

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

SHIBA

Senior Health
Insurance
Benefits
Assistance



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The plan information in this guide was received in October 2008 from all companies authorized to sell Medicare-related health/prescription drug insurance in Oregon. If a company is not listed, it may not be authorized to sell insurance in Oregon or it did not submit information for this consumer guide.



LOCAL HELP FOR PEOPLE WITH MEDICARE



This guide is a publication of SHIBA, the Senior Health Insurance Benefits Assistance program, with assistance, in whole or in part, through a grant from the Centers for Medicare and Medicaid Services, the federal Medicare agency.

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This booklet is produced by the Senior Health Insurance Assistance Program, or SHIBA.

SHIBA is a state volunteer network that helps all Oregonians make educated Medicare decisions.



◆ To get help

Call SHIBA: 1-800-722-4134. You will be asked to use the telephone keypad to enter your **ZIP Code**. Depending on where you live, your call will be routed to a volunteer in your area or returned by one of the state SHIBA staff.

If you need to talk to state SHIBA staff, do not enter your ZIP Code and your call will be directed to the Salem office.

◆ To give help

Become a SHIBA volunteer. Call SHIBA: 1-800-722-4134. Volunteers complete an application and training program and work with a SHIBA coordinator in their community.

SHIBA: Recipient of the Governor's Outstanding Statewide Volunteer Program award, 2007. Learn more about SHIBA at: www.oregonshiba.org.

“As a SHIBA volunteer, I have opportunities to impact clients’ lives in matters that make a difference to their daily experience.”

Linda Lord, Clackamas County volunteer

START HERE

You have **Original Medicare** Parts A and B, see benefits, pages 6-7.



Parts A and B are what most people think of as traditional Medicare. They cover basic hospital and medical services but leave “gaps” in coverage. Many people with Parts A and B buy a Medigap supplement policy to cover more of the medical bills. If they want prescription drug coverage, they also need to buy a prescription drug plan. Others take a different route and combine all their Medicare coverage in a private Medicare Advantage plan. These plans may or may not include drug coverage.

If you want supplemental medical coverage

Medigap
See pages 20-51.

If you also want drug coverage

Stand-alone Prescription Drug Plans
See pages 128-129.

If you just want to add drug coverage

Stand-alone Prescription Drug Plans
See pages 128-129.

If you want other options for coverage

Medicare Advantage
See pages 52-127.

Private-Fee-For-Service plans (PFFS)
With or without drug coverage

Managed care (HMOs, PPOs, etc.)
With or without drug coverage

May also choose

Stand-alone Prescription Drug Plans
See pages 128-129.

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The ABCs – and D – of Medicare

What is Medicare?

Medicare is health insurance for:

- People 65 years of age and older
- People under age 65 receiving Social Security Disability Insurance (SSDI) for more than 24 months
- People with End-Stage Renal Disease (ESRD)

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

Part A: Hospital Insurance

See chart on page 6 for what Part A covers

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

Help Paying Part A Premiums

If you do pay a premium for Part A and have limited income, Medicare Savings Programs **may** help you pay.

To see if you qualify, contact your local office of Seniors and People with Disabilities for an application. This office is part of Oregon's Department of Human Services (DHS). To find your local office on the Internet go to: <http://www.oregon.gov/DHS/spwpd/offices.shtml>, or call DHS at (800) 282-8096.

Part B: Medical Insurance

See chart on page 7 for what Part B covers

Part B helps pay for doctor and outpatient services such as X-rays and physical therapy. Most beneficiaries pay a monthly premium of \$96.40 in 2009.

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

- Health insurers will not sell you a Medicare Advantage or Medigap plan if you don't have Parts A **and** B.
- Some employer group health plans only pay claims beyond what Part B would cover and you would have to pay the rest.
- You may be charged a Part B premium penalty and your coverage may be delayed if you don't enroll in Part B when first eligible.

Help Paying Part B Premiums

You may receive help paying your Part B premium. To see if you qualify, contact your local office of Seniors and People with Disabilities for an application. This office is part of Oregon's Department of Human Services (DHS). To find your local office on the Internet go to: <http://www.oregon.gov/DHS/spwpd/offices.shtml>, or call DHS at (800) 282-8096.

Medicare Supplements, also called Medigap plans

See pages 24-25 for a chart of what the different Medigap plans cover.

See pages 26-51 for a list of Medigap policies.

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

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

Some of the items **NOT** covered by Parts A or B

- Custodial care (such as help dressing or bathing)
- Routine dental care and dentures
- Most prescription drugs
- Routine physical exams
- Acupuncture; most chiropractic services
- Hearing aids/exams for fitting hearing aids
- Eyeglass exams (except those needed for cataract surgery); eyeglasses or contact lenses in most cases
- Routine foot care
- Long-term care
- Travel outside the U.S., with limited exceptions

Part C: Medicare Advantage Plans

See pages 52-127 information on Medicare Advantage plans

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

Part D: Prescription Drug Coverage

See pages 12-19 and 128-129 for information on prescription drug coverage

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

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

Part A – Original Medicare hospital insurance

Service	Benefit	You pay (coinsurance)
Hospitalization Semiprivate room and board, general nursing, and miscellaneous hospital services and supplies	First 60 days	\$1,068 deductible per benefit period ④
	Days 61-90	\$267 a day
	Days 91-150 ①	\$534 a day
	Beyond 150 days	All costs
Skilled Nursing Facility (SNF) care After three midnights inpatient hospitalization, within 30 days of discharge, in a facility approved by Medicare. ②	Days 1-20 ④	Nothing
	Days 21-100	Up to \$133.50 a day
	Beyond 100 days	All costs
Home health care Medically necessary skilled care.	Visits limited to part-time or intermittent skilled nursing care	Nothing for services
Hospice care Available only to the terminally ill.	As long as a doctor certifies medical need	Limited cost-sharing option for outpatient drugs and inpatient respite care
Blood	Blood	First three pints unless replaced ③

These figures are for 2009 and are subject to change each year.

- ① 60 **reserve days** may be used only once; days used are not renewable.
- ② Medicare and private Medicare health insurance will not pay for most nursing home care. You must pay for custodial care.
- ③ You may meet this deductible under either Part A or Part B. You don't have to meet it twice.
- ④ A hospital or SNF benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and associated SNF for 60 days in a row.

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

Part B – Original Medicare medical insurance

Covered services	You pay ⑤
Physician services, including anesthesia and the doctor's nurse	Annual deductible (\$135)⑤ plus 20% of balance
Clinical laboratory services (blood and urine tests)	Nothing – Medicare pays 100%
Diagnostic lab (X-rays and EKGs)	Deductible plus 20%
Limited drugs ■ For example, drugs and biologicals <i>administered by professionals</i>	You pay 20% of the Medicare-approved amount for covered prescription drugs. See pages 10-11 for more information about Part B's limited prescription drug coverage
Transfusions of blood, beginning with the fourth pint	All costs of first three pints of blood,③ then 20% of the cost for additional pints once the deductible is met.
Physical, occupational and speech therapy, and speech pathology	You pay deductible plus 20% coinsurance or a co-pay for each service. Annual cap on amount Medicare covers. However, caps do not apply to outpatient therapy services <i>billed by hospitals</i> .
Ambulance transportation	Deductible plus 20%
Some home health care (part-time or intermittent nursing care)	Nothing
Some outpatient mental health treatment	50% for most outpatient mental health care.
Preventive services	See pages 8-9

⑤ The Part B deductible: You pay the first \$135 yearly for Part B-covered services or items. Medicare pays its share after that. **Remember:** The figures above apply only to **Medicare-approved services and Medicare-approved amounts**. You may have additional costs for services not approved by Medicare or for charges in excess of what Medicare allows.

Part B Medicare preventive services

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

Services	Frequency of coverage
“Welcome to Medicare” visit	One-time visit. Must occur within first 12 months you have Part B. The purpose of this visit is to identify preventive benefits you might need. Visit covers recording height, weight, and blood pressure, an EKG, fall risk assessment, and education, counseling, BMI and end of life planning (advanced directive), and referral for other preventive services. You pay 20% of the Medicare-approved amount.
Abdominal aortic aneurysms (ultrasound screening)	Only covered by Medicare if referred during “Welcome to Medicare” visit.
Bone mass measurements	At least once every 24 months for people at risk for osteoporosis. You pay 20% of the Medicare-approved amount after the yearly Part B deductible.
Cardiovascular screenings	Blood test for detection of heart disease/stroke. Tests for cholesterol, lipid and triglyceride levels. Covered every five years for all people with Medicare. (Free)
Colorectal cancer screening	For people age 50 or older or those at high-risk for colorectal cancer. Covers one or more of the following tests: FREE for fecal occult blood only. For all other tests, you pay 20% of Medicare-approved amount after yearly Part B deductible. If flexible sigmoidoscopy or colonoscopy is done in a hospital outpatient department, you pay 25% of the Medicare-approved amount after the yearly Part B deductible.
Diabetes screening	Covered for people with risk factors-high blood pressure, high cholesterol, obesity or history of high blood sugar. Tests determine the frequency of screenings. (Free)
Flu shots	Once a flu season for all those with Medicare. (Free)

Part B Medicare preventive services, continued

Services	Frequency of coverage
Glaucoma tests	Once every 12 months for those at high risk for glaucoma. You pay 20% of the Medicare-approved amount after the yearly Part B deductible.
Hepatitis B shots	Covered for people at high or medium risk for Hepatitis B. You pay 20% of the Medicare-approved amount after the yearly Part B deductible.
Mammograms	Once every 12 months for women age 40 and older. You pay 20% of the Medicare-approved amount with no Part B deductible.
Medical nutrition therapy services	For people with diabetes or kidney disease; your doctor refers you for the service. You pay 20% and deductible
Pap test/pelvic exam/ breast exam	Every 24 months for all women; 12 months for high risk. You pay nothing for the pap lab test. For pap test collection and pelvic and breast exams, you pay 20% of the Medicare-approved amount with no Part B deductible.
Pneumonia vaccination	Most people need this shot once in their lifetime. Covered for everyone with Medicare. (Free)
Prostate cancer screening	Once every 12 months for all men over age 50. Digital rectal: You pay 20% of the Medicare-approved amount after the yearly Part B deductible. PSA (Prostate-specific antigen) test. (Free)
Stop smoking counseling	For those with an illness caused or complicated by tobacco use and those who take medication affected by tobacco. You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

Part B Prescription drugs

Most outpatient prescription drugs are covered by Medicare Part D plans that are sold by private insurance companies. Or, drug coverage may be included in Medicare Advantage plans. See the Medicare Part D section for details.

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

In some cases, a drug might be covered by Part B or Part D, depending on how it is being used by the patient or other factors. If covered by Part B, you will have to have paid the annual deductible before Medicare shares in the cost. After that, you pay 20 percent of the cost of the drug unless you have a supplement to help pay. If you have a Medicare Advantage plan, your costs may vary.

Covered drug classes

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

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

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

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

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

Immunosuppressive Drugs: Covered by Part B for people who had a Medicare-covered transplant or a transplant paid by private insurance as a primary payer to patient's Part A coverage. Otherwise, Part D is billed.

Injectable/Intravenous Drugs:

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

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

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

Part B Prescription drugs, continued

Oral Anti-Cancer Drugs: Part B covers some drugs taken by mouth if the same drug is available in injectable form. Currently, these drugs (brand names in parenthesis) include:

- Capecitabine (Xeloda)
- Cyclophosphamide (Cytosan)
- Methotrexate
- Temozolomide (Temodar)
- Busulfan (Myleran)
- Etoposide (VePesid)
- Melphalan (Alkeran)

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

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

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

A word about Veterans' benefits and Medicare

Veterans may receive services through the Veterans Administration health care system and Medicare. For some veterans the health care they receive is free, while others may be responsible for making co-payments, including for medications. These co-payments are not reimbursable by Medicare. Although the VA cannot currently bill Medicare for your services, any Medicare supplemental insurance you may have can be billed for that portion of the costs that the supplemental policy covers.

VA drug coverage is considered Medicare creditable, which protects against being penalized for not enrolling in a Medicare Part D plan. Some veterans benefit from using both their VA drug benefits and enrolling in a Part D plan for drugs that the VA may not cover. Every county is assigned a Veterans Affairs officer to assist you with your VA benefits.

Find a local service officer:

www.oregon.gov/ODVA/contact_us.shtml

Phone: (503) 373-2000 or (800) 828-8801

Benefits: (800) 692-9666

Fax: (503) 373-2362; TTY: (503) 373-2217

Part D Prescription drug coverage

Medicare Part D



- Medicare offers prescription drug insurance to all people who have Medicare, regardless of income or health. Many people benefit from joining a plan. The plans cover generic and brand-name prescription drugs at a pharmacy in your area.
- Private companies sell the prescription drug plans. Because this is insurance, plans require monthly premiums, co-pays and/or deductibles. Each plan varies in cost and the drugs that are covered. Medicare will help people with limited incomes pay some of the costs.
- Part D coverage is available through plans that cover drugs only (“stand-alone” plans) as well as from Medicare Advantage plans that combine health and drug coverage.

Do I need prescription drug coverage?

Medicare Part D is like all insurance. It protects you against future prescription costs (perhaps catastrophic ones) and provides coverage now. If you don't already have coverage, joining a plan may save money now and in the future if your drug needs change. If you don't enroll in a Prescription Drug Plan (PDP) when first eligible, you may pay a late-enrollment penalty.

Existing prescription coverage?

If you already have prescription coverage through an employer, a union or a government agency (such as the Veterans Administration), you will want to stay with your existing plan if the drug benefits are “creditable” (as good or better than Medicare's). If you don't have a letter telling you whether your existing coverage is as good as Medicare's, contact your benefits administrator and request one. If you do have a letter, keep it.

How much does drug coverage cost?

This depends on the plan you choose and whether you receive extra help paying for the costs. While Medicare requires plans to meet a minimum benefit level, the plan benefits and costs vary. Some plans have a higher monthly premium, for example, but may offer better coverage for certain drugs.

Part D Prescription drug coverage, continued

Types of costs

1. **Monthly premium:** Plans have a premium. This is an amount you pay every month even if you don't buy any prescription drugs. Oregon stand-alone drug plan premiums in 2009 range from about \$16 to \$120 monthly.
2. **Deductible:** Some plans have a yearly deductible. You pay this amount before the insurance plan pays its part of your prescription drug costs. This amount can be up to \$295. After you have paid your plan's deductible, the plan typically pays most of your drug costs up to a point.
3. **Coinsurance or co-pays:** Even when the plan starts to pay for covered drugs, you still pay at the pharmacy for prescriptions. This might be a percentage of the drug cost (coinsurance) or a flat amount (such as a \$15 co-pay).
4. **Coverage gap:** Once total drug costs reach \$2,700, you may have to pay **all** the costs of your drugs. This is referred to as the "coverage gap." Some plans cover some prescription drugs during the "gap." They may charge a higher monthly premium.
5. **Catastrophic coverage:** There is a limit to how much you have to spend each year on drugs that are covered by your plan, \$4,350 in 2009. When you reach catastrophic coverage, you pay only a small amount (5 percent or a small co-pay for each drug) for the rest of that year.

See cost example, next page

Extra help for people with limited income

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

- Your monthly income in 2008 was below \$1,300 (\$1,750 for a married person living with a spouse)
AND
- Your resources in 2008 were less than \$11,990 (\$23,970 for a married person living with a spouse)

These amounts will change in early 2009.

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

If you qualify for the Limited Income Subsidy (LIS), you get help paying: your drug plan's monthly premium, the yearly deductible **and** the coinsurance/co-payments.

Your level of assistance will depend on your income. You won't have a **coverage gap**. If you select an enhanced plan (for extra coverage), you must pay a portion of the premium.

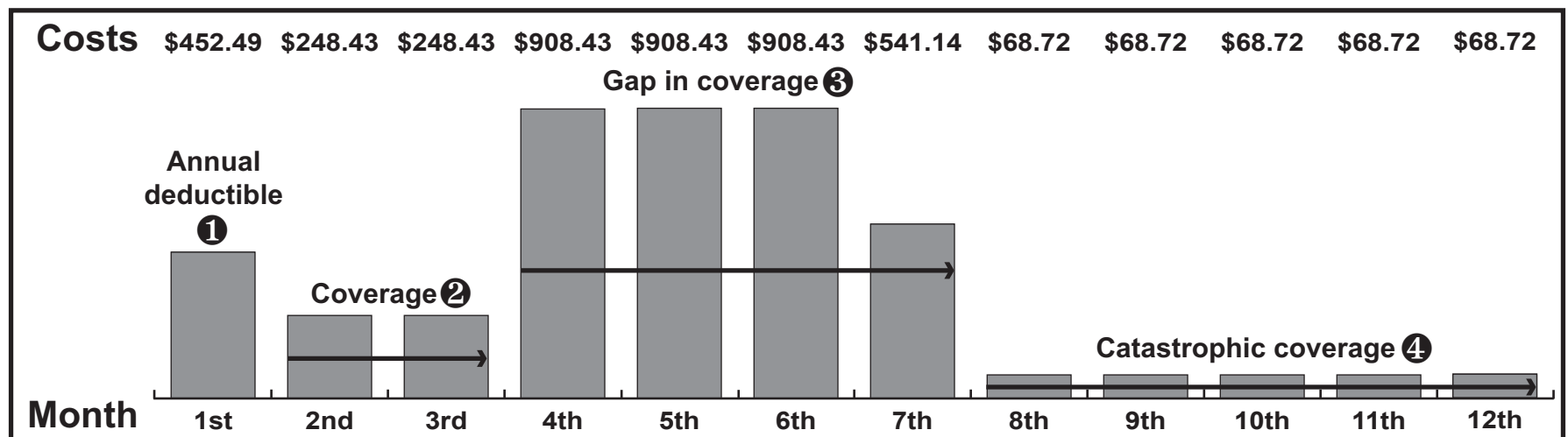
Standard Medicare prescription drug benefit, 2009

Monthly drug cost details at preferred network retail pharmacies

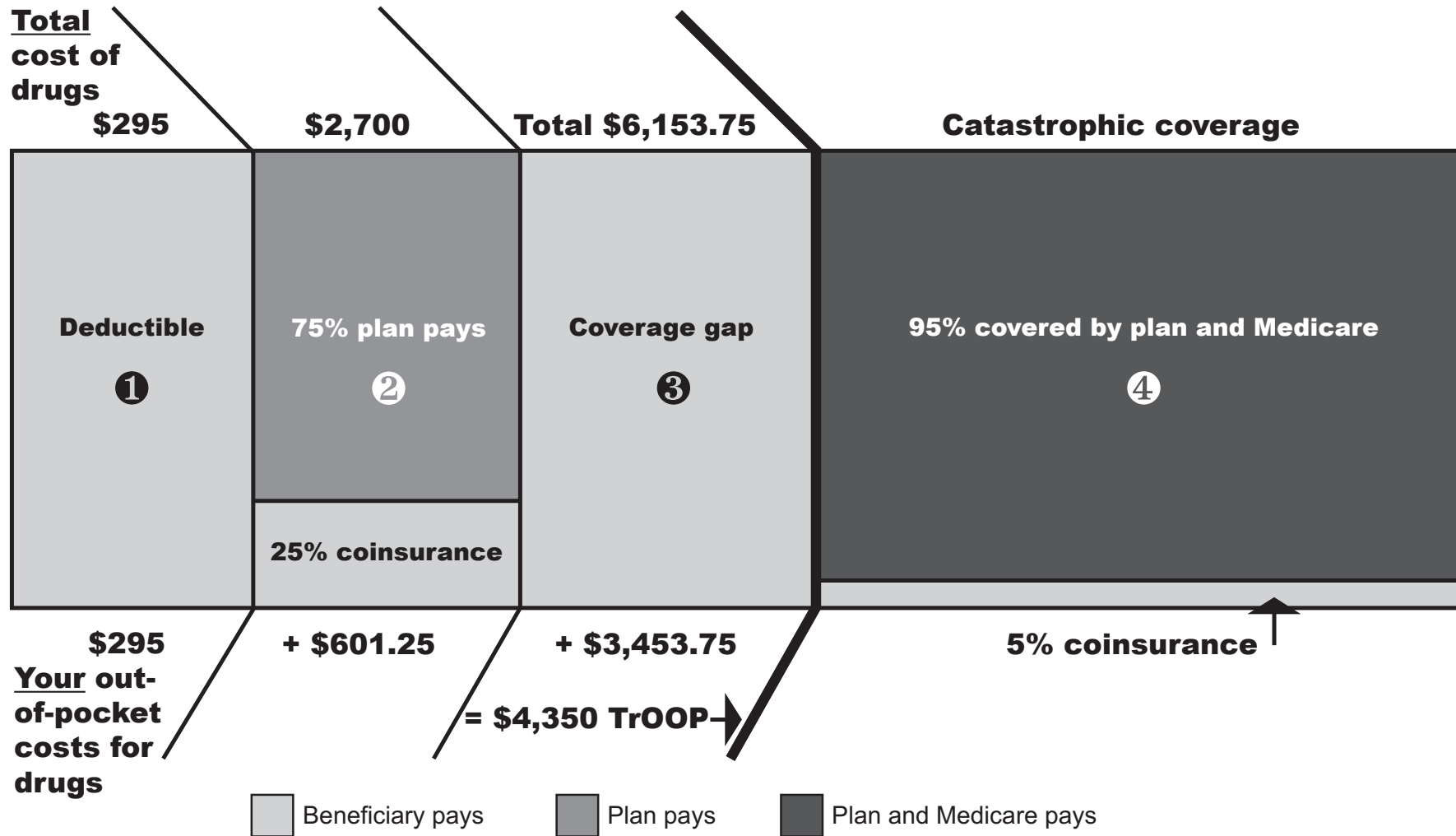
Selected drugs	Full cost of drug	Deductible ①	Initial coverage level ②	Gap ③	Catastrophic ④
Advair Diskus MIS 250/50	\$186.45	\$186.45	\$46.61	\$186.45	\$9.32
Levothyroxine Sodium TAB 100MCG	\$10.56	\$10.56	\$5.00	\$10.56	\$2.40
Lipitor TAB 40MG	\$117.88	\$117.88	\$29.47	\$117.88	\$5.89
Metformin HCL TAB 500MG	\$5.06	\$5.06	\$5.00	\$5.06	\$2.40
Nexium CAP 40MG	\$155.55	\$155.55	\$38.89	\$155.55	\$7.78
Ambien CR TAB 6.25MG	\$125.88	\$125.88	\$31.47	\$125.88	\$6.29
Seroquel XR TAB 300MG	\$286.75	\$286.75	\$71.69	\$286.75	\$14.34
Monthly totals	\$888.13		\$228.13	\$888.13	\$48.42

- ① The amount you will pay before your annual deductible of \$295 is met.
- ② The amount you will pay before your total drug costs exceeds \$2,700.
- ③ The amount you will pay in the coverage gap.
- ④ The amount you will pay when your True Out-Of-Pocket (TrOOP) drug costs exceed \$4,350.

This bar graph depicts an estimate of your monthly prescription drug costs, including any applicable premium. *Actual costs may vary. This graph's costs include a monthly premium of \$20.30.*



Standard benefit 2009



Part D Prescription drug coverage, continued

Medicaid/SSI

You automatically qualify for financial help to pay almost all of your drug costs if:

- You get both Medicare and Medicaid **or**
- The state pays your Medicare premiums **or**
- You get Supplemental Security Income.

If you don't select a plan by a certain time, the state **will assign you** to a prescription drug plan. However, you will have the right to change plans at any time.

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

Prescription drug plans

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

■ Medicare Advantage (starting on page 66)

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

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

■ Stand-alone plans (starting on page 128)

You may buy a prescription drug plan by itself. You might want to if you have:

- **Original Medicare** (Part A and B),
- **Original Medicare** plus a Medigap policy, **or**
- A Medicare Advantage Private Fee-For-Service Plan.

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

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

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

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

- You will face a penalty if you could have enrolled earlier but didn't. The sooner you enroll in a plan, the smaller your penalty. *See page 17 for details.*

Part D Prescription drug coverage, continued

The late penalty

You are charged an extra 1 percent of Medicare's national average drug insurance premium for each month that you did not have prescription drug coverage as good as Medicare's but could have. (If you have other coverage, the person who administers your benefits can tell you whether your coverage is "creditable," as good as Medicare's.) This percentage grows until you enroll in a drug plan.

Example: Sarah turns 65 in February 2009. She has through May 2009 (three months after she turns 65) to enroll in a plan without penalty. Although she has no other drug coverage, Sarah chooses not to enroll in a prescription drug plan.

In August 2009, she becomes ill and decides drug coverage is a good idea. She can't enroll until the next opportunity, which is Nov. 15, 2009. Her coverage starts January of 2010. She is now seven months late in enrolling (June through December), and must pay an extra 7 percent in monthly premiums as long as she has prescription drug coverage.

How do I join a plan?

The only way to pick the best drug plan out of the 48+ available is to use the Web tool on www.medicare.gov. This tool allows you to enter your unique list of drugs and then searches all plans and forms a list of choices starting with the least expensive.

You can enroll yourself on this Web site by clicking on **Enroll** and following the enrollment process, or you can enroll directly with the plan. You can call drug plan phone numbers provided or visit the plan's Web site if you want more detailed information about specific drugs. ***If you need assistance contact a local SHIBA counselor.*** The www.medicare.gov Web site is *estimated costs* while the insurance plans Web site is closer to *actual cost*.

If you don't take any drugs but choose to enroll in a plan to avoid a penalty the best plan is the one with *the lowest premium and no deductible*.

Can I switch plans?

Since plans change from year to year, Medicare recommends that you review your drug plan each fall. You can change plans from November 15 through December 31, the Annual Enrollment Period.

If you change plans, here's how:

- **Enroll in your new plan.** You will automatically be dropped from your previous drug plan.
- **Do NOT take any action to end your prior drug coverage.** You are only allowed to make one change during an enrollment period. If you drop your drug plan before you enroll in a new one, that is your one change. You will have no drug coverage and you won't be able to enroll in a new drug plan until the next Annual Enrollment Period.

Part D Prescription drug coverage, continued

What if a drug I need isn't covered?

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

What if I live in different states during a year?

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

Things to look for in a drug plan

Drug list: Also known as a "formulary," each drug plan will have a list of prescriptions drugs that it will cover. The plans all have different formularies and different cost for the same drugs.

Tier levels: There are different levels of co-payments for drugs in the plans. Your co-payment for a drug depends on the type of drug. The lowest co-payment is for generic

drugs (Tier 1), followed by preferred brand-name drugs (Tier 2). Non-preferred brands (Tier 3) and specialty drugs (Tier 4) are the most expensive.

Restrictions

All plans are allowed to apply restrictions to the drug formulary. Below are the types of restriction and the limitations imposed.

Prior authorization: Your doctor must contact the plan and request authorization to write the prescription for the drug or the plan will not cover its share of the cost. This usually applies to non-preferred or very expensive drugs.

Quantity limits: For cost or safety reasons, some plans may limit the quantity of drugs that they cover over a period of time. If you require more than allowed your doctor must verify it as medically necessary and the plan may grant an exception to the limit.

Step therapy: In most cases you must try certain less expensive drugs on the plans formulary first before you can get a more expensive brand-name drug covered. If you have previously tried the similar drug and it didn't work, or if your doctor believes because of your medical condition it is medically necessary for you to be on the drug, the doctor can contact the plan to request an exception. If the plan approves the request, then the drug will be covered.

Picking a plan with the fewest or no restrictions, even if you end up paying a somewhat higher price overall, may be a good choice. It will lessen the amount of delay and paperwork to receive your preferred drugs.

Part D Prescription drug coverage, continued

Where can I get help choosing a prescription drug plan?

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

More ways to pay for prescription drugs

- **Veterans Health Administration.** Call the VA Health Benefits Service Center, toll-free (877) 222-8387. *One may have both VA Rx and a Part D Plan.*
- **TRICARE for Life for military retirees and their dependents.** For eligibility information, call the Department of Defense at (800) 538-9552.
- **Pharmacy discount cards.** Ask your pharmacist for information. Also, always ask for the lowest retail price on the drug you are purchasing.
- **Drug manufacturers' discount programs or prescription-assistance programs.** Some are available if you enrolled in Part D and still can't afford your drugs.
- **Many employer group health plans cover prescription drugs.** Check with your benefits administrator for your coverage information.

- **Oregon Prescription Drug Program.** The program is available at no cost to Oregonians. You must reside in Oregon. Apply at www.opdp.org or call toll-free (800) 913-4146. You will receive an identification card that gives discounts at participating pharmacies. The largest discounts are on generic drugs. All major pharmacy chains are included in the network. You will receive a list of participating pharmacies. They are also listed at www.opdp.org.

You may have Part D **and** an OPDP card. This may be helpful when you are purchasing drugs that are not covered by your plan.

Helpful Web sites

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

Extra Web site resources

Network of Care, Oregon: oregon.networkofcare.org

Medicare Rights Center: medicarerights.org

Benefits Checkup: benefitscheckup.org

About Medigap plans

What is a Medigap supplement?

Medicare does not pay all the costs of a person's medical care. Because of these "gaps" in coverage, private insurance companies sell Medicare insurance policies, also known as Medigap supplement plans.

You must have Medicare Parts A and B to purchase Medigap supplement plans.

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

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

A Medigap supplement cannot pay if you enroll in a Medicare Advantage plan.

Plan benefits

See pages 24-25 for additional information

Medigap Plan A is the basic plan. Each plan after that adds more benefits and covers more of the "gaps." Plan B, for example, has more benefits than Plan A. Plan C has more benefits than Plan B, and so on. All plans with the same letter name offer the same benefits nationwide. Plan "A" in Oregon offers the same benefits as Plan "A" in New York, even if sold by different insurance companies. This is because the U.S. Congress standardized Medigap supplement plans in 1990.

Plan costs differ

The monthly bill (premium) for the policy, however, varies by insurance company. Also, policies may have different waiting periods before they cover pre-existing conditions. *(See Will I have to wait to use my Medigap? on page 21).*

Plans K and L

Plans K and L offer an out-of-pocket maximum. This means that once you spend this amount of money, the plan will pay 100 percent of your covered medical expenses and deductibles under Medicare Parts A and B. *See chart on pages 24-25.*

When can I buy a Medigap policy?

