Douglas	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Douglas	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Douglas	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Douglas	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Douglas	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Douglas	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Dunn	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Dunn	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Dunn	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Dunn	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Dunn	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Dunn	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Dunn	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dunn	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Dunn	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dunn	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Dunn	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std (H2409-003)	PFFS *	\$0.00					
Dunn	Medica Health Plans of Wisconsin	Medica Advantage Sol. Non-Metro Std w/Rx (H2409-006)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Dunn	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Dunn	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Dunn	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Dunn	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Dunn	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Dunn	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Dunn	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Dunn	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Dunn	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Dunn	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dunn	WellCare	Summit (H4577-005)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Eau Claire	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Eau Claire	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Eau Claire	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Eau Claire	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Eau Claire	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Eau Claire	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Eau Claire	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Eau Claire	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Eau Claire	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Eau Claire	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Eau Claire	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std (H2409-003)	PFFS *	\$0.00					
Eau Claire	Medica Health Plans of Wisconsin	Medica Advantage Sol. Non-Metro Std w/Rx (H2409-006)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Eau Claire	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Eau Claire	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Eau Claire	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Eau Claire	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Eau Claire	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Eau Claire	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Eau Claire	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Eau Claire	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Eau Claire	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Florence	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Florence	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Florence	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Florence	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Florence	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Florence	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Florence	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Florence	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Florence	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Florence	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Florence	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Florence	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Florence	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Florence	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Florence	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Florence	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Fond du Lac	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Fond du Lac	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Fond du Lac	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Fond du Lac	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Fond du Lac	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Fond du Lac	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Fond du Lac	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Fond du Lac	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Fond du Lac	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Fond du Lac	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Fond du Lac	Network PlatinumPlus	Network PlatinumPlus (H5215-001)	Local PPO *	\$24.00					
Fond du Lac	Network PlatinumPlus	Network Platinum Premier (H5215-006)	Local PPO *	\$57.00					
Fond du Lac	Network PlatinumPlus	Network PlatinumPlus-Pharmacy (H5215-002)	Local PPO	\$59.00	\$25.00	\$0	Enhanced		•
Fond du Lac	Network PlatinumPlus	Network Platinum Premier Pharmacy (H5215-005)	Local PPO	\$97.00	\$29.00	\$0	Enhanced	Generics	•
Fond du Lac	Network SeniorPlus	Network SeniorPlus (H5254-001)	Cost *	\$140.00					
Fond du Lac	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Fond du Lac	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Fond du Lac	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Fond du Lac	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Fond du Lac	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Fond du Lac	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Fond du Lac	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Fond du Lac	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Fond du Lac	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Fond du Lac	WellCare	Summit (H4577-009)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Forest	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Forest	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Forest	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Forest	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Forest	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Forest	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Forest	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Forest	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Forest	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Forest	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Forest	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Forest	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Forest	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Forest	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Forest	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Forest	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Forest	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Forest	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Forest	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Forest	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Forest	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Grant	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Grant	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Grant	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Grant	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Grant	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Grant	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX) (H5262-004)	Local HMO *	\$27.00					
Grant	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Value w/RX (H5262-003)	Local HMO	\$65.30	\$38.30	\$0	Basic		•
Grant	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Elite (no RX) (H5262-005)	Local HMO *	\$78.00					
Grant	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Elite w/RX (H5262-001)	Local HMO	\$116.30	\$38.30	\$0	Basic		•
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Grant	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Grant	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Grant	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Advantage Plan (H5256-001)	Cost *	\$92.00					
Grant	Medical Associates Clinic Health Plan of Wisconsin	MAHP Medicare Community Plan (H5256-002)	Cost *	\$102.00					
Grant	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Grant	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Grant	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Grant	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Green	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Green	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Green	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Green	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Green	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Green	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Green	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Green	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Green	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Green	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Green	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Green	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Green	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Green	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Green	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Green	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Green	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Green Lake	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Green Lake	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Green Lake	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Green Lake	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Green Lake	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Green Lake	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Green Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Green Lake	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Green Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Green Lake	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Green Lake	Network PlatinumPlus	Network PlatinumPlus (H5215-001)	Local PPO *	\$24.00					
