CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Landscape of Local Plans

Description		Cost				Coverage				Convenience
			Drug Deductible				Type of Additional Coverage Offered in Coverage Gap			
Organization Name	Plan Name	Benificiary Total Drug Plan Premium	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offer
Aetna Life Insurance Company	Aetna Medicare Prescription Basic Plan	$31.91			*	*			82	*
	Aetna Medicare Prescription Standard Plan	$42.37	*			*	*		82	*
	Aetna Medicare Prescription Premier Plan	$59.85	*			*	*		95	*
America's Health Choice	AHC Prescription Drug Plan	$48.44			*				88	
Blue Cross and Blue Shield of Florida, Inc	BlueScript for Medicare Benificiaries Op 1	$45.89		*		*			96	*
	BlueScript for Medicare Benificiaries Op 2	$55.71		*		*		*	96	*

Florida Stand-Alone Prescription Drug Plan Organizations

* The beneficiary drug premium covers prescription drugs only and does not cover medical or hospital benefits. Beneficiaries are responsible for the Part B premium and any premiums for Medigap coverage to meet their individual needs.

Includes contracts/plans approved as of September 25, 2005. The data does not reflect information for some demonstrations, National PACE organizations, Employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

Zero **Coverage Offered in Coverage Gap** **Mail Order Offered**

Description		Cost				Coverage				Convenience
				Deductible						
Organization Name	Plan Name	Beneficiary Total Drug Plan Premium *	Zero	Reduced	Standard ($250)					
Aetna Life Insurance Company	Aetna Medicare Prescription Basic Plan	$31.91			•	•			82	•
	Aetna Medicare Prescription Standard Plan	$42.37	•			•	•		82	•
	Aetna Medicare Prescription Premier Plan	$57.85	•			•	•		95	•
America's Health Choice	AHC Prescription Drug Plan	$48.44			•				88	
Blue Cross and Blue Shield of Florida, Inc.	BlueScript for Medicare Beneficiaries Op 1	$45.89		•		•			96	•
	BlueScript for Medicare Beneficiaries Op 2	$57.71		•		•		•	96	•
CIGNA HealthCare	Plan 00311	$34.86			•	•			99	•
	Plan 00511	$39.99	•			•			99	•
	Plan 00611	$48.20	•			•	•		99	•
Community Care Rx	CCRX BASIC	$31.53			•	•			89	
	CCRX CHOICE	$39.61			•	•			89	
	CCRX GOLD	$43.52		•		•			89	
Coventry AdvantraRx	AdvantraRx Value	$19.66	•			•			73	•
	AdvantraRx Premier	$30.04	•			•			97	•
	AdvantraRx Premier Plus	$42.54	•			•			97	•
Humana Inc.	Humana PDP Standard S5884-069	$10.35			•				97	•
	Humana PDP Enhanced S5884-010	$20.12	•			•			97	•
	Humana PDP Complete S5884-039	$61.70	•			•		•	97	•
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	$19.02	•			•			77	•
	PacifiCare Select Plan	$32.35	•			•			86	•
	PacifiCare Complete Plan	$36.60	•			•	•		77	•
Prescription Pathway	Pennsylvania Life Standard Defined Reg 11	$30.94			•				88	•
	Pennsylvania Life Act. Equ. Standard Reg11	$40.29			•	•			88	•
	Marquette National Act Equ Std Reg 11	$40.37			•	•			88	•
	Pennsylvania Life Enhanced #1 Reg 11	$51.54	•			•			88	•
	Marquette National Enhanced #1 Reg 11	$51.60	•			•			88	•
	Marquette National Enhanced #2 Reg 11	$68.17	•			•			96	•
Qcc d/b/a AmerlHealth Advantage Rx	AmerlHealth Advantage Rx Option I	$22.58			•				87	
SilverScript	SilverScript	$30.59			•	•			89	•
	SilverScript Plus	$59.15		•		•			94	•
Sterling Prescription Drug Plan	Sterling Prescription Drug Plan	$55.50		•		•			94	•
Unicare	Medicare RX Rewards	$26.23			•	•			88	•
	Medicare RX Rewards Plus	$33.87	•			•			88	•
	Medicare RX Rewards Premier	$45.18	•			•	•		96	•
United American Insurance Company	United American Medicare Drug Plan	$33.43	•			•			93	•
United HealthCare Insurance Company	AARP Medicare Rx by UnitedHealthcare	$26.68	•			•			96	•
	United Medicare Rx - B	$29.33	•			•			96	•
Universal Health Care, Inc.	Masterpiece Rx	$45.99	•			•			76	•
	Masterpiece Rx Choice	$104.89	•			•		•	76	•
WellCare	WellCare Signature	$18.70	•			•			86	•
	WellCare Complete	$38.44	•			•			83	•
	WellCare Premier	$41.41	•			•			82	•
YOURx PLAN	Medco Prescription Savings Plan	$31.81			•	•			93	•

Arizona Stand-Alone Prescription Drug Plan Organizations

* The beneficiary drug premium covers prescription drugs only and does not cover medical o spital benefits. Beneficiaries are re nsible for their Part B premium and any premiums for Medigap coverage to meet their individual needs.

Includes contracts/plans approved as of September 25, 2005. The data does not reflect info tion for some demonstratic organizations, Employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