You can apply for a Medigap policy any time, but insurance companies may consider your medical history (underwriting) and do not have to issue you a policy. However, the companies **must** sell you a Medigap policy during your *Open Enrollment Period*, and *Guaranteed Issue periods*, pages 21 and 23.

■ Open-Enrollment Period (OEP)

Your Open-Enrollment Period for Medicare supplement plans begins when your Medicare Part B begins. It ends six months later. During your Open-Enrollment Period, all Medigap insurers doing business in Oregon must accept you for any plan they offer in this state and they can not base your premium on your medical history.

About Medigap plans, continued

■ **Guaranteed issue**

Certain special circumstances trigger Guaranteed Issue (GI) situations. (See page 23 for the list of them.) At these times you are entitled to the same protections for buying a Medigap supplement as during the six-month Medigap OEP. These GI protections last for a 63-day period.

■ **Medigap for disabled and End-Stage Renal Disease (ESRD) enrollees**

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

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

In Oregon, people younger than 65 who receive Medicare due to disabilities or ESRD have the same rights to purchase Medigap supplement insurance as those who are 65 and older.

Will I have to wait to use my Medigap?

Medigap policies can have a pre-existing conditions look-back/waiting period of up to six months before the policy will pay certain benefits or before specific illnesses are covered by a health insurance policy. In the “Note” boxes on pages 26-51 this is what a 0/0 or 6/6 or 6/3 or 3/3 or 6/0 refers to – how many months back the company looks at for pre-existing conditions/how many months you must wait before the Medigap policy will

cover those pre-existing conditions. Not all companies’ policies have waiting periods.

Medigap waiting periods

■ **Can I get credit for my prior coverage?**

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

Qualifying coverage must be from one of the following:

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

For more information, please contact SHIBA at (800) 722-4134 or see Medicare publication 02110, “Choosing A Medigap Policy.”

About Medigap plans, continued

Medigap PROs and CONs

☺ <i>PROs</i>	☹ <i>CONs</i>
<ul style="list-style-type: none"> ■ If a doctor, hospital or medical facility accepts Medicare, then they accept all Medicare Supplement Plans. (I.e. there are no networks — Medicare Supplements are not HMOs or PPOs). You do not ever need a referral to see a doctor or specialist. The doctors generally don't deal with the Medicare Supplement company anyway. They submit their claims to Medicare, Medicare pays their part, then Medicare sends the balance to the Medicare Supplement company to "pay the rest." ■ Medicare Supplement insurance pays "after" Medicare pays. ■ There are generally no co-pays when services are rendered. ■ Medigap plans are standardized (A-L) so you can compare prices from one company to another and always know you are comparing the same exact coverage. (Plan F with one company is IDENTICAL to Plan F with every other company). ■ Medigap policies are "guaranteed renewable." You can never lose the coverage as long as you continue to make the premium payments. ■ If you move to another city or state, your Medigap policy moves with you. 	<ul style="list-style-type: none"> ■ Medigap Supplement premiums can be expensive. However, some Medicare Supplement companies offer discounts for things such as no tobacco use, spousal discounts, etc. ■ You pay the monthly premium even if you never visit a doctor or hospital during the year. ■ Since 2006, no new Medigap policy includes prescription coverage. You need to get a separate Medicare Part D plan to cover your prescriptions. ■ The majority of plans are attained-age rated and over the long term become expensive.

About Medigap plans, continued

Guaranteed-Issue Situations (see page 21 for additional information)

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

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

***63 day deadline.**

Medigap plan benefits 2009

There are 12 Medigap plans that help fill the gaps in Medicare coverage. Not all plans may be available in your area. The plans offer the same benefits from company to company. ***The only difference between companies is cost.*** The most popular plans are C and F.

Rate comparisons begin on page 26.

Benefits	Plans	A	B
Hospital coinsurance Coinsurance for days 61-90 (\$267) and days 91-150 (\$534) in hospital; Payment in full for 365 additional lifetime days.		X	X
Part B coinsurance Coinsurance for Part B services, such as doctors' services, laboratory and X-ray services, durable medical equipment, hospital outpatient services, and Medicare-covered preventative services.		X	X
First three pints of blood , per calendar year		X	X
Hospital deductible — Covers \$1,068 in each benefit period.			X
Skilled Nursing Facility (SNF) daily coinsurance — Covers \$133.50 a day for days 21-100 each benefit period.			
Part B annual deductible — Covers \$135.			
Part B excess charges benefits — 80% or 100% of Part B excess charges. Under federal law, the excess limit is 15% more than Medicare's approved charge when provider does not take assignment.			
Emergency care outside the United States — 80% of emergency care costs during the first 60 days of each trip, after an annual deductible of \$250, up to a maximum lifetime benefit of \$50,000.			
At home recovery benefit Up to \$40 each visit for custodial care after an illness, injury, or surgery, up to a maximum benefit of \$1,600 a year.			
Preventive medical care — Up to \$120 a year for non-Medicare covered physicals, preventive tests and services.			
Hospice care — Coinsurance for respite care and other Part A-covered services.			
*Out-of-pocket maximum Pays 100% of Part A and B coinsurance after annual maximum out-of-pocket has been spent.			

See charts on pages 6-7 for Medicare coverage.

C	D	E	F ①	G	H	I	J ①	K ②	L ②
X	X	X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X	50%*	75%*
X	X	X	X	X	X	X	X	50%*	75%*
X	X	X	X	X	X	X	X	50%*	75%*
X	X	X	X	X	X	X	X	50%*	75%*
X			X				X		
			100%	80%		100%	100%		
X	X	X	X	X	X	X	X		
	X			X		X	X		
		X					X		
								50%*	75%*
								\$4,620	\$2,310

① Plans F and J also offer high-deductible options. You pay \$2,000 in 2009 before your coverage begins.

② Plans K and L pay 100% of Part A and B coinsurance after annual maximum out-of-pocket has been spent.

Medigap policies

THE
BASICS

MEDIGAP

MEDICARE
ADVANTAGE

DRUG
COVERAGE

GLOSSARY

RESOURCES

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
AARP/UnitedHealthcare Insurance Company P.O. Box 1017 Montgomeryville, PA 18936-0130 (800) 523-5800 www.aarphealthcare.com <i>Insureds must be members of AARP</i>	<i>Does crossover</i> <i>Pre-existing look-back/ waiting period: 3/3</i> <i>Policies A-L are guarantee issue (except for ESRD) beyond the 6-month Open Enrollment Period. Contact plan for details.</i> <i>Community rating</i> <i>Age 65-67 rates include early enrollment discount</i> <i>Rates for ages 68+ are based on answers to medical questions</i> <i>Additional discounts available for spouse and EFT</i>	50-64 \$86.00	50-64 \$125.00	50-64 \$144.00	50-64 \$131.50	50-64 \$132.00
		65-67 \$60.20	65-67 \$87.50	65-67 \$100.80	65-67 \$92.05	65-67 \$92.40
		68+ \$94.60	68+ \$137.50	68+ \$158.40	68+ \$144.65	68+ \$145.20
		Plan Select C		50-64 \$112.00	65-67 \$78.40	68+ \$123.20
American Family Mutual Insurance Company 6000 American Parkway Madison, WI 53783-0001 (800) 692-6326 www.amfam.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For all ZIP codes except 970-971 Rate increase for all Medicare supplement plans A, C, F, K, and L effective 1/1/09.	65 & under \$54.57		65 & under \$95.93		
		70 \$60.04		70 \$106.57		
		75 \$69.53		75 \$124.97		
		80 \$80.90		80 \$145.00		
		85 \$94.13		85 \$164.47		
American Republic Insurance Company 601 6th Ave. Des Moines, IA 50309 (888) 755-3065 www.americanenterprise.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i>	65 & under \$75.55				65 & under \$112.41
		70 \$92.46				70 \$134.93
		75 \$108.71				75 \$156.02
		80 \$122.86				80 \$174.75
		85 \$137.67				85 \$195.85

Plan F	Plan F High \$2,000 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$2,000 deductible	Plan K	Plan L
50-64 \$145.00 65-67 \$101.50 68+ \$159.50		50-64 \$132.50 65-67 \$92.75 68+ \$145.75	50-64 \$147.25 65-67 \$103.07 68+ \$161.97	50-64 \$148.50 65-67 \$103.95 68+ \$163.35	50-64 \$176.25 65-67 \$123.37 68+ \$193.87		50-64 \$65.25 65-67 \$45.67 68+ \$71.77	50-64 \$93.00 65-67 \$65.10 68+ \$102.30
65 & under \$105.63 70 \$117.30 75 \$137.30 80 \$159.37 85 \$181.67							65 & under \$48.70 70 \$54.07 75 \$63.33 80 \$73.50 85 \$83.53	65 & under \$70.87 70 \$78.73 75 \$92.13 80 \$106.93 85 \$121.57
65 & under \$134.17 70 \$161.05 75 \$186.21 80 \$208.59 85 \$233.75	65 & under \$46.53 70 \$55.79 75 \$64.52 80 \$72.29 85 \$81.02				65 & under \$116.67 70 \$140.02 75 \$161.97 80 \$181.49 85 \$203.32		65 & under \$60.12 70 \$72.17 75 \$83.45 80 \$93.47 85 \$104.74	65 & under \$80.56 70 \$96.71 75 \$111.82 80 \$125.24 85 \$140.36

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare auto bills Medigap for provider's remaining balance.

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

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. See page 21.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
Bankers Fidelity Life Insurance Company 4370 Peachtree Rd. NE Atlanta, GA 30319 (866) 458-7500 www.bflic.com	<i>Does crossover</i> <i>Issue age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i>	65 & under \$65.00	65 & under \$87.00	65 & under \$103.00		
		70 \$75.00	70 \$101.00	70 \$122.00		
		75 \$78.00	75 \$110.00	75 \$137.00		
		80 \$78.00	80 \$111.00	80 \$144.00		
		85 \$78.00	85 \$111.00	85 \$144.00		
Bankers Life and Casualty Company 600 West Chicago Ave. Chicago, IL 60654-2800 (800) 621-3724 www.bankerslife.com	<i>Not a crossover claim participant</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> <i>2008 rates shown, 2009 rates have been filed, rates may change</i>	65 & under \$252.43	65 & under \$212.13	65 & under \$132.61	65 & under \$209.77	65 & under \$263.29
		70 \$286.59	70 \$250.39	70 \$156.32	70 \$251.41	70 \$312.82
		75 \$334.56	75 \$302.32	75 \$189.08	75 \$309.16	75 \$380.03
		80 \$396.21	80 \$369.28	80 \$232.54	80 \$386.24	80 \$468.47
		85 \$396.21	85 \$369.28	85 \$232.54	85 \$386.24	85 \$468.47
Central Reserve Life Insurance Company P.O. Box 26580 Austin, TX 78755-0580 (866) 459-4272 www.centralreserve.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> For ZIP codes 970-972 and 974	65 & under \$119.00		65 & under \$148.00	65 & under \$116.00	65 & under \$108.00
		70 \$133.00		70 \$166.00	70 \$130.00	70 \$121.00
		75 \$154.00		75 \$191.00	75 \$150.00	75 \$139.00
		80 \$168.00		80 \$210.00	80 \$164.00	80 \$152.00
		85 \$182.00		85 \$226.00	85 \$177.00	85 \$164.00
Central Reserve Life Insurance Company P.O. Box 26580 Austin, TX 78755-0580 (866) 459-4272 www.centralreserve.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> For ZIP codes 973 and 975-979	65 & under \$112.00		65 & under \$140.00	65 & under \$109.00	65 & under \$102.00
		70 \$126.00		70 \$156.00	70 \$123.00	70 \$114.00
		75 \$145.00		75 \$180.00	75 \$141.00	75 \$131.00
		80 \$159.00		80 \$197.00	80 \$155.00	80 \$143.00
		85 \$171.00		85 \$212.00	85 \$167.00	85 \$154.00
Combined Insurance Company of America 5050 Broadway Chicago, IL 60640 (800) 544-5531 www.combinedinsurance.com	<i>Does crossover</i> <i>Pre-existing look-back/ waiting period: 0/0</i> <i>A, B, C, D, F Issue age rating</i> <i>Plan F High deductible Attained age rating</i>	65 & under \$112.76	65 & under \$135.11	65 & under \$182.53	65 & under \$116.76	
		70 \$118.50	70 \$144.23	70 \$193.41	70 \$116.76	
		75 \$141.07	75 \$170.60	75 \$230.19	75 \$152.38	
		80 \$159.41	80 \$193.00	80 \$260.04	80 \$173.16	

Plan F	Plan F High \$2,000 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$2,000 deductible	Plan K	Plan L
65 & under \$148.00	65 & under \$81.00							
70 \$174.00	70 \$95.00							
75 \$194.00	75 \$106.00							
80 \$202.00	80 \$110.00							
85 \$202.00	85 \$110.00							
65 & under \$171.01	65 & under \$33.21	65 & under \$201.06			65 & under \$126.14		65 & under \$61.17	65 & under \$87.16
70 \$207.40	70 \$39.43	70 \$247.40			70 \$155.39		70 \$75.22	70 \$107.31
75 \$252.39	75 \$46.99	75 \$305.81			75 \$191.69		75 \$92.68	75 \$132.28
80 \$308.46	80 \$56.17	80 \$380.36			80 \$238.76		80 \$115.31	80 \$164.71
85 \$308.46	85 \$56.17	85 \$380.36			85 \$238.76		85 \$115.31	85 \$164.71
65 & under \$145.00	65 & under \$46.00	65 & under \$117.00	65 & under \$98.00	65 & under \$118.00	65 & under \$123.00			
70 \$162.00	70 \$52.00	70 \$131.00	70 \$110.00	70 \$132.00	70 \$138.00			
75 \$187.00	75 \$59.00	75 \$151.00	75 \$126.00	75 \$151.00	75 \$159.00			
80 \$204.00	80 \$65.00	80 \$166.00	80 \$138.00	80 \$166.00	80 \$173.00			
85 \$220.00	85 \$70.00	85 \$179.00	85 \$149.00	85 \$179.00	85 \$187.00			
65 & under \$136.00	65 & under \$43.00	65 & under \$110.00	65 & under \$92.00	65 & under \$111.00	65 & under \$116.00			
70 \$152.00	70 \$48.00	70 \$124.00	70 \$103.00	70 \$124.00	70 \$130.00			
75 \$176.00	75 \$56.00	75 \$142.00	75 \$119.00	75 \$142.00	75 \$149.00			
80 \$192.00	80 \$61.00	80 \$156.00	80 \$130.00	80 \$156.00	80 \$164.00			
85 \$207.00	85 \$66.00	85 \$168.00	85 \$140.00	85 \$169.00	85 \$176.00			
65 & under \$182.84	65 & under \$56.75							
70 \$192.78	70 \$72.02							
75 \$229.48	75 \$88.47							
80 \$258.78	80 \$103.76							

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare auto bills Medigap for provider's remaining balance.

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

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. See page 21.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
Conseco Insurance Company 11815 N. Pennsylvania St. Carmel, IN 46032 (800) 888-4918 www.conseco.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> <i>Contact plan for additional details</i>	65 & under \$92.00			65 & under \$108.00	
		70 \$98.00			70 \$115.00	
		75 \$114.00			75 \$137.00	
		80 \$127.00			80 \$150.00	
		85 \$145.00			85 \$170.00	
Constitution Life Insurance Company 1001 Heathrow Park Lane, Ste. 5001 Lake Mary, FL 32746 (800) 789-6364 www.constitutionlife.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> <i>One time \$25 policy fee</i> <i>Contact plan for rate details</i> For ZIP codes 973-978. Rates vary by ZIP code.	65 & under \$98.00	65 & under \$121.00	65 & under \$127.00	65 & under \$117.00	
		70 \$124.00	70 \$153.00	70 \$156.00	70 \$149.00	
		75 \$140.00	75 \$177.00	75 \$183.00	75 \$178.00	
		80 \$146.00	80 \$191.00	80 \$206.00	80 \$202.00	
		85 \$146.00	85 \$196.00	85 \$225.00	85 \$222.00	
Continental General Insurance Company P.O. Box 26580 Austin, TX 78755-0580 (866) 459-4272 www.continentalgeneral.com	<i>Does crossover</i> <i>Issue age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes 970-972 and 974	65 & under \$197.00		65 & under \$253.00		65 & under \$167.00
		70 \$212.00		70 \$282.00		70 \$200.00
		75 \$226.00		75 \$315.00		75 \$229.00
		80 \$237.00		80 \$346.00		80 \$248.00
		85 \$247.00		85 \$375.00		85 \$265.00
Continental General Insurance Company P.O. Box 26580 Austin, TX 78755-0580 (866) 459-4272 www.continentalgeneral.com	<i>Does crossover</i> <i>Issue age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes 973 and 975-979	65 & under \$186.00		65 & under \$238.00		65 & under \$157.00
		70 \$199.00		70 \$265.00		70 \$189.00
		75 \$213.00		75 \$296.00		75 \$215.00
		80 \$223.00		80 \$326.00		80 \$234.00
		85 \$232.00		85 \$394.00		85 \$249.00

Plan F	Plan F High \$2,000 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$2,000 deductible	Plan K	Plan L
65 & under \$127.00		65 & under \$100.00			65 & under \$114.00			
70 \$134.00		70 \$107.00			70 \$131.00			
75 \$151.00		75 \$124.00			75 \$148.00			
80 \$166.00		80 \$139.00			80 \$162.00			
85 \$189.00		85 \$158.00			85 \$185.00			
65 & under \$139.00		65 & under \$122.00						
70 \$171.00		70 \$156.00						
75 \$200.00		75 \$186.00						
80 \$225.00		80 \$211.00						
85 \$246.00		85 \$231.00						
65 & under \$208.00		65 & under \$204.00						
70 \$230.00		70 \$231.00						
75 \$253.00		75 \$262.00						
80 \$275.00		80 \$294.00						
85 \$296.00		85 \$322.00						
65 & under \$196.00		65 & under \$192.00						
70 \$216.00		70 \$217.00						
75 \$238.00		75 \$247.00						
80 \$259.00		80 \$277.00						
85 \$278.00		85 \$303.00						

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare auto bills Medigap for provider's remaining balance.

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

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. *See page 21.*

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
Equitable Life & Casualty Insurance Company 3 Triad Center Salt Lake City, UT 84180-1200 (801) 579-3400 www.equilife.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i>	65 & under \$88.17	65 & under \$157.42	65 & under \$182.00	65 & under \$166.50	65 & under \$149.25
		70 \$100.17	70 \$188.25	70 \$219.42	70 \$204.92	70 \$180.84
		75 \$117.34	75 \$215.67	75 \$258.00	75 \$246.34	75 \$212.92
		80 \$129.67	80 \$229.50	80 \$284.50	80 \$275.92	80 \$233.42
		85 \$140.92	85 \$229.50	85 \$284.50	85 \$275.92	85 \$233.42
Genworth Life and Annuity Insurance Company 6620 West Broad St. Richmond, VA 23230 (877) 825-9337 www.genworth.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> ZIP codes 970-972 are higher	65 & under \$64.24	65 & under \$77.16	65 & under \$93.38	65 & under \$77.25	65 & under \$77.77
		70 \$79.42	70 \$96.32	70 \$114.27	70 \$96.58	70 \$97.19
		75 \$92.34	75 \$113.49	75 \$133.17	75 \$114.18	75 \$114.79
		80 \$101.18	80 \$126.32	80 \$147.74	80 \$127.54	80 \$128.32
		85 \$106.81	85 \$135.25	85 \$157.97	85 \$137.07	85 \$137.68
Globe Life and Accident Insurance Company P.O. Box 2440 McKinney, TX 75070 (800) 801-6831 www.globecaremedsupp.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 2/6</i>	65 & under \$65.50	65 & under \$98.00	65 & under \$113.00		
		70 \$87.50	70 \$127.00	70 \$142.00		
		75 \$93.00	75 \$140.50	75 \$162.50		
		80 \$93.00	80 \$142.00	80 \$170.00		
		85 \$93.00	85 \$142.00	85 \$170.00		
Great American Life Insurance Company P.O. Box 559002 Austin, TX 78755-9002 (800) 880-2745 www.gafri.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> For ZIP codes 970-972 and 974	65 & under \$168.00			65 & under \$207.00	
		70 \$103.00			70 \$127.00	
		75 \$120.00			75 \$148.00	
		80 \$134.00			80 \$165.00	
		85 \$153.00			85 \$188.00	
Great American Life Insurance Company P.O. Box 559002 Austin, TX 78755-9002 (800) 880-2745 www.gafri.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> For ZIP codes 973-979	65 & under \$158.00			65 & under \$195.00	
		70 \$97.00			70 \$119.00	
		75 \$113.00			75 \$139.00	
		80 \$126.00			80 \$155.00	
		85 \$144.00			85 \$177.00	

Plan F	Plan F High \$2,000 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$2,000 deductible	Plan K	Plan L
65 & under \$159.42	65 & under \$71.92	65 & under \$160.00	65 & under \$89.92	65 & under \$156.34	65 & under \$105.25	65 & under \$47.42		65 & under \$72.59
70 \$192.84	70 \$86.75	70 \$195.59	70 \$102.34	70 \$192.25	70 \$119.67	70 \$53.92		70 \$82.42
75 \$227.50	75 \$102.59	75 \$232.84	75 \$119.84	75 \$230.84	75 \$140.25	75 \$63.09		75 \$96.59
80 \$246.34	80 \$110.92	80 \$262.75	80 \$132.42	80 \$258.50	80 \$154.92	80 \$69.75		80 \$106.67
85 \$246.34	85 \$110.92	85 \$262.75	85 \$144.17	85 \$258.50	85 \$168.59	85 \$75.92		85 \$116.09
65 & under \$117.05	65 & under \$37.89	65 & under \$79.42			65 & under \$102.31			
70 \$143.14	70 \$46.21	70 \$99.10			70 \$125.02			
75 \$166.72	75 \$53.93	75 \$117.05			75 \$145.74			
80 \$184.84	80 \$59.82	80 \$130.83			80 \$161.52			
85 \$197.59	85 \$63.98	85 \$140.37			85 \$172.71			
65 & under \$113.50								
70 \$142.50								
75 \$163.50								
80 \$171.50								
85 \$171.50								
65 & under \$239.00		65 & under \$211.00						
70 \$153.00		70 \$130.00						
75 \$174.00		75 \$151.00						
80 \$191.00		80 \$168.00						
85 \$218.00		85 \$192.00						
65 & under \$225.00		65 & under \$199.00						
70 \$144.00		70 \$122.00						
75 \$163.00		75 \$142.00						
80 \$179.00		80 \$158.00						
85 \$205.00		85 \$181.00						

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare auto bills Medigap for provider's remaining balance.

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

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. See page 21.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
Guarantee Trust Life Insurance Company 1275 Milwaukee Ave. Glenview, IL 60025 (800) 338-7452 www.gtlic.com	<i>Not a crossover claim participant</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> <i>Plan F High Deductible is not available to under 65 disabled.</i> Rates are for 2008, 2009 rates not approved yet	65 & under \$93.35	65 & under \$140.85	65 & under \$164.30	65 & under \$140.80	
		70 \$110.00	70 \$165.20	70 \$192.90	70 \$165.45	
		75 \$126.40	75 \$189.20	75 \$221.10	75 \$189.70	
		80 \$141.40	80 \$211.65	80 \$247.10	80 \$212.10	
		85 \$164.00	85 \$245.75	85 \$287.00	85 \$246.25	
Humana Insurance Company 500 West Main St. Louisville, KY 40202 (800) 872-7294 www.humana.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 3/3</i>	65 & under \$90.00	65 & under \$95.00	65 & under \$110.00		
		70 \$106.00	70 \$112.00	70 \$130.00		
		75 \$123.00	75 \$129.00	75 \$150.00		
		80 \$136.00	80 \$143.00	80 \$166.00		
		85 \$145.00	85 \$153.00	85 \$178.00		
LifeWise Health Plan of Oregon 2020 SW Fourth Ave., Ste. 1000 Portland, OR 97201 (800) 290-1278 www.lifewiseor.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> <i>Rates effective Jan. 1, 2008.</i> <i>No difference in rates for smokers than for non-smokers or for women than men.</i>	65-69 \$95.00		65-69 \$125.00		
		70-74 \$133.00		70-74 \$175.00		
		75+ \$156.00		75+ \$204.00		
Lincoln Heritage Life Insurance Company 4343 East Camelback Rd., Ste. 400 Phoenix, AZ 85018 (800) 287-7319 www.lhlic.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes 970-972	65 & under \$78.39	65 & under \$101.96	65 & under \$122.20	65 & under \$105.37	
		70 \$88.30	70 \$115.54	70 \$137.03	70 \$119.62	
		75 \$102.79	75 \$136.20	75 \$159.94	75 \$141.36	
		80 \$112.79	80 \$151.61	80 \$177.26	80 \$157.85	
		85 \$118.95	85 \$162.35	85 \$189.59	85 \$169.60	

Plan F	Plan F High \$2,000 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$2,000 deductible	Plan K	Plan L
65 & under \$176.10	65 & under \$41.20	65 & under \$149.95						
70 \$207.35	70 \$48.60	70 \$176.15						
75 \$238.25	75 \$55.75	75 \$201.70						
80 \$266.75	80 \$62.45	80 \$225.60						
85 \$309.00	85 \$72.35	85 \$261.80						
65 & under \$111.00	65 & under \$44.00						65 & under \$49.00	65 & under \$71.00
70 \$131.00	70 \$52.00						70 \$58.00	70 \$84.00
75 \$151.00	75 \$60.00						75 \$67.00	75 \$97.00
80 \$167.00	80 \$66.00						80 \$74.00	80 \$108.00
85 \$179.00	85 \$71.00						85 \$79.00	85 \$115.00
65-69 \$130.00				65-69 \$195.00				
70-74 \$165.00				70-74 \$264.00				
75+ \$194.00				75+ \$308.00				
65 & under \$125.95								
70 \$141.36								
75 \$164.77								
80 \$182.59								
85 \$195.26								

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare auto bills Medigap for provider's remaining balance.

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

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. See page 21.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E	
Lincoln Heritage Life Insurance Company 4343 East Camelback Rd., Ste. 400 Phoenix, AZ 85018 (800) 287-7319 www.lhlic.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes except 970-972	65 & under	65 & under	65 & under	65 & under		
			\$60.98	\$79.30	\$95.05	\$81.97	
		70	\$68.72	70 \$89.88	70 \$106.62	70 \$93.05	
		75	\$79.97	75 \$105.96	75 \$124.37	75 \$109.96	
		80	\$87.71	80 \$117.87	80 \$137.86	80 \$122.78	
		85 \$92.55	85 \$126.28	85 \$147.44	85 \$131.86		
Loyal American Life Insurance Company P.O. Box 559004 Austin, TX 78755-9004 (800) 633-6752 www.gafri.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i>	65 & under	65 & under	65 & under	65 & under		
			\$74.00	\$84.00	\$98.00	\$89.00	
		70	\$84.00	70 \$95.00	70 \$110.00	70 \$101.00	
		75	\$95.00	75 \$109.00	75 \$129.00	75 \$118.00	
		80	\$101.00	80 \$125.00	80 \$148.00	80 \$135.00	
		85 \$116.00	85 \$155.00	85 \$172.00	85 \$166.00		
Marquette National Life Insurance Company 1001 Heathrow Park Lane, Ste. 5001 Lake Mary, FL 32746 (800) 934-8203 www.marquettenationallife.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> <i>Contact plan for rate details</i> For ZIP codes 970-973, 975, and 978. Rates vary by ZIP code.	65 & under			65 & under		
			\$91.00			\$99.00	
		70	\$102.00			70 \$112.00	
		75	\$115.00			75 \$134.00	
		80	\$120.00			80 \$152.00	
		85 \$120.00			85 \$167.00		
Medico Insurance Company 1515 S. 75th St. Omaha, NE 68124 (800) 228-6080 www.gomedico.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i>	65 & under			65 & under		
			\$58.64			\$78.94	
		70	\$66.17			70 \$90.25	
		75	\$77.21			75 \$108.94	
		80	\$82.91			80 \$122.53	
		85 \$88.16			85 \$135.96		

Plan F	Plan F High \$2,000 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$2,000 deductible	Plan K	Plan L
65 & under \$97.96								
70 \$109.96								
75 \$128.20								
80 \$142.03								
85 \$151.86								
65 & under \$98.00		65 & under \$84.00	65 & under \$150.00	65 & under \$153.00	65 & under \$168.00			
70 \$111.00		70 \$95.00	70 \$94.00	70 \$95.00	70 \$109.00			
75 \$129.00		75 \$111.00	75 \$109.00	75 \$111.00	75 \$123.00			
80 \$148.00		80 \$128.00	80 \$121.00	80 \$124.00	80 \$135.00			
85 \$172.00		85 \$160.00	85 \$131.00	85 \$133.00	85 \$146.00			
65 & under \$123.00		65 & under \$104.00						
70 \$134.00		70 \$118.00						
75 \$158.00		75 \$141.00						
80 \$178.00		80 \$160.00						
85 \$194.00		85 \$175.00						
65 & under \$86.23								
70 \$97.58								
75 \$116.46								
80 \$130.28								
85 \$143.77								

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare auto bills Medigap for provider's remaining balance.