Green Lake	Network PlatinumPlus	Network Platinum Premier (H5215-006)	Local PPO *	\$57.00					
Green Lake	Network PlatinumPlus	Network PlatinumPlus-Pharmacy (H5215-002)	Local PPO	\$59.00	\$25.00	\$0	Enhanced		•
Green Lake	Network PlatinumPlus	Network Platinum Premier Pharmacy (H5215-005)	Local PPO	\$97.00	\$29.00	\$0	Enhanced	Generics	•
Green Lake	Network SeniorPlus	Network SeniorPlus (H5254-001)	Cost *	\$140.00					
Green Lake	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Green Lake	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-022)	Local HMO *	\$0.00					
Green Lake	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Green Lake	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Green Lake	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Green Lake	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Green Lake	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Green Lake	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Green Lake	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Iowa	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Iowa	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Iowa	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Iowa	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Iowa	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Iowa	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Iowa	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Iowa	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Iowa	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Iowa	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Iowa	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Iowa	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Advantage Plan (H5256-001)	Cost *	\$92.00					
Iowa	Medical Associates Clinic Health Plan of Wisconsin	MAHP Medicare Community Plan (H5256-002)	Cost *	\$102.00					
Iowa	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Iowa	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Iowa	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 200 (H5435-009)	PFFS *	\$89.00					
Iowa	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Iowa	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Iowa	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Iowa	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Iowa	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Iowa	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Iron	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Iron	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Iron	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Iron	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Iron	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Iron	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Iron	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Iron	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Iron	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Iron	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Iron	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Iron	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Iron	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Iron	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Iron	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Iron	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Iron	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Iron	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Iron	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Iron	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Iron	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Jackson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Jackson	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Jackson	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Jackson	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Jackson	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Jackson	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Jackson	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX) (H5262-004)	Local HMO *	\$27.00					
Jackson	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Value w/RX (H5262-003)	Local HMO	\$65.30	\$38.30	\$0	Basic		•
Jackson	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Elite (no RX) (H5262-005)	Local HMO *	\$78.00					
Jackson	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Elite w/RX (H5262-001)	Local HMO	\$116.30	\$38.30	\$0	Basic		•

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jackson	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Jackson	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Jackson	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Jackson	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-022)	Local HMO *	\$0.00					
Jackson	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jackson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Jackson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 100 (H5435-016)	PFFS *	\$99.00					
Jackson	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Jackson	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Jackson	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Jackson	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Jackson	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Jackson	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Jackson	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Jackson	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Jackson	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jackson	WellCare	Summit (H4577-005)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Jefferson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Jefferson	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Jefferson	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Jefferson	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Jefferson	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Jefferson	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Jefferson	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-023 (H1804-023)	PFFS	\$39.00	\$28.10	\$0	Enhanced		•
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-240 (H1804-240)	PFFS	\$59.00	\$29.00	\$0	Enhanced		•
Jefferson	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Jefferson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Jefferson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Jefferson	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Jefferson	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Jefferson	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Jefferson	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Jefferson	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Jefferson	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Jefferson	WellCare	Summit (H4577-010)	PFFS	\$211.00	\$50.10	\$0	Enhanced		•
Juneau	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Juneau	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Juneau	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Juneau	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Juneau	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Juneau	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Juneau	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX) (H5262-004)	Local HMO *	\$27.00					
Juneau	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Value w/RX (H5262-003)	Local HMO	\$65.30	\$38.30	\$0	Basic		•
Juneau	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Elite (no RX) (H5262-005)	Local HMO *	\$78.00					

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Juneau	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Elite w/RX (H5262-001)	Local HMO	\$116.30	\$38.30	\$0	Basic		•
Juneau	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Juneau	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Juneau	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Juneau	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Juneau	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Juneau	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Juneau	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Juneau	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Juneau	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Juneau	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Juneau	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Juneau	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Juneau	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Juneau	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Kenosha	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Kenosha	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Kenosha	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Kenosha	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Kenosha	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Kenosha	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Kenosha	Humana Insurance Company	Humana Gold Choice PFFS H1804-023 (H1804-023)	PFFS	\$39.00	\$28.10	\$0	Enhanced		•
Kenosha	Humana Insurance Company	Humana Gold Choice PFFS H1804-240 (H1804-240)	PFFS	\$59.00	\$29.00	\$0	Enhanced		•
Kenosha	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Kenosha	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Kenosha	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Kenosha	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Kenosha	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Kenosha	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Kewaunee	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Kewaunee	Advantra® Freedom	Freedom 5 (H5227-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Kewaunee	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Kewaunee	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Kewaunee	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Kewaunee	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Kewaunee	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Kewaunee	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kewaunee	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Kewaunee	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Kewaunee	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Kewaunee	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Kewaunee	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-022)	Local HMO *	\$0.00					