Drug Deductible Standard

Number of Top 100 Drugs on Formulary

Description							Coverage			Convenience
Organization Name	Plan Name	Beneficiary Total Drug Plan Premium *					pe of Additional C Offered in Coverag			rder Offered
							nerics Only	Gene Br		
Aetna Life Insurance Company	Aetna Medicare Prescription Basic Plan	$28.42			•	•			82	•
	Aetna Medicare Prescription Standard Plan	$38.10	•			•	•		82	•
	Aetna Medicare Prescription Premier Plan	$53.20	•			•	•		95	•
CIGNA HealthCare	Plan 00328	$32.30			•	•			99	•
	Plan 00528	$37.64	•			•			99	•
	Plan 00628	$44.76	•			•	•		99	•
Community Care Rx	CCRX BASIC	$27.89			•	•			89	
	CCRX CHOICE	$35.94			•	•			89	
	CCRX GOLD	$39.98		•		•			89	
Coventry AdvantraRx	AdvantraRx Value	$18.46	•			•			73	•
	AdvantraRx Premier	$29.56	•			•			97	•
	AdvantraRx Premier Plus	$41.47	•			•			97	•
FOX Insurance Company	FOX AZ Plan	$60.53			•	•			94	•
Health Net	Health Net Orange	$17.40	•			•			82	•
	Health Net Orange	$21.65	•			•			96	•
Humana Inc.	Humana PDP Standard S5884-086	$6.14			•				97	•
	Humana PDP Enhanced S5884-026	$11.58	•			•			97	•
	Humana PDP Complete S5884-056	$53.54	•			•		•	97	•
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	$25.99	•			•			77	•
	PacifiCare Select Plan	$35.19	•			•			86	•
	PacifiCare Complete Plan	$38.92	•			•	•		77	•
Prescription Pathway	Pennsylvania Life Standard Defined Reg 28	$27.30			•				88	•
	Pennsylvania Life Act. Equ. Standard Reg28	$36.69			•	•			88	•
	Marquette National Act Equ Std Reg 28	$36.76			•	•			88	•
	Pennsylvania Life Enhanced #1 Reg 28	$48.47	•			•			88	•
	Marquette National Enhanced #1 Reg 28	$48.53	•			•			88	•
	Marquette National Enhanced #2 Reg 28	$64.86	•			•			96	•
RxAmerica	RxAmerica $2.00 Generic Co-pay	$27.92			•	•			85	•
	RxAmerica Standard - Open Formulary	$30.59			•				85	•
SierraRx	Sierra Rx Sense (Arizona)	$22.28			•	•			75	•
SilverScript	SilverScript	$26.88			•	•			89	•
	SilverScript Plus	$54.11		•		•			94	•
Sterling Prescription Drug Plan	Sterling Prescription Drug Plan	$50.16		•		•			94	•
Unicare	Medicare RX Rewards	$21.43			•	•			88	•
	Medicare RX Rewards Plus	$29.20	•			•			88	•
	Medicare RX Rewards Premier	$38.92	•			•	•		96	•
United American Insurance Company	United American Medicare Drug Plan	$32.02	•			•			93	•
United HealthCare Insurance Company	AARP Medicare Rx by UnitedHealthcare	$24.43	•			•			96	•
	United Medicare Rx - B	$27.90	•			•			96	•
WellCare	WellCare Signature	$27.97	•			•			86	•
	WellCare Complete	$42.43	•			•			83	•
	WellCare Premier	$44.99	•			•			82	•
YOURx PLAN	Medco Prescription Savings Plan	$31.23			•	•			93	•

Philadelphia, PA Medicare Advantage and Cost Prescription Drug Plans

* The beneficiary total premium for Medicare Advantage and Cost Plans with prescription drugs covers Medicare medical and hospital benefits, prescription drug benefits and supplemental benefits. Beneficiaries are responsible for the Part B premium.

Includes contracts/plans approved as of September 25, 2005. The data does not reflect information for Plans offering Part B only services, some demonstrations, PACE organizations, employer sponsored plans, or plans that were not approved by the "As" date of the chart.

HMO

Tiered Copayments

Description							Cost					Coverage				Convenience
Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plans	Beneficiary Drug Premium *	Beneficiary Total Premium * (Drug and Medical)	Drug Deductible						Number of Top 100 Drugs on Formulary	Mail Order Offered
		HMO	HMO with Rx	Regional PPO	Private Fee-for-Service				Zero	Reduced	Standard ($250)					
Aetna Health, Inc.	Aetna Golden Medicare Basic Plan	•					$0.00	$0.00	•			•			82	•
	Aetna Golden Choice Metro Value Plan		•				$31.26	$85.00			•	•			82	•
	Aetna Golden Medicare Metro Standard Plan	•					$35.00	$35.00	•			•	•		82	•
	Aetna Golden Choice Metro Standard Plan		•				$41.88	$95.00	•			•	•		82	•
	Aetna Golden Choice Premier Plan		•				$57.41	$115.00	•			•	•		95	•
	Aetna Golden Choice Premier Plan		•				$57.41	$149.00	•			•	•		95	•
	Aetna Golden Medicare Premier Plan	•					$57.41	$85.00	•			•	•		95	•
AmeriChoice Personal Care Plus	AmeriChoice Personal Care Plus	•					$28.05	$28.05			•				83	
Elder Health of PA, Inc.	Elder Health	•					$0.00	$0.00	•			•			93	•
	Elder Health Select	•					$32.59	$32.59			•				93	•
Health Partners	Senior Partners Silver	•					$22.63	$22.63	•			•			86	
	Senior Partners Gold Rx	•					$25.00	$25.00			•	•			86	
Humana Insurance Company	Humana Gold Choice PFFS H1804-093				•		$21.16	$104.00	•			•			97	•
Personal Choice 65	Personal Choice 65 Standard Rx Option I		•				$35.11	$165.00			•				93	•
	Personal Choice 65 Value Rx Option I		•				$35.11	$155.00			•				93	•
	Personal Choice 65 Standard Rx Option II		•				$42.11	$172.00	•			•			93	•
	Personal Choice 65 Value Rx Option II		•				$42.11	$162.00	•			•			93	•
	Personal Choice 65 Standard Rx Option III		•				$60.11	$229.00	•			•		•	93	•
United HealthCare Insurance Company	Evercare Plan P		•				$31.24	$31.24	•			•			96	•