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

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. See page 21.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E			
Mennonite Mutual Aid Association P.O. Box 483 Goshen, IN 46527 (800) 348-7468 www.mma-online.org <i>This is a fraternal benefit society. Its policies are available only to persons eligible for membership in the Association.</i>	<i>Does crossover</i> <i>Issued age rating</i> <i>Pre-existing look-back/</i> <i>waiting period: 0/0</i> <i>Rates are guaranteed until</i> <i>March 31, 2009.</i>	65 & under				65 & under			
		\$86.64				\$121.68			
		70	\$96.64			70	\$141.11		
		75	\$101.92			75	\$153.19		
		80	\$102.64			80	\$161.83		
		85	\$104.32			85	\$167.99		
Mutual of Omaha Insurance Company Mutual of Omaha Plaza Omaha, NE 68175 (800) 316-0842 www.mutualofomaha.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/</i> <i>waiting period: 0/0</i> For ZIP codes 970-972	65 & under		65 & under	65 & under				
		\$68.05		\$110.48	\$103.79				
		70	\$80.72	70	\$131.01	70	\$123.11		
		75	\$93.88	75	\$152.37	75	\$143.17		
		80	\$108.11	80	\$175.45	80	\$164.86		
		85	\$108.11	85	\$175.45	85	\$164.86		
Mutual of Omaha Insurance Company Mutual of Omaha Plaza Omaha, NE 68175 (800) 316-0842 www.mutualofomaha.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/</i> <i>waiting period: 0/0</i> For ZIP codes 973-979	65 & under		65 & under	65 & under				
		\$65.33		\$106.06	\$99.64				
		70	\$77.49	70	\$125.77	70	\$118.18		
		75	\$90.12	75	\$146.27	75	\$137.44		
		80	\$103.79	80	\$168.43	80	\$158.27		
		85	\$103.79	85	\$168.43	85	\$158.27		
National States Insurance Company 1830 Craig Park Court, Ste. 100 St. Louis, MO 63146 (800) 868-6788	<i>Does crossover</i> <i>A, B, C, F Issue age rating</i> <i>Plan D Attained age rating and</i> <i>based on ZIP code, smoker</i> <i>status, and male/female</i> <i>Pre-existing look-back/</i> <i>waiting period: 0/0</i>	65 & under	65 & under	65 & under	65 & under				
		\$113.96	\$168.14	\$266.33	\$87.44				
		70	\$127.01	70	\$186.95	70	\$295.58	70	\$104.74
		75	\$131.96	75	\$194.33	75	\$307.73	75	\$119.70
		80	\$148.34	80	\$218.00	80	\$345.26	80	\$132.21
		85	\$178.76	85	\$263.09	85	\$417.35	85	\$142.38

Plan F	Plan F High \$2,000 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$2,000 deductible	Plan K	Plan L
65 & under \$143.03 70 \$162.47 75 \$175.35 80 \$184.39 85 \$191.03								65 & under \$84.96 70 \$97.12 75 \$103.60 80 \$109.36 85 \$116.80
65 & under \$141.22 70 \$167.44 75 \$194.76 80 \$224.28 85 \$224.28		65 & under \$99.43 70 \$117.90 75 \$137.12 80 \$157.91 85 \$157.91						
65 & under \$135.57 70 \$160.74 75 \$186.97 80 \$215.31 85 \$215.31		65 & under \$95.45 70 \$113.18 75 \$131.64 80 \$151.59 85 \$151.59						
65 & under \$167.42 70 \$186.50 75 \$193.07 80 \$217.19 85 \$262.82								

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare auto bills Medigap for provider's remaining balance.

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

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. *See page 21.*

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
ODS Companies 601 SW 2nd Portland, OR 97204 Sales: (877) 277-7073 or (503) 243-3973 www.odskompanies.com	<i>Does crossover</i> <i>Issue age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i>	65-69 \$88.00 70-74 \$101.00 75-79 \$115.00 80+ \$116.00		65-69 \$138.00 70-74 \$158.00 75-79 \$180.00 80+ \$181.00		
Order of United Commercial Travelers of America 1801 Watermark Dr., Ste. 100 P.O. Box 159019 Columbus, OH 43215-8619 (800) 848-0123 www.uct.org	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> <i>Rates reflect monthly EFT for non-smoking women</i> For ZIP codes 970-972	65 & under \$63.21 70 \$79.09 75 \$92.41 80 \$101.79 85 \$108.53				65 & under \$76.46 70 \$95.67 75 \$111.78 80 \$123.01 85 \$131.30
PacifiCare Life Assurance Company SecureHorizons P.O. Box 25032 Cypress, CA 90630 (800) 610-2660 www.securehorizons.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> <i>ESRD is a declinable condition.</i> <i>Smoker rates are higher.</i> <i>Smokers who sign up as guaranteed issue are given non-smoker rates.</i>	65 & under \$88.49 70 \$106.19 75 \$123.89 80 \$141.59 85 \$154.56		65 & under \$122.71 70 \$146.31 75 \$169.91 80 \$194.68 85 \$213.56		
Pennsylvania Life Insurance Company 1001 Heathrow Park Lane, Ste. 5001 Lake Mary, FL 32746 (800) 275-7366 www.pennlife.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> <i>Contact plan for rate details</i> For ZIP codes 973-978	65 & under \$91.00 70 \$115.00 75 \$130.00 80 \$136.00 85 \$136.00	65 & under \$113.00 70 \$144.00 75 \$166.00 80 \$179.00 85 \$184.00	65 & under \$114.00 70 \$139.00 75 \$164.00 80 \$184.00 85 \$202.00	65 & under \$103.00 70 \$132.00 75 \$157.00 80 \$179.00 85 \$196.00	

Plan F	Plan F High \$2,000 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$2,000 deductible	Plan K	Plan L
65-69 \$141.00 70-74 \$161.00 75-79 \$184.00 80+ \$186.00	65-69 \$32.00 70-74 \$37.00 75-79 \$42.00 80+ \$42.00							
65 & under \$92.49 70 \$112.71 75 \$129.60 80 \$140.13 85 \$148.73		65 & under \$77.08 70 \$96.36 75 \$112.71 80 \$124.10 85 \$132.31						
65 & under \$123.89 70 \$147.49 75 \$171.09 80 \$195.86 85 \$214.74	65 & under \$45.15 70 \$60.90 75 \$78.75 80 \$97.65 85 \$112.35	65 & under \$110.54 70 \$131.65 75 \$152.77 80 \$175.12 85 \$192.51			65 & under \$121.46 70 \$144.59 75 \$167.73 80 \$192.02 85 \$210.54			
65 & under \$127.00 70 \$156.00 75 \$183.00 80 \$206.00 85 \$225.00		65 & under \$114.00 70 \$146.00 75 \$174.00 80 \$197.00 85 \$217.00						

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare auto bills Medigap for provider's remaining balance.

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

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. *See page 21.*

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
Physicians Life Insurance Company 2600 Dodge St. Omaha, NE 68131 (402) 633-1000/(800) 228-9100 www.physiciansmutual.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> <i>Rates effective May 1, 2008.</i> For ZIP codes 970-972	65 & under				
		\$119.85				
		70	\$137.10			
		75	\$148.05			
		80	\$157.20			
		85	\$164.40			
Physicians Life Insurance Company 2600 Dodge St. Omaha, NE 68131 (402) 633-1000/(800) 228-9100 www.physiciansmutual.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> <i>Rates effective May 1, 2008.</i> For ZIP codes 973-979					
Physicians Life Insurance Company 2600 Dodge St. Omaha, NE 68131 (402) 633-1000/(800) 228-9100 www.physiciansmutual.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> <i>Rates effective May 1, 2008.</i> For ZIP codes 973-975 and 977	65 & under				
		\$108.35				
		70	\$123.90			
		75	\$133.75			
		80	\$142.00			
		85	\$148.45			
Physicians Life Insurance Company 2600 Dodge St. Omaha, NE 68131 (402) 633-1000/(800) 228-9100 www.physiciansmutual.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> <i>Rates effective May 1, 2008.</i> For ZIP codes 976 and 978-979	65 & under				
		\$102.60				
		70	\$117.30			
		75	\$126.60			
		80	\$134.35			
		85	\$140.50			

Plan F	Plan F High \$2,000 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$2,000 deductible	Plan K	Plan L
65 & under \$154.60		65 & under \$121.50						
70 \$184.10		70 \$144.40						
75 \$210.60		75 \$165.10						
80 \$238.95		80 \$187.25						
85 \$269.25		85 \$210.75						
		65 & under \$109.25						
		70 \$129.75						
		75 \$148.25						
		80 \$168.05						
		85 \$189.10						
65 & under \$139.65								
70 \$166.20								
75 \$190.05								
80 \$215.55								
85 \$242.85								
65 & under \$132.15								
70 \$157.25								
75 \$179.75								
80 \$203.85								
85 \$229.60								

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare auto bills Medigap for provider's remaining balance.

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

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. *See page 21.*

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
Provident American Life & Health Insurance Company P.O. Box 26580 Austin, TX 78755-0580 (866) 459-4272 www.palhic.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> For ZIP codes 970-972 and 974	65 & under			65 & under	
		\$97.00			\$106.00	
		70 \$117.00			70 \$128.00	
		75 \$135.00			75 \$147.00	
		80 \$148.00			80 \$162.00	
85 \$159.00			85 \$174.00			
Provident American Life & Health Insurance Company P.O. Box 26580 Austin, TX 78755-0580 (866) 459-4272 www.palhic.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> For ZIP codes 973 and 975-979	65 & under			65 & under	
		\$91.00			\$99.00	
		70 \$110.00			70 \$120.00	
		75 \$127.00			75 \$138.00	
		80 \$139.00			80 \$151.00	
85 \$149.00			85 \$163.00			
Pyramid Life Insurance Company 1001 Heathrow Park Lane, Ste. 5001 Lake Mary, FL 32746 (800) 777-1126 www.pyramidlife.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> For ZIP codes 972-974. Rates vary by ZIP code.	65 & under			65 & under	65 & under
		\$142.00			\$137.00	\$107.00
		70 \$177.00			70 \$170.00	70 \$137.00
		75 \$194.00			75 \$190.00	75 \$162.00
		80 \$206.00			80 \$206.00	80 \$184.00
85 \$214.00			85 \$219.00	85 \$203.00		
Regence BlueCross BlueShield of Oregon 100 Market St., P.O. Box 1271 Portland, OR 97207-1271 (800) 452-2909 www.or.regence.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i> <i>Rates are pending Oregon approval.</i>	65 & under		65 & under	65 & under	65 & under
		\$155.00		\$172.00	\$158.00	\$163.00
		70 \$167.00		70 \$185.00	70 \$172.00	70 \$176.00
		75 \$200.00		75 \$223.00	75 \$205.00	75 \$210.00
		80 \$210.00		80 \$234.00	80 \$216.00	80 \$221.00
85 \$219.00		85 \$244.00	85 \$226.00	85 \$232.00		

Plan F	Plan F High \$2,000 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$2,000 deductible	Plan K	Plan L
65 & under \$118.00	65 & under \$40.00	65 & under \$106.00	65 & under \$87.00	65 & under \$104.00	65 & under \$109.00			
70 \$142.00	70 \$48.00	70 \$119.00	70 \$97.00	70 \$116.00	70 \$122.00			
75 \$164.00	75 \$56.00	75 \$137.00	75 \$111.00	75 \$134.00	75 \$140.00			
80 \$179.00	80 \$61.00	80 \$150.00	80 \$122.00	80 \$146.00	80 \$153.00			
85 \$193.00	85 \$66.00	85 \$162.00	85 \$131.00	85 \$158.00	85 \$165.00			
65 & under \$110.00	65 & under \$37.00	65 & under \$100.00	65 & under \$81.00	65 & under \$91.00	65 & under \$102.00			
70 \$133.00	70 \$45.00	70 \$111.00	70 \$91.00	70 \$109.00	70 \$114.00			
75 \$154.00	75 \$52.00	75 \$128.00	75 \$104.00	75 \$125.00	75 \$131.00			
80 \$168.00	80 \$57.00	80 \$141.00	80 \$114.00	80 \$137.00	80 \$144.00			
85 \$181.00	85 \$62.00	85 \$152.00	85 \$123.00	85 \$148.00	85 \$155.00			
65 & under \$177.00	65 & under \$48.00	65 & under \$146.00						
70 \$220.00	70 \$54.00	70 \$181.00						
75 \$245.00	75 \$65.00	75 \$202.00						
80 \$264.00	80 \$73.00	80 \$220.00						
85 \$278.00	85 \$80.00	85 \$234.00						
65 & under \$175.00	65 & under \$61.00	65 & under \$159.00						
70 \$190.00	70 \$66.00	70 \$172.00						
75 \$226.00	75 \$79.00	75 \$206.00						
80 \$240.00	80 \$83.00	80 \$217.00						
85 \$250.00	85 \$87.00	85 \$227.00						

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare auto bills Medigap for provider's remaining balance.

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

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. See page 21.

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
Standard Life & Accident Insurance Company 2450 South Shore Blvd., Ste. 500 League City, TX 77573 (888) 350-1488	<i>Does crossover</i> <i>Attained age rating</i> <i>A, B, C, F guaranteed issue.</i> <i>Contact plan for details.</i> <i>Pre-existing look-back/ waiting period: 0/0</i>	65 & under \$91.63	65 & under \$146.79	65 & under \$166.86	65 & under \$143.82	65 & under \$150.28
		70 \$108.35	70 \$173.41	70 \$197.40	70 \$170.72	70 \$177.62
		75 \$123.79	75 \$198.19	75 \$225.52	75 \$210.68	75 \$202.99
		80 \$137.45	80 \$219.82	80 \$250.20	80 \$263.99	80 \$225.34
		85 \$137.45	85 \$219.82	85 \$250.20	85 \$263.99	85 \$225.34
State Farm Mutual Automobile Insurance Company One State Farm Plaza B-1 Bloomington, IL 61710-0001 Contact local State Farm agent www.statefarm.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> <i>Rates effective Jan. 1, 2009.</i> Rates are for Clackamas, Columbia, Multnomah, and Washington counties only.	65 & under \$87.29		65 & under \$131.75		
		70 \$110.07		70 \$165.92		
		75 \$127.50		75 \$192.27		
		80 \$143.22		80 \$215.98		
State Farm Mutual Automobile Insurance Company One State Farm Plaza B-1 Bloomington, IL 61710-0001 Contact local State Farm agent www.statefarm.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> <i>Rates effective Jan. 1, 2009.</i> Rates are for all counties except Clackamas, Columbia, Multnomah, and Washington.	65 & under \$83.98		65 & under \$126.65		
		70 \$105.82		70 \$159.54		
		75 \$122.57		75 \$184.87		
		80 \$137.70		80 \$207.74		
State Mutual Insurance Company P.O. Box 153 Rome, GA 30162-0153 (800) 321-0102	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes 971-973 and 970. ZIP codes 974-978 are higher.	65 & under \$126.79	65 & under \$142.90	65 & under \$173.89	65 & under \$157.72	
		70 \$148.53	70 \$169.60	70 \$201.70	70 \$187.67	
		75 \$173.22	75 \$200.23	75 \$235.57	75 \$222.34	
		80 \$190.12	80 \$224.05	80 \$261.66	80 \$248.92	
		85 \$200.84	85 \$240.77	85 \$280.34	85 \$267.72	

Plan F	Plan F High \$2,000 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$2,000 deductible	Plan K	Plan L
65 & under \$169.55	65 & under \$16.96	65 & under \$143.91						
70 \$200.40	70 \$20.04	70 \$170.00						
75 \$229.03	75 \$22.90	75 \$203.94						
80 \$254.25	80 \$25.43	80 \$250.22						
85 \$254.25	85 \$25.43	85 \$250.22						
65 & under \$133.02								
70 \$167.62								
75 \$194.22								
80 \$218.19								
85 \$227.46								
65 & under \$127.92								
70 \$161.16								
75 \$186.74								
80 \$209.78								
85 \$218.70								
65 & under \$177.14								
70 \$217.80								
75 \$239.86								
80 \$266.25								
85 \$285.06								

TERMS

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

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. *See page 21.*

Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
Sterling Investors Life Insurance Company 210 East Second Ave., Ste. 105 Rome, GA 30161 (800) 321-0102	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> ZIP codes 970-972 are higher	65 & under \$75.47	65 & under \$82.38	65 & under \$98.79	65 & under \$82.55	65 & under \$82.97
		70 \$84.55	70 \$92.30	70 \$109.54	70 \$92.71	70 \$93.13
		75 \$99.63	75 \$108.87	75 \$127.78	75 \$109.54	75 \$110.04
		80 \$110.96	80 \$121.20	80 \$141.61	80 \$122.45	80 \$123.03
		85 \$118.87	85 \$129.78	85 \$151.52	85 \$131.45	85 \$132.03
Sterling Life Insurance Company Select Plan, Area I P.O. Box 5348 Bellingham, WA 98227-5348 (800) 688-0010	<i>Does crossover</i> <i>Attained age rating</i> <i>Plan only available in certain counties. Contact company for more information.</i>	69 & under \$106.55	69 & under \$108.89	69 & under \$126.56		
		70-74 \$121.69	70-74 \$124.53	70-74 \$145.56		
		75-79 \$132.35	75-79 \$135.70	75-79 \$162.11		
		80+ \$138.04	80+ \$142.00	80+ \$178.77		
Sterling Life Insurance Company Select Plan, Area II P.O. Box 5348 Bellingham, WA 98227-5348 (800) 688-0010	<i>Does crossover</i> <i>Attained age rating</i> <i>Plan only available in certain counties. Contact company for more information.</i>	69 & under \$104.82	69 & under \$113.66	69 & under \$130.62		
		70-74 \$119.65	70-74 \$130.52	70-74 \$150.63		
		75-79 \$130.01	75-79 \$142.91	75-79 \$167.90		
		80+ \$136.01	80+ \$151.24	80+ \$185.98		
Sterling Life Insurance Company Standard Plan, Area I P.O. Box 5348 Bellingham, WA 98227-5348 (800) 688-0010	<i>Does crossover</i> <i>Attained age rating</i> <i>Plan only available in certain counties. Contact company for more information.</i>	69 & under \$123.41	69 & under \$146.88	69 & under \$166.28		
		70-74 \$141.29	70-74 \$169.93	70-74 \$192.79		
		75-79 \$154.29	75-79 \$188.01	75-79 \$216.25		
		80+ \$162.01	80+ \$201.93	80+ \$240.63		
Sterling Life Insurance Company Standard Plan, Area II P.O. Box 5348 Bellingham, WA 98227-5348 (800) 688-0010	<i>Does crossover</i> <i>Attained age rating</i> <i>Plan only available in certain counties. Contact company for more information.</i>	69 & under \$120.26	69 & under \$145.76	69 & under \$164.45		
		70-74 \$137.53	70-74 \$168.71	70-74 \$190.65		
		75-79 \$150.03	75-79 \$186.69	75-79 \$213.51		
		80+ \$157.64	80+ \$201.22	80+ \$237.68		

Plan F	Plan F High \$2,000 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$2,000 deductible	Plan K	Plan L
65 & under \$101.71	65 & under \$41.57	65 & under \$84.80						
70 \$113.04	70 \$46.15	70 \$95.21						
75 \$131.61	75 \$53.73	75 \$112.46						
80 \$145.86	80 \$59.56	80 \$125.53						
85 \$156.02	85 \$63.64	85 \$134.78						
69 & under \$128.29							69 & under \$51.59	
70-74 \$147.69							70-74 \$55.04	
75-79 \$164.45							75-79 \$60.63	
80+ \$181.11							80+ \$65.93	
69 & under \$132.35							69 & under \$53.51	
70-74 \$152.56							70-74 \$57.58	
75-79 \$170.14							75-79 \$64.15	
80+ \$188.22							80+ \$71.64	
69 & under \$168.21		69 & under \$127.06					69 & under \$62.02	
70-74 \$195.12		70-74 \$149.35					70-74 \$67.69	
75-79 \$218.79		75-79 \$168.53					75-79 \$76.80	
80+ \$243.17		80+ \$189.09					80+ \$89.23	
69 & under \$166.38		69 & under \$127.25					69 & under \$61.98	
70-74 \$192.79		70-74 \$150.17					70-74 \$67.86	
75-79 \$216.05		75-79 \$170.27					75-79 \$77.30	
80+ \$240.22		80+ \$192.65					80+ \$90.57	

TERMS

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Insurance Company	Notes	Plan A	Plan B	Plan C	Plan D	Plan E
United American Insurance Company P.O. Box 8080 McKinney, Texas 75070 (800) 331-2512 www.unitedamerican.com	<i>Does crossover</i> <i>Issue age for Plans A, F, G disableds, and underage. All other plans are attained age.</i> <i>Pre-existing look-back/ waiting period: 2/6</i>	65 & under \$122.00	65 & under \$149.00	65 & under \$142.00	65 & under \$164.00	
		70 \$131.00	70 \$197.00	70 \$187.00	70 \$218.00	
		75 \$131.00	75 \$213.00	75 \$205.00	75 \$239.00	
		80 \$131.00	80 \$216.00	80 \$214.00	80 \$251.00	
		85 \$131.00	85 \$216.00	85 \$214.00	85 \$251.00	
United Teacher Associates Insurance Company P.O. Box 26580 Austin, TX 78755-0580 (800) 880-8824 www.gafri.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 6/6</i>	65 & under \$102.00	65 & under \$122.00	65 & under \$140.00	65 & under \$116.00	
		70 \$116.00	70 \$139.00	70 \$159.00	70 \$133.00	
		75 \$137.00	75 \$166.00	75 \$191.00	75 \$160.00	
		80 \$151.00	80 \$186.00	80 \$216.00	80 \$181.00	
		85 \$156.00	85 \$196.00	85 \$228.00	85 \$192.00	
United World Life Insurance Company Mutual of Omaha Plaza Omaha, NE 68175 (877) 845-0892 www.mutualofomaha.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes 970-972	65 & under \$65.92	65 & under \$80.56	65 & under \$88.99	65 & under \$74.75	
		70 \$74.93	70 \$91.57	70 \$109.36	70 \$91.86	
		75 \$87.18	75 \$106.54	75 \$121.82	75 \$102.33	
		80 \$95.07	80 \$116.18	80 \$132.40	80 \$111.22	
		85 \$102.03	85 \$124.70	85 \$140.70	85 \$118.19	
United World Life Insurance Company Mutual of Omaha Plaza Omaha, NE 68175 (877) 845-0892 www.mutualofomaha.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/ waiting period: 0/0</i> For ZIP codes 973-979	65 & under \$63.29	65 & under \$77.34	65 & under \$85.43	65 & under \$71.76	
		70 \$71.94	70 \$87.91	70 \$104.98	70 \$88.19	
		75 \$83.70	75 \$102.27	75 \$116.95	75 \$98.24	
		80 \$91.27	80 \$111.53	80 \$127.11	80 \$106.77	
		85 \$97.95	85 \$119.71	85 \$135.08	85 \$113.46	
USAA Life Insurance Company 9800 Fredricksburg Rd. San Antonio, TX 78288 (800) 531-8000 www.usaa.com	<i>Does crossover</i> <i>Attained age rating (One year)</i> <i>Pre-existing look-back/ waiting period: 0/0</i>	65 & under \$82.28			65 & under \$92.31	
		70 \$96.22			70 \$108.12	
		75 \$115.09			75 \$128.69	
		80 \$133.45			80 \$149.26	
		85 \$147.39			85 \$164.90	

Plan F	Plan F High \$2,000 deductible	Plan G	Plan H	Plan I	Plan J	Plan J High \$2,000 deductible	Plan K	Plan L
65 & under \$188.00	65 & under \$62.00	65 & under \$222.00					65 & under \$83.00	65 & under \$117.00
70 \$206.00	70 \$81.00	70 \$243.00					70 \$110.00	70 \$156.00
75 \$213.00	75 \$90.00	75 \$252.00					75 \$123.00	75 \$173.00
80 \$217.00	80 \$95.00	80 \$257.00					80 \$129.00	80 \$182.00
85 \$217.00	85 \$95.00	85 \$257.00					85 \$129.00	85 \$182.00
65 & under \$145.00		65 & under \$130.00	65 & under \$91.00	65 & under \$92.00	65 & under \$109.00			
70 \$166.00		70 \$148.00	70 \$104.00	70 \$109.00	70 \$129.00			
75 \$199.00		75 \$178.00	75 \$126.00	75 \$127.00	75 \$150.00			
80 \$224.00		80 \$202.00	80 \$142.00	80 \$146.00	80 \$172.00			
85 \$237.00		85 \$214.00	85 \$151.00	85 \$152.00	85 \$180.00			
65 & under \$101.69		65 & under \$82.51						
70 \$115.59		70 \$93.79						
75 \$134.48		75 \$109.11						
80 \$146.64		80 \$118.99						
85 \$157.39		85 \$127.70						
65 & under \$97.62		65 & under \$79.21						
70 \$110.97		70 \$90.03						
75 \$129.10		75 \$104.74						
80 \$140.78		80 \$114.23						
85 \$151.09		85 \$122.59						
65 & under \$99.11		65 & under \$98.26						
70 \$115.77		70 \$114.92						
75 \$138.04		75 \$137.02						
80 \$159.97		80 \$158.78						
85 \$176.63		85 \$175.27						

TERMS

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

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. See page 21.

About Medicare Advantage Plans

Medicare Advantage

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

When you join a Medicare Advantage (MA) plan, you agree to that plan's terms and conditions. You **will** receive the same benefits as in **Original Medicare**, but not at the same payment rates. You will still pay the Part B premium, plus a premium to the plan, co-payments, or coinsurance for certain services. MA plans may offer additional services, such as vision, dental, or annual physicals.

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

In most Medicare Advantage plans, you must reside in a specific ZIP-code area. You can find out if the plan covers your area by calling the company or by reviewing the plan on Medicare's Web site, www.medicare.gov or the chart on *pages 58-61*.

Can anyone join a Medicare Advantage plan?

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

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

Medicare Advantage enrollment and election periods

You may join, leave, or switch Medicare Advantage plans during your Initial Enrollment Period (when you are new to Medicare), or during the yearly Annual Election Period (Nov. 15-Dec. 31) and Open Enrollment Period (January through March). These are detailed in the charts on *pages 56-57*. Also, see the next section, "**Special Circumstances**," for rules for other situations, such as when you move.

About Medicare Advantage Plans, continued

Special circumstances

Sometimes you are given the opportunity to make plan changes outside of the standard enrollment periods. This can happen when you lose your coverage through no fault of your own, such as the MA plan breaks or does not renew its contract. At these times, you have 63 days in which you may:

- Use a Special Election Period (SEP) to join a different Medicare Advantage plan, *or*
- Return to having only Original Medicare, *or*
- Return to Original Medicare and have Guaranteed Issue to purchase a Medigap supplement (see page 23).

Moving permanently outside your plan's service area also grants an SEP; time frames may vary.

Any coverage changes may affect your prescription drug coverage. Please contact SHIBA or Medicare for assistance in reviewing your options.

Disenrollment and election period actions

If you want to switch from one Medicare Advantage plan to another, simply enroll in your new plan. You will be automatically disenrolled from your old plan.

Medicare allows you only **ONE** action per enrollment period, and the rules are very specific. Any coverage changes may affect your prescription drug coverage.

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

For additional information on specific Enrollment Periods refer to Enrollment Deadline charts on pages 56-57.

Medicare Advantage plan types

(See glossary for definitions, pages 130-134)

- HMO** Health-maintenance organization
- MSA** Medical savings account
- PFFS** Private fee-for-service plan
- POS** Health-maintenance organization with point-of-service option
- PPO** Preferred-provider organization
- SNP** Special needs plan

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

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

Managed Care PROs and CONs

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

Private Fee-For-Service PROs and CONs

Plan type	😊 <i>PROs</i>	☹️ <i>CONs</i>
Private Fee-For-Service (PFFS)	<ul style="list-style-type: none"> ■ Offers the most choices of doctors and hospitals, no provider network. Enrollees may access any provider that accepts Medicare and the administrative terms of the health plan. ■ It has all the flexibility of Original Medicare, plus the coverage of essentially a Medigap policy, but at a substantially lower price. ■ Most fee-for-service plans have a “cap” – the most you will have to pay for medical bills in any one year. ■ Only plan that may combine MA medical benefits and a stand-alone drug plan. ■ Provides Medicare Advantage options in rural counties. 	<ul style="list-style-type: none"> ■ It is up to physicians whether to take you or not; not all providers that accept Medicare will accept all PFFS plans. ■ Physicians can opt to decline a PFFS plan at any time during the year. ■ You may have to fill out forms and send them to your insurer. ■ Some services are limited or not covered at all. ■ In a Private Fee-For-Service plan, beneficiaries might have to pay up to 15% more than the Original Medicare approved amount to a plan provider.

MA Open Enrollment Period (OEP) limits: January 1 — March 31 every year

If coverage <u>you have</u> is	<u>Can</u> use OEP to get	<u>Cannot</u> use OEP to get
Medicare Advantage with prescription drug coverage (MA-PD)	A different MA-PD or Original Medicare + PDP or MA-PFFS + PDP	MA-only or Original Medicare only (cannot drop drug coverage)
Medicare Advantage with no prescription drug coverage (MA-only)	A different MA-only or Original Medicare only	MA-PD or Original Medicare + PDP (cannot add drug coverage)
MA-only PFFS + PDP	MA-PD or different MA-only PFFS and same PDP or Original Medicare and same PDP	MA-only or Original Medicare only (cannot drop drug coverage)
Original Medicare and a prescription drug plan (PDP)	MA-PD or MA-PFFS and the same PDP	MA-only or A different PDP to use with Original Medicare (cannot drop drug coverage)
Original Medicare only	MA-only	MAPD or Original Medicare + PDP (cannot add drug coverage)
MSA	Not applicable	The MA OEP does not apply to enrollment into or disenrollment from an MSA plan

- To switch from one Medicare Advantage plan to another Medicare Advantage plan, just enroll in the new plan. ***Don't disenroll from the old plan.***
- When going from a Medicare Advantage Plan to Original Medicare ***disenroll from the Medicare Advantage plan in writing.***

Enrollment/election periods/deadlines

Plan	ICEP/IEP	AEP/GEP	SEP/GI	OEP	Late penalty
Medicare Part A <i>Page 6</i>	The 7 months which begin 3 months before age 65; auto-enrolled if already receiving SS payment.	Anytime for free premium; otherwise, Jan., Feb., March each year, effective July 1.	None	See Annual/General.	None, unless premium is not free: then add 10 percent of premium to premium – penalty lasts for twice the number of years enrollment was delayed.
Medicare Part B <i>Page 7</i>	The 7 months which begin 3 months before age 65; or auto-enrolled after 24 months of SS disability payments.	Jan., Feb., March each year; effective July 1.	1 to 8 months after no longer covered by employer's or currently-working-spouse's insurance.	See Annual/General.	Premium increases 10 percent each 12 months delayed. Lasts forever.
Medigap <i>Page 20</i>	Open Enrollment Period during first 6 months after first enrolled in Part B.	Anytime, at plan's discretion; may underwrite, leading to higher charges, or refusal to insure due to health conditions.	63 day GI period for plans A, B, C, and F from date previous plan ends if you lose coverage through no fault of your own. <i>See GI chart on page 23.</i>	During first 6 months after first enrolled in Part B. Also, see Annual.	May cost more. If beyond OEP and GI periods, may refuse to insure due to health conditions.
Medicare Advantage <i>Page 52</i>	The 7 months which begin 3 months before age 65, or at the time of qualifying for Medicare due to disability.	Nov. 15-Dec. 31 each year, effective Jan. 1. Any change may be made.	Generally, 60 days after moving out of a plan's service area, or after leaving a discontinued plan, or after involuntarily no longer covered by employer's or currently-working-spouse's creditable insurance. Continuous if you have Medicaid or Low Income Subsidy.	During Jan. 1-March 31 , but only from like-to-like coverages, <i>see page 56.</i>	None. Plans may be closed if full.
Medicare Part D <i>Page 12</i>	The 7 months which begin 3 months before age 65, or at the time of qualifying for Medicare due to disability.	Nov. 15-Dec. 31.	60 days after involuntarily no longer covered by employer's or currently-working-spouse's creditable insurance. Continuous if you have Medicaid or Low Income Subsidy.	See Annual/General.	Penalty for each month enrollment was delayed is 1% of current average national monthly premium. (For example, if delayed 7 months, penalty is 7% of current average national monthly premium per month.)