Kewaunee	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kewaunee	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Kewaunee	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
Kewaunee	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 200 (H5435-009)	PFFS *	\$89.00					
Kewaunee	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Kewaunee	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Kewaunee	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Kewaunee	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Kewaunee	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kewaunee	WellCare	Summit (H4577-005)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
La Crosse	Avantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
La Crosse	Avantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
La Crosse	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
La Crosse	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
La Crosse	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
La Crosse	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
La Crosse	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX) (H5262-004)	Local HMO *	\$27.00					
La Crosse	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Value w/RX (H5262-003)	Local HMO	\$65.30	\$38.30	\$0	Basic		•
La Crosse	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Elite (no RX) (H5262-005)	Local HMO *	\$78.00					
La Crosse	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Elite w/RX (H5262-001)	Local HMO	\$116.30	\$38.30	\$0	Basic		•
La Crosse	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
La Crosse	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
La Crosse	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
La Crosse	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
La Crosse	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
La Crosse	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-022)	Local HMO *	\$0.00					
La Crosse	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
La Crosse	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
La Crosse	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 200 (H5435-009)	PFFS *	\$89.00					
La Crosse	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
La Crosse	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
La Crosse	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
La Crosse	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
La Crosse	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
La Crosse	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
La Crosse	WellCare	Summit (H4577-005)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Lafayette	Avantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Lafayette	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Lafayette	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Lafayette	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Lafayette	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Lafayette	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lafayette	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Lafayette	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lafayette	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Lafayette	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Advantage Plan (H5256-001)	Cost *	\$92.00					
Lafayette	Medical Associates Clinic Health Plan of Wisconsin	MAHP Medicare Community Plan (H5256-002)	Cost *	\$102.00					
Lafayette	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Lafayette	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Lafayette	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Lafayette	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Langlade	Avantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Langlade	Avantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Langlade	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Langlade	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Langlade	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Langlade	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Langlade	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Langlade	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Langlade	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Langlade	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Langlade	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Langlade	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Langlade	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Langlade	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Langlade	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Langlade	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Langlade	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Langlade	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Langlade	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Langlade	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Lincoln	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Lincoln	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Lincoln	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Lincoln	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Lincoln	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lincoln	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lincoln	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Lincoln	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Lincoln	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Lincoln	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Lincoln	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Lincoln	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Lincoln	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Lincoln	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Lincoln	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Lincoln	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Manitowoc	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Manitowoc	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Manitowoc	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Manitowoc	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Manitowoc	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Manitowoc	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Manitowoc	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Manitowoc	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Manitowoc	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Manitowoc	Network PlatinumPlus	Network PlatinumPlus (H5215-001)	Local PPO *	\$24.00					
Manitowoc	Network PlatinumPlus	Network Platinum Premier (H5215-006)	Local PPO *	\$57.00					
Manitowoc	Network PlatinumPlus	Network PlatinumPlus-Pharmacy (H5215-002)	Local PPO	\$59.00	\$25.00	\$0	Enhanced		•
Manitowoc	Network PlatinumPlus	Network Platinum Premier Pharmacy (H5215-005)	Local PPO	\$97.00	\$29.00	\$0	Enhanced	Generics	•
Manitowoc	Network SeniorPlus	Network SeniorPlus (H5254-001)	Cost *	\$140.00					
Manitowoc	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Manitowoc	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Manitowoc	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Manitowoc	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Manitowoc	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Marathon	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Marathon	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Marathon	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Marathon	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Marathon	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Marathon	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Marathon	Blue Cross Blue Shield of Wisconsin	SmartValue Plus (H1689-015)	PFFS	\$46.00	\$16.50	\$0	Enhanced		•
Marathon	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Marathon	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Marathon	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Marathon	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Marathon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Marathon	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Marathon	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Marathon	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Marathon	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Marathon	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Marathon	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Marathon	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Marathon	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Marinette	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Marinette	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Marinette	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Marinette	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Marinette	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Marinette	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Marinette	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Marinette	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Marinette	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Marinette	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Marinette	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Marinette	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Marinette	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Marinette	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Marinette	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Marinette	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Marinette	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Marinette	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Marquette	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Marquette	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Marquette	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Marquette	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Marquette	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Marquette	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Marquette	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Marquette	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Marquette	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Marquette	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Marquette	Network PlatinumPlus	Network PlatinumPlus (H5215-001)	Local PPO *	\$24.00					