Walker, IA Medicare Advantage and Cost Prescription Drug Plans

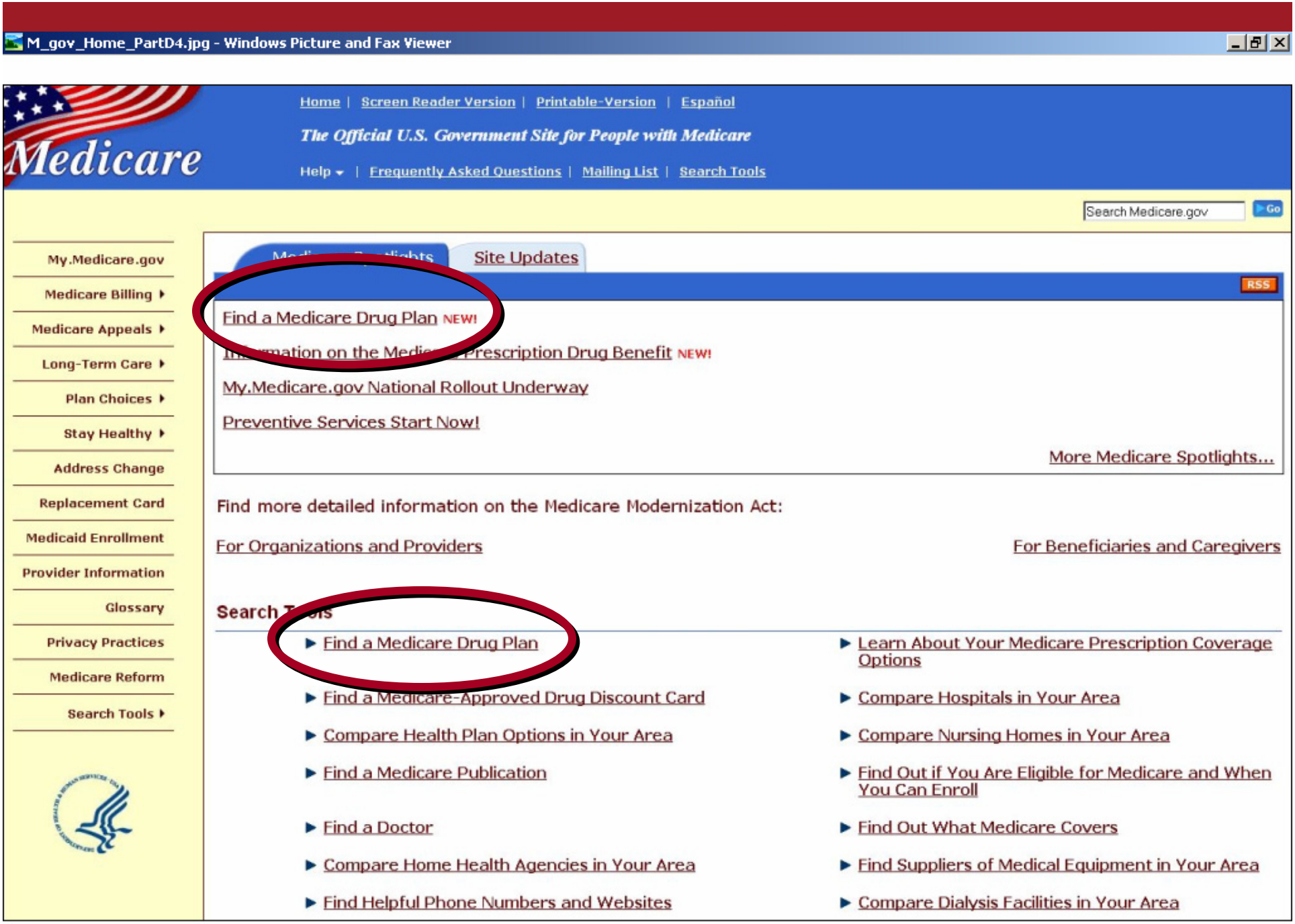
* The beneficiary total premium for Medicare Advantage and Cost Plans with prescription drugs cover[ed] Medicare medical and hospital benefits, prescription drug benefits and [some] supplemental benefits. Beneficiaries are responsible for the Part B premium.

Includes contracts/plans approved as of September 25, 2005. The data does not reflect information f[or] plans offering Part B only services, some demonstrations, PACE orga[nizations], employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