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

Medicare Advantage plan availability by county/service areas

See company plan details in Medicare Advantage section pages 66-125.

Organization name and types of plans offered	Advantra* PFFS, MSA	Aetna* PFFS	ATRIO HMO	CareOregon HMO	CareSource HMO, PPO	CIGNA* PFFS	Clear Choice HMO	FamilyCare HMO	Health Net PFFS, PPO, SNP	Humana PFFS	Kaiser HMO
Page numbers	126	126	66-71	72-73	74-79	126	80-81	84-85	86-93	94-95	96-97
Baker	PFFS, MSA					PFFS			PFFS	PFFS	
Benton	PFFS, MSA					PFFS			PPO, SNP	PFFS	HMO
Clackamas	PFFS, MSA	PFFS		HMO		PFFS		HMO	PPO, SNP	PFFS	HMO
Clatsop				HMO				HMO			
Columbia	PFFS, MSA	PFFS		HMO		PFFS			PPO, SNP	PFFS	HMO
Coos	PFFS, MSA				HMO, PPO	PFFS				PFFS	
Crook	PFFS, MSA					PFFS	HMO			PFFS	
Curry	PFFS, MSA				HMO, PPO	PFFS				PFFS	
Deschutes	PFFS, MSA					PFFS	HMO		PFFS	PFFS	
Douglas	PFFS, MSA		HMO		HMO, PPO	PFFS			PFFS, PPO	PFFS	
Gilliam	PFFS, MSA					PFFS			PFFS		
Grant	PFFS, MSA						HMO			PFFS	
Harney	PFFS, MSA									PFFS	
Hood River	PFFS, MSA	PFFS				PFFS	HMO		PPO, SNP	PFFS	
Jackson				HMO	HMO, PPO				PPO, SNP		
Jefferson	PFFS, MSA					PFFS	HMO		PFFS	PFFS	
Josephine	PFFS, MSA			HMO	HMO, PPO	PFFS			PPO, SNP		
Klamath	PFFS, MSA	PFFS	HMO			PFFS	HMO		PFFS	PFFS	
Lake	PFFS, MSA					PFFS	HMO		PFFS	PFFS	

Italics indicates cities in Oregon vs. counties.

Marion Polk Community Health HMO	Menonite Mutual PFFS	ODS PPO	Providence HMO	Regence PPO	Samaritan HMO	Sterling* PFFS	Trillium HMO	Unicare* PFFS	UnitedHealthcare** HMO, PFFS, PPO, SNP	Universal American (Today's Options)* PFFS	WellCare PFFS
98-99	100-101	102-103	104-105	106-107	108-109	127	116-117	127	82-83 and 110-115	127	118-125
	PFFS	PPO				PFFS		PFFS	PFFS	PFFS	PFFS
	PFFS	PPO		PPO	HMO	PFFS		PFFS	HMO, PFFS	PFFS	PFFS
	PFFS	PPO	HMO	PPO		PFFS		PFFS	HMO, PFFS, PPO, SNP	PFFS	PFFS
	PFFS	PPO		PPO		PFFS				PFFS	
	PFFS	PPO	HMO	PPO		PFFS		PFFS	PFFS	PFFS	PFFS
	PFFS	PPO		PPO		PFFS		PFFS		PFFS	PFFS
	PFFS	PPO				PFFS		PFFS	PFFS	PFFS	
	PFFS	PPO		PPO		PFFS		PFFS	PFFS	PFFS	PFFS
	PFFS	PPO				PFFS		PFFS	PFFS	PFFS	
	PFFS	PPO		PPO		PFFS		PFFS	PFFS	PFFS	PFFS
	PFFS	PPO		PPO		PFFS	HMO			PFFS	PFFS
	PFFS	PPO				PFFS		PFFS	PFFS	PFFS	PFFS
	PFFS	PPO		PPO		PFFS				PFFS	PFFS
	PFFS	PPO				PFFS		PFFS	PFFS	PFFS	PFFS
	PFFS	PPO				PFFS		PFFS	PFFS	PFFS	PFFS
	PFFS	PPO				PFFS		PFFS	PFFS	PFFS	PFFS
	PFFS	PPO				PFFS		PFFS	PFFS	PFFS	PFFS
	PFFS	PPO				PFFS		PFFS	PFFS	PFFS	PFFS

* This plan did not submit benefit information by our publication deadline. Please contact the plan or visit www.medicare.gov (click on "Compare Health Plans") for plan details.

** Includes AARP MedicareComplete provided by SecureHorizons and SecureHorizons by UnitedHealthcare and SecureHorizons MedicareDirect plans.

Medicare Advantage plan availability, continued

Organization name and types of plans offered	Advantra* PFFS, MSA	Aetna* PFFS	ATRIO HMO	CareOregon HMO	CareSource HMO, PPO	CIGNA* PFFS	Clear Choice HMO	FamilyCare HMO	Health Net PFFS, PPO, SNP	Humana PFFS	Kaiser HMO
Page numbers	126	126	66-71	72-73	74-79	126	80-81	84-85	86-93	94-95	96-97
Lane	PFFS, MSA					PFFS			PPO, SNP		
Lincoln	PFFS, MSA					PFFS				PFFS	
Linn						PFFS			PPO, SNP		HMO
Malheur	PFFS, MSA					PFFS			PFFS	PFFS	
Marion	PFFS, MSA	PFFS		HMO		PFFS			PPO, SNP	PFFS	HMO
Morrow	PFFS, MSA							HMO	PFFS		
Multnomah	PFFS, MSA	PFFS		HMO		PFFS		HMO	PPO, SNP	PFFS	HMO
Polk	PFFS, MSA	PFFS		HMO		PFFS			PPO, SNP	PFFS	HMO
Sherman	PFFS, MSA					PFFS	HMO			PFFS	
Tillamook	PFFS, MSA										
Umatilla	PFFS, MSA					PFFS		HMO	PFFS	PFFS	
Union	PFFS, MSA								PFFS	PFFS	
Wallowa	PFFS, MSA									PFFS	
Wasco	PFFS, MSA					PFFS	HMO		PFFS	PFFS	
Washington	PFFS, MSA	PFFS	HMO	HMO		PFFS		HMO	PPO, SNP	PFFS	HMO
Wheeler	PFFS, MSA					PFFS	HMO			PFFS	
Yamhill	PFFS, MSA					PFFS			PPO, SNP	PFFS	HMO
<i>Azalea</i>					HMO, PPO						
<i>Glendale</i>					HMO, PPO						
<i>Gold Hill</i>					HMO, PPO						
<i>Rogue River</i>					HMO, PPO						
<i>Clark County, WA</i>	PFFS, MSA	PFFS				PFFS			PPO, SNP	PFFS	HMO

Italics indicates cities in Oregon vs. counties.

Marion Polk Community Health HMO	Mennonite Mutual PFFS	ODS PPO	Providence HMO	Regence PPO	Samaritan HMO	Sterling* PFFS	Trillium HMO	Unicare* PFFS	UnitedHealthcare** HMO, PFFS, PPO, SNP	Universal American (Today's Options)* PFFS	WellCare PFFS
98-99	100-101	102-103	104-105	106-107	108-109	127	116-117	127	82-83 and 110-115	127	118-125
	PFFS	PPO	HMO	PPO		PFFS	HMO		HMO, SNP	PFFS	PFFS
	PFFS	PPO		PPO	HMO	PFFS		PFFS	PFFS	PFFS	PFFS
	PFFS	PPO		PPO	HMO	PFFS			HMO	PFFS	PFFS
	PFFS	PPO				PFFS		PFFS	PFFS	PFFS	PFFS
HMO	PFFS	PPO	HMO	PPO		PFFS		PFFS	HMO, PFFS, PPO, SNP	PFFS	PFFS
	PFFS	PPO				PFFS		PFFS	PFFS	PFFS	PFFS
	PFFS	PPO	HMO	PPO		PFFS		PFFS	HMO, PFFS, PPO, SNP	PFFS	PFFS
HMO	PFFS	PPO	HMO	PPO		PFFS		PFFS	HMO, PFFS, PPO	PFFS	PFFS
	PFFS	PPO				PFFS		PFFS	PFFS	PFFS	PFFS
	PFFS	PPO		PPO		PFFS		PFFS	PFFS	PFFS	PFFS
	PFFS	PPO				PFFS		PFFS	PFFS	PFFS	PFFS
	PFFS	PPO				PFFS		PFFS	PFFS	PFFS	PFFS
	PFFS	PPO		PPO		PFFS		PFFS	PFFS	PFFS	PFFS
	PFFS	PPO	HMO	PPO		PFFS		PFFS	HMO, PFFS, PPO, SNP	PFFS	PFFS
	PFFS	PPO				PFFS		PFFS	PFFS	PFFS	
	PFFS	PPO	HMO	PPO		PFFS			PPO	PFFS	PFFS
	PFFS	PPO				PFFS		PFFS		PFFS	
	PFFS	PPO				PFFS		PFFS		PFFS	
	PFFS	PPO				PFFS		PFFS		PFFS	
	PFFS	PPO				PFFS		PFFS		PFFS	
	PFFS		HMO	PPO		PFFS		PFFS	HMO, PFFS	PFFS	PFFS

* This plan did not submit benefit information by our publication deadline. Please contact the plan or visit www.medicare.gov (click on "Compare Health Plans") for plan details.

** Includes AARP MedicareComplete provided by SecureHorizons and SecureHorizons by UnitedHealthcare and SecureHorizons MedicareDirect plans.

Medicare Special Needs Plans (SNPs)

These are specially designed MA plans with membership limited to certain groups of people. Medicare SNPs must provide all Medicare Part A, Part B, and Part D health care, services, and prescription drug coverage. People who have both Medicare and Medicaid (dual eligibles), or those who reside in institutions such as nursing homes, or those who have been diagnosed with certain chronic or disabling diseases may be eligible to join one of these plans.

New enrollees to SNPs have a once-only Special Enrollment Period (SEP) to enroll for the first time at any time during the year. After that, any changes must occur during Annual Election Period (AEP), Nov. 15-Dec. 31, or MA Open Enrollment Period (OEP), Jan. 1-Mar 31.

Dual eligible (Medicaid*)			
Company/plan	Contact information	Type	Available counties
ATRIO Health Plans ATRIO MyAdvantage SNP www.atriohp.com	P.O. Box 8003, 500 SE Cass St., Ste. 230 Roseburg, OR 97470 (541) 672-8620 or (877) 672-8620; TTY (800) 735-2900	HMO	Douglas and Klamath (but not in ZIP codes 97425, 97731, 97733, 97739)
CareOregon Advantage CareOregon Advantage www.careoregon.org	315 SW Fifth Ave., Ste. 900 Portland, OR 97204 (503) 416-4100 or (800) 244-4840; TTY (877) 416-4161	HMO	Clackamas, Clatsop, Columbia, Jackson, Josephine, Marion, Multnomah, Polk, and Washington
CareSource Health Plan CareSource Special www.caresourcehealthplans.com	740 SE 7th St. Grants Pass, OR 97526 (541) 471-4106 or (888) 460-0185; TTY (800) 735-2900	HMO	Douglas, Jackson, and Josephine
FamilyCare Health Plans PremierCare Plus www.familycareinc.org	2121 SW Broadway, Ste. 300 Portland, OR 97201 (866) 225-2273 or (503) 345-5701; TTY (800) 735-2900	HMO	Clackamas, Clatsop, Morrow, Multnomah, Umatilla, and Washington
Marion Polk Community Health Plan Advantage www.mpchpa.org	P.O. Box 5490 Salem, OR 97304 (503) 485-3244 or (888) 236-2486; TTY (800) 735-2900	HMO	Marion and Polk
Samaritan Advantage Health Plan Samaritan Advantage SNP www.samaritanadvantage.com	815 NW 9th St, Ste. 101 Corvallis, OR 97330 (541) 768-4550 or (800) 317-7489; TTY (800) 735-2900	HMO	Linn and Benton
Trillium Community Health Plan Trillium Advantage Dual SNP www.trilliumchp.com	1800 Millrace Dr. Eugene, OR 97403 (541) 431-1950 or (800) 910-3906; TTY (541) 431-1951	HMO	Jackson and Lane

*See Medicaid caseworker for details and enrollment.

Medicare Special Needs Plans (SNPs), continued

Institutional (Nursing homes or skilled nursing facilities)

Company/plan	Contact information	Type	Available counties
Evercare by UnitedHealthcare Evercare Plan IH-POS www.EvercareHealthPlans.com	5 Centerpointe Dr., Suite 600, Lake Oswego, OR 97035 (800) 718-1295	HMO with POS	Marion
Evercare by UnitedHealthcare Evercare Plan IP www.EvercareHealthPlans.com	5 Centerpointe Dr., Suite 600, Lake Oswego, OR 97035 (800) 718-1295	PPO	Clackamas, Lane, Multnomah, and Washington
Trillium Community Health Plan Trillium Advantage ISNP www.trilliumchp.com	1800 Millrace Dr. Eugene, OR 97401 (541) 431-1950 or (800) 910-3906; TTY (541) 431-1951	HMO	Jackson, Lane

Chronic or disabling conditions

For more plan information see *Evercare*, pages 82-83 and *Health Net*, pages 92-93

Company/plan	Contact information	Type	Available counties	Conditions
Evercare by UnitedHealthcare Evercare Plan MH-POS www.EvercareHealthPlans.com	5 Centerpointe Dr., Suite 600, Lake Oswego, OR 97035 (800) 718-1295	HMO with POS	Marion	Arthritis, Asthma, Cardiovascular Disease (CVD); Cardiac Arrhythmia, Chronic Heart Failure, Coronary Artery Disease, Hypertension, Peripheral Vascular Disease), Chronic Obstructive Pulmonary Disease (COPD; Asthma, Chronic Bronchitis, Emphysema), Hypercholesteremia (High Cholesterol), Hypertension, Neurologic Disorders (Dementia), Other, Renal Failure (Pre-End Stage Renal Disease)
Evercare by UnitedHealthcare Evercare Plan MP www.EvercareHealthPlans.com	5 Centerpointe Dr., Suite 600, Lake Oswego, OR 97035 (800) 718-1295	PPO	Clackamas, Lane, Multnomah, and Washington	
Health Net Medicare Programs Health Net Sage North www.abetterdecision.com	13221 SW 68th Parkway, Ste. 200 Tigard, OR 97223 (800) 822-7698; TTY (800) 929-9955	PPO	Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill	Endocrine/Metabolic: and Dyslipidemia (Lipid Disorder)
Health Net Medicare Programs Health Net Sage South www.abetterdecision.com	13221 SW 68th Parkway, Ste. 200 Tigard, OR 97223 (800) 822-7698; TTY (800) 929-9955	PPO	Jackson and Josephine	

Choosing a Medicare Advantage plan

The following pages describe Medicare Advantage plans from the companies that submitted this information. **On pages 126-127 are the names and contact information of additional plans that did not submit information by our deadline.**

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

How do I select a plan?

- *What plans are offered in my area?* See Medicare Advantage Plan Availability charts on pages 58-61.

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

- *Will your doctor and hospital accept the plan?*

Ask your doctor(s) and hospital what plans they accept. Even though a plan may be offered in your area, providers **do not** have to participate. In some plans, if your doctor is not part of the preferred network, you will have to pay more to see that doctor. It's **VERY IMPORTANT** to understand whether the plan you're considering includes your doctors and hospital of choice.

- Call for the above information for yourself. Web pages and printed materials can be incorrect and an agent wanting to sell you a plan may be misinformed.

- *Can I afford the plan?*

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

- **Premiums:** The amount you pay monthly to have the plan and Part B Medicare premium.
- **Maximum out-of-pocket costs:** This is the most you have to pay in a year for covered services, **excluding Part D drugs**, before the plan starts paying 100 percent. **Caution:** Not all covered services may count toward out-of-pocket total.
- **Co-pays:** This is a fixed amount you pay when you visit a doctor or other provider.
- **Coinsurance:** A percentage of costs that you pay for the service.

- *Prescription drug coverage*

Do you want prescription drug coverage with your Medicare Advantage plan? Most HMO/PPO plans offer prescription drug coverage. MA/PFFS plans allow you to buy a stand-alone prescription drug plan.

Help comparing plans

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

Plan contact information

ATRIO Health Plans

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

Plan service areas

MyAdvantage Companion: Washington county only.
MyAdvantage I-Rx: Douglas and Klamath counties (Klamath county except ZIPs 97425, 97731, 97733, 97737, and 97739).

Your costs		MyAdvantage Companion	My Advantage I-Rx
TYPE OF PLAN/PLAN NO.		HMO/H3814-025	HMO/With Rx H3814-004
IMPORTANT INFORMATION			
1	Monthly premium <i>with Rx</i>	\$31.80	\$78
	Annual out-of-pocket max.	No cost (excludes Part D costs)	\$2,000 (excludes Part D costs)
INPATIENT CARE (**2008 amounts, may change in 2009)			
3	Inpatient hospital care	\$1,068/day (days 1-60)** \$267/day (days 61-90)** \$534/day (days 91-150) per lifetime reserve day**	\$150/day (days 1-5) No cost (days 6-90)
4	Inpatient mental health care	\$1,068/day (days 1-60)** \$267/day (days 61-90)**	\$150/day (days 1-5) No cost (days 6-90)
5	Skilled nursing facility <i>Prior authorization required</i>	No cost (days 1-20)** \$133.50/day (days 21-100)**	\$15/day (days 1-100)
6	Home health care	No cost*	No cost*
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE			
8	Doctor office visits	No cost	\$15
	Specialist	No cost	\$20
9-12	Chiropractor, podiatry, outpatient mental health, and outpatient substance abuse	No cost*	\$20* \$200 routine coverage for podiatry and chiropractic services
13	Outpatient services/surgery	No cost* for surgical center visit/outpatient facility visit 20% coinsurance for professional services at an outpatient facility visit	\$150*
14	Ambulance	20% coinsurance (waived if admitted)	\$50 (waived if admitted)
15	Emergency care, worldwide	20% (up to \$50)*	\$50 (waived if admitted within 24 hours)
16	Urgent care	20% coinsurance*	\$35 (waived if admitted within 24 hours)
17	Outpatient rehab	No cost*	\$20*

*You pay this amount for services that Medicare covers. For services that Medicare does not cover, you pay the entire cost.

Your costs		MyAdvantage Companion	My Advantage I-Rx
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	20% coinsurance*	15% coinsurance*
19	Prosthetic devices	20% coinsurance*	15% coinsurance*
20	Diabetes self-monitoring training, nutrition therapy, and supplies	20% coinsurance* for supplies No cost for therapy and training	No cost
21	Diagnostic tests, X-rays, and lab services	20% coinsurance for radiology, CT, PET, and MRI/No cost for lab services	15% coinsurance for radiology, CT, PET, and MRI/No cost for lab services
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost 20% coinsurance for Hepatitis B vaccine	No cost
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
28	End-Stage Renal Disease	No cost	No cost
29	Prescription drug benefit – Part B	20% coinsurance	15% coinsurance
30	Dental	Contact plan for details	\$20* dental services, \$20 preventive dental exam, and \$200 preventive limit per year
31	Hearing exams	Contact plan for details	\$20* hearing exams, \$20 for routine exam, and \$150 routine coverage every 2 years
32	Vision	Contact plan for details	\$20* vision exams, \$20 routine exam, and \$150 routine coverage every 2 years
33	Routine physical exams	No cost* (One time within first 12 months of new Part B coverage)	No cost (1 annually)
	Foreign travel, worldwide	Not covered	Emergency and urgent care
<i>Not covered in these plans: Acupuncture, naturopathy, health/wellness education, transportation, health club, and over-the-counter allowance.</i>			

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
MyAdvantage Companion	\$295 deductible	None	\$0
MyAdvantage I-Rx	\$295 deductible	None	\$46.20

ATRIO Health Plans, continued on next page

Plan contact information	Plan service areas
ATRIO Health Plans <i>Continued from previous page</i>	<i>MyAdvantage II-Rx Plus:</i> Douglas and Klamath counties (Klamath county except ZIPs 97425, 97731, 97733, 97737, and 97739). <i>MyAdvantage II/MyAdvantage II-Rx and MyAdvantage Active/Active Rx:</i> Douglas, Klamath, and Washington counties (Klamath county except ZIPs 97425, 97731, 97733, 97737, and 97739).

Your costs	MyAdvantage II MyAdvantage II-Rx MyAdvantage II-Rx Plus	MyAdvantage Active MyAdvantage Active Rx
TYPE OF PLAN/PLAN NO.	HMO/H3814-005 & H3814-018 With Rx H3814-006 & H3814-019 With Rx Plus H3814-008	HMO/H3814-011 & H3814-023 With Rx H3814-012 & H3814-024
IMPORTANT INFORMATION		
1 Monthly premium <i>no Rx</i>	Douglas/Klamath: \$76 Washington: \$62	Douglas/Klamath: No premium Washington: Minus \$11.50 which is refunded to the member towards their Part B premium
Monthly premium <i>with Rx</i>	Douglas/Klamath: \$109 Washington: \$95	Douglas/Klamath: \$33 Washington: \$22
Monthly premium <i>with Rx Plus</i>	Douglas/Klamath: \$150	
Annual out-of-pocket max.	\$1,200 (excludes Part D costs)	\$3,000 (excludes Part D costs)
INPATIENT CARE		
3 Inpatient hospital care	\$100/day (days 1-5) No cost (days 6-90)	\$165/day (days 1-10) No cost (days 11-90)
4 Inpatient mental health care	\$100/day (days 1-5) No cost (days 6-90)	\$165/day (days 1-11) No cost (days 12-90)
5 Skilled nursing facility <i>Prior authorization required</i>	\$10/day (days 1-100)	\$25/day (days 1-100)
6 Home health care	No cost*	No cost*
7 Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE		
8 Doctor office visits	\$10	\$20
Specialist	\$15	\$25
9 Chiropractor	\$15* (max. \$500 yearly) \$500 routine chiropractic services	\$25*
10 Podiatry	\$15* - \$500 routine podiatry services	\$25*
11-12 Outpatient mental health and outpatient substance abuse	\$15*	\$25*
13 Outpatient services/surgery	\$100*	\$200*

**You pay this amount for services that Medicare covers. For services that Medicare does not cover, you pay the entire cost.*

Your costs		MyAdvantage II MyAdvantage II-Rx MyAdvantage II-Rx Plus	MyAdvantage Active MyAdvantage Active Rx
14	Ambulance	\$50 (waived if admitted)	\$150 (waived if admitted)
15	Emergency care, worldwide	\$50 (waived if admitted within 24 hours)	\$50 (waived if admitted within 24 hours)
16	Urgent care	\$25 (waived if admitted within 24 hours)	\$50 (waived if admitted within 24 hours)
17	Outpatient rehab	\$15*	\$25*
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	10% coinsurance*	25% coinsurance*
19	Prosthetic devices	10% coinsurance*	25% coinsurance*
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost	25% coinsurance*
21	Diagnostic tests, X-rays, and lab services	No cost*/10% coinsurance	25% coinsurance for radiology, CT, PET, and MRI/No cost for lab services
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	No cost
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
28	End-Stage Renal Disease	No cost	No cost
29	Prescription drug benefit – Part B	10% coinsurance	25% coinsurance
30	Dental	\$15* dental services, \$15 preventive dental exam, and \$500 preventive limit per year	\$25* dental services only, preventive dental not covered
31	Hearing exams	\$15* hearing exams, \$15 for routine exam, and \$200 routine coverage every 2 years	\$25* hearing exams, \$25 for routine exam, and \$100 routine coverage every 2 years
32	Vision	\$15* vision exams, \$15 routine exam, and \$250 routine coverage every 2 years	\$25* vision exams, \$25 routine exam, and \$100 routine coverage every 2 years
33	Routine physical exams	No cost (1 annually)	No cost (1 annually)
	Foreign travel, worldwide	Contact plan for details	Emergency and urgent care
<i>Not covered in these plans: Acupuncture, naturopathy, health/wellness education, transportation, health club, and over-the-counter allowance.</i>			

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
MyAdvantage II-Rx	\$295 deductible	None	\$63.20
MyAdvantage II-Rx Plus	No deductible	All generics	\$118.20
MyAdvantage Active Rx	\$295 deductible	None	Washington county \$0 Douglas/Klamath county \$1.20

Plan contact information

ATRIO Health Plans
Continued from previous page

Plan service areas

MyAdvantage Elite Rx: Douglas, Klamath, and Washington counties (Klamath county except ZIPs 97425, 97731, 97733, 97737, and 97739).
MyAdvantage Elite Rx Plus: Douglas and Klamath counties (Klamath county except ZIPs 97425, 97731, 97733, 97737, and 97739).

Your costs		MyAdvantage Elite Rx	MyAdvantage Elite Rx Plus
TYPE OF PLAN/PLAN NO.		HMO-POS/With Rx H3814-015 & H3814-021 With Rx Plus H3814-016	
IMPORTANT INFORMATION			
1	Monthly premium <i>with Rx</i>	Douglas/Klamath: \$120 and Washington: \$106	
	Monthly premium <i>with Rx Plus</i>	Douglas/Klamath: \$178	
	Annual out-of-pocket max.	In-network: \$1,200 Out-of-network: \$2,500 (excludes Part D costs)	
INPATIENT CARE			
3-4	Inpatient hospital care and mental health care	In-network: \$100/day (days 1-3)/No cost (days 4-90) Out-of-network: \$200/day (days 1-5)/No cost (days 6-90)	
5	Skilled nursing facility <i>Prior authorization required</i>	In-network: \$10/day (days 1-100) Out-of-network: \$25/day (days 1-100)	
6	Home health care	In-network: No cost*	
7	Hospice (Medicare-certified program)	Paid through Medicare	
OUTPATIENT CARE			
8	Doctor office visits	In-network: \$10	Out-of-network: \$20
	Specialist	In-network: \$10	Out-of-network: \$20
9-10	Chiropractor and podiatry <i>Contact plan for details</i>	In-network: \$10* (max. \$500 yearly)	Out-of-network: \$20* (max. \$600 yearly)
11-12	Outpatient mental health and outpatient substance abuse	In-network: \$10*	Out-of-network: \$20*
13	Outpatient services/surgery	In-network: \$50*	Out-of-network: \$200*
14	Ambulance	In-network: \$50* (waived if admitted)	
15	Emergency care, worldwide	In-network: \$50* (waived if admitted within 24 hours)	
16	Urgent care	In-network: \$25* (waived if admitted within 24 hours)	
17	Outpatient rehab	In-network: \$10*	Out-of-network: \$20*

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Your costs		MyAdvantage Elite Rx	MyAdvantage Elite Rx Plus
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	In-network: 10% coinsurance*	Out-of-network: 25% coinsurance*
19	Prosthetic devices	In-network: 10% coinsurance*	Out-of-network: 25% coinsurance*
20	Diabetes self-monitoring training, nutrition therapy, and supplies	In-network: No cost	
21	Diagnostic tests, X-rays, and lab services	In-network: No cost*	
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
28	End-Stage Renal Disease	No cost	
29	Prescription drug benefit – Part B	In-network: 10% coinsurance	
30	Dental	Contact plan for details	
31	Hearing exams	\$10* hearing exams, \$10 for routine exam, and \$200 routine coverage every 2 years	
32	Vision	\$10* vision exams, \$10 routine exam, and \$300 routine coverage every 2 years	
33	Routine physical exams	In-network: No cost (1 annually)	
37	Point-of-service option	Yes	
	Foreign travel, worldwide	Emergency and urgent care (\$1,000 out-of-area travel allowance for routine services)	
<i>Not covered in these plans: Acupuncture, naturopathy, health/wellness education, transportation, health club, and over-the-counter allowance.</i>			

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
MyAdvantage Elite Rx	\$295 deductible	None	Washington county \$74.20 Douglas/Klamath county \$88.20
MyAdvantage Elite Rx Plus	No deductible	All generics	\$146.20

Plan contact information**CareOregon Advantage**

315 SW 5th Ave., Suite 900, Portland, OR 97204
 (800) 224-4840 or (503) 416-4100; TTY (877) 416-4161
www.careoregonadvantage.org

Plan service areas

Clackamas, Clatsop, Columbia, Jackson, Josephine,
 Marion, Polk, Multnomah, and Washington counties.