Marquette	Network PlatinumPlus	Network Platinum Premier (H5215-006)	Local PPO *	\$57.00					

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Marquette	Network PlatinumPlus	Network PlatinumPlus-Pharmacy (H5215-002)	Local PPO	\$59.00	\$25.00	\$0	Enhanced		•
Marquette	Network PlatinumPlus	Network Platinum Premier Pharmacy (H5215-005)	Local PPO	\$97.00	\$29.00	\$0	Enhanced	Generics	•
Marquette	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Marquette	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Marquette	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Marquette	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Marquette	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Marquette	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Menominee	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Menominee	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Menominee	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Menominee	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Menominee	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Menominee	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Menominee	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Menominee	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Menominee	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Menominee	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Menominee	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Menominee	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Menominee	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Menominee	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Menominee	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Menominee	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Milwaukee	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Milwaukee	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Milwaukee	Humana Insurance Company	Humana Gold Choice PFFS H1804-023 (H1804-023)	PFFS	\$39.00	\$28.10	\$0	Enhanced		•
Milwaukee	Humana Insurance Company	HumanaChoicePPO PPO H5216-001 (H5216-001)	Local PPO	\$42.00	\$24.00	\$0	Enhanced		•
Milwaukee	Humana Insurance Company	Humana Gold Choice PFFS H1804-240 (H1804-240)	PFFS	\$59.00	\$29.00	\$0	Enhanced		•
Milwaukee	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Milwaukee	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Milwaukee	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-021)	Local HMO *	\$0.00					
Milwaukee	Today's Health	Today's Health (H8742-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Milwaukee	Today's Health	Today's Health (H8742-003)	Local HMO *	\$0.00					
Milwaukee	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Milwaukee	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Milwaukee	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Milwaukee	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Milwaukee	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Monroe	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Monroe	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Monroe	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Monroe	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Monroe	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Monroe	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Monroe	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX) (H5262-004)	Local HMO *	\$27.00					
Monroe	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Value w/RX (H5262-003)	Local HMO	\$65.30	\$38.30	\$0	Basic		•
Monroe	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Elite (no RX) (H5262-005)	Local HMO *	\$78.00					

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Monroe	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Elite w/RX (H5262-001)	Local HMO	\$116.30	\$38.30	\$0	Basic		•
Monroe	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Monroe	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Monroe	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Monroe	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Monroe	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Monroe	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-022)	Local HMO *	\$0.00					
Monroe	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Monroe	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Monroe	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Monroe	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Monroe	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Monroe	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Monroe	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Monroe	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Monroe	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Monroe	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Monroe	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Oconto	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Oconto	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Oconto	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Oconto	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Oconto	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Oconto	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Oconto	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Oconto	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Oconto	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Oconto	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Oconto	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Oconto	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-022)	Local HMO *	\$0.00					
Oconto	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Oconto	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Oconto	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 100 (H5435-016)	PFFS *	\$99.00					
Oconto	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Oconto	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Oconto	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Oconto	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Oconto	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Oconto	WellCare	Summit (H4577-005)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Oneida	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Oneida	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Oneida	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Oneida	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Oneida	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Oneida	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Oneida	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Oneida	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Oneida	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Oneida	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Oneida	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Oneida	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Oneida	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Oneida	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Oneida	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Oneida	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Oneida	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Oneida	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Outagamie	Avantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Outagamie	Avantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Outagamie	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Outagamie	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Outagamie	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Outagamie	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Outagamie	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Outagamie	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Outagamie	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Outagamie	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Outagamie	Network PlatinumPlus	Network PlatinumPlus (H5215-001)	Local PPO *	\$24.00					
Outagamie	Network PlatinumPlus	Network Platinum Premier (H5215-006)	Local PPO *	\$57.00					
Outagamie	Network PlatinumPlus	Network PlatinumPlus-Pharmacy (H5215-002)	Local PPO	\$59.00	\$25.00	\$0	Enhanced		•
Outagamie	Network PlatinumPlus	Network Platinum Premier Pharmacy (H5215-005)	Local PPO	\$97.00	\$29.00	\$0	Enhanced	Generics	•
Outagamie	Network SeniorPlus	Network SeniorPlus (H5254-001)	Cost *	\$140.00					
Outagamie	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Outagamie	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-022)	Local HMO *	\$0.00					
Outagamie	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Outagamie	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Outagamie	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 200 (H5435-009)	PFFS *	\$89.00					
Outagamie	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Outagamie	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Outagamie	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Outagamie	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Outagamie	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Outagamie	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Outagamie	WellCare	Summit (H4577-005)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Ozaukee	Avantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Ozaukee	Avantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Ozaukee	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Ozaukee	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Ozaukee	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Ozaukee	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Ozaukee	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Ozaukee	Humana Insurance Company	Humana Gold Choice PFFS H1804-023 (H1804-023)	PFFS	\$39.00	\$28.10	\$0	Enhanced		•