Beneficiary Total Premium

Mail Order Offered

Description							Cost					Coverage				Convenience
Organization Name	Plan Name	Type of Medicare Advantage Plan							Drug Deductible			Includes Tiered Copay-ments for Drugs	Type of Additional Coverage Offered in Coverage Gap			
		HMO	Local PPO	Regional PPO	Pr Fe Se				Zero	Reduced	Standard ($250)		Generics Only	Generics and Brands		
Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		$0.00	$0.00	•			•			87	•
John Deere Health Plan, Inc.	Secure Plus 15	•					$29.43	$93.00	•			•			89	•
	Secure Plus 20	•					$29.43	$69.00	•			•			89	•
	Secure Plus 25	•					$29.43	$37.00	•			•			89	•
	Secure Plus Prime	•					$29.43	$118.00	•			•			89	•
	Secure Plus 15	•					$43.90	$108.00	•			•			89	•
	Secure Plus Prime	•					$43.90	$133.00	•			•			89	•
United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•		$0.00	$0.00	•			•			96	•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Stay Healthy
Address Change
Replacement Card
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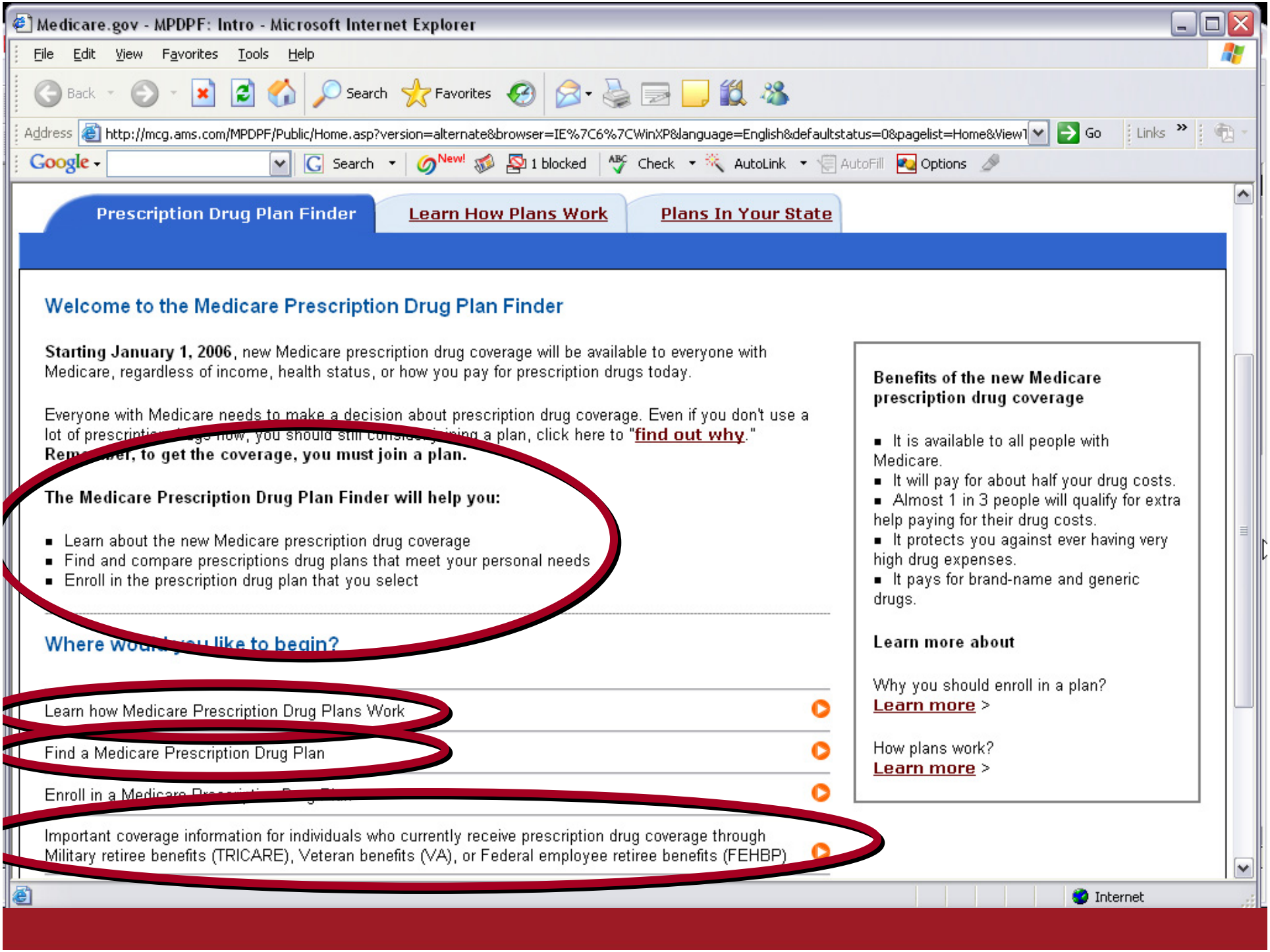
Provider Information
Glossary
Privacy Practices
Medicare Reform
Search Tools
Site Updates
RSS
Find a Medicare Drug Plan NEW!
Prescription Drug Benefit NEW!
My.Medicare.gov National Rollout Underway
Preventive Services Start Now!
More Medicare Spotlights...
Find more detailed information on the Medicare Modernization Act:
For Organizations and Providers
For Beneficiaries and Caregivers
Search Tools
Find a Medicare Drug Plan
Learn About Your Medicare Prescription Coverage Options
Find a Medicare-Approved Drug Discount Card
Compare Hospitals in Your Area
Compare Health Plan Options in Your Area
Compare Nursing Homes in Your Area
Find a Medicare Publication
Find Out if You Are Eligible for Medicare and When You Can Enroll
Find a Doctor
Find Out What Medicare Covers
Compare Home Health Agencies in Your Area
Find Suppliers of Medical Equipment in Your Area
Find Helpful Phone Numbers and Websites
Compare Dialysis Facilities in Your Area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Prescription Drug Plan Finder
Learn How Plans Work
Plans In Your State
Welcome to the Medicare Prescription Drug Plan Finder
Starting January 1, 2006, new Medicare prescription drug coverage will be available to everyone with Medicare, regardless of income, health status, or how you pay for prescription drugs today.
Everyone with Medicare needs to make a decision about prescription drug coverage. Even if you don't use a lot of prescription drugs now, you should still consider joining a plan, click here to "find out why."
Remember, to get the coverage, you must join a plan.
The Medicare Prescription Drug Plan Finder will help you:
Learn about the new Medicare prescription drug coverage
Find and compare prescriptions drug plans that meet your personal needs
Enroll in the prescription drug plan that you select
Where would you like to begin?
Learn how Medicare Prescription Drug Plans Work
Find a Medicare Prescription Drug Plan
Enroll in a Medicare Prescription Drug Plan
Important coverage information for individuals who currently receive prescription drug coverage through Military retiree benefits (TRICARE), Veteran benefits (VA), or Federal employee retiree benefits (FEHBP)
Benefits of the new Medicare prescription drug coverage
It is available to all people with Medicare.
It will pay for about half your drug costs.
Almost 1 in 3 people will qualify for extra help paying for their drug costs.
It protects you against ever having very high drug expenses.
It pays for brand-name and generic drugs.
Learn more about
Why you should enroll in a plan?
Learn more >
How plans work?
Learn more >
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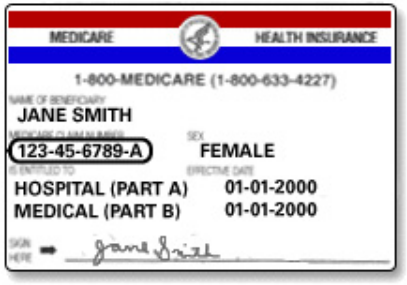
You can perform a personalized search by entering your Medicare insurance information.

Please enter your Medicare claim number as it appears on your Medicare insurance card.

RRB Beneficiaries
Use this form to enter your Medicare Claim Number

Medicare Card Sample



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A. Personalized plan search

Personal information

Medicare claim number:

Last name:

Date of birth: –Month– –Day– –Year–

Effective date for Medicare Part A or B: Hospital Part A

–Month– –Year–

Zip code:

Search Plans (Click to agree to the terms and conditions of the **User Agreement** and begin your search.)

B. General plan search

If you do not have your Medicare insurance information, you can perform a general search to find prescription drug plans.

It is recommended that you

Providing your personal information will ensure you receive the most accurate results for the new Medicare prescription drug benefit, how it applies to you, and how much you will pay.

Perform general plan search without providing your personal information

Done Internet

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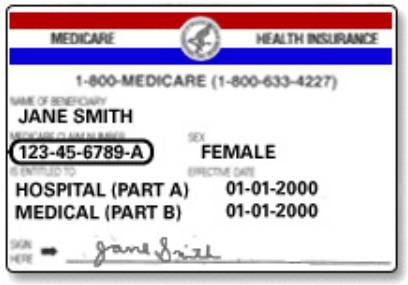
You can perform a personalized search by entering your Medicare insurance information.

Please enter your Medicare claim number as it appears on your Medicare insurance card.

RRB Beneficiaries
Use this form to enter your Medicare Claim Number

Medicare Card Sample



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A. Personalized plan search

Personal information

Medicare claim number: 111 11 1111 A

Last name: Smith

Date of birth: June 15 1930

Effective date for Medicare Part A or B: Hospital Part A February 1995

Zip code: 55448

Search Plans (Click to agree to the terms and conditions of the User Agreement and begin your search.)