Your costs		CareOregon Advantage Star
TYPE OF PLAN/PLAN NO.		HMO/H5859-003
IMPORTANT INFORMATION		
1	Monthly premium <i>with Rx</i>	\$44
	Annual out-of-pocket max.	Not applicable
INPATIENT CARE		
3-4	Inpatient hospital care and mental health care	\$200/day (days 1-5)/No cost (days 6-90)
5	Skilled nursing facility	No cost (days 1-20)/\$100/day (days 21-100)
6	Home health care	No cost
7	Hospice (Medicare-certified program)	No cost
OUTPATIENT CARE		
8	Doctor office visits	\$15
	Specialist	\$30
9	Chiropractor	\$30*
10	Podiatry	\$30*
11	Outpatient mental health	\$30*
12	Outpatient substance abuse	\$30*
13	Outpatient services/surgery	20%*
14	Ambulance	\$150*
15	Emergency care, worldwide	\$50*
16	Urgent care	\$30*
17	Outpatient rehab	\$30*
OUTPATIENT MEDICAL SERVICES/SUPPLIES		
18	Durable medical equipment	20%*
19	Prosthetic devices	20%*
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost for therapy or training/20% for supplies
21	Diagnostic tests, X-rays, and lab services	20%*

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Your costs		CareOregon Advantage Star
PREVENTIVE SERVICES		
22	Bone mass measurement	No cost
23	Colorectal screening exams	No cost
24	Immunizations	No cost
25	Mammograms (annually)	No cost
26	Pap smears/pelvic exams	No cost
27	Prostate cancer exams	No cost
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)		
28	End-Stage Renal Disease	20% for dialysis/No cost for therapy
29	Prescription drug benefit – Part B	20%
30	Dental	20%
31	Hearing exams	\$20* for diagnostic exam and for each routine test
	Hearing aid benefit	No cost (2 hearing aid(s) every 3 year)
32	Vision	Contact plan for details
33	Routine physical exams	\$15 routine (no limit on the number of covered exams)
34	Health/wellness education	Nursing hotline
35	Transportation	No cost (up to 6 round trip(s)) to plan-approved location each year)
<i>Not covered in these plans: Acupuncture/naturopathy, foreign travel, health club, and over-the-counter allowance.</i>		

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
CareOregon Advantage Star	\$295 generics not included	Generics	\$13.70

Plan contact information		Plan service areas		
CareSource 740 SE 7th St., Grants Pass, OR 97526 (541) 471-4106 or (888) 460-0185; TTY/TDD (800) 735-2900 www.caresourcehealthplans.com		See below		
Your costs	CareSource Silver Coos CareSource Silver Coos Plus Rx	CareSource Silver CareSource Silver Plus Rx	CareSource Silver CareSource Silver Plus Rx	
TYPE OF PLAN/PLAN NO.	HMO/H3810-015 With Plus Rx H3810-016	HMO/H3810-006 With Plus Rx H3810-007	HMO/H3810-013 With Plus Rx H3810-014	
PLAN SERVICE AREA	Coos county	Josephine and Curry counties and Rogue River and Gold Hill in Jackson county and Glendale and Azalea in Douglas county.	Jackson county (excludes Rogue River and Gold Hill)	
IMPORTANT INFORMATION				
1	Monthly premium <i>no Rx</i>	\$5	No premium	\$23
	Monthly premium <i>with Plus Rx</i>	\$22	\$33	\$59
	Annual out-of-pocket max.	\$3,250 (excludes Part D costs)	\$3,250 (excludes Part D costs)	\$3,250 (excludes Part D costs)
INPATIENT CARE				
3-4	Inpatient hospital care and inpatient mental health care	\$250/day (days 1-11)	\$250/day (days 1-11)	\$250/day (days 1-11)
5	Skilled nursing facility	No cost (days 1-20) \$250/day (days 21-33)	\$250/day (days 1-11)	\$250/day (days 1-11)
6	Home health care	No cost*	No cost*	No cost*
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE				
8	Doctor office visits	\$15	\$15	\$15
	Specialist	\$25	\$25	\$25
9	Chiropractor	No cost	\$25	\$25
10	Podiatry	\$25*	\$25*	\$25*
11	Outpatient mental health	No cost* for individual or group therapy \$25* for individual or group therapy with a psychiatrist	\$15* for individual or group therapy \$25* for individual or group therapy with a psychiatrist	\$15* for individual or group therapy \$25* for individual or group therapy with a psychiatrist
12	Outpatient substance abuse	\$15*	\$15*	\$15*

*You pay this amount for services that Medicare covers. For services that Medicare does not cover, you pay the entire cost.

Your costs		CareSource Silver Coos CareSource Silver Coos Plus Rx	CareSource Silver CareSource Silver Plus Rx	CareSource Silver CareSource Silver Plus Rx
13	Outpatient services/surgery	\$200*	\$200*	\$200*
14	Ambulance	\$50*	\$50*	\$50*
15	Emergency care, worldwide	\$50* (waived if admitted within 48 hours)	\$50* (waived if admitted within 48 hours)	\$50* (waived if admitted within 48 hours)
16	Urgent care, worldwide	\$25* (waived if admitted within 48 hours)	\$25* (waived if admitted within 48 hours)	\$25* (waived if admitted within 48 hours)
17	Outpatient rehab	\$15*	\$15*	\$15*
OUTPATIENT MEDICAL SERVICES/SUPPLIES				
18	Durable medical equipment	20%*	20%*	20%*
19	Prosthetic devices	20%*	20%*	20%*
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost	No cost	No cost
21	Diagnostic tests, X-rays, and lab services	No cost*	No cost*	No cost*
PREVENTIVE SERVICES				
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	No cost	No cost
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)				
28	End-Stage Renal Disease	20% for dialysis	20% for dialysis	20% for dialysis
29	Prescription drug benefit – Part B	No cost	No cost	No cost
30	Dental	Not covered	Contact plan for details	Contact plan for details
31	Hearing exams	\$25* diagnostic exams (Routine hearing exams/aids are not covered)	\$25* diagnostic exams (Routine hearing exams/aids are not covered)	\$25* diagnostic exams (Routine hearing exams/aids are not covered)
32	Vision	Contact plan for details	Contact plan for details	Contact plan for details
33	Routine physical exams	No cost (1 annually)	No cost (1 annually)	No cost (1 annually)
Contact plan for additional benefit categories: Acupuncture, foreign travel, health/wellness education, health club, and over-the-counter allowance. Not covered in these plans: Naturopathy and transportation.				

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
CareSource Silver Plus Rx	No deductible	None	Varies – contact plan for details

Plan contact information		Plan service areas			
CareSource <i>Continued from previous page</i>		See below			
Your costs	CareSource Gold CareSource Gold Plus Rx	CareSource Gold CareSource Gold Plus Rx	CareSource Platinum CareSource Platinum Plus Rx	CareSource Platinum CareSource Platinum Plus Rx	
TYPE OF PLAN/PLAN NO.	HMO/H3810-01 With Plus Rx H3810-003	HMO/H3810-008 With Plus Rx H3810-010	HMO-POS/H3810-004 With Plus Rx H3810-005	HMO-POS/H3810-011 With Plus Rx H3810-012	
PLAN SERVICE AREA	Josephine, Coos, and Curry counties and Rogue River and Gold Hill in Jackson county and Glendale and Azalea in Douglas county.	Jackson county (excludes Rogue River and Gold Hill)	Josephine, Coos, and Curry counties and Rogue River and Gold Hill in Jackson county and Glendale and Azalea in Douglas county.	Jackson county (excludes Rogue River and Gold Hill)	
IMPORTANT INFORMATION					
1	Monthly premium <i>no Rx</i>	\$49	\$63	\$91	\$107
	Monthly premium <i>with Plus Rx</i>	\$89	\$103	\$133	\$149
	Annual out-of-pocket max.	\$2,000 (excludes Part D costs)	\$2,000 (excludes Part D costs)	\$500 (excludes Part D costs)	\$500 (excludes Part D costs)
INPATIENT CARE					
3-4	Inpatient hospital care and inpatient mental health care	\$100/day (days 1-3)	\$100/day (days 1-3)	\$100/day (days 1-3)	\$100/day (days 1-3)
5	Skilled nursing facility	No cost	No cost	No cost	No cost
6	Home health care	No cost*	No cost*	No cost*	No cost*
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE					
8	Doctor office visits	\$15	\$15	\$5	\$5
	Specialist	\$15	\$15	\$5	\$5
9-10	Chiropractor and podiatry	\$15	\$15	\$5	\$5
11	Outpatient mental health	\$15*	\$15*	\$5*	\$5*
12	Outpatient substance abuse	\$15*	\$15*	\$5*	\$5*
13	Outpatient services/surgery	\$50*	\$50*	\$50*	\$50*
14	Ambulance	\$50*	\$50*	\$50*	\$50*

*You pay this amount for services that Medicare covers. For services that Medicare does not cover, you pay the entire cost.

Your costs		CareSource Gold CareSource Gold Plus Rx	CareSource Gold CareSource Gold Plus Rx	CareSource Platinum CareSource Platinum Plus Rx	CareSource Platinum CareSource Platinum Plus Rx
15	Emergency care, worldwide	\$50* (waived if admitted within 48 hours)	\$50* (waived if admitted within 48 hours)	\$50* (waived if admitted within 48 hours)	\$50* (waived if admitted within 48 hours)
16	Urgent care, worldwide	\$25* (waived if admitted within 48 hours)	\$25* (waived if admitted within 48 hours)	\$25* (waived if admitted within 48 hours)	\$25* (waived if admitted within 48 hours)
17	Outpatient rehab	\$15*	\$15*	\$5*	\$5*
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	No cost*	No cost*	No cost*	No cost*
19	Prosthetic devices	No cost*	No cost*	No cost*	No cost*
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost	No cost	No cost	No cost
21	Diagnostic tests, X-rays, and lab services	No cost*	No cost*	No cost*	No cost*
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	No cost	No cost	No cost
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)					
28	End-Stage Renal Disease	No cost for dialysis	No cost for dialysis	No cost for dialysis	No cost for dialysis
29	Prescription drug benefit – Part B	No cost	No cost	No cost	No cost
30	Dental	Contact plan for details	Contact plan for details	Contact plan for details	Contact plan for details
31	Hearing exams	\$15* diagnostic exams	\$15* diagnostic exams	\$5* diagnostic exams	\$5* diagnostic exams
32	Vision	Contact plan for details	Contact plan for details	Contact plan for details	Contact plan for details
33	Routine physical exams	No cost (1 annually)	No cost (1 annually)	No cost (1 annually)	No cost (1 annually)
37	Point-of-service option	Not applicable	Not applicable	Yes, primary/specialty care only (20% coinsurance, \$5,000 max. benefit)	Yes, primary/specialty care only (20% coinsurance, \$5,000 max. benefit)
<p>Contact plan for additional benefit categories: Acupuncture, foreign travel, health/wellness education, health club, and over-the-counter allowance. Not covered in these plans: Naturopathy and transportation.</p>					

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
CareSource Gold Plus Rx	No deductible	None	Varies – contact plan for details
CareSource Platinum Plus Rx	No deductible	None	Varies – contact plan for details

CareSource, continued on next page

Plan contact information	Plan service areas
CareSource <i>Continued from previous page</i>	See below

Your costs	CareSource Diamond PPO CareSource Diamond PPO Plus Rx	CareSource Diamond PPO CareSource Diamond PPO Plus Rx
TYPE OF PLAN/PLAN NO.	PPO/H2481-003 With Plus Rx H2481-004	PPO/H2481-005 With Plus Rx H2481-006
PLAN SERVICE AREA	Josephine, Coos, and Curry counties and Rogue River and Gold Hill in Jackson county and Glendale and Azalea in Douglas county.	Jackson county (excludes Rogue River and Gold Hill)
IMPORTANT INFORMATION		
1 Monthly premium <i>no Rx</i>	\$63	\$89
Monthly premium <i>with Plus Rx</i>	\$99	\$129
Annual out-of-pocket max.	In-network: \$1,000 Out-of-network: \$2,000 (excludes Part D costs)	In-network: \$1,000 Out-of-network: \$2,000 (excludes Part D costs)
INPATIENT CARE		
3-4 Inpatient hospital care and inpatient mental health care	In-network: \$100/day (days 1-3) Out-of-network: \$200/day (days 1-11)	In-network: \$100/day (days 1-3) Out-of-network: \$200/day (days 1-11)
5 Skilled nursing facility	In-network: No cost Out-of-network: \$200/day (days 1-11)	In-network: No cost Out-of-network: \$200/day (days 1-11)
6 Home health care	In-network: No cost* Out-of-network: 20%	In-network: No cost* Out-of-network: 20%
7 Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE		
8 Doctor office visits	In-network: \$10 Out-of-network: \$20	In-network: \$10 Out-of-network: \$20
Specialist	In-network: \$20 Out-of-network: \$40	In-network: \$20 Out-of-network: \$40
9 Chiropractor	In-network: \$10 Out-of-network: \$20	In-network: \$10 Out-of-network: \$20
10 Podiatry	In-network: \$20* Out-of-network: \$40*	In-network: \$20* Out-of-network: \$40*
11 Outpatient mental health	In-network: \$10* for individual or group therapy and \$20* for individual or group therapy with a psychiatrist Out-of-network: \$20* for individual or group therapy and \$40* for individual or group therapy with a psychiatrist	In-network: \$10* for individual or group therapy and \$20* for individual or group therapy with a psychiatrist Out-of-network: \$20* for individual or group therapy and \$40* for individual or group therapy with a psychiatrist
12 Outpatient substance abuse	In-network: \$10* Out-of-network: \$20*	In-network: \$10* Out-of-network: \$20*

Your costs		CareSource Diamond PPO		CareSource Diamond PPO	
		CareSource Diamond PPO Plus Rx		CareSource Diamond PPO Plus Rx	
13	Outpatient services/surgery	In-network: \$50* Out-of-network: 20% hospital facility benefits/ \$200 ambulatory surgical center benefits		In-network: \$50* Out-of-network: 20% hospital facility benefits/ \$200 ambulatory surgical center benefits	
14	Ambulance	\$50*		\$50*	
15	Emergency care, worldwide	\$50* (waived if admitted within 48 hours)		\$50* (waived if admitted within 48 hours)	
16	Urgent care, worldwide	\$25* (waived if admitted within 48 hours)		\$25* (waived if admitted within 48 hours)	
17	Outpatient rehab	In-network: \$10*	Out-of-network: \$20*	In-network: \$10*	Out-of-network: \$20*
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	In-network: No cost*	Out-of-network: 20%*	In-network: No cost*	Out-of-network: 20%*
19	Prosthetic devices	In-network: No cost*	Out-of-network: 20%*	In-network: No cost*	Out-of-network: 20%*
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost		No cost	
21	Diagnostic tests, X-rays, and lab services	In-network: No cost*	Out-of-network: 20%*	In-network: No cost*	Out-of-network: 20%*
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	In-network: No cost*	Out-of-network: 20%*	In-network: No cost*	Out-of-network: 20%*
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)					
28	End-Stage Renal Disease	No cost		No cost	
29	Prescription drug benefit – Part B	No cost		No cost	
30	Dental	Contact plan for details		Contact plan for details	
31	Hearing exams	\$20* diagnostic exams		\$20* diagnostic exams	
32	Vision	Contact plan for details		Contact plan for details	
33	Routine physical exams	In-network: No cost	Out-of-network: 20%	In-network: No cost	Out-of-network: 20%
<i>Contact plan for additional benefit categories: Acupuncture, foreign travel, health/wellness education, health club, and over-the-counter allowance. Not covered in these plans: Naturopathy and transportation.</i>					

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
CareSource Diamond Plus Rx	No deductible	None	Varies – contact plan for details

Plan contact information

Clear Choice Health Plans, Inc.

2965 NE Conners Ave., Bend, OR 97701
 (541) 385-5315 or (888) 863-3637; TTY (800) 735-2900
www.clearchoicehp.com

Plan service areas

Deschutes, Grant, Hood River, Jefferson, Sherman, Wasco, Wheeler, and Klamath counties (ZIPs 97731, 97733, 97737, 97739) and Lake (ZIPs 97638, 97641, 97735).
The Value/Value Advantage plans also include Crook county.

Your costs		Value	Value Advantage	Traditional	Traditional Advantage
TYPE OF PLAN/PLAN NO.		HMO/H3864-002	HMO/With Rx H3864-006	HMO/H3864-001	HMO-POS/ With Rx H3864-007
IMPORTANT INFORMATION					
1	Monthly premium <i>no Rx</i>	\$77		\$99	
	Monthly premium <i>with Rx</i>		\$110		\$144
	Annual out-of-pocket max.	None	None	None	None
INPATIENT CARE					
3	Inpatient hospital care	\$200/day (days 1-4 only)	\$200/day (days 1-4 only)	\$125/day (days 1-4 only)	\$125/day (days 1-4 only)
4	Inpatient mental health care	\$200/day (days 1-4 only)	\$200/day (days 1-4 only)	\$125/day (days 1-4 only)	\$125/day (days 1-4 only)
5	Skilled nursing facility	No cost (days 1-20) \$50/day (days 21-100)	No cost (days 1-20) \$50/day (days 21-100)	No cost (days 1-20) \$25/day (days 21-100)	No cost (days 1-20) \$25/day (days 21-100)
6	Home health care	No cost	No cost	No cost	No cost
7	Hospice	No cost	No cost	No cost	No cost
OUTPATIENT CARE					
8	Doctor office visits	\$15	\$15	\$10	\$10 (10% out-of-network)
	Specialist	\$25	\$25	\$25	\$25 (10% out-of-network)
9-12	Chiropractor, podiatry, outpatient mental health, and outpatient substance abuse	\$25	\$25	\$25	\$25
13	Outpatient services/surgery	\$200	\$200	\$125	\$125
14	Ambulance	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
15	Emergency care	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
16	Urgent care	\$25	\$25	\$25	\$25
17	Outpatient rehab	\$25	\$25	\$25	\$25
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	0-20% (\$500 annual out-of-pocket max.)	0-20% (\$500 annual out-of-pocket max.)	0-20% (\$500 annual out-of-pocket max.)	0-20% (\$500 annual out-of-pocket max.)
19	Prosthetic devices	0-20% (\$500 annual out-of-pocket max.)	0-20% (\$500 annual out-of-pocket max.)	0-20% (\$500 annual out-of-pocket max.)	0-20% (\$500 annual out-of-pocket max.)

**You pay this amount for services that Medicare covers. For services that Medicare does not cover, you pay the entire cost.*

	Your costs	Value	Value Advantage	Traditional	Traditional Advantage
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost	No cost	No cost	No cost
21	Diagnostic tests, X-rays, and lab services	No cost for lab and X-ray/ \$100 for CT scan/\$150 for MRI/\$300 for PET scan	No cost for lab and X-ray/ \$100 for CT scan/\$150 for MRI/\$300 for PET scan	No cost for lab and X-ray/ \$50 for CT scan/\$75 for MRI/\$200 for PET scan	No cost for lab and X-ray/ \$50 for CT scan/\$75 for MRI/\$200 for PET scan
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	No cost	No cost	No cost
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)					
28	End-Stage Renal Disease	No cost	No cost	No cost	No cost
29	Prescription drug benefit – Part B	20%	20%	20%	20%
30	Dental	Not covered	Not covered	Not covered	Not covered
31	Hearing exam	\$25	\$25	\$25	\$25
	Hearing aid benefit	\$250 (every 2 years)	\$250 (every 2 years)	\$250 (every 2 years)	\$250 (every 2 years)
32	Vision Routine eye exam and hardware benefit	\$120 reimbursement (every 2 years)	\$120 reimbursement (every 2 years)	\$120 reimbursement (every 2 years)	\$120 reimbursement (every 2 years)
33	Routine physical exams	No cost (annually)	No cost (annually)	No cost (annually)	No cost (annually)
34	Health/wellness education	Contact plan for details	Contact plan for details	Contact plan for details	Contact plan for details
37	Point-of-service option	Not covered	Not covered	Not covered	Yes (doctor office visits including lab and X-ray services)
	Foreign travel, worldwide	Urgent, emergency, and ambulance services	Urgent, emergency, and ambulance services	Urgent, emergency, and ambulance services	Urgent, emergency, and ambulance services
<i>Not covered in these plans: Acupuncture, naturopathy, transportation, health club, and over-the-counter allowance.</i>					

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
Value Advantage	\$200	None	\$78.20
Traditional Advantage	No deductible	None	\$119.90

Plan contact information

Evercare by UnitedHealthcare (Special Needs Plans)

5 Centerpointe Dr., Suite 600, Lake Oswego, OR 97035

(800) 718-1295

www.EvercareHealthPlans.com

Plan service areas

MH-POS: Marion county.

MP: Clackamas, Lane, Multnomah, and Washington counties.

Your costs		Evercare Plan MH-POS		Evercare Plan MP	
TYPE OF PLAN/PLAN NO.		SNP/HMO-POS/With Rx H1286-007		SNP/PPO/With Rx H3812-007	
TYPE OF DISEASE		See page 63		See page 63	
IMPORTANT INFORMATION					
1	Monthly premium <i>with Rx</i>	No premium		No premium	
	Annual out-of-pocket max.	\$2,900 in-network; unlimited out-of-network		\$2,900 in-network; unlimited out-of-network	
INPATIENT CARE					
3	Inpatient hospital care	In-network: \$225 Out-of-network: 30%		In-network: \$225 Out-of-network: 30%	
4	Inpatient mental health care	In-network: \$225 Out-of-network: 30%		In-network: \$225 Out-of-network: 30%	
5	Skilled nursing facility	In-network: No cost (days 1-20) \$133.50/day (days 21-100) Out-of-network: 30%		In-network: No cost (days 1-20) \$133.50/day (days 21-100) Out-of-network: 30%	
6	Home health care	In-network: No cost Out-of-network: 30%		In-network: No cost Out-of-network: 30%	
7	Hospice	Paid through Medicare		Paid through Medicare	
OUTPATIENT CARE					
8	Doctor office visits	In-network: \$25 Out-of-network: 30%		In-network: \$25 Out-of-network: 30%	
	Specialist	In-network: \$5 Out-of-network: 30%		In-network: \$5 Out-of-network: 30%	
9	Chiropractor	In-network: \$25 Out-of-network: 30%		In-network: \$25 Out-of-network: 30%	
10	Podiatry	In-network: \$25 Out-of-network: 30%		In-network: \$25 Out-of-network: 30%	
11	Outpatient mental health	In-network: \$20 Out-of-network: 30%		In-network: \$20 Out-of-network: 30%	
12	Outpatient substance abuse	In-network: \$15 Out-of-network: 30%		In-network: \$15 Out-of-network: 30%	
13	Outpatient services/surgery	In-network: \$75 Out-of-network: 30%		In-network: \$75 Out-of-network: 30%	
14	Ambulance	In-network: \$75 Out-of-network: 30%		In-network: \$75 Out-of-network: 30%	
15	Emergency care	In-network: \$50 Out-of-network: 30%		In-network: \$50 Out-of-network: 30%	
16	Urgent care	In-network: \$25 Out-of-network: 30%		In-network: \$25 Out-of-network: 30%	
17	Outpatient rehab	In-network: \$20 Out-of-network: 30%		In-network: \$20 Out-of-network: 30%	

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Your costs		Evercare Plan MH-POS		Evercare Plan MP	
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	In-network: 0%-20% Out-of-network: 30%		In-network: 0%-20% Out-of-network: 30%	
19	Prosthetic devices	In-network: 20% Out-of-network: 30%		In-network: 20% Out-of-network: 30%	
20	Diabetes self-monitoring training, nutrition therapy, and supplies	In-network: No cost Out-of-network: 30%		In-network: No cost Out-of-network: 30%	
21	Diagnostic tests, X-rays, and lab services	In-network: \$0-\$75 Out-of-network: 30%		In-network: \$0-\$75 Out-of-network: 30%	
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	In-network: No cost Out-of-network: 30%		In-network: No cost Out-of-network: 30%	
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)					
28	End-Stage Renal Disease	In-network: 20% Out-of-network: 30%		In-network: 20% Out-of-network: 30%	
29	Prescription drug benefit – Part B	In-network: 20% Out-of-network: 30%		In-network: 20% Out-of-network: 30%	
30	Dental	In-network: \$25 Out-of-network: 30%		In-network: \$25 Out-of-network: 30%	
31	Hearing exam	In-network: \$25 Out-of-network: 30%		In-network: \$25 Out-of-network: 30%	
32	Vision	In-network: \$25 Out-of-network: 30%		In-network: \$25 Out-of-network: 30%	
33	Routine physical exams	In-network: No cost Out-of-network: 30%		In-network: No cost Out-of-network: 30%	
34	Health/wellness education	In-network: No cost Out-of-network: 30%		In-network: No cost Out-of-network: 30%	
35	Transportation	In-network: No cost Out-of-network: 30%		In-network: No cost Out-of-network: 30%	
	Foreign travel	\$50, worldwide urgent/emergency care only		\$50, worldwide urgent/emergency care only	
<i>Not covered in these plans: Acupuncture, foreign travel, naturopathy, health club, and over-the-counter allowance.</i>					

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
Evercare Plan MP	No deductible	None	\$0
Evercare Plan MH-POS	No deductible	None	\$0

Plan contact information

FamilyCare Health Plans, Inc.

825 NE Multnomah, Suite 300, Portland, OR 97232
 (866) 225-2273 or (503) 345-5701; TTY (800) 735-2900
www.familycareinc.org

Plan service areas

Clackamas, Clatsop, Morrow, Multnomah, Umatilla,
 and Washington counties.

Your costs		PremierCare Choice PremierCare Choice Rx	PremierCare Advantage Rx
TYPE OF PLAN/PLAN NO.		HMO/ H3818-004 With Rx H3818-003	HMO/With Rx H3818-001
IMPORTANT INFORMATION			
1	Monthly premium <i>no Rx</i>	No premium	
	Monthly premium <i>with Rx</i>	\$30	\$66
	Annual out-of-pocket max.	\$3,500 (excludes Part D costs)	\$1,500 (excludes Part D costs)
INPATIENT CARE			
3	Inpatient hospital care	\$250/day (days 1-5) No cost (days 6-90)	\$100/day (days 1-5) No cost (days 6-90)
4	Inpatient mental health care	\$250/day (days 1-5) No cost (days 6-90)	\$100/day (days 1-5) No cost (days 6-90)
5	Skilled nursing facility	No cost	No cost
6	Home health care	\$20	\$20
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE			
8	Doctor office visits	\$15	\$15
	Specialist	\$30	\$25
9	Chiropractor	\$30	\$25
10	Podiatry services	\$30	\$20*
	Podiatry services - routine	\$30	\$25
11	Outpatient mental health	20%	\$25
12	Outpatient substance abuse	20%	No cost
13	Outpatient services/surgery	No cost	No cost
14	Ambulance	\$50	\$50
15	Emergency care	\$50	\$50
16	Urgent care	\$20	\$20
17	Outpatient rehab	20%	\$25

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Your costs		PremierCare Choice PremierCare Choice Rx	PremierCare Advantage Rx
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	20%	20%
19	Prosthetic devices	20%	20%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost	No cost
21	Diagnostic tests, X-rays, and lab services	20%	No cost
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	No cost
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
28	End-Stage Renal Disease	20% for dialysis	No cost for dialysis
29	Prescription drug benefit – Part B	20%	20%
30	Dental (All dental benefits through Willamette Dental, contact plan for details)	Not covered	\$12 per office visit (every 6 months) \$35 each cleaning (every 6 months) \$8-\$40 for dental X-rays (1 annually)
31	Hearing	Not covered	\$20 for diagnostic exam and for each routine test
	Hearing aid benefit	Not covered	No cost 1 hearing aid(s) every 3 years and each fitting evolution for a hearing aid(s)
32	Vision (All vision services provided through contracted VSP providers, contact plan for details)	Not covered	\$25 for each routine eye exam No cost for glasses/contacts (up to 1 every 2 years)
33	Routine physical exams	No cost	No cost
34	Health/wellness education	Contact plan for details	Contact plan for details
	Alternative care benefit Contact plan for details	\$15 per visit (\$1,000 annual benefit)	\$15 per visit (\$1,000 annual benefit)
Not covered in these plans: Foreign travel, transportation, health club, and over-the-counter allowance.			

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
PremierCare Choice Rx	\$145	MAPD	\$0
PremierCare Advantage Rx	No deductible	MAPD	\$49

Plan contact information

Health Net Medicare Programs

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

Plan service areas

North counties are: Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill counties in Oregon. Clark county in Washington.

South counties are: Douglas, Jackson, and Josephine counties.

Your costs		Violet Option 1 - North		Violet Option 1 - South	
TYPE OF PLAN/PLAN NO.		PPO/With Rx H5520-002		PPO/With Rx H5520-004	
IMPORTANT INFORMATION					
1	Monthly premium <i>with Rx</i>	\$67		\$79	
	Annual out-of-pocket max.	In-network: \$1,950 Out-of-network: \$3,000 (excludes Part D costs)		In-network: \$2,100 Out-of-network: \$3,500 (excludes Part D costs)	
INPATIENT CARE					
3	Inpatient hospital care	In-network: \$100/day (days 1-4) Out-of-network: \$200/day (days 1-4)		In-network: \$100/day (days 1-7) Out-of-network: \$200/day (days 1-7)	
4	Inpatient mental health care	In-network: \$100/day (days 1-4) Out-of-network: \$200/day (days 1-4)		In-network: \$100/day (days 1-7) Out-of-network: \$200/day (days 1-7)	
5	Skilled nursing facility	In-network: \$100/day (days 1-4) Out-of-network: \$200/day (days 1-4)		In-network: \$100/day (days 1-7) Out-of-network: \$200/day (days 1-7)	
6	Home health care	No cost		No cost	
7	Hospice (Medicare-certified program)	No cost		No cost	
OUTPATIENT CARE					
8	Doctor office visits	In-network: \$10 Out-of-network: \$20		In-network: \$15 Out-of-network: \$25	
	Specialist	In-network: \$10 Out-of-network: \$20		In-network: \$15 Out-of-network: \$25	
9	Chiropractor	In-network: \$15*; Other \$15 Out-of-network: \$50*; Other \$15		In-network: \$15*; Other \$15 Out-of-network: \$50*; Other \$15	
10	Podiatry	In-network: \$25 Out-of-network: \$35		In-network: \$25 Out-of-network: \$35	
11	Outpatient mental health	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
12	Outpatient substance abuse	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
13	Outpatient services/surgery	In-network: \$100 Out-of-network: \$200		In-network: \$100 Out-of-network: \$200	
14	Ambulance	\$50		\$50	
15	Emergency care	\$50		\$50	
16	Urgent care	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
17	Outpatient rehab	In-network: \$25 Out-of-network: \$35		In-network: \$25 Out-of-network: \$35	

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Your costs		Violet Option 1 - North		Violet Option 1 - South	
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
19	Prosthetic devices	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost		No cost	
21	Diagnostic tests, X-rays, and lab services	In-network: \$0-\$600	Out-of-network: \$20-\$900	In-network: \$0-\$600	Out-of-network: \$20-\$900
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost		No cost	
ADDITIONAL BENEFITS <i>(For prescription drug benefit – Part D, see table below)</i>					
28	End-Stage Renal Disease	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
29	Prescription drug benefit – Part B	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
30	Dental	In-network: \$10*, \$35/100% Out-of-network: \$20*, \$35/80% of UCR (\$500 annual benefit limit)		In-network: \$15*, \$35/100% Out-of-network: \$25*, \$35/80% of UCR (\$500 annual benefit limit)	
31	Hearing exams	In-network: \$10*	Out-of-network: \$20*	In-network: \$15*	Out-of-network: \$25*
32	Vision	In-network: \$10*, \$10 routine exam (1 annually) Out-of-network: \$20*, \$10 routine exam (1 annually), Health Net pays first \$45 and member pays \$10 plus balance		In-network: \$15*, \$10 routine exam (1 annually) Out-of-network: \$25*, \$10 routine exam (1 annually), Health Net pays first \$45 and member pays \$10 plus balance	
33	Routine physical exams	No cost		No cost	
34	Health/wellness education	Contact plan for details		Contact plan for details	
36	Acupuncture/naturopathy	\$15		\$15	
	Foreign travel	Urgent and emergency care \$50,000 annual max.		Urgent and emergency care \$50,000 annual max.	
<i>Not covered in these plans: Transportation, health club, and over-the-counter allowance.</i>					

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
Violet Option 1 - North	No deductible	Not applicable	Contact plan for details
Violet Option 1 - South	No deductible	Not applicable	Contact plan for details

Health Net plans, continued on next page

Plan contact information

Health Net Medicare Programs
Continued from previous page

Plan service areas

North counties are: Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill counties in Oregon. Clark county in Washington.
South counties are: Douglas, Jackson, and Josephine counties.