Ozaukee	Humana Insurance Company	HumanaChoicePPO PPO H5216-001 (H5216-001)	Local PPO	\$42.00	\$24.00	\$0	Enhanced		•
Ozaukee	Humana Insurance Company	Humana Gold Choice PFFS H1804-240 (H1804-240)	PFFS	\$59.00	\$29.00	\$0	Enhanced		•
Ozaukee	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Ozaukee	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Ozaukee	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-021)	Local HMO *	\$0.00					
Ozaukee	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Ozaukee	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Ozaukee	Today's Health	Today's Health (H8742-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Ozaukee	Today's Health	Today's Health (H8742-003)	Local HMO *	\$0.00					
Ozaukee	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Ozaukee	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Ozaukee	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Ozaukee	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Pepin	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Pepin	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Pepin	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Pepin	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Pepin	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Pepin	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Pepin	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pepin	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Pepin	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Pepin	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Pepin	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pepin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Pepin	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Pepin	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Pepin	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Pepin	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Pepin	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Pepin	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Pepin	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Pepin	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Pierce	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Pierce	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Pierce	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Pierce	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Pierce	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Pierce	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Pierce	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pierce	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Pierce	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Pierce	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Pierce	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std (H2409-003)	PFFS *	\$0.00					
Pierce	Medica Health Plans of Wisconsin	Medica Advantage Sol. Non-Metro Std w/Rx (H2409-006)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Pierce	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Pierce	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Pierce	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Pierce	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Pierce	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Pierce	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Pierce	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Pierce	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Pierce	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Pierce	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Pierce	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pierce	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Polk	Avantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Polk	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Polk	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Polk	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Polk	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Polk	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Polk	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Polk	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Polk	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Polk	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std (H2409-003)	PFFS *	\$0.00					
Polk	Medica Health Plans of Wisconsin	Medica Advantage Sol. Non-Metro Std w/Rx (H2409-006)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Polk	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Polk	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Polk	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Polk	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Polk	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Polk	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Polk	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Polk	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Polk	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Polk	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Portage	Avantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Portage	Avantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Portage	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Portage	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Portage	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Portage	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Portage	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Portage	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Portage	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Portage	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Portage	Network PlatinumPlus	Network PlatinumPlus (H5215-001)	Local PPO *	\$24.00					
Portage	Network PlatinumPlus	Network Platinum Premier (H5215-006)	Local PPO *	\$57.00					
Portage	Network PlatinumPlus	Network PlatinumPlus-Pharmacy (H5215-002)	Local PPO	\$59.00	\$25.00	\$0	Enhanced		•
Portage	Network PlatinumPlus	Network Platinum Premier Pharmacy (H5215-005)	Local PPO	\$97.00	\$29.00	\$0	Enhanced	Generics	•
Portage	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Portage	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Portage	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Portage	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Portage	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Portage	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Portage	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Portage	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Portage	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Portage	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Portage	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Price	Avantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Price	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Price	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Price	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Price	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Price	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Price	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Price	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Price	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Price	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Price	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Price	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Price	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Price	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Price	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Price	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Price	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Price	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Price	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Racine	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Racine	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Racine	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Racine	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Racine	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Racine	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Racine	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Racine	Humana Insurance Company	Humana Gold Choice PFFS H1804-023 (H1804-023)	PFFS	\$39.00	\$28.10	\$0	Enhanced		•
Racine	Humana Insurance Company	HumanaChoicePPO PPO H5216-001 (H5216-001)	Local PPO	\$42.00	\$24.00	\$0	Enhanced		•
Racine	Humana Insurance Company	Humana Gold Choice PFFS H1804-240 (H1804-240)	PFFS	\$59.00	\$29.00	\$0	Enhanced		•
Racine	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Racine	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Racine	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-021)	Local HMO *	\$0.00					
Racine	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Racine	Today's Health	Today's Health (H8742-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Racine	Today's Health	Today's Health (H8742-003)	Local HMO *	\$0.00					
Racine	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Racine	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Racine	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Racine	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Racine	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Racine	WellCare	Concert (H4577-015)	PFFS	\$109.00	\$48.70	\$0	Enhanced		•
Richland	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Richland	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Richland	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Richland	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Richland	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Richland	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Richland	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX) (H5262-004)	Local HMO *	\$27.00					
Richland	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Value w/RX (H5262-003)	Local HMO	\$65.30	\$38.30	\$0	Basic		•
Richland	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Elite (no RX) (H5262-005)	Local HMO *	\$78.00					