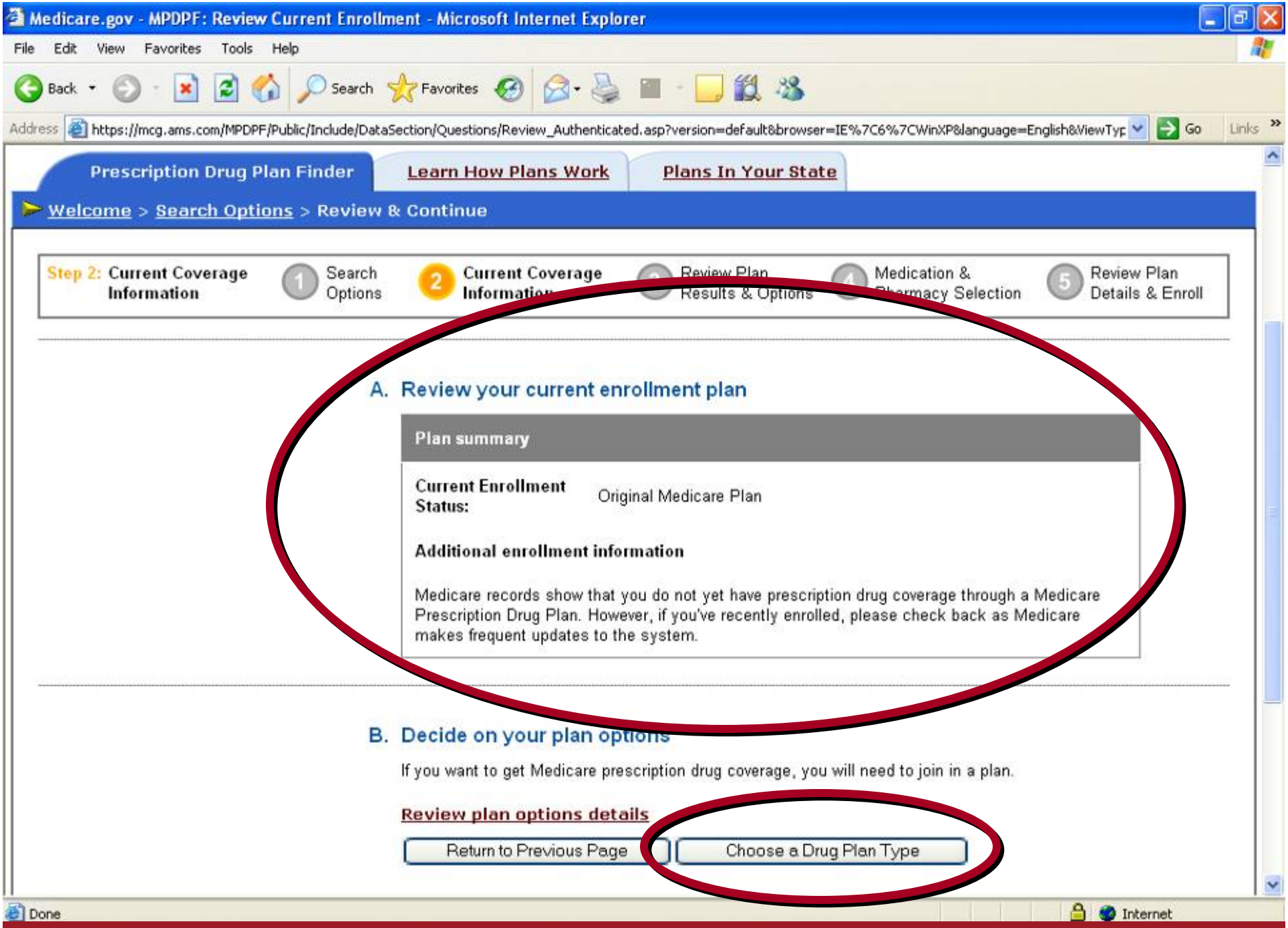
B. General plan search

If you do not have your Medicare insurance information, you can perform a general search to find prescription drug plans.

It is recommended that you [illegible] information will ensure you receive the most accurate results for the new Medicare prescription drug benefit, how it applies to you, and how much you will pay.