Your costs		Violet Option 2 - North		Violet Option 2 - South	
TYPE OF PLAN/PLAN NO.		PPO/With Rx H5520-005		PPO/With Rx H5520-006	
IMPORTANT INFORMATION					
1	Monthly premium <i>with Rx</i>	No premium		\$50	
	Annual out-of-pocket max.	In-network: \$3,350 (excludes Part D costs) Out-of-network: \$6,200		In-network: \$3,350 (excludes Part D costs) Out-of-network: \$6,200	
INPATIENT CARE					
3	Inpatient hospital care	In-network: \$200/day (days 1-10) Out-of-network: \$400/day (days 1-10)		In-network: \$200/day (days 1-10) Out-of-network: \$400/day (days 1-10)	
4	Inpatient mental health care	In-network: \$200/day (days 1-10) Out-of-network: \$400/day (days 1-10)		In-network: \$200/day (days 1-10) Out-of-network: \$400/day (days 1-10)	
5	Skilled nursing facility	In-network: \$100/day (days 1-10) Out-of-network: \$200/day (days 1-10)		In-network: \$100/day (days 1-10) Out-of-network: \$200/day (days 1-10)	
6	Home health care	No cost		No cost	
7	Hospice (Medicare-certified program)	No cost		No cost	
OUTPATIENT CARE					
8	Doctor office visits	In-network: \$10 Out-of-network: \$30		In-network: \$15 Out-of-network: \$30	
	Specialist	In-network: \$10 Out-of-network: \$30		In-network: \$15 Out-of-network: \$30	
9	Chiropractor	In-network: \$15*; Other \$15 Out-of-network: \$50*; Other \$15		In-network: \$15*; Other \$15 Out-of-network: \$50*; Other \$15	
10	Podiatry	In-network: \$25 Out-of-network: \$35		In-network: \$25 Out-of-network: \$35	
11	Outpatient mental health	\$40		\$40	
12	Outpatient substance abuse	\$40		\$40	
13	Outpatient services/surgery	In-network: 30% Out-of-network: 40%		In-network: 30% Out-of-network: 40%	
14	Ambulance	\$150		\$150	
15	Emergency care	\$50		\$50	
16	Urgent care	\$50		In-network: \$25 Out-of-network: \$50	
17	Outpatient rehab	In-network: 30% Out-of-network: 40%		In-network: 30% Out-of-network: 40%	

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Your costs		Violet Option 2 - North		Violet Option 2 - South	
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	30%		30%	
19	Prosthetic devices	30%		30%	
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost for training/30% for supplies		No cost for training/30% for supplies	
21	Diagnostic tests, X-rays, and lab services	In-network: \$0-\$600	Out-of-network: \$30-\$900	In-network: \$0-\$600	Out-of-network: \$30-\$900
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost		No cost	
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)					
28	End-Stage Renal Disease	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
29	Prescription drug benefit – Part B	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
30	Dental	In-network: \$10*	Out-of-network: \$20*	In-network: \$15*	Out-of-network: \$25*
31	Hearing exams	In-network: \$10*	Out-of-network: \$30*	In-network: \$15*	Out-of-network: \$30*
32	Vision	In-network: \$10*	Out-of-network: \$30*	In-network: \$15*	Out-of-network: \$30*
33	Routine physical exams	No cost		No cost	
34	Health/wellness education	Contact plan for details		Contact plan for details	
36	Acupuncture/naturopathy	\$15		\$15	
	Foreign travel	Urgent and emergency care \$50,000 annual max.		Urgent and emergency care \$50,000 annual max.	
<i>Not covered in these plans: Transportation, health club, and over-the-counter allowance.</i>					

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
Violet Option 2 - North	No deductible	Not applicable	\$0
Violet Option 2 - South	No deductible	Not applicable	\$42.70

Health Net plans, continued on next page

Plan contact information

Health Net Medicare Programs
Continued from previous page

Plan service areas

North counties are: Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill counties in Oregon. Clark county in Washington.
South counties are: Douglas, Jackson, and Josephine counties.

Your costs		Aqua - North		Aqua - South	
TYPE OF PLAN/PLAN NO.		PPO/H5520-001		PPO/H5520-003	
IMPORTANT INFORMATION					
1	Monthly premium <i>no Rx</i>	\$43		\$65	
	Annual out-of-pocket max.	In-network: \$1,500	Out-of-network: \$3,000	In-network: \$1,750	Out-of-network: \$3,250
INPATIENT CARE					
3	Inpatient hospital care	In-network: \$100/day (days 1-4) Out-of-network: \$200/day (days 1-4)		In-network: \$100/day (days 1-7) Out-of-network: \$200/day (days 1-7)	
4	Inpatient mental health care	In-network: \$100/day (days 1-4) Out-of-network: \$200/day (days 1-4)		In-network: \$100/day (days 1-7) Out-of-network: \$200/day (days 1-7)	
5	Skilled nursing facility	In-network: \$100/day (days 1-4) Out-of-network: \$200/day (days 1-4)		In-network: \$100/day (days 1-7) Out-of-network: \$200/day (days 1-7)	
6	Home health care	No cost		No cost	
7	Hospice (Medicare-certified program)	No cost		No cost	
OUTPATIENT CARE					
8	Doctor office visits	In-network: \$10	Out-of-network: \$20	In-network: \$15	Out-of-network: \$25
	Specialist	In-network: \$10	Out-of-network: \$20	In-network: \$15	Out-of-network: \$25
9	Chiropractor	In-network: \$15*; Other \$15 Out-of-network: \$50*; Other \$15		In-network: \$15*; Other \$15 Out-of-network: \$50*; Other \$15	
10	Podiatry	In-network: \$25	Out-of-network: \$35	In-network: \$25	Out-of-network: \$35
11	Outpatient mental health	In-network: \$25	Out-of-network: \$50	In-network: \$25	Out-of-network: \$50
12	Outpatient substance abuse	In-network: \$25	Out-of-network: \$50	In-network: \$25	Out-of-network: \$50
13	Outpatient services/surgery	In-network: \$100	Out-of-network: \$200	In-network: \$100	Out-of-network: \$200
14	Ambulance	\$25		\$25	
15	Emergency care	\$50		\$50	
16	Urgent care	In-network: \$25	Out-of-network: \$50	In-network: \$25	Out-of-network: \$50
17	Outpatient rehab	In-network: \$25	Out-of-network: \$35	In-network: \$25	Out-of-network: \$35

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Your costs		Aqua - North		Aqua - South	
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
19	Prosthetic devices	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost		No cost	
21	Diagnostic tests, X-rays, and lab services	In-network: \$0-\$600	Out-of-network: \$20-\$900	In-network: \$0-\$600	Out-of-network: \$20-\$900
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost		No cost	
ADDITIONAL BENEFITS					
28	End-Stage Renal Disease	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
29	Prescription drug benefit – Part B	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
30	Dental	In-network: \$10*, \$35/100% Out-of-network: \$20*, \$35/80% of UCR (\$500 annual benefit limit)		In-network: \$15*, \$35/100% Out-of-network: \$25*, \$35/80% of UCR (\$500 annual benefit limit)	
31	Hearing exams	In-network: \$10*	Out-of-network: \$20*	In-network: \$15*	Out-of-network: \$25*
32	Vision	In-network: \$10*, \$10 routine exam (1 annually) Out-of-network: \$20*, \$10 routine exam (1 annually), Health Net pays first \$45 and member pays \$10 plus balance		In-network: \$15*, \$10 routine exam (1 annually) Out-of-network: \$25*, \$10 routine exam (1 annually), Health Net pays first \$45 and member pays \$10 plus balance	
33	Routine physical exams	No cost		No cost	
34	Health/wellness education	Contact plan for details		In-network: \$15	Out-of-network: \$25
36	Acupuncture/naturopathy	\$15		\$15	
	Foreign travel	Urgent and emergency care \$50,000 annual max.		Urgent and emergency care \$50,000 annual max.	
<i>Not covered in these plans: Transportation, health club, and over-the-counter allowance.</i>					

Health Net plans, continued on next page

Plan contact information

Health Net Medicare Programs (**Special Needs Plans**)*Continued from previous page*

Plan service areas

North counties are: Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill counties in Oregon. Clark county in Washington.

South counties are: Jackson and Josephine counties.

Your costs		Sage - North		Sage - South	
TYPE OF PLAN/PLAN NO.		SNP/PPO/With Rx H5520-007		SNP/PPO/With Rx H5520-008	
TYPE OF DISEASE		See page 63		See page 63	
IMPORTANT INFORMATION					
1	Monthly premium <i>with Rx</i>	\$62		\$89	
	Annual out-of-pocket max.	In-network: \$1,950 Out-of-network: \$3,000 (excludes Part D costs)		In-network: \$2,100 Out-of-network: \$3,500 (excludes Part D costs)	
INPATIENT CARE					
3	Inpatient hospital care	In-network: \$100/day (days 1-4) Out-of-network: \$200/day (days 1-4)		In-network: \$100/day (days 1-7) Out-of-network: \$200/day (days 1-7)	
4	Inpatient mental health care	In-network: \$100/day (days 1-4) Out-of-network: \$200/day (days 1-4)		In-network: \$100/day (days 1-7) Out-of-network: \$200/day (days 1-7)	
5	Skilled nursing facility	In-network: \$100/day (days 1-4) Out-of-network: \$200/day (days 1-4)		In-network: \$100/day (days 1-7) Out-of-network: \$200/day (days 1-7)	
6	Home health care	No cost		No cost	
7	Hospice (Medicare-certified program)	No cost		No cost	
OUTPATIENT CARE					
8	Doctor office visits	In-network: \$10 Out-of-network: \$20		In-network: \$15 Out-of-network: \$25	
	Specialist	In-network: \$10 Out-of-network: \$20		In-network: \$15 Out-of-network: \$25	
9	Chiropractor	In-network: \$15*; Other \$15 Out-of-network: \$50*; Other \$15		In-network: \$15*; Other \$15 Out-of-network: \$50*; Other \$15	
10	Podiatry	In-network: \$25 Out-of-network: \$35		In-network: \$25 Out-of-network: \$35	
11	Outpatient mental health	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
12	Outpatient substance abuse	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
13	Outpatient services/surgery	In-network: \$100 Out-of-network: \$200		In-network: \$100 Out-of-network: \$200	
14	Ambulance	\$50		\$50	
15	Emergency care	\$50		\$50	
16	Urgent care	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
17	Outpatient rehab	In-network: \$25 Out-of-network: \$35		In-network: \$25 Out-of-network: \$35	

**You pay this amount for services that Medicare covers. For services that Medicare does not cover, you pay the entire cost.*

Your costs		Sage - North		Sage - South	
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
19	Prosthetic devices	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost		No cost	
21	Diagnostic tests, X-rays, and lab services	In-network: \$0-\$600	Out-of-network: \$0-\$900	In-network: \$0-\$600	Out-of-network: \$20-\$900
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost		No cost	
ADDITIONAL BENEFITS <i>(For prescription drug benefit – Part D, see table below)</i>					
28	End-Stage Renal Disease	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
29	Prescription drug benefit – Part B	In-network: \$20-\$600	Out-of-network: \$30-\$900	In-network: \$20-\$600	Out-of-network: \$30-\$900
30	Dental	In-network: \$10*, \$35/100% Out-of-network: \$20*, \$35/80% of UCR (\$500 annual benefit limit)		In-network: \$10*, \$35/100% Out-of-network: \$20*, \$35/80% of UCR (\$500 annual benefit limit)	
31	Hearing exams	In-network: \$10*	Out-of-network: \$20*	In-network: \$15*	Out-of-network: \$25*
32	Vision	In-network: \$10*, \$10 routine exam (1 annually) Out-of-network: \$20*, \$10 routine exam (1 annually), Health Net pays first \$45 and member pays \$10 plus balance		In-network: \$15*, \$10 routine exam (1 annually) Out-of-network: \$25*, \$10 routine exam (1 annually), Health Net pays first \$45 and member pays \$10 plus balance	
33	Routine physical exams	No cost		No cost	
34	Health/wellness education	Contact plan for details		Contact plan for details	
36	Acupuncture/naturopathy	\$15		\$15	
	Foreign travel	Urgent and emergency care \$50,000 annual max.		Urgent and emergency care \$50,000 annual max.	
<i>Not covered in these plans: Transportation, health club, and over-the-counter allowance.</i>					

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
Sage - North	No deductible	Not applicable	\$44.70
Sage - South	No deductible	Not applicable	\$76.30

Plan contact information

Humana Insurance Company

500 W. Main St., Louisville, KY 40202
 Prospective members: (800) 833-2312
 Current members: (877) 511-5000
www.humana-medicare.com

Plan service areas

Baker, Benton, Clackamas, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Grant, Harney, Hood River, Jefferson, Klamath, Lake, Lincoln, Malheur, Marion, Multnomah, Polk, Sherman, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, and Yamhill counties.

Your costs		Humana Gold Choice	Humana Gold Choice
TYPE OF PLAN/PLAN NO.		PFFS/H1804-261	PFFS/H1804-262
IMPORTANT INFORMATION			
1	Monthly premium <i>with Rx</i>	\$49	\$48
	Annual out-of-pocket max.	\$5,000 (excludes Part D costs)	\$5,000 (excludes Part D costs)
INPATIENT CARE			
3	Inpatient hospital care	\$950 per admission	\$950 per admission
4	Inpatient mental health care	\$950 per admission	\$950 per admission
5	Skilled nursing facility	No cost (days 1-20) \$128/day (days 21-100)	No cost (days 1-20) \$128/day (days 21-100)
6	Home health care	No cost*	No cost*
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE			
8	Doctor office visits	\$15	\$15
	Specialist	\$30	\$30
9-10	Chiropractor and podiatry	\$30*	\$30*
11-12	Outpatient mental health and outpatient substance abuse	\$15-\$100	\$30 (or 25% of the cost)
13	Outpatient services/surgery	\$15-\$100	20%-25%
14	Ambulance	\$100	20%
15	Emergency care	\$50 (waived if admitted within 24 hours)	20% (up to \$50, waived if admitted within 24 hours)
16	Urgent care	\$15-\$30	\$15-\$30
17	Outpatient rehab	\$30-\$100	30% (or 20%-25% of the cost)

*You pay this amount for services that Medicare covers. For services that Medicare does not cover, you pay the entire cost.

Your costs		Humana Gold Choice	Humana Gold Choice
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	20%	20%
19	Prosthetic devices	20%	20%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost for training and therapy 20% for supplies	No cost for training and therapy 20% for supplies
21	Diagnostic tests, X-rays, and lab services	\$0-\$100	\$0-\$30 (or 20%-25% of the cost)
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	No cost
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
28	End-Stage Renal Disease	20% coinsurance for dialysis	20% coinsurance for dialysis
29	Prescription drug benefit – Part B	\$7/\$40/\$60/33% up to catastrophic	\$295 deductible/25% coinsurance up to catastrophic
30	Dental	\$30*	\$30*
31	Hearing exams	\$30* (1 routine test every 2 years)	\$30* (1 routine test every 2 years)
32	Vision	\$30*	\$30*
33	Routine physical exams	No cost (1 annually)	No cost (1 annually)
34	Health/wellness education	Contact plan for details	Contact plan for details
	Health club	SilverSneakers	SilverSneakers
	Foreign travel	\$250 deductible, 20% coinsurance, and \$25,000 annual max. benefit or 60 consecutive days, whichever is reached first (limited to emergency Medicare-covered services)	\$250 deductible, 20% coinsurance, and \$25,000 annual max. benefit or 60 consecutive days, whichever is reached first (limited to emergency Medicare-covered services)
	Over-the-counter allowance	Discount available	Discount available
<p>Contact plan for additional health club benefits. Not covered in these plans: Acupuncture, foreign travel, naturopathy, and transportation.</p>			

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
Humana Gold Choice H1804-261	No deductible	Home Infusion Drugs	\$30
Humana Gold Choice H1804-262	\$295	None	\$21.10

Plan contact information	Plan service areas
<p>Kaiser Permanente 500 NE Multnomah St., Suite 100, Portland, OR 97232 (877) 221-8221; TTY (800) 735-2900 www.kp.org</p>	<p>Benton: 97330, 97331, 97333, 97339, and 97370. Linn: 97321, 97322, 97335, 97355, 97358, 97360, 97374, and 97389. All ZIP codes: Clackamas, Columbia, Marion, Multnomah, Polk, Washington, and Yamhill counties.</p>

Your costs		Senior Advantage Basic	Senior Advantage
TYPE OF PLAN/PLAN NO.		HMO/H9003-006	HMO/H9003-001
IMPORTANT INFORMATION			
1	Monthly premium <i>with Rx</i>	\$39	\$99
	Annual out-of-pocket max.	\$3,250 (excludes Part D costs)	\$3,250 (excludes Part D costs)
INPATIENT CARE			
3	Inpatient hospital care	\$250*/day (days 1-4)/No cost (days 5-90) No cost* for additional hospital days	\$200*/day (days 1-4)/No cost (days 5-90) No cost* for additional hospital days
4	Inpatient mental health care	\$250*/day (days 1-4)/No cost (days 5-90)	\$200*/day (days 1-4)/No cost (days 5-90)
5	Skilled nursing facility	No cost* for SNF services, 100 days per benefit period	No cost* for SNF services, 100 days per benefit period
6	Home health care	No cost*	No cost*
7	Hospice (Medicare-certified program)	No cost*	No cost*
OUTPATIENT CARE			
8	Doctor office visits	\$30*	\$20*
	Specialist	\$30*	\$20*
9	Chiropractor	\$30*	\$20*
10	Podiatry	\$30*	\$20*
11	Outpatient mental health	\$30* individual therapy/\$15* group therapy	\$20* individual therapy/\$10* group therapy
12	Outpatient substance abuse	\$30* individual therapy/\$15* group therapy	\$20* individual therapy/\$10* group therapy
13	Outpatient services/surgery	\$0*-\$200*	\$0*-\$150*
14	Ambulance, worldwide	\$150*	\$100*
15	Emergency care, worldwide	\$50*	\$50*
16	Urgent care, worldwide	\$30*	\$20*
17	Outpatient rehab	\$30*	\$20*
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	0%*-20%*	0%*-20%*
19	Prosthetic devices	0%*-20%*	0%*-20%*

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

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
Senior Advantage Basic	No deductible	Generic only	\$35.40
Senior Advantage	No deductible	Generic only	\$81.80

Plan contact information

Marion Polk Community Health Plan Advantage, Inc.

198 Commercial St. SE, Suite 100, Salem, OR 97302

(888) 236-2496

www.PhysiciansChoiceAdvantage.com

Plan service areas

Marion and Polk counties.

Your costs		Physicians Choice Advantage Physicians Choice Advantage + Rx
TYPE OF PLAN/PLAN NO.		HMO/H5995-003 With Rx H5995-002
IMPORTANT INFORMATION		
1	Monthly premium <i>no Rx</i>	No premium
	Monthly premium <i>with Rx</i>	\$69
	Annual out-of-pocket max.	\$2,250 (excludes Part D costs)
INPATIENT CARE		
3	Inpatient hospital care	\$100/day (days 1-7)/No cost (days 8-90)/No cost lifetime reserve days 1-60
4	Inpatient mental health care	\$100/day (days 1-7)/No cost (days 8-90)/No cost lifetime reserve days 1-60
5	Skilled nursing facility	No cost
6	Home health care	No cost
7	Hospice (Medicare-certified program)	No cost
OUTPATIENT CARE		
8	Doctor office visits	\$10
	Specialist	\$15
9-12	Chiropractor, podiatry, outpatient mental health, and outpatient substance abuse	\$15
13	Outpatient services/surgery	\$50 at ASC/\$100 at hospital
14	Ambulance	\$50
15	Emergency care	\$50 (waived if admitted within 48 hours)
16	Urgent care	\$15 (waived if admitted within 48 hours)
17	Outpatient rehab	\$15

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Your costs		Physicians Choice Advantage	Physicians Choice Advantage + Rx
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	No cost	
19	Prosthetic devices	No cost	
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost	
21	Diagnostic tests, X-rays, and lab services	No cost	
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
28	End-Stage Renal Disease	No cost	
29	Prescription drug benefit – Part B	20%	
30	Dental	No cost for preventive dental only (\$500 max. plan covered benefit) \$15* for Original Medicare-covered dental benefits	
31	Hearing exams	\$15 for diagnostic hearing exams	
32	Vision	\$15 exams/No cost for hardware (\$137 max. plan covered hardware) Every 2 years	
33	Routine physical exams	\$10	
34	Health/wellness education	No cost	
35	Transportation	No cost (must give 48 hours notice)	
	Foreign travel	Emergency care, worldwide	
<i>Not covered in these plans: Acupuncture, naturopathy, health club, and over-the-counter allowance.</i>			

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
Physicians Choice Advantage + Rx	No deductible	None	\$37.20

Plan contact information

Mennonite Mutual Aid Association

1110 North Main St., P.O. Box 483, Goshen, IN 46527

(800) 348-7468; TTY (800) 348-7468

www.mma-online.org*This is a fraternal benefit society. Its policies are available only to persons eligible for membership in the Association.*

Plan service areas

All counties in Oregon.

Your costs		Team Care Advantage	Team Care Advantage Rx
TYPE OF PLAN/PLAN NO.		PFFS/H8836-002	PFFS/With Rx H8836-001
IMPORTANT INFORMATION			
1	Monthly premium <i>no Rx</i>	\$25	
	Monthly premium <i>with Rx</i>		\$36
	Annual out-of-pocket max.	\$3,500	\$3,500 (excludes Part D costs)
INPATIENT CARE			
3	Inpatient hospital care	\$125/day (days 1-5) for each admission	\$175/day (days 1-5) for each admission
4	Inpatient mental health care	\$125/day (days 1-5) for each admission	\$175/day (days 1-5) for each admission
5	Skilled nursing facility	No cost (days 1-10)/\$100/day (days 11-100) for each admission	No cost (days 1-10)/\$100/day (days 11-100) for each admission
6	Home health care	10%	15%
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE			
8	Doctor office visits	\$20	\$20
	Specialist	\$50	\$50
9	Chiropractor	\$20	\$20
10	Podiatry	\$50	\$50
11	Outpatient mental health	50%	50%
12	Outpatient substance abuse	50%	50%
13	Outpatient services/surgery	10%	15%
14	Ambulance	\$100	\$150
15	Emergency care	\$50 (unless admitted within 1 day)	\$50 (unless admitted within 1 day)
16	Urgent care	\$20-\$50	\$20-\$50
17	Outpatient rehab	10%	15%

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

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
Team Care Advantage Rx	\$100	None	\$10.20

Plan contact information

ODS Companies

601 SW 2nd, Portland, OR 97204
 (888) 217-2375 or (503) 265-2975
www.odscpanies.com/odsadvantage

Plan service areas

Entire state of Oregon.

Your costs		ODS Advantage PPO ODS Advantage PPO Rx ODS Advantage PPO Rx Select
TYPE OF PLAN/PLAN NO.		PPO/H3813-001 With Rx H3813-002 With Rx Select H3813-003
IMPORTANT INFORMATION		
1	Monthly premium <i>no Rx</i>	\$24.90
	Monthly premium <i>with Rx</i>	\$73.90
	Monthly premium <i>with Rx Select</i>	\$90.20
	Annual out-of-pocket max.	\$1,500 (excludes Part D costs)
INPATIENT CARE		
3	Inpatient hospital care	\$400*
4	Inpatient mental health care	\$400*
5	Skilled nursing facility	No cost* (days 1-20)/\$50*/day (days 21-100)
6	Home health care	No cost*
7	Hospice (Medicare-certified program)	Paid through Medicare
OUTPATIENT CARE		
8	Doctor office visits	\$20*
	Specialist	\$30*
9	Chiropractor	\$20*
10	Podiatry	\$20*
11	Outpatient mental health	\$30* individual therapy/\$20* group therapy
12	Outpatient substance abuse	\$30* individual therapy/\$20* group therapy
13	Outpatient services/surgery	10%* (up to a max. \$400)
14	Ambulance	\$50*
15	Emergency care	\$50*
16	Urgent care	\$20*
17	Outpatient rehab	\$20*

*You pay this amount for services that Medicare covers. For services that Medicare does not cover, you pay the entire cost.

Your costs		ODS Advantage PPO ODS Advantage PPO Rx ODS Advantage PPO Rx Select
OUTPATIENT MEDICAL SERVICES/SUPPLIES		
18	Durable medical equipment	10%*
19	Prosthetic devices	\$10*
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$10*
21	Diagnostic tests, X-rays, and lab services	No cost* for procedures, test, and lab/\$10* for X-ray/10%* for diagnostic radiology (up to a max. \$100) /\$30* for therapeutic radiology
PREVENTIVE SERVICES		
22	Bone mass measurement	\$20*
23	Colorectal screening exams	No cost*
24	Immunizations	No cost*
25	Mammograms (annually)	\$20*
26	Pap smears/pelvic exams	No cost*
27	Prostate cancer exams	No cost*
ADDITIONAL BENEFITS <i>(For prescription drug benefit – Part D, see table below)</i>		
28	End-Stage Renal Disease	10%* for dialysis/\$10* for nutrition therapy
29	Prescription drug benefit – Part B	10%*
30	Dental	No cost*
31	Hearing exams	\$20*
32	Vision	\$30* routine exam (every 2 years)/\$30* eye care
33	Routine physical exams	No cost* (limited to one exam annually)
34	Health/wellness education	No cost*
36	Acupuncture/naturopathy	Optional supplemental package
	Foreign travel	Emergency coverage only
<i>Not covered in these plans: Transportation, health club, and over-the-counter allowance.</i>		

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
ODS Advantage PPO Rx	\$295	None	\$42.30
ODS Advantage PPO Rx Select	No deductible	Generics covered 25% coinsurance applies	\$58.44

Plan contact information

Providence Health Plans

3601 SW Murray Blvd., Suite 10, Beaverton, OR 97005
(503) 574-8000 or (800) 603-2340; TTY (888) 244-6642
www.providence.org/healthplans/

Plan service areas

Clackamas, Columbia, Lane, Marion, Multnomah, Polk, Washington, and Yamhill counties. Clark county in Washington.

Your costs		Providence Medicare Extra Providence Medicare Extra + Rx	Providence Medicare Choice Providence Medicare Choice + Rx
TYPE OF PLAN/PLAN NO.		HMO/H9047-033 With Rx H9047-001	HMO-POS/H9047-035 With Rx H9047-024 <i>**Authorization rules may apply. Contact plan for details.</i>
IMPORTANT INFORMATION			
1	Monthly premium <i>no Rx</i>	\$85	\$29
	Monthly premium <i>with Rx</i>	\$111	\$51
	Annual out-of-pocket max.	\$2,500 (excludes Part D costs)	\$3,500 combined in/out-of-network (excludes Part D costs)
INPATIENT CARE			
3	Inpatient hospital care	\$250 per stay	In-network: \$350 per stay Out-of-network: 20%**
4	Inpatient mental health care	\$250 per stay	In-network: \$350 per stay Out-of-network: 20%**
5	Skilled nursing facility	No cost (days 1-100)	In-network: No cost (days 1-21)/\$50/day (days 22-100) Out-of-network: 20%
6	Home health care	No cost	In-network: 10% Out-of-network: 20%
7	Hospice (Original Medicare)	No cost	In-network: No cost Out-of-network: Not applicable
OUTPATIENT CARE			
8	Doctor office visits	\$15	In-network: \$20 Out-of-network: 20%
	Specialist	\$15	In-network: \$20 Out-of-network: 20%
9	Chiropractor	\$15	In-network: \$20 Out-of-network: 20%
10-12	Podiatry, outpatient mental health, and outpatient substance abuse	\$15	In-network: \$20 Out-of-network: 20%
13	Outpatient services/surgery	\$50	In-network: \$100 Out-of-network: 20%
14	Ambulance, worldwide	\$50	\$50
15	Emergency care, worldwide	\$50	\$50
16	Urgent care, worldwide	\$25	\$25
17	Outpatient rehab	\$15	In-network: \$20 Out-of-network: 20%
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	10%	In-network: 10% Out-of-network: 20%**

**You pay this amount for services that Medicare covers. For services that Medicare does not cover, you pay the entire cost.*

Your costs		Providence Medicare Extra Providence Medicare Extra + Rx	Providence Medicare Choice Providence Medicare Choice + Rx
19	Prosthetic devices	10%	In-network: 10% Out-of-network: 20%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0-\$15	In-network: \$0-\$20 Out-of-network: 20%
21	Diagnostic tests, X-rays, and lab services	0%-10%	In-network: 0%-10% Out-of-network: 20%
PREVENTIVE SERVICES			
22-23	Bone mass measurement and colorectal screening exams	No cost	In-network: \$10 Out-of-network: 20%
24	Immunizations	No cost	In-network: No cost Out-of-network: 20%
25	Mammograms (annually)	No cost (diagnostic test co-pay may apply)	In-network: \$10 (diagnostic test co-pay may apply) Out-of-network: 20%
26	Pap smears/pelvic exams	No cost (diagnostic test co-pay may apply)	In-network: No cost (diagnostic test co-pay may apply) Out-of-network: 20%
27	Prostate cancer exams	No cost	In-network: No cost Out-of-network: 20%
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
28	End-Stage Renal Disease	No cost for dialysis/\$15 for therapy	10% for dialysis/\$20 for therapy
29	Prescription drug benefit – Part B	10%	In-network: 10% Out-of-network: 20%
30	Dental	\$15* dental benefits (dental plan offered after enrollment)	In-network: \$15* dental benefits (dental plan offered after enrollment) Out-of-network: 20% dental benefits
31	Hearing exams	\$15	In-network: \$20 Out-of-network: 20%
	Hearing aid	Discount available	Discount available
32	Vision	\$15 (routine exam every 2 years and vision hardware discount available)	In-network: \$20 (routine exam every 2 years and vision hardware discount available)/Out-of-network: 20%
33	Routine physical exams	\$15	In-network: \$20 Out-of-network: 20%
34	Health/wellness education	Contact plan for details	Contact plan for details
35	Transportation	Ambulance (ground and air)	Ambulance (ground and air)
36	Acupuncture	Discounts available	Discounts available
	Health club	Discounts available	Discounts available
	Foreign travel	Urgent and emergency care, worldwide	Urgent and emergency care, worldwide
<i>Not covered in these plans: Naturopathy and over-the-counter allowance.</i>			

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
Providence Medicare Extra + Rx	No deductible	Not applicable	\$87
Providence Medicare Choice + Rx	No deductible	Not applicable	\$21

Plan contact information

Regence BlueCross BlueShield of Oregon

P.O. Box 12625, Salem, OR 97309

(888) 734-3623; TTY: 711

www.or.regence.com

Plan service areas

Benton, Clackamas, Clatsop, Columbia, Coos, Curry, Douglas, Hood River, Jackson, Josephine, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington, and Yamhill counties. Clark county in Washington.