Richland	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Elite w/RX (H5262-001)	Local HMO	\$116.30	\$38.30	\$0	Basic		•

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Richland	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Richland	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Richland	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Richland	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Richland	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Richland	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Richland	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Richland	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Richland	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Richland	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Richland	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Richland	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Richland	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Richland	WellCare	Summit (H4577-006)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Rock	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Rock	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Rock	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Rock	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Rock	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Rock	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Rock	Dean Health Plan, Inc.	DeanCare Gold Basic (H5264-003)	Cost *	\$87.00					
Rock	Dean Health Plan, Inc.	DeanCare Gold Enhanced (H5264-002)	Cost *	\$97.00					
Rock	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Rock	Humana Insurance Company	Humana Gold Choice PFFS H1804-023 (H1804-023)	PFFS	\$39.00	\$28.10	\$0	Enhanced		•
Rock	Humana Insurance Company	Humana Gold Choice PFFS H1804-240 (H1804-240)	PFFS	\$59.00	\$29.00	\$0	Enhanced		•
Rock	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Rock	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Rock	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Rock	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Rock	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Rock	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Rock	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Rock	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Rock	WellCare	Summit (H4577-010)	PFFS	\$211.00	\$50.10	\$0	Enhanced		•
Rusk	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Rusk	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Rusk	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Rusk	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Rusk	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Rusk	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Rusk	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Rusk	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Rusk	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Rusk	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Rusk	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Rusk	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Rusk	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Rusk	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Rusk	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Rusk	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Rusk	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Rusk	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Rusk	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Rusk	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Rusk	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Sauk	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sauk	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sauk	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Sauk	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sauk	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Sauk	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Sauk	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX) (H5262-004)	Local HMO *	\$27.00					
Sauk	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Value w/RX (H5262-003)	Local HMO	\$65.30	\$38.30	\$0	Basic		•
Sauk	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Elite (no RX) (H5262-005)	Local HMO *	\$78.00					
Sauk	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Elite w/RX (H5262-001)	Local HMO	\$116.30	\$38.30	\$0	Basic		•
Sauk	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sauk	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Sauk	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sauk	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Sauk	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sauk	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Sauk	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Sauk	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Sauk	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Sauk	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Sauk	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Sawyer	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sawyer	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sawyer	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Sawyer	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sawyer	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Sawyer	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Sawyer	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sawyer	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Sawyer	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sawyer	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Sawyer	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std (H2409-003)	PFFS *	\$0.00					
Sawyer	Medica Health Plans of Wisconsin	Medica Advantage Sol. Non-Metro Std w/Rx (H2409-006)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Sawyer	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Sawyer	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Sawyer	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Sawyer	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Sawyer	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Sawyer	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Sawyer	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Sawyer	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Sawyer	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Sawyer	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Sawyer	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Sawyer	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Sawyer	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Sawyer	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Sawyer	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Shawano	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Shawano	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Shawano	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Shawano	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Shawano	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Shawano	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Shawano	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Shawano	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Shawano	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Shawano	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Shawano	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Shawano	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-022)	Local HMO *	\$0.00					
Shawano	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Shawano	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Shawano	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 100 (H5435-016)	PFFS *	\$99.00					
Shawano	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Shawano	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Shawano	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Shawano	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Shawano	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Shawano	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Shawano	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Shawano	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Shawano	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Shawano	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Shawano	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Sheboygan	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sheboygan	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sheboygan	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Sheboygan	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sheboygan	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Sheboygan	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Sheboygan	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sheboygan	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Sheboygan	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sheboygan	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Sheboygan	Network PlatinumPlus	Network PlatinumPlus (H5215-001)	Local PPO *	\$24.00					
Sheboygan	Network PlatinumPlus	Network Platinum Premier (H5215-006)	Local PPO *	\$57.00					
Sheboygan	Network PlatinumPlus	Network PlatinumPlus-Pharmacy (H5215-002)	Local PPO	\$59.00	\$25.00	\$0	Enhanced		•
Sheboygan	Network PlatinumPlus	Network Platinum Premier Pharmacy (H5215-005)	Local PPO	\$97.00	\$29.00	\$0	Enhanced	Generics	•
Sheboygan	Network SeniorPlus	Network SeniorPlus (H5254-001)	Cost *	\$140.00					
Sheboygan	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Sheboygan	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-022)	Local HMO *	\$0.00					
Sheboygan	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sheboygan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Sheboygan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Sheboygan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Sheboygan	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Sheboygan	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Sheboygan	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Sheboygan	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Sheboygan	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Sheboygan	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Sheboygan	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