Perform general plan search without providing your personal information

Internet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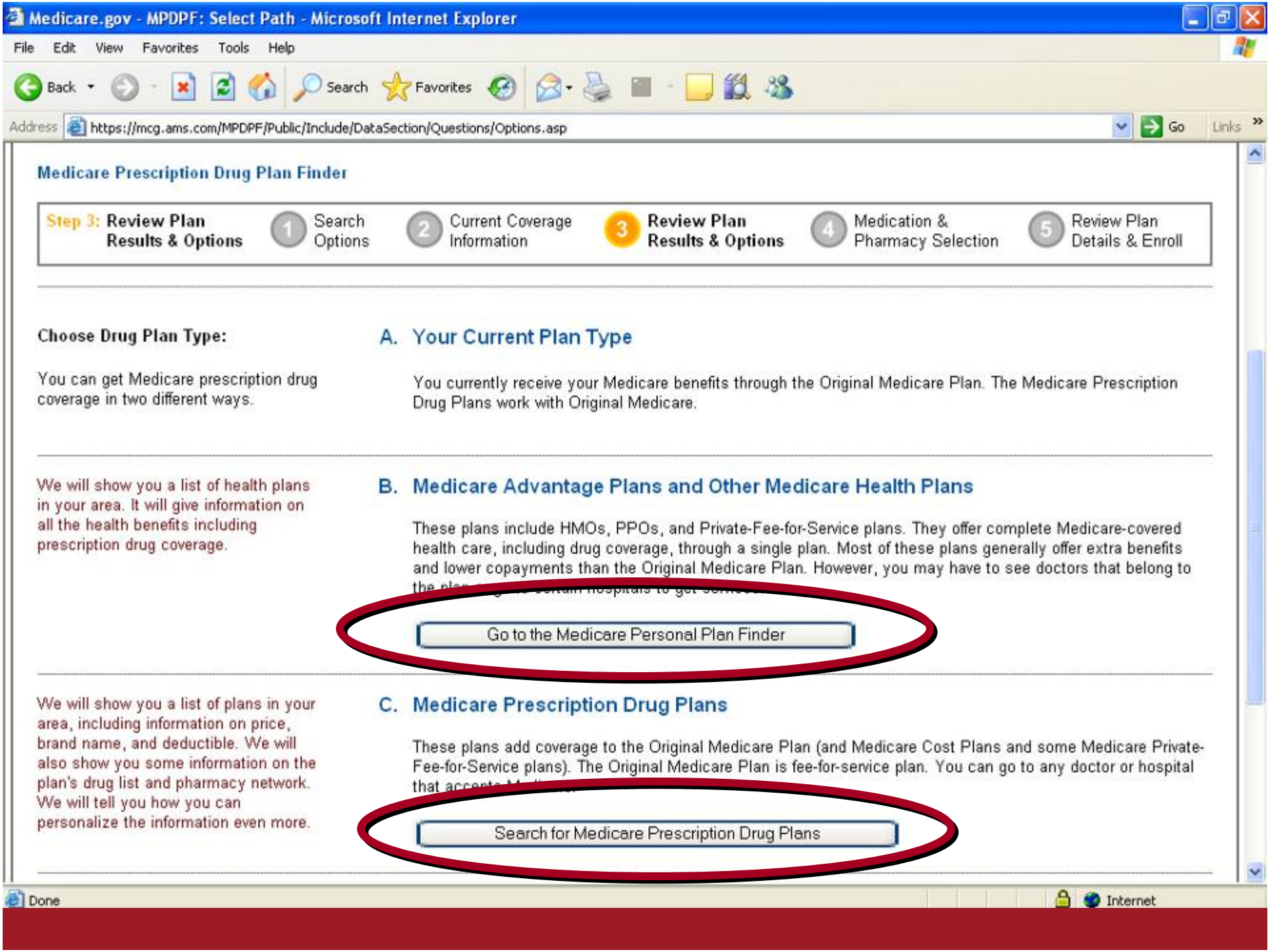
Learn How Plans Work
Plans In Your State
Welcome > Search Options > Review & Continue
Step 2: Current Coverage Information
1 Search Options
2 Current Coverage Information
3 Review Plan Results & Options
4 Medication & Pharmacy Selection
5 Review Plan Details & Enroll
A. Review your current enrollment plan
Plan summary
Current Enrollment Status:
Original Medicare Plan
Additional enrollment information
Medicare records show that you do not yet have prescription drug coverage through a Medicare Prescription Drug Plan. However, if you've recently enrolled, please check back as Medicare makes frequent updates to the system.
B. Decide on your plan options
If you want to get Medicare prescription drug coverage, you will need to join in a plan.
Review plan options details
Return to Previous Page
Choose a Drug Plan Type
Done
Internet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Step 3: Review Plan Results & Options
1 Search Options
2 Current Coverage Information
3 Review Plan Results & Options
4 Medication & Pharmacy Selection
5 Review Plan Details & Enroll
Choose Drug Plan Type:
You can get Medicare prescription drug coverage in two different ways.
A. Your Current Plan Type
You currently receive your Medicare benefits through the Original Medicare Plan. The Medicare Prescription Drug Plans work with Original Medicare.
We will show you a list of health plans in your area. It will give information on all the health benefits including prescription drug coverage.
B. Medicare Advantage Plans and Other Medicare Health Plans
These plans include HMOs, PPOs, and Private-Fee-for-Service plans. They offer complete Medicare-covered health care, including drug coverage, through a single plan. Most of these plans generally offer extra benefits and lower copayments than the Original Medicare Plan. However, you may have to see doctors that belong to
Go to the Medicare Personal Plan Finder
We will show you a list of plans in your area, including information on price, brand name, and deductible. We will also show you some information on the plan's drug list and pharmacy network. We will tell you how you can personalize the information even more.
C. Medicare Prescription Drug Plans
These plans add coverage to the Original Medicare Plan (and Medicare Cost Plans and some Medicare Private-Fee-for-Service plans). The Original Medicare Plan is fee-for-service plan. You can go to any doctor or hospital
Search for Medicare Prescription Drug Plans
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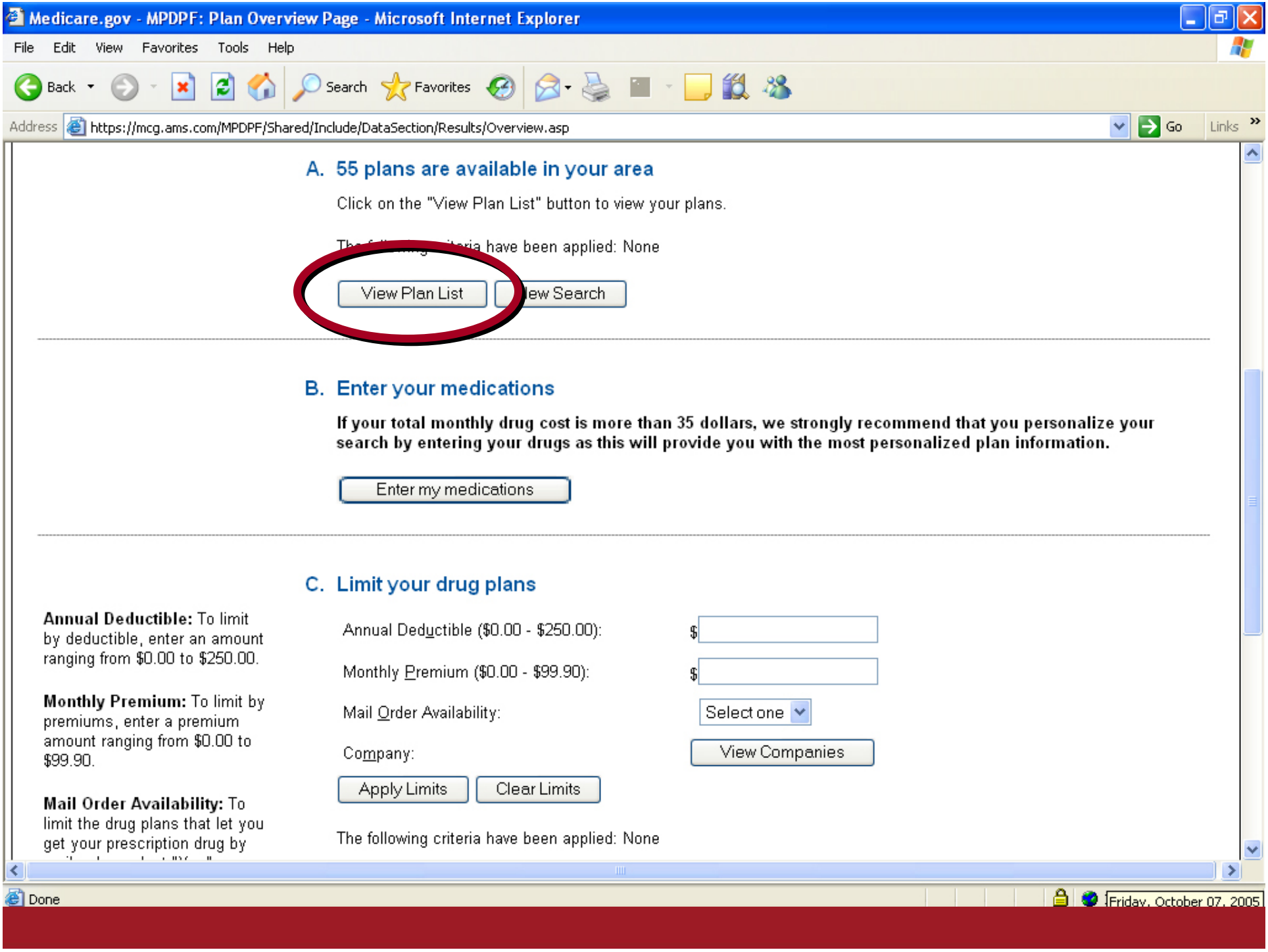
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A. 55 plans are available in your area
Click on the "View Plan List" button to view your plans.
have been applied: None
View Plan List
ew Search
B. Enter your medications
If your total monthly drug cost is more than 35 dollars, we strongly recommend that you personalize your search by entering your drugs as this will provide you with the most personalized plan information.
Enter my medications
C. Limit your drug plans
Annual Deductible: To limit by deductible, enter an amount ranging from $0.00 to $250.00.
Monthly Premium: To limit by premiums, enter a premium amount ranging from $0.00 to $99.90.
Mail Order Availability: To limit the drug plans that let you get your prescription drug by
Annual Deductible ($0.00 - $250.00):
$
Monthly Premium ($0.00 - $99.90):
$
Mail Order Availability:
Select one
Company:
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Apply Limits
Clear Limits
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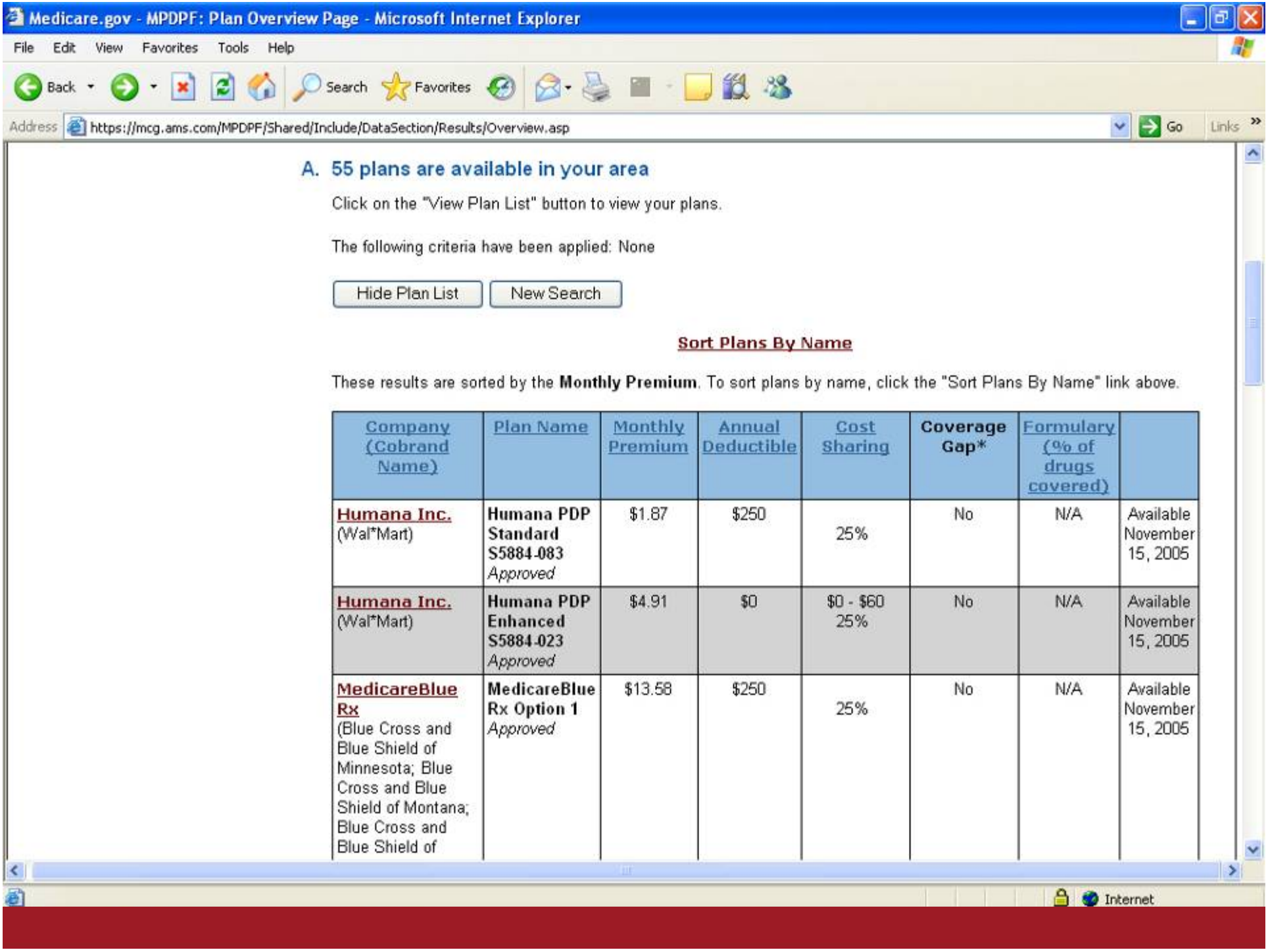
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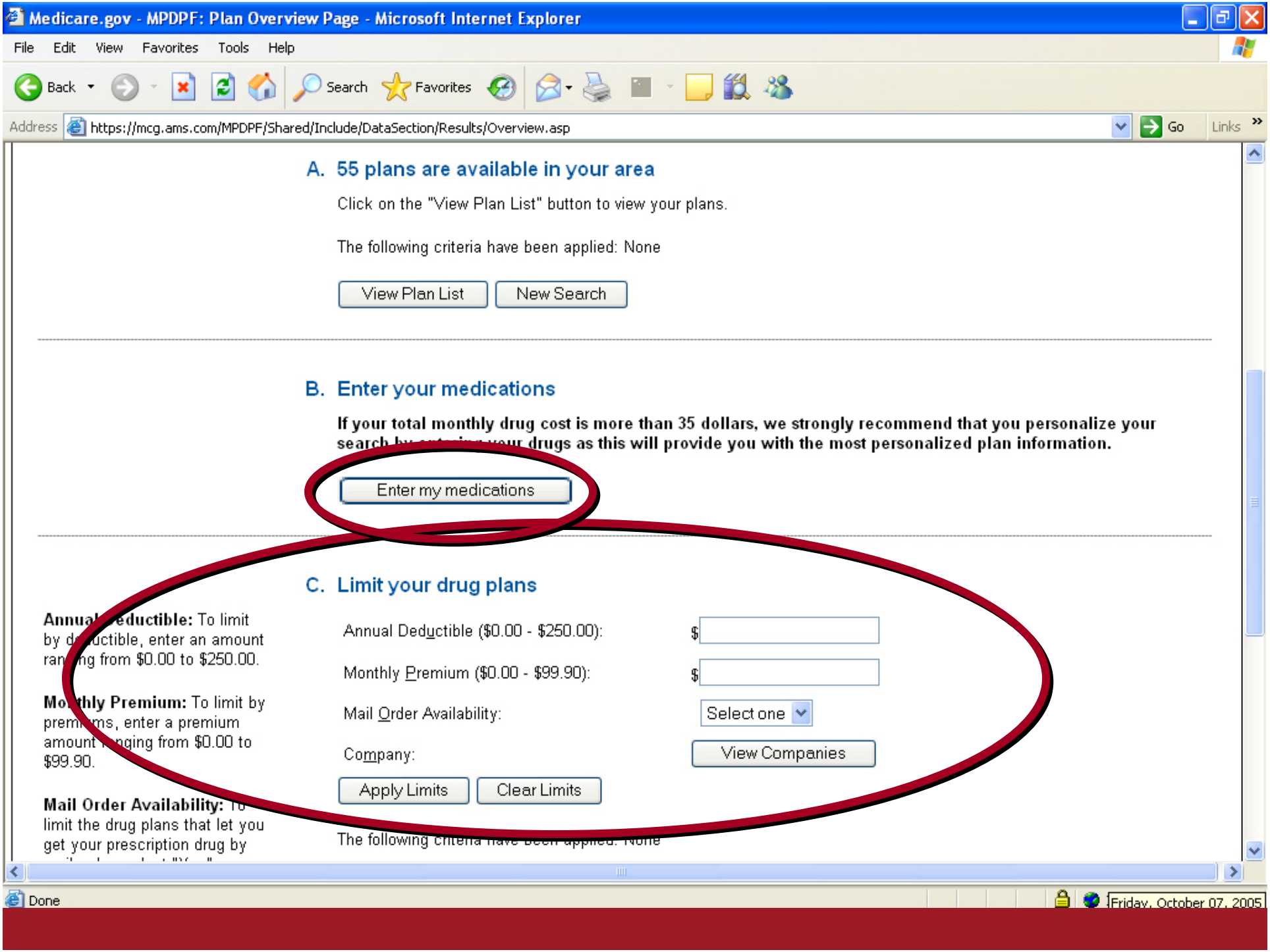
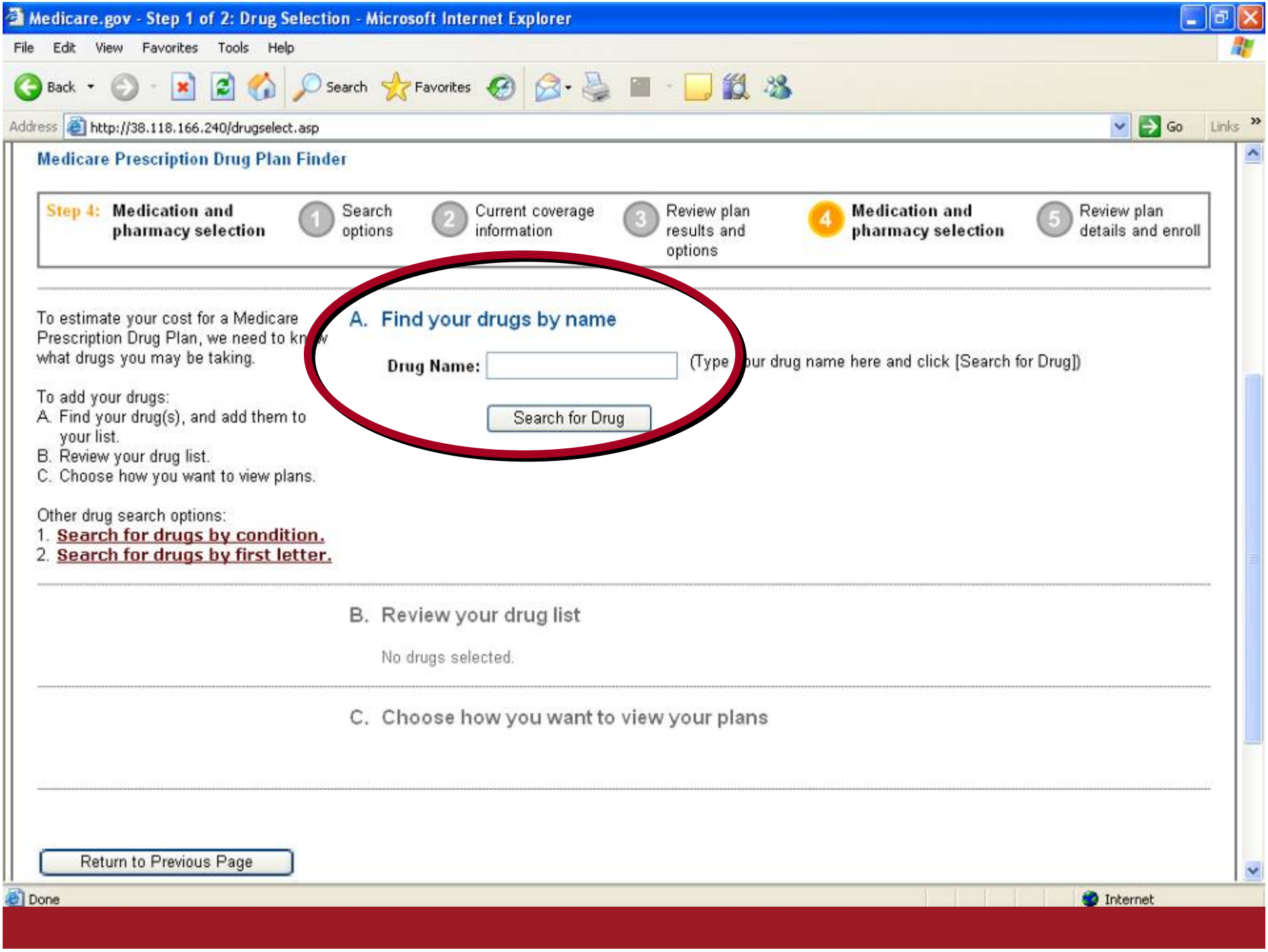