Your costs		MedAdvantage MedAdvantage+Rx Enhanced MedAdvantage+Rx Classic		MedAdvantage+Rx Core	
TYPE OF PLAN/PLAN NO.		PPO/H3817-001 With Rx Enhanced H3817-003 With Rx Classic H3817-002		PPO/With Rx Core H3817-006	
IMPORTANT INFORMATION					
1	Monthly premium <i>no Rx</i>	\$75			
	Monthly premium <i>with Rx Enhanced</i>	\$121			
	Monthly premium <i>with Rx Classic/Rx Core</i>	\$106		\$49	
	Annual out-of-pocket max.	In-network: \$1,500 Out-of-network: \$3,000 (excludes Part D costs)		In-network: \$2,500 Out-of-network: \$5,000 (excludes Part D costs)	
INPATIENT CARE					
3	Inpatient hospital care	In-network: \$100/day; max. \$500 per benefit period; no limit to number of days Out-of-network: \$200/day; max. \$1,000 per benefit period; no limit to number of days		In-network: \$250/day; max. \$1,250 per benefit period; no limit to number of days Out-of-network: \$500/day; max. \$2,500 per benefit period; no limit to number of days	
4	Inpatient mental health care	In-network: \$100/day; max. \$500 per benefit period; 190 day lifetime max. Out-of-network: \$200/day; max. \$1,000 per benefit period; 190 day lifetime max.		In-network: \$250/day; max. \$1,250 per benefit period; 190 day lifetime max. Out-of-network: \$500/day; max. \$2,500 per benefit period; 190 day lifetime max.	
5	Skilled nursing facility	In-network: No cost (days 1-100) Out-of-network: \$25/day (days 1-100) No benefits after 100 days		In-network: \$25/day (days 1-100) Out-of-network: \$35/day (days 1-100) No benefits after 100 days	
6	Home health care	In-network: No cost Out-of-network: 20% coinsurance		In-network: 20% coinsurance Out-of-network: 40% coinsurance	
7	Hospice (Medicare-certified program)	Paid through Medicare		Paid through Medicare	
OUTPATIENT CARE					
8	Doctor office visits/specialist	In-network: \$10 Out-of-network: \$25		In-network: \$25 Out-of-network: \$35	
9-12	Chiropractor, podiatry, outpatient mental health, and outpatient substance abuse	In-network: \$10 Out-of-network: \$25		In-network: \$25 Out-of-network: \$35	

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Your costs		MedAdvantage MedAdvantage+Rx Enhanced MedAdvantage+Rx Classic	MedAdvantage+Rx Core
13	Outpatient services/surgery	In-network: No cost Out-of-network: Services: No cost/Surgery: \$100	In-network: Services: No cost/Surgery: \$250 Out-of-network: Services: No cost/Surgery: \$500
14	Ambulance	\$100	\$100
15	Emergency care, worldwide	\$50 (waived if admitted within 48 hours)	\$50 (waived if admitted within 48 hours)
16	Urgent care	In-network: \$10 Out-of-network: \$25	In-network: \$25 Out-of-network: \$35
17	Outpatient rehab	In-network: \$10 Out-of-network: \$25	In-network: \$25 Out-of-network: \$35
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18- 19	Durable medical equipment and prosthetic devices	In-network: 10% coinsurance Out-of-network: 20% coinsurance	In-network: 20% coinsurance Out-of-network: 40% coinsurance
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost for training and supplies and insulin and syringes covered under Tier 2 Part D benefit	No cost for training and supplies and insulin and syringes covered under Tier 2 Part D benefit
21	Diagnostic tests, X-rays, and lab services	No cost	Lab: No cost/Other: In-network: 20% coinsurance Out-of-network: 40% coinsurance
PREVENTIVE SERVICES			
22- 27	Bone mass measurement, colorectal screening exams, immunizations, mammograms, pap smears/pelvic exams, and prostate cancer exams	No cost	No cost
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
28	End-Stage Renal Disease	No cost	20% coinsurance for dialysis (applies to annual out-of-pocket max.)
29	Prescription drug benefit – Part B	10% coinsurance	20% coinsurance
30	Dental (contact plans for details)	In-network: \$10* Out-of-network: \$25*	In-network: \$25* Out-of-network: \$35*
31	Hearing exams	In-network: \$10* for diagnostic exams Out-of-network: \$25* for diagnostic exams	In-network: \$25* for diagnostic exams Out-of-network: \$35* for diagnostic exams
32	Vision	Routine eye exams covered once every 2 years and \$100 limit for hardware every 2 years	No coverage for routine eye exams or hardware not covered by Original Medicare
33	Routine physical exams	In-network: \$10/Out-of-network: \$25 (1 annually)	In-network: \$25/Out-of-network: \$35 (1 annually)
<p>Contact plan for additional health/wellness education benefits. Not covered in these plans: Acupuncture, foreign travel, naturopathy, transportation, health club, and over-the-counter allowance.</p>			
Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
MedAdvantage+Rx Enhanced	No deductible	\$4 copay for Tier 1 generics and member pays 100% for all other drugs	\$93
MedAdvantage+Rx Classic	\$295	None	\$74.70
MedAdvantage+Rx Core	No deductible	None	\$20.20

Plan contact information	Plan service areas
Samaritan Health Services 815 NW 9th St., Suite 101, Corvallis, OR 97330 (541) 768-4550 or (800) 317-7489 www.samaritanadvantage.com	Benton, Lincoln, and Linn counties.

Your costs	Samaritan Advantage Premier Samaritan Advantage Premier Plus	Samaritan Advantage Conventional
TYPE OF PLAN/PLAN NO.	HMO/With Premier H3811-002 With Premier Plus H3811-009	HMO/H3811-001
IMPORTANT INFORMATION		
1 Monthly premium <i>no Rx</i>		\$37
Monthly premium <i>with Premier</i>	\$70.10	
Monthly premium <i>with Premier Plus</i>	\$83.20	
Annual out-of-pocket max.	Not applicable	Not applicable
INPATIENT CARE		
3 Inpatient hospital care	\$100/day (days 1-4)/No cost (days 5-90) \$500 annual out-of-pocket max.	\$50/day (days 1-4)/No cost (days 5-90) \$400 annual out-of-pocket max.
4 Inpatient mental health care	\$500 per stay	\$50/day (days 1-4)/No cost (days 5-90) \$400 annual out-of-pocket max.
5 Skilled nursing facility	No cost (days 1-10)/\$50/day (days 11-20) No cost (days 21-100)	No cost (days 1-10)/\$50/day (days 11-20) No cost (days 21-100)
6 Home health care	No cost	No cost
7 Hospice (Medicare-certified program)	No cost	No cost
OUTPATIENT CARE		
8 Doctor office visits	\$10	\$10
Specialist	\$15	\$15
9 Chiropractor	\$15*, \$25 (5 routine visits annually)	\$15*, \$25 (5 routine visits annually)
10 Podiatry	\$15*	\$15*
11 Outpatient mental health	\$20 individual therapy 1-6 \$40 individual therapy 7 and beyond \$15 group therapy 1-6/\$30 group therapy 7 and beyond	\$20 individual therapy 1-6 \$40 individual therapy 7 and beyond \$15 group therapy 1-6/\$30 group therapy 7 and beyond
12 Outpatient substance abuse	20% coinsurance	20% coinsurance
13 Outpatient services/surgery	\$35	\$30
14 Ambulance	\$50	\$50

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Your costs		Samaritan Advantage Premier	Samaritan Advantage Premier Plus	Samaritan Advantage Conventional
15	Emergency care	\$50 (waived if admitted to hospital within 12 hours for same condition)	\$50 (waived if admitted to hospital within 12 hours for same condition)	\$50 (waived if admitted to hospital within 12 hours for same condition)
16	Urgent care	\$10	\$10	\$10
17	Outpatient rehab	\$15	\$15	\$15
OUTPATIENT MEDICAL SERVICES/SUPPLIES				
18	Durable medical equipment	Premier/Premier Plus: 20% coinsurance Premier Plus: \$2,000 annual out-of-pocket max.		20% coinsurance
19	Prosthetic devices	20% coinsurance		20% coinsurance
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost		No cost
21	Diagnostic tests, X-rays, and lab services	No cost		No cost
PREVENTIVE SERVICES				
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost 20% for Hepatitis B		No cost
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)				
28	End-Stage Renal Disease	20% for dialysis		No cost
29	Prescription drug benefit – Part B	20%		No cost
30	Dental	Contact plan for details		\$15* (no preventative services)
31	Hearing exams	Contact plan for details		No cost for diagnostic hearing exams/\$10 for up to 1 routine test each year (hearing aids not covered)
32	Vision	Contact plan for details		Contact plan for details
33	Routine physical exams	\$15		\$15
34	Health/wellness education	Contact plan for details		Contact plan for details
36	Acupuncture	\$15 (15 visits per year)		\$15 (15 visits per year)
<i>Not covered in these plans: Foreign travel, naturopathy, transportation, health club, and over-the-counter allowance.</i>				

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
Samaritan Advantage Premier	No deductible	None	\$38.30
Samaritan Advantage Premier Plus	No deductible	Generics	\$51.90

Plan contact information

SecureHorizons by UnitedHealthcare

5 Centerpointe Drive, Suite 600, Lake Oswego, OR 97035

Prospective members: (800) 547-5514; TTY/TDD: 711

Current members: (800) 950-9355; TTY/TDD: 711

www.AARPMedicareComplete.com

Plan service areas

*AARP MedicareComplete H3805-001 counties are: Clackamas, Marion, Multnomah, Polk, and Washington.**AARP MedicareComplete H3805-007 counties are: Benton, Lane, and Linn.**AARP MedicareComplete Essential H3805-011 counties are: Benton, Clackamas, Lane, Linn, Marion, Multnomah, Polk, and Washington.*

Your costs		AARP MedicareComplete	AARP MedicareComplete	AARP MedicareComplete Essential
TYPE OF PLAN/PLAN NO.		HMO/H3805-001	HMO/H3805-007	HMO/H3805-011
IMPORTANT INFORMATION				
1	Monthly premium <i>no Rx</i>			\$39
	Monthly premium <i>with Rx</i>	\$60	\$46	
	Annual out-of-pocket max.	Unlimited	Unlimited	Unlimited
INPATIENT CARE				
3	Inpatient hospital care	\$200/day (days 1-5) No cost (days 6-90)	\$150/day (days 1-5) No cost (days 6-90)	\$150/day (days 1-5) No cost (days 6-90)
4	Inpatient mental health care	\$200/day (days 1-5) No cost (days 6-90)	\$150/day (days 1-5) No cost (days 6-90)	\$150/day (days 1-5) No cost (days 6-90)
5	Skilled nursing facility	No cost (days 1-14) \$95/day (days 15-100)	No cost (days 1-14) \$95/day (days 15-100)	No cost (days 1-10) \$95/day (days 11-100)
6	Home health care	No cost	No cost	No cost
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE				
8	Doctor office visits	\$15	\$15	\$15
	Specialist	\$30	\$30	\$30
9	Chiropractor	\$30*	\$30*	\$30*
10	Podiatry	\$30 (6 visits per year)	\$30 (6 visits per year)	\$30 (6 visits per year)
11- 12	Outpatient mental health and outpatient substance abuse	\$40 individual therapy \$30 group therapy	\$40 individual therapy \$30 group therapy	\$40 individual therapy \$30 group therapy
13	Outpatient services/surgery	\$150	\$100	\$100
14	Ambulance	\$150 (one way)	\$150 (one way)	\$150 (one way)
15	Emergency care, worldwide	\$50 (waived if admitted within 24 hours)	\$50 (waived if admitted within 24 hours)	\$50 (waived if admitted within 24 hours)
16	Urgent care	\$30 Contracted urgent care center	\$30 Contracted urgent care center	\$30 Contracted urgent care center

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Your costs		AARP MedicareComplete	AARP MedicareComplete	AARP MedicareComplete Essential
17	Outpatient rehab	No cost (visits 1-12) \$30 (visits 13-999)	No cost (visits 1-12) \$30 (visits 13-999)	No cost (visits 1-12) \$30 (visits 13-999)
OUTPATIENT MEDICAL SERVICES/SUPPLIES				
18	Durable medical equipment	20%	20%	20%
19	Prosthetic devices	20%	20%	20%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost	No cost	No cost
21	Diagnostic tests, X-rays, and lab services	\$7 for lab/\$15 for standard X-ray/ 20% other radiological services	\$7 for lab/\$15 for standard X-ray/ 20% other radiological services	\$7 for lab/\$15 for standard X-ray/ 20% other radiological services
PREVENTIVE SERVICES				
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost	No cost	No cost
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)				
28	End-Stage Renal Disease	20% for dialysis	20% for dialysis	20% for dialysis
29	Prescription drug benefit – Part B	20% for Medicare Part B drugs	20% for Medicare Part B drugs	20% for Medicare Part B drugs
30	Dental	\$30*	\$30*	\$30*
31	Hearing exams	\$30*	\$30*	\$30*
32	Vision	\$30 exam (1 annually)/\$70 frames or \$105 contacts every 2 years)	\$30 exam (1 annually)/\$70 frames or \$105 contacts every 2 years)	\$30 exam (1 annually)/\$70 frames or \$105 contacts every 2 years)
33	Routine physical exams	No cost	No cost	No cost
36	Acupuncture	Additional coverage available	Additional coverage available	Additional coverage available
	Health/wellness education	No cost – SilverSneakers	No cost – SilverSneakers	No cost – SilverSneakers
<i>Not covered in these plans: Foreign travel, naturopathy, transportation, and over-the-counter allowance.</i>				

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
AARP MedicareComplete H3805-001	No deductible	None	\$52.60
AARP MedicareComplete H3805-007	No deductible	None	\$33.60

SecureHorizons by UnitedHealthcare plans, continued on next page

Plan contact information

SecureHorizons by UnitedHealthcare
Continued from previous page

Plan service areas

AARP Medicare Complete Choice H3812-001 counties are:
Clackamas, Marion, Multnomah, Washington and Yamhill.
AARP Medicare Complete Plus H1286-004 counties are:
Clackamas, Marion, Multnomah, and Washington.

Your costs		AARP Medicare Complete Choice	AARP Medicare Complete Plus
TYPE OF PLAN/PLAN NO.		PPO/With Rx H3812-001	HMO-POS/With Rx H1286-004
IMPORTANT INFORMATION			
1	Monthly premium <i>with Rx</i>	No premium	No premium
	Annual out-of-pocket max.	In-network: \$2,900 Out-of-network: \$3,600 (excludes Part D costs)	In-network: \$2,900 Out-of-network: \$3,600 (excludes Part D costs)
INPATIENT CARE			
3-4	Inpatient hospital care and inpatient mental health care	In-network: \$225/day (days 1-13)/ No cost (days 14-999) Out-of-network: \$375/day (days 1-10)/ No cost (days 11-999)	In-network: \$225/day (days 1-13)/ No cost (days 14-999) Out-of-network: \$375/day (days 1-10)/ No cost (days 11-999)
5	Skilled nursing facility	In-network: \$110/day (days 1-27)/ No cost (days 28-100) Out-of-network: \$175/day (days 1-21)/ No cost (days 22-100)	In-network: \$100/day (days 1-26)/ No cost (days 27-100) Out-of-network: \$175/day (days 1-21)/ No cost (days 22-100)
6	Home health care	In-network: No cost* Out-of-network: 30%	In-network: No cost* Out-of-network: 30%
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE			
8	Doctor office visits	In-network: \$10 Out-of-network: \$20	In-network: \$10 Out-of-network: \$20
	Specialist	In-network: \$20 Out-of-network: \$35	In-network: \$20 Out-of-network: \$35
9	Chiropractor	In-network: \$20* Out-of-network: \$35*	In-network: \$20* Out-of-network: \$35*
10	Podiatry	In-network: \$20 Out-of-network: \$35 (6 visits per year, combined in- and out-of-network)	In-network: \$20 Out-of-network: \$35 (6 visits per year, combined in- and out-of-network)
11-12	Outpatient mental health and outpatient substance abuse	In-network: \$40 individual therapy/\$30 group therapy In-network: \$45 individual therapy/\$35 group therapy	In-network: \$40 individual therapy/\$30 group therapy In-network: \$45 individual therapy/\$35 group therapy
13	Outpatient services/surgery	In-network: 20% Out-of-network: 30%	In-network: 20% Out-of-network: 30%
14	Ambulance	\$150 (one way)	\$150 (one way)
15	Emergency care, worldwide	\$50 (waived if admitted within 24 hours)	\$50 (waived if admitted within 24 hours)
16	Urgent care	\$40	\$40

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Your costs		AARP MedicareComplete Choice		AARP MedicareComplete Plus	
17	Outpatient rehab	In-network: \$20	Out-of-network: \$35	In-network: \$20	Out-of-network: \$35
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	In-network: 20%	Out-of-network: 30%	In-network: 20%	Out-of-network: 30%
19	Prosthetic devices	In-network: 20%	Out-of-network: 30%	In-network: 20%	Out-of-network: 30%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	In-network: No cost	Out-of-network: 30%	In-network: No cost	Out-of-network: 30%
21	Diagnostic tests, X-rays, and lab services	In-network: \$7 for lab/\$15 for standard X-ray/ 20% other radiological services Out-of-network: \$7 for lab/\$20 for standard X-ray/ 30% other radiological services		In-network: \$7 for lab/\$15 for standard X-ray/ 20% other radiological services Out-of-network: \$7 for lab/\$20 for standard X-ray/ 30% other radiological services	
PREVENTIVE SERVICES					
22	Bone mass measurement	In-network: No cost	Out-of-network: 30%	In-network: No cost	Out-of-network: 30%
23	Colorectal screening exams (annually)	In-network: No cost	Out-of-network: 30%	In-network: No cost	Out-of-network: 30%
24	Immunizations	No cost		No cost	
25	Mammograms (annually)	In-network: No cost	Out-of-network: 30%	In-network: No cost	Out-of-network: 30%
26	Pap smears/pelvic exams	In-network: No cost	Out-of-network: 30%	In-network: No cost	Out-of-network: 30%
27	Prostate cancer exams	In-network: No cost	Out-of-network: 30%*	In-network: No cost	Out-of-network: 30%*
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)					
28	End-Stage Renal Disease	20% for dialysis		20% for dialysis	
29	Prescription drug benefit – Part B	20% for Medicare Part B drugs		20% for Medicare Part B drugs	
30	Dental	In-network: \$20*	Out-of-network: \$35*	In-network: \$20*	Out-of-network: \$35*
31	Hearing exams	In-network: \$20/Out-of-network: \$35 (1 visit annually combined in- and out-of-network)		In-network: \$20/Out-of-network: \$35 (1 visit annually combined in- and out-of-network)	
32	Vision exams	In-network: \$20/Out-of-network: \$35 (1 visit annually combined in- and out-of-network)		In-network: \$20/Out-of-network: \$35 (1 visit annually combined in- and out-of-network)	
33	Routine physical exams	In-network: No cost	Out-of-network: \$20	In-network: No cost	Out-of-network: 20%
	Health/wellness education	No cost – SilverSneakers		No cost – SilverSneakers	
<i>Not covered in these plans: Foreign travel, naturopathy, transportation, and over-the-counter allowance.</i>					

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
AARP MedicareComplete Choice H3812-001	No deductible	None	\$0
AARP MedicareComplete Plus H1286-004	No deductible	None	\$0

SecureHorizons by UnitedHealthcare plans, continued on next page

Plan contact information

SecureHorizons by UnitedHealthcare
Continued from previous page

Plan service areas

Baker, Benton, Clackamas, Columbia, Crook, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jefferson, Klamath, Lake, Lincoln, Malheur, Marion, Morrow, Multnomah, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, and Wheeler counties.

Your costs		SecureHorizons MedicareDirect Plan 3	SecureHorizons MedicareDirect Rx Plan 55
TYPE OF PLAN/PLAN NO.		PFFS/H5435-003	PFFS/H5435-024
IMPORTANT INFORMATION			
1	Monthly premium <i>no Rx</i>	No premium	
	Monthly premium <i>with Rx</i>		No premium
	Annual out-of-pocket max.	\$3,350	\$3,600 (excludes Part D costs)
INPATIENT CARE			
3	Inpatient hospital care	\$195/day (days 1-18)/No cost (days 19-999)/No limit to the number of days covered each benefit period	\$220/day (days 1-17)/No cost (days 18-999)/No limit to the number of days covered each benefit period
4	Inpatient mental health care	\$195/day (days 1-18)/No cost (days 19-90)/Up to 190 days in a psychiatric hospital in a lifetime	\$220/day (days 1-17)/No cost (days 18-90)/Up to 190 days in a psychiatric hospital in a lifetime
5	Skilled nursing facility	\$95/day (days 1-28)/No cost (days 29-100)/Up to 100 days each benefit period, no prior hospital stay required	\$110/day (days 1-26)/No cost (days 27-100)/Up to 100 days each benefit period, no prior hospital stay required
6	Home health care	No cost*	No cost*
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE			
8	Doctor office visits	\$10	\$10
	Specialist	\$20	\$25
9	Chiropractor	\$20*	\$25*
10	Podiatry	\$20* (6 routine visits annually)	\$25* (6 routine visits annually)
11-12	Outpatient mental health and outpatient substance abuse	\$40 individual therapy \$30 group therapy	\$40 individual therapy \$30 group therapy
13	Outpatient services/surgery	20%*	20%*
14	Ambulance	\$150	\$150
15	Emergency care, worldwide	\$50 (waived if admitted within 24 hours)	\$50 (waived if admitted within 24 hours)
16	Urgent care	\$50 facility copay, \$10 PCP, \$20 specialist copay	\$50 facility copay, \$10 PCP, \$25 specialist copay

*You pay this amount for services that Medicare covers. For services that Medicare does not cover, you pay the entire cost.

Your costs		SecureHorizons MedicareDirect Plan 3	SecureHorizons MedicareDirect Rx Plan 55
17	Outpatient rehab	\$20	\$25
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	20%	20%
19	Prosthetic devices	20%	20%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost	No cost
21	Diagnostic tests, X-rays, and lab services	No cost for cardiovascular screenings (annually)/ \$10 for lab services and other diagnostic procedure/ test (lab)/\$15 for flat film X-rays/20% for therapeutic and diagnostic radiology service	No cost for cardiovascular screenings (annually)/ \$10 for lab services and other diagnostic procedure/ test (lab)/\$15 for flat film X-rays/20% for therapeutic and diagnostic radiology service
PREVENTIVE SERVICES			
22	Bone mass measurement	No cost	No cost
23	Colorectal screening exams	No cost	No cost
24	Immunizations	No cost	No cost
25	Mammograms (annually)	No cost	No cost
26	Pap smears/pelvic exams	No cost (1 routine exam yearly)	No cost (1 routine exam yearly)
27	Prostate cancer exams	No cost	No cost
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
28	End-Stage Renal Disease	20% for dialysis/No cost for therapy	20% for dialysis/No cost for therapy
29	Prescription drug benefit – Part B	20% for Medicare Part B drugs	20% for Medicare Part B drugs
30	Dental	\$20* (preventative benefits not covered)	\$25* (preventative benefits not covered)
31	Hearing exams	\$20* diagnostic exam (1 routine exam annually) Hearing aids not covered	\$25* diagnostic exam (1 routine exam annually) Hearing aids not covered
32	Vision	\$20* diagnostic exam and for exams to diagnose and treat diseases and conditions of the eye, no cost for 1 pair of eye glasses or contact lenses after cataract surgery, and 1 routine exam annually	\$25* diagnostic exam and for exams to diagnose and treat diseases and conditions of the eye, no cost for 1 pair of eye glasses or contact lenses after cataract surgery, and 1 routine exam annually
33	Routine physical exams	No cost (annually)	No cost (annually)
34	Health/wellness education	No cost	No cost
Not covered in these plans: Acupuncture, foreign travel, naturopathy, transportation, health club, and over-the-counter allowance.			

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
SecureHorizons MedicareDirect Rx Plan 55	No deductible	No coverage in the gap	\$0

Plan contact information

Trillium Community Health Plan

1800 Millrace Dr., Eugene, OR 97403
 (800) 910-3906; TTY (866) 279-9750
www.trilliumchp.com

Plan service areas

Jackson and Lane counties.

Your costs		Trillium Advantage Flex Trillium Advantage
TYPE OF PLAN/PLAN NO.		HMO/H2174-004 With Rx H2174-002
IMPORTANT INFORMATION		
1	Monthly premium <i>no Rx</i>	\$40
	Monthly premium <i>with Rx</i>	\$100
	Annual out-of-pocket max.	\$1,500 (excludes Part D costs)
INPATIENT CARE		
3	Inpatient hospital care	\$100/day (\$500 max. annually)
4	Inpatient mental health care	\$100/day (\$500 max. annually)
5	Skilled nursing facility	No cost (100 days per benefit period)
6	Home health care	No cost
7	Hospice (Medicare-certified program)	Paid through Medicare
OUTPATIENT CARE		
8	Doctor office visits	\$10
	Specialist	\$10
9- 10	Chiropractor and podiatry	\$20
11- 12	Outpatient mental health and outpatient substance abuse	\$20
13	Outpatient services/surgery	\$50
14	Ambulance	\$50
15	Emergency care, worldwide	\$50
16	Urgent care, worldwide	\$25
17	Outpatient rehab	\$20

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Your costs		Trillium Advantage Flex Trillium Advantage
OUTPATIENT MEDICAL SERVICES/SUPPLIES		
18	Durable medical equipment	20%
19	Prosthetic devices	No cost
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost
21	Diagnostic tests, X-rays, and lab services	No cost for all but diagnostic radiology (e.g. MRI and CT) \$75
PREVENTIVE SERVICES		
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)		
28	End-Stage Renal Disease	No cost
29	Prescription drug benefit – Part B	Generic \$7, preferred brand \$20, and non-preferred brand \$40
30	Dental	\$20*, \$20 for routine benefits (2 exams, 2 cleanings, and 1 X-ray annually)
31	Hearing exams	\$20*
32	Vision	\$20* (1 every 2 years and \$100 for lenses and frames every 2 years)
33	Routine physical exams	No cost
<i>Not covered in these plans: Acupuncture, naturopathy, foreign travel, health club, health/wellness education, transportation, and over-the-counter allowance.</i>		

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
Trillium Advantage	No deductible	Generics	\$68.20

Plan contact information

WellCare

8725 Henderson Rd., Tampa, FL 33634
(866) 238-9898
www.wellcarepffs.com

Plan service areas

Melody: Baker, Benton, Clackamas, Columbia, Coos, Curry, Deschutes, Douglas, Grant, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Polk, Sherman, Tillamook, Umatilla, Union, Wasco, and Yamhill counties.

Concert - Type 1 and Prelude: Baker, Clackamas, Columbia, Klamath, Lane, Linn, Malheur, Marion, Multnomah, Polk, and Yamhill counties.