St. Croix	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
St. Croix	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
St. Croix	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
St. Croix	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
St. Croix	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
St. Croix	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
St. Croix	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
St. Croix	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
St. Croix	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
St. Croix	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std (H2409-003)	PFFS *	\$0.00					
St. Croix	Medica Health Plans of Wisconsin	Medica Advantage Sol. Non-Metro Std w/Rx (H2409-006)	PFFS	\$23.90	\$23.90	\$0	Basic		•
St. Croix	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
St. Croix	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
St. Croix	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
St. Croix	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
St. Croix	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
St. Croix	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
St. Croix	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
St. Croix	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
St. Croix	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
St. Croix	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Statewide	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Statewide	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Taylor	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Taylor	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Taylor	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Taylor	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Taylor	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Taylor	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Taylor	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Taylor	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Taylor	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Taylor	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Taylor	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Taylor	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Taylor	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Taylor	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Taylor	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Taylor	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Taylor	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Taylor	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Trempealeau	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Trempealeau	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Trempealeau	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Trempealeau	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Trempealeau	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Trempealeau	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Trempealeau	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX) (H5262-004)	Local HMO *	\$27.00					
Trempealeau	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Value w/RX (H5262-003)	Local HMO	\$65.30	\$38.30	\$0	Basic		•
Trempealeau	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Elite (no RX) (H5262-005)	Local HMO *	\$78.00					
Trempealeau	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Elite w/RX (H5262-001)	Local HMO	\$116.30	\$38.30	\$0	Basic		•
Trempealeau	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Trempealeau	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Trempealeau	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Trempealeau	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Trempealeau	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Trempealeau	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-022)	Local HMO *	\$0.00					
Trempealeau	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Trempealeau	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Trempealeau	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 100 (H5435-016)	PFFS *	\$99.00					
Trempealeau	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Trempealeau	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Trempealeau	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Trempealeau	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Trempealeau	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Trempealeau	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Trempealeau	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Trempealeau	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Trempealeau	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Trempealeau	WellCare	Summit (H4577-006)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Vernon	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Vernon	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Vernon	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Vernon	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Vernon	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Vernon	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Vernon	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Value (no RX) (H5262-004)	Local HMO *	\$27.00					
Vernon	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Value w/RX (H5262-003)	Local HMO	\$65.30	\$38.30	\$0	Basic		•
Vernon	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Sr. Pref. Elite (no RX) (H5262-005)	Local HMO *	\$78.00					
Vernon	Gundersen Lutheran Health Plan, Inc.	Gundersen Lutheran Senior Pref. Elite w/RX (H5262-001)	Local HMO	\$116.30	\$38.30	\$0	Basic		•

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Vernon	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Vernon	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Vernon	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Vernon	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Vernon	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Vernon	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-022)	Local HMO *	\$0.00					
Vernon	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Vernon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Vernon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 200 (H5435-009)	PFFS *	\$89.00					
Vernon	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Vernon	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Vernon	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Vernon	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Vernon	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Vernon	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Vernon	WellCare	Summit (H4577-006)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Vilas	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Vilas	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Vilas	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Vilas	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Vilas	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Vilas	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Vilas	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Vilas	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Vilas	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Vilas	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Vilas	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Vilas	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Vilas	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Vilas	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Walworth	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Walworth	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Walworth	Humana Insurance Company	Humana Gold Choice PFFS H1804-023 (H1804-023)	PFFS	\$39.00	\$28.10	\$0	Enhanced		•
Walworth	Humana Insurance Company	Humana Gold Choice PFFS H1804-240 (H1804-240)	PFFS	\$59.00	\$29.00	\$0	Enhanced		•
Walworth	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Walworth	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Walworth	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Walworth	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Walworth	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Walworth	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Washburn	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Washburn	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Washburn	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Washburn	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Washburn	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Washburn	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Washburn	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Washburn	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Washburn	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Washburn	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Washburn	Medica Health Plans of Wisconsin	Medica Advantage Solution Non-Metro Std (H2409-003)	PFFS *	\$0.00					

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Washburn	Medica Health Plans of Wisconsin	Medica Advantage Sol. Non-Metro Std w/Rx (H2409-006)	PFFS	\$23.90	\$23.90	\$0	Basic		•
Washburn	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Washburn	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Washburn	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Washburn	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Washburn	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Washburn	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Washburn	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Washburn	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Washburn	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Washburn	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Washburn	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Washburn	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Washburn	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Washburn	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Washington	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Washington	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Washington	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Washington	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Washington	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Washington	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Washington	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Washington	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Washington	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Washington	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-021)	Local HMO *	\$0.00					