Your costs		Melody Type 1, 2, and 3	Concert Type 1	Prelude
TYPE OF PLAN/PLAN NO.		PFFS/H1340-002	PFFS/With Rx H1340-014	PFFS/H1340-020
IMPORTANT INFORMATION				
1	Monthly premium <i>no Rx</i>	No plan premium – each year you pay a total of one \$135 deductible	\$0 plan premium	\$0 plan premium – \$25 monthly rebate
	Monthly premium <i>with Rx</i>		No premium	
	Annual out-of-pocket max.	None	\$3,750 (excludes Part D costs)	\$3,750
INPATIENT CARE				
3	Inpatient hospital care <i>Contact plan for details</i>	\$1,024 ded. (days 1-60) \$256/day (days 61-90)	\$175/day (days 1-6) No cost (days 7-90)	\$250/day (days 1-5) No cost (days 6-90)
4	Inpatient mental health care <i>Contact plan for details</i>	\$1,024 ded. (days 1-60) \$256/day (days 61-90)	\$175/day (days 1-6) No cost (days 7-90)	\$250/day (days 1-5) No cost (days 6-90)
5	Skilled nursing facility <i>Contact plan for details</i>	No cost (days 1-20) \$128/day (days 21-100)	No cost (days 1-20) \$128/day (days 21-100)	No cost (days 1-20) \$128/day (days 21-100)
6	Home health care	No cost*	\$0*-\$35*	\$0*-\$35*
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE				
8	Doctor office visits	20%*	\$15*-\$35*	\$20*-\$35*
	Specialist	20%*	\$35*	\$35*
9	Chiropractor	20%*	\$35*	\$35*
10	Podiatry	20%*	\$35*	\$35*
11-12	Outpatient mental health and outpatient substance abuse	20%*-50%* <i>Contact plan for details</i>	\$35* individual therapy \$25* group therapy	\$35* individual therapy \$25* group therapy
13	Outpatient services/surgery	20%*	\$50* ambulatory surgical center visit/\$100* outpatient hospital facility visit	\$75* ambulatory surgical center visit/\$150* outpatient hospital facility visit
14	Ambulance	20%*	\$100*	\$100*
15	Emergency care <i>Contact plan for details</i>	20%* up to \$50 (waived if admitted within 3 days)	\$50* (waived if admitted within 24 hours)	\$50* (waived if admitted within 24 hours)

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Your costs		Melody Type 1, 2, and 3	Concert Type 1	Prelude
16	Urgent care	20%* (waived if admitted in 3 days)	\$35* (waived if admitted in 24 hours)	\$35* (waived if admitted in 24 hours)
17	Outpatient rehab	20%*	\$35* (up to 20%)	\$35* (up to 20%)
OUTPATIENT MEDICAL SERVICES/SUPPLIES				
18	Durable medical equipment	20%*	20%*	20%*
19	Prosthetic devices	20%*	20%*	20%*
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost for training and therapy/20% for supplies	No cost for training and therapy/20% for supplies	No cost for training and therapy/20% for supplies
21	Diagnostic tests, X-rays, and lab services	\$0*-\$20* for lab, tests, and X-rays/20%* for radiology	\$0*-\$20* for lab, tests, and X-rays/20%* for radiology	\$0*-\$20* for lab, tests, and X-rays/20%* for radiology
PREVENTIVE SERVICES				
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost*	No cost*	No cost*
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)				
28	End-Stage Renal Disease	20% for dialysis No cost for nutrition therapy	20% for dialysis No cost for nutrition therapy	20% for dialysis No cost for nutrition therapy
29	Prescription drug benefit – Part B	Most drugs not covered. 20% for Part-B drugs (not including chemotherapy drugs)	National prescription drug coverage. 20% for Part-B drugs (not including chemotherapy drugs)	Most drugs not covered. 20% for Part-B drugs (not including chemotherapy drugs)
30	Dental <i>Contact plan for details</i>	20%*, no cost for 1 oral exam/cleaning every 6 months and for 1 X-ray visit/\$1,000 max. benefit annually	20%*, \$20 for 1 oral exam/cleaning every 6 months, \$20-\$30 for 1 X-ray visit	20%*, \$20 for 1 oral exam/cleaning every 6 months, \$20-\$30 for 1 X-ray visit
31	Hearing exams <i>Contact plan for details</i>	20% for diagnostic exam, no cost for 1 routine hearing test annually	20% for diagnostic exam, no cost for 1 routine hearing test annually	20% for diagnostic exam, no cost for 1 routine hearing test annually
32	Vision	Contact plan for details	Contact plan for details	Contact plan for details
33	Routine physical exams	No cost* (1 exam annually)	No cost* (1 exam annually)	No cost* (1 exam annually)
34	Health/wellness education	Contact plan for details	Contact plan for details	Contact plan for details
	Over-the-counter allowance	\$20 per month	\$13 monthly	\$20 monthly
<p><i>Contact plan for additional details: Health club.</i> <i>Not covered in these plans: Acupuncture, naturopathy, foreign travel, and transportation.</i></p>				

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
Concert	No deductible		\$0

Wellcare, continued on next page

Plan contact information

Wellcare
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Plan service areas

Baker, Clackamas, Columbia, Klamath, Lane, Linn,
Malheur, Marion, Multnomah, Polk, and Yamhill counties.

Your costs		Quartet	Serenade Type 1	Sonata Type 1
TYPE OF PLAN/PLAN NO.		PFFS/H1340-041	PFFS/H1340-037	PFFS/H1340-024
IMPORTANT INFORMATION				
1	Monthly premium <i>no Rx</i>	\$96	\$29-\$39	No premium
	Annual out-of-pocket max.	\$2,500	\$3,500	\$3,500
INPATIENT CARE				
3	Inpatient hospital care <i>Contact plan for details</i>	No cost (days 1-90)	\$100/day (days 1-5) No cost (days 6-90)	\$125/day (days 1-6) No cost (days 7-90)
4	Inpatient mental health care <i>Contact plan for details</i>	\$250/day (days 1-5) No cost (days 6-90)	\$100/day (days 1-5) No cost (days 6-90)	\$125/day (days 1-6) No cost (days 7-90)
5	Skilled nursing facility <i>Contact plan for details</i>	No cost (days 1-100)	No cost (days 1-20) \$128/day (days 21-100)	No cost (days 1-20) \$128/day (days 21-100)
6	Home health care	\$0*-\$15*	\$0*-\$10*	\$0*-\$15*
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE				
8	Doctor office visits	\$0*-\$25*	\$5*-\$25*	\$10*-\$25*
	Specialist	\$15*	\$10*	\$15*
9	Chiropractor	\$15*	\$10*	\$15*
10	Podiatry	\$15*	\$10*	\$15*
11- 12	Outpatient mental health and outpatient substance abuse	\$15*	\$20* individual therapy \$10* group therapy	\$20* individual therapy \$10* group therapy
13	Outpatient services/surgery	No cost	\$50* ambulatory surgical center visit/\$75* outpatient hospital facility visit	\$50* ambulatory surgical center visit/\$75* outpatient hospital facility visit
14	Ambulance	\$150*	\$100*	\$100*
15	Emergency care <i>Contact plan for details</i>	\$50* (waived if admitted immediately)	\$50* (waived if admitted immediately)	\$50* (waived if admitted immediately)
16	Urgent care	\$25* (waived if admitted in 24 hours)	\$25* (waived if admitted in 24 hours)	\$25* (waived if admitted in 24 hours)
17	Outpatient rehab	\$15* (up to 20%)	\$10* (up to 20%)	\$15* (up to 20%)

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Your costs		Quartet	Serenade Type 1	Sonata Type 1
OUTPATIENT MEDICAL SERVICES/SUPPLIES				
18	Durable medical equipment	20%*	20%*	20%*
19	Prosthetic devices	20%*	20%*	20%*
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost for training and therapy/20% for supplies	No cost for training and therapy/20% for supplies	No cost for training and therapy/20% for supplies
21	Diagnostic tests, X-rays, and lab services	\$0*-\$20* for lab, tests, and X-rays/20%* for radiology	\$0*-\$10* for lab, tests, and X-rays/20%* for radiology	\$0*-\$10* for lab, tests, and X-rays/20%* for radiology
PREVENTIVE SERVICES				
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost*	No cost*	No cost*
ADDITIONAL BENEFITS				
28	End-Stage Renal Disease	20% for dialysis No cost for nutrition therapy	20% for dialysis No cost for nutrition therapy	20% for dialysis No cost for nutrition therapy
29	Prescription drug benefit – Part B	Most drugs not covered. 20% for Part-B drugs (not including chemotherapy drugs)	Most drugs not covered. 20% for Part-B drugs (not including chemotherapy drugs)	Most drugs not covered. 20% for Part-B drugs (not including chemotherapy drugs)
30	Dental <i>Contact plan for details</i>	20%*, no cost for 1 oral exam/cleaning every 6 months and for 1 X-ray visit	20%*, no cost for 1 oral exam/cleaning every 6 months and for 1 X-ray visit	20%*, \$15-\$25 for 1 oral exam/cleaning every 6 months and for 1 X-ray visit
31	Hearing exams <i>Contact plan for details</i>	20% for diagnostic exam, no cost for 1 routine hearing test annually	20% for diagnostic exam, no cost for 1 routine hearing test annually	20% for diagnostic exam, no cost for 1 routine hearing test annually
32	Vision	Contact plan for details	Contact plan for details	Contact plan for details
33	Routine physical exams	No cost* (1 exam annually)	No cost* (1 exam annually)	No cost* (1 exam annually)
34	Health/wellness education	Contact plan for details	Contact plan for details	Contact plan for details
	Over-the-counter allowance	\$40 per month	\$20 monthly	\$20 monthly
<p><i>Contact plan for additional details for health club benefit.</i></p> <p><i>Not covered in these plans: Acupuncture, naturopathy, foreign travel, and transportation.</i></p>				

Wellcare, continued on next page

Plan contact information

Wellcare
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Plan service areas

Benton, Deschutes, Douglas, Grant, Hood River, Morrow, Sherman, Umatilla, Union, and Washington counties.

Your costs		Concert Type 2	Serenade Type 2	Sonata Type 2
TYPE OF PLAN/PLAN NO.		PFFS/With Rx H1340-033	PFFS/H1340-038	PFFS/H1340-025
IMPORTANT INFORMATION				
1	Monthly premium <i>no Rx</i>		\$59-\$69	No premium
	Monthly premium <i>with Rx</i>	No plan premium – each year you pay a total of one \$135 deductible		
	Annual out-of-pocket max.	\$3,750 (excludes Part D costs)	\$3,500	\$4,000
INPATIENT CARE				
3	Inpatient hospital care <i>Contact plan for details</i>	\$250/day (days 1-5) No cost (days 6-90)	\$100/day (days 1-5) No cost (days 6-90)	\$200/day (days 1-6) No cost (days 7-90)
4	Inpatient mental health care <i>Contact plan for details</i>	\$250/day (days 1-5) No cost (days 6-90)	\$100/day (days 1-5) No cost (days 6-90)	\$200/day (days 1-6) No cost (days 7-90)
5	Skilled nursing facility <i>Contact plan for details</i>	No cost (days 1-20) \$128/day (days 21-100)	No cost (days 1-20) \$128/day (days 21-100)	No cost (days 1-20) \$128/day (days 21-100)
6	Home health care	\$0*-\$35*	\$0*-\$25*	\$0*-\$35*
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE				
8	Doctor office visits	\$20*-\$35*	\$10*-\$25*	\$20*-\$35*
	Specialist	\$35*	\$25*	\$35*
9	Chiropractor	\$35*	\$25*	\$35*
10	Podiatry	\$35*	\$25*	\$35*
11- 12	Outpatient mental health and outpatient substance abuse	\$35* individual therapy \$25* group therapy	\$25* individual therapy \$15* group therapy	\$35* individual therapy \$25* group therapy
13	Outpatient services/surgery	\$75* ambulatory surgical center visit/\$150* outpatient hospital facility visit	\$50* ambulatory surgical center visit/\$90* outpatient hospital facility visit	\$75* ambulatory surgical center visit/\$150* outpatient hospital facility visit
14	Ambulance	\$100*	\$100*	\$100*
15	Emergency care <i>Contact plan for details</i>	\$50* (waived if admitted within 24 hours)	\$50* (waived if admitted immediately)	\$50* (waived if admitted immediately)
16	Urgent care	\$35* (waived if admitted in 24 hours)	\$25* (waived if admitted in 24 hours)	\$35* (waived if admitted in 24 hours)
17	Outpatient rehab	\$35* (up to 20%)	\$25* (up to 20%)	\$35* (up to 20%)

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Your costs		Concert Type 2	Serenade Type 2	Sonata Type 2
OUTPATIENT MEDICAL SERVICES/SUPPLIES				
18	Durable medical equipment	20%*	20%*	20%*
19	Prosthetic devices	20%*	20%*	20%*
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost for training and therapy/20% for supplies	No cost for training and therapy/20% for supplies	No cost for training and therapy/20% for supplies
21	Diagnostic tests, X-rays, and lab services	\$0*-\$20* for lab, tests, and X-rays/20%* for radiology	\$0*-\$20* for lab, tests, and X-rays/20%* for radiology	\$0*-\$20* for lab, tests, and X-rays/20%* for radiology
PREVENTIVE SERVICES				
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost*	No cost*	No cost*
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)				
28	End-Stage Renal Disease	20% for dialysis No cost for nutrition therapy	20% for dialysis No cost for nutrition therapy	20% for dialysis No cost for nutrition therapy
29	Prescription drug benefit – Part B	National prescription drug coverage. 20% for Part-B drugs (not including chemotherapy drugs)	Most drugs not covered. 20% for Part-B drugs (not including chemotherapy drugs)	Most drugs not covered. 20% for Part-B drugs (not including chemotherapy drugs)
30	Dental <i>Contact plan for details</i>	20%*, \$20 for 1 oral exam/cleaning every 6 months, \$20-\$30 for 1 X-ray visit	20%*, no cost for 1 oral exam/cleaning every 6 months and for 1 X-ray visit	20%*, \$20 for 1 oral exam/cleaning every 6 months, \$20-\$30 for 1 X-ray visit
31	Hearing exams <i>Contact plan for details</i>	20% for diagnostic exam, no cost for 1 routine hearing test annually	20% for diagnostic exam, no cost for 1 routine hearing test annually	20% for diagnostic exam, no cost for 1 routine hearing test annually
32	Vision	Contact plan for details	Contact plan for details	Contact plan for details
33	Routine physical exams	No cost* (1 exam annually)	No cost* (1 exam annually)	No cost* (1 exam annually)
34	Health/wellness education	Contact plan for details	Contact plan for details	Contact plan for details
	Over-the-counter allowance	\$3 monthly	\$20 monthly	\$20 monthly
<i>Contact plan for additional details for health club benefit. Not covered in these plans: Acupuncture, naturopathy, foreign travel, and transportation.</i>				

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
Concert	No deductible		\$0

Wellcare, continued on next page

Plan contact information	Plan service areas
Wellcare <i>Continued from previous page</i>	Coos, Curry, Jackson, Jefferson, Josephine, Lake, Lincoln, Tillamook, and Wasco counties.

Your costs		Concert Type 3	Serenade Type 3	Sonata Type 3
TYPE OF PLAN/PLAN NO.		PFFS/With Rx H1340-034	PFFS/H1340-039	PFFS/H1340-026
IMPORTANT INFORMATION				
1	Monthly premium <i>no Rx</i>		\$79-\$139	\$0-\$49 monthly premium – each year you pay a total of \$135 deductible
	Monthly premium <i>with Rx</i>	\$29-\$65 monthly premium – each year you pay a total of one \$135 deductible		
	Annual out-of-pocket max.	\$3,750 (excludes Part D costs)	\$3,500	\$4,000
INPATIENT CARE				
3	Inpatient hospital care <i>Contact plan for details</i>	\$250/day (days 1-5) No cost (days 6-90)	\$125/day (days 1-5) No cost (days 6-90)	\$200/day (days 1-6) No cost (days 7-90)
4	Inpatient mental health care <i>Contact plan for details</i>	\$250/day (days 1-5) No cost (days 6-90)	\$125/day (days 1-5) No cost (days 6-90)	\$200/day (days 1-6) No cost (days 7-90)
5	Skilled nursing facility <i>Contact plan for details</i>	No cost (days 1-20) \$128/day (days 21-100)	No cost (days 1-20) \$128/day (days 21-100)	No cost (days 1-20) \$128/day (days 21-100)
6	Home health care	\$0*-\$35*	\$0*-\$35*	\$0*-\$35*
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE				
8	Doctor office visits	\$20*-\$35*	\$15*-\$35*	\$20*-\$35*
	Specialist	\$35*	\$35*	\$35*
9	Chiropractor	\$35*	\$35*	\$35*
10	Podiatry	\$35*	\$35*	\$35*
11- 12	Outpatient mental health and outpatient substance abuse	\$35* individual therapy \$25* group therapy	\$35* individual therapy \$25* group therapy	\$35* individual therapy \$25* group therapy
13	Outpatient services/surgery	\$75* ambulatory surgical center visit/\$150* outpatient hospital facility visit	\$55* ambulatory surgical center visit/\$105* outpatient hospital facility visit	\$75* ambulatory surgical center visit/\$150* outpatient hospital facility visit
14	Ambulance	\$100*	\$100*	\$100*
15	Emergency care <i>Contact plan for details</i>	\$50* (waived if admitted within 24 hours)	\$50* (waived if admitted immediately)	\$50* (waived if admitted immediately)

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Your costs		Concert Type 3	Serenade Type 3	Sonata Type 3
16	Urgent care	\$35* (waived if admitted in 24 hours)	\$35* (waived if admitted in 24 hours)	\$35* (waived if admitted in 24 hours)
17	Outpatient rehab	\$35* (up to 20%)	\$35* (up to 20%)	\$35* (up to 20%)
OUTPATIENT MEDICAL SERVICES/SUPPLIES				
18	Durable medical equipment	20%*	20%*	20%*
19	Prosthetic devices	20%*	20%*	20%*
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost for training and therapy/20% for supplies	No cost for training and therapy/20% for supplies	No cost for training and therapy/20% for supplies
21	Diagnostic tests, X-rays, and lab services	\$0*-\$20* for lab, tests, and X-rays/20%* for radiology	\$0*-\$20* for lab, tests, and X-rays/20%* for radiology	\$0*-\$20* for lab, tests, and X-rays/20%* for radiology
PREVENTIVE SERVICES				
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost*	No cost*	No cost*
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)				
28	End-Stage Renal Disease	20% for dialysis No cost for nutrition therapy	20% for dialysis No cost for nutrition therapy	20% for dialysis No cost for nutrition therapy
29	Prescription drug benefit – Part B	National prescription drug coverage. 20% for Part-B drugs (not including chemotherapy drugs)	Most drugs not covered. 20% for Part-B drugs (not including chemotherapy drugs)	Most drugs not covered. 20% for Part-B drugs (not including chemotherapy drugs)
30	Dental <i>Contact plan for details</i>	20%*, \$20 for 1 oral exam/cleaning every 6 months, \$20-\$30 for 1 X-ray visit	20%*, no cost for 1 oral exam/cleaning every 6 months and for 1 X-ray visit	20%*, \$20 for 1 oral exam/cleaning every 6 months, \$20-\$30 for 1 X-ray visit
31	Hearing exams <i>Contact plan for details</i>	20% for diagnostic exam, no cost for 1 routine hearing test annually	20% for diagnostic exam, no cost for 1 routine hearing test annually	20% for diagnostic exam, no cost for 1 routine hearing test annually
32	Vision	Contact plan for details	Contact plan for details	Contact plan for details
33	Routine physical exams	No cost* (1 exam annually)	No cost* (1 exam annually)	No cost* (1 exam annually)
34	Health/wellness education	Contact plan for details	Contact plan for details	Contact plan for details
	Over-the-counter allowance	\$3 monthly	\$20 monthly	None
<p><i>Contact plan for additional details for health club benefit.</i></p> <p><i>Not covered in these plans: Acupuncture, naturopathy, foreign travel, and transportation.</i></p>				

Part D Plan	Annual deductible	Type of gap coverage	Plan premium with 100% LIS
Concert	No deductible		\$22.90

These Private-Fee-For-Service plans, and the two Medicare Savings Accounts (MSA), are available in Oregon, but did not submit information by our deadline. Contact the plans for more information.

Organization name	Plan name	Monthly consolidated premium (includes Part C + D)	Drug benefit?
Advantra® Freedom (800) 711-1607; TTY (888) 788-4010	Advantra Freedom-Freedom 1	\$96	No
	Advantra Freedom-Freedom 1B	\$140	No
	Advantra Freedom-Freedom 2	\$0-\$35, counties differ	No
	Advantra Freedom-Freedom 3	\$0-\$31, counties differ	No
	Advantra Freedom-Freedom 5	\$36	Yes
	Advantra Freedom-Freedom 7	\$0	Yes
Advantra® Savings (800) 711-1607; TTY (888) 788-4010	Advantra Savings-Plan 1 MSA		No
	Advantra Savings-Plan 2 MSA		No
Aetna Medicare (800) 832-2640; TTY (800) 628-3323	Aetna Medicare Open Basic Plan	\$0	No
	Aetna Medicare Open Premier Plan	\$70-\$95, counties differ	No
	Aetna Medicare Open Standard Plan	\$82	No
	Aetna Medicare Open Value Plan	\$0	No
	Aetna Medicare Open Basic Plan with Rx	\$32	Yes
	Aetna Medicare Open Premier Plan with Rx	\$132-\$152, counties differ	Yes
	Aetna Medicare Open Standard Plan with Rx	\$109	Yes
CIGNA Medicare Access (800) 882-4462	CIGNA Medicare Access Plan One	\$0-\$70, counties differ	No
	CIGNA Medicare Access Plan Three	\$55-\$125, counties differ	No
	CIGNA Medicare Access Plus RX Plan Four	\$100-\$140, counties differ	Yes
	CIGNA Medicare Access Plus RX Plan Two	\$10-\$95, counties differ	Yes

Organization name	Plan name	Monthly consolidated premium (includes Part C + D)	Drug benefit?
Sterling Life Insurance Company (888) 858-8572; TTY (888) 858-8567	Sterling Basic	\$20	No
	Sterling Option I	\$35	No
	Sterling Option III	\$65	No
	Sterling Option II	\$56	Yes
	Sterling Option IV	\$71	Yes
Unicare Life & Health Insurance Company (888) 949-5384; TTY (800) 297-1538	SecurityChoice Classic	\$0	No
	SecurityChoice Essential	\$0	No
	SecurityChoice Essential Plus	\$35	Yes
	SecurityChoice Plus	\$0	Yes
Universal American (866) 234-3801; TTY (800) 297-1538 http://www.universalamerican.com/	Today's Options Premier	\$0-\$99, counties differ	No
	Today's Options Value	\$0-\$65, counties differ	No
	Today's Options Premier powered by CCRx	\$58.70-\$153.50, counties differ	Yes
	Today's Options Value powered by CCRx	\$21.80-\$86.70, counties differ	Yes

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

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Parent co. name, contract, and phone numbers	Plan name and plan number	National plan	Premium	Annual deductible	Generics gap coverage	\$0 Plan premium with 100% LIS
Aetna Medicare — S5810 (800) 694-3258	Rx Essentials 064	X	\$32.20	\$230		
	Rx Costco Plus Plan 166	X	\$59.50	\$0	Some	
	Rx Premier 200	X	\$120.60	\$0	Many	
Asuris Northwest Health — S5609 (800) 452-2909	Medicare Script 001		\$64.50	\$295		
	Medicare Script Enhanced 002		\$81	\$0	Many	
CIGNA Medicare Rx — S5617 (800) 735-1459	Plan One 148	X	\$36.30	\$295		
	Plan Two 150	X	\$49.80	\$0		
	Plan Three 200	X	\$80.10	\$0	Some	
Coventry AdvantraRx — S5674 (866) 823-5177	Value 044	X	\$21.60	\$0		
	Premier 045	X	\$44.20	\$0		
	Premier Plus 047	X	\$59.50	\$0	Many	
EnvisionRx Plus — S7694 (866) 250-2005	EnvisionRxPlus Silver 030	X	\$34.40	\$295		
	EnvisionRxPlus Gold 064	X	\$63.10	\$0		
First Health Part D — S5768 (866) 823-5177 (same as Coventry)	Secure 112	X	\$16.70	\$175		
	Premier 123	X	\$30	\$0		Yes
Health Net, Inc. — S5678 (800) 865-9431	Orange Option 1 006	X	\$32.30	\$295		
	Orange Option 2 012	X	\$48.20	\$0		
HealthSpring Prescription Drug Plan — S5932 (800) 331-6293	Region 30 029	X	\$24.30	\$295		Yes
Humana Inc. — S5884 (877) 856-5705	Enhanced 028	X	\$36.50	\$0		
	Standard 088	X	\$37.90	\$295		
	Complete 058	X	\$104.60	\$0	Many	
Medco Medicare Prescription Plan — S5660 (800) 758-4574	Value 132	X	\$29.50	\$295		Yes
	Choice 030	X	\$47.70	\$0		
	Access 200	X	\$76.60	\$0	All	
Pennsylvania Life Insurance Co. — S5597 (800) 766-3233	Prescriba Rx Bronze 264	X	\$30.60	\$295		Yes
	Prescriba Rx Gold 062	X	\$31.40	\$0		
	Prescriba Rx Platinum 227	X	\$66.90	\$0	All	

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

Parent co. name, contract, and phone numbers	Plan name and plan number	National plan	Premium	Annual deductible	Generics gap coverage	\$0 Plan premium with 100% LIS
RxAmerica — S5644 (877) 279-0370	Advantage Star Plan 083	X	\$34.80	\$295		
	Advantage Freedom Plan 062	X	\$34.40	\$0		
	Advantage Allegiance Plan gone					
SierraRx — S5917 (866) 789-1522	SierraRx Basic 031	X	\$71	\$295		
	SierraRx 006	X	\$32.90	\$0		
SilverScript Ins. Co. — S5601 (866) 552-6106	SilverScript Value 060	X	\$29.90	\$295		Yes
	SilverScript Plus 061	X	\$56.80	\$50	Many	
	SilverScript Complete 101	X	\$79.40	\$0	Many	
Sterling Life Ins. Co. — S4802 (888) 858-8572	Sterling Rx 020	X	\$37.90	\$295		
Unicare — S5960 (866) 892-5335	MedicareRx Rewards Standard 136	X	\$32.20	\$295		
	MedicareRx Rewards Value 030	X	\$36	\$130		
United American Ins. Co. — S5755 (800) 331-2512	UA Medicare Part D Prescription Drug Coverage 033	X	\$45.40	\$0		
	UA Medicare Part D Rx Coverage Silver Plan 068	X	\$42	\$130		
UnitedHealthcare — S5921 (888) 867-5564 and (800) 745-0922	AARP Medicare Rx Saver 021	X	\$26.70	\$295		Yes
UnitedHealthcare — S5820 (888) 867-5564 and (800) 745-0922	AARP Medicare Rx Preferred 029	X	\$38.40	\$0		
UnitedHealthcare — S5921 (888) 867-5564 and (800) 745-0922	AARP Medicare Rx Enhanced 023	X	\$79.10	\$0	Many	
UnitedHealthcare — S5921 (888) 867-5561	United Health Rx Basic 022	X	\$43.10	\$0		
Universal American — S5803 (866) 684-5353	Community CCRx Basic 099	X	\$31	\$295		Yes
	Community CCRx Choice 167	X	\$41.70	\$0		
	Community CCRx Gold 247	X	\$46.40	\$0	All	
WellCare — S5967 (813) 290-6200	WellCare Classic 167	X	\$34.40	\$295		
	WellCare Signature 064	X	\$41.50	\$0		

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

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

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

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

Catastrophic coverage: The highest amount of money paid out-of-pocket before a health plan pays the majority or all co-payment amounts. Medicare Part D catastrophic coverage begins at \$4,350 out-of-pocket and \$6,153.75 in total drug costs (total drug costs include what the beneficiary and other payers have paid.)

CMS: Centers for Medicare and Medicaid Services.

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

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

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

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

Creditable coverage: An insurance policy that is determined to be as good or better than Medicare coverage.

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

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

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

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

Dual eligible: A person who has Medicare and Medicaid.

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

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

Electronic Funds Transfer (EFT): The transfer of funds from one account to another by computer.

Elimination period: See *Waiting period*.

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

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

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

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

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

Guaranteed-issue rights: A consumer's right to purchase insurance policies during certain periods and under certain circumstances in which insurance companies are required by law to offer them. For more information, see *the topics "When can I buy a Medigap policy?" and "Can I get credit for my prior coverage?" on pages 20-21*. Some companies offer guaranteed-issue policies beyond those required by law.

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

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

High-deductible Medigap policies: Two standardized Medigap policies that have the same benefit packages as Plan F or Plan J, except that the policies have a high deductible (\$2,000 in 2009). The beneficiary is responsible for payment of expenses up to this amount; the policy pays 100 percent of covered out-of-pocket expenses once the deductible has been met. These plans are referred to as "High F" and "High J."

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

Glossary, continued

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

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

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

LTC: Long term care.

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

MAPD: Medicare Advantage Plan with prescription drug coverage.

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

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

Medicare Medical Savings Account (MSA): A high-deductible MA plan combined with a savings account. The plan deposits money from Medicare to the account; you can use this money to pay your medical expenses until the deductible is met. MSAs do not include prescription drug coverage; enroll in a stand-alone PDP for drug coverage.

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

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

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

Medigap plans: Standardized Medicare Supplement plans.

MMA: Medicare Prescription Drug, Improvement and Modernization Act.

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

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

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

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

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

Program of All-Inclusive Care (PACE): A combination of medical, social and long-term care services for frail elderly people. *Available in Portland only.*

PDP: Prescription Drug Plan.

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

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

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

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

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

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

Glossary, continued

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

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

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

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

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

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

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

Special Enrollment Period (SEP): Opportunity to join or leave a plan.

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

Supplemental Security Income (SSI): Monthly amount paid by Social Security to people with limited income and resources who are disabled, blind, or age 65 or older.

SSA: Social Security Administration.

Social Security Disability Insurance (SSDI): Determined by Social Security, a monthly benefit for eligible people who are unable to work for a year or more due to a disability.

TrOOP: True Out-of-Pocket costs.

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

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

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



***“Exercise your brain...
Volunteer with SHIBA”***

“I often find my clients’ cases lead me into dimensions of Medicare I never explored, so I’m always learning and I find that very stimulating!”

Linda Lord, Clackamas County volunteer

“When I saw that seniors were going to be expected to access the Web to ascertain the best prescription drug plan for themselves, and I saw there was an opportunity to help with that, I had to leap right in.”

Jim Knutson, Lincoln County volunteer

Insurance publications

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

CMS top 10 publications

1. *Medicare Hospice Benefits*
2. *Choosing a Medigap Policy*
3. *Medicare Basics: A guide for Families and Friends of People with Medicare*
4. *Medicare Coverage of Kidney Dialysis and Transplant Services*
5. *Guide to Medicare Preventative Services*
6. *Medicare & You*
7. *Quick Facts about Medicare's Prescription Drug Coverage for People in a Medicare Health Plan with Prescription Drug Coverage*
8. *A Healthier U.S. starts here*
9. *Medicare & You in Spanish*
10. *Medicare at a Glance*

To order Medicare publications:

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

Oregon Insurance Division publications

- *Consumer Alert: Beware of Abusive Medicare Insurance Sales Practices*
- *Consumer Guide to Long-Term Care Insurance in Oregon*
- *Consumer Guide to Health Insurance*
- *Consumer Guide to Oregon Insurance Complaints*
- *Insurance Advice for Oregon Consumers*
- *Insurance Bill of Rights*
- *Long-Term Care Insurance: What You Should Know*
- *Preneed Funeral Plans and So-Called "Funeral Insurance"*
- *Tips for Seniors and Their Families*
- *Your Rights when Purchasing Insurance and Annuities*

To order insurance publications:

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



LOCAL HELP FOR PEOPLE WITH MEDICARE



About SHIBA

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

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

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

Contact information:

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

About the Oregon Insurance Division

The Oregon Insurance Division provides the following services:

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

Contact information:

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



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