Washington	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Washington	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Washington	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Washington	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Washington	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Waukesha	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Waukesha	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Waukesha	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Waukesha	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Waukesha	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Waukesha	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Waukesha	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Waukesha	Humana Insurance Company	Humana Gold Choice PFFS H1804-023 (H1804-023)	PFFS	\$39.00	\$28.10	\$0	Enhanced		•
Waukesha	Humana Insurance Company	HumanaChoicePPO PPO H5216-001 (H5216-001)	Local PPO	\$42.00	\$24.00	\$0	Enhanced		•
Waukesha	Humana Insurance Company	Humana Gold Choice PFFS H1804-240 (H1804-240)	PFFS	\$59.00	\$29.00	\$0	Enhanced		•
Waukesha	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Waukesha	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Waukesha	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-021)	Local HMO *	\$0.00					
Waukesha	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Waukesha	Today's Health	Today's Health (H8742-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Waukesha	Today's Health	Today's Health (H8742-003)	Local HMO *	\$0.00					
Waukesha	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Waukesha	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Waukesha	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Waukesha	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Waukesha	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Waukesha	WellCare	Concert (H4577-015)	PFFS	\$109.00	\$48.70	\$0	Enhanced		•
Waupaca	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Waupaca	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Waupaca	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Waupaca	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Waupaca	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Waupaca	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Waupaca	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Waupaca	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Waupaca	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Waupaca	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Waupaca	Network PlatinumPlus	Network PlatinumPlus (H5215-001)	Local PPO *	\$24.00					
Waupaca	Network PlatinumPlus	Network Platinum Premier (H5215-006)	Local PPO *	\$57.00					
Waupaca	Network PlatinumPlus	Network PlatinumPlus-Pharmacy (H5215-002)	Local PPO	\$59.00	\$25.00	\$0	Enhanced		•
Waupaca	Network PlatinumPlus	Network Platinum Premier Pharmacy (H5215-005)	Local PPO	\$97.00	\$29.00	\$0	Enhanced	Generics	•
Waupaca	Network SeniorPlus	Network SeniorPlus (H5254-001)	Cost *	\$140.00					
Waupaca	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Waupaca	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-022)	Local HMO *	\$0.00					
Waupaca	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Waupaca	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Waupaca	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Waupaca	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Waupaca	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Waupaca	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Waupaca	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Waupaca	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Waupaca	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Waupaca	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Waupaca	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Waupaca	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Waupaca	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Waupaca	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Waupaca	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Waushara	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Waushara	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Waushara	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Waushara	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Waushara	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Waushara	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Waushara	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Waushara	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Waushara	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Waushara	Network PlatinumPlus	Network PlatinumPlus (H5215-001)	Local PPO *	\$24.00					
Waushara	Network PlatinumPlus	Network Platinum Premier (H5215-006)	Local PPO *	\$57.00					
Waushara	Network PlatinumPlus	Network PlatinumPlus-Pharmacy (H5215-002)	Local PPO	\$59.00	\$25.00	\$0	Enhanced		•
Waushara	Network PlatinumPlus	Network Platinum Premier Pharmacy (H5215-005)	Local PPO	\$97.00	\$29.00	\$0	Enhanced	Generics	•
Waushara	Network SeniorPlus	Network SeniorPlus (H5254-001)	Cost *	\$140.00					
Waushara	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Waushara	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-022)	Local HMO *	\$0.00					

Wisconsin 2007 Medicare Advantage, Cost, and Demonstration Plans

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

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Waushara	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Waushara	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Waushara	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Waushara	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Waushara	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Waushara	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Waushara	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Waushara	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Waushara	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Waushara	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Winnebago	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Winnebago	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Winnebago	Anthem Blue Cross and Blue Shield	SmartValue Classic (H0540-017)	PFFS *	\$0.00					
Winnebago	Anthem Blue Cross and Blue Shield	SmartValue Plus (H0540-023)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Winnebago	Anthem Blue Cross and Blue Shield	SmartValue Enhanced (H0540-054)	PFFS *	\$25.00					
Winnebago	Anthem Blue Cross and Blue Shield	SmartValue Enhanced Plus (H0540-056)	PFFS	\$56.00	\$29.00	\$0	Enhanced	Generics	•
Winnebago	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Winnebago	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Winnebago	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Winnebago	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Winnebago	Network PlatinumPlus	Network PlatinumPlus (H5215-001)	Local PPO *	\$24.00					
Winnebago	Network PlatinumPlus	Network Platinum Premier (H5215-006)	Local PPO *	\$57.00					
Winnebago	Network PlatinumPlus	Network PlatinumPlus-Pharmacy (H5215-002)	Local PPO	\$59.00	\$25.00	\$0	Enhanced		•
Winnebago	Network PlatinumPlus	Network Platinum Premier Pharmacy (H5215-005)	Local PPO	\$97.00	\$29.00	\$0	Enhanced	Generics	•
Winnebago	Network SeniorPlus	Network SeniorPlus (H5254-001)	Cost *	\$140.00					
Winnebago	SecureHorizons	MedicareComplete Plus Plan 1 (H5253-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Winnebago	SecureHorizons	MedicareComplete Plus Plan 2 (H5253-022)	Local HMO *	\$0.00					
Winnebago	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Winnebago	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Winnebago	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 100 (H5435-016)	PFFS *	\$99.00					
Winnebago	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Winnebago	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Winnebago	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Winnebago	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Winnebago	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Winnebago	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Winnebago	WellCare	Summit (H4577-006)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Wood	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Wood	Humana Insurance Company	Humana Gold Choice PFFS H1804-001 (H1804-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wood	Humana Insurance Company	HumanaChoicePPO PPO R5826-023 (R5826-023)	Regional PPO *	\$0.00					
Wood	Humana Insurance Company	Humana Gold Choice PFFS H1804-239 (H1804-239)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Wood	Humana Insurance Company	HumanaChoicePPO PPO R5826-009 (R5826-009)	Regional PPO	\$71.00	\$26.10	\$0	Basic		•
Wood	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Wood	Security Health Plan Of Wisconsin, Inc	Advocare Plan 4 (H5211-003)	Local HMO *	\$9.00					
Wood	Security Health Plan Of Wisconsin, Inc	Advocare Plan 3 (H5211-002)	Local HMO	\$36.00	\$27.30	\$0	Basic		•
Wood	Security Health Plan Of Wisconsin, Inc	Advocare Plan 2 (H5211-001)	Local HMO *	\$84.00					
Wood	Security Health Plan Of Wisconsin, Inc	Advocare Plan 1 (H5211-004)	Local HMO	\$111.00	\$27.30	\$0	Basic		•
Wood	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Wood	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Wood	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Wood	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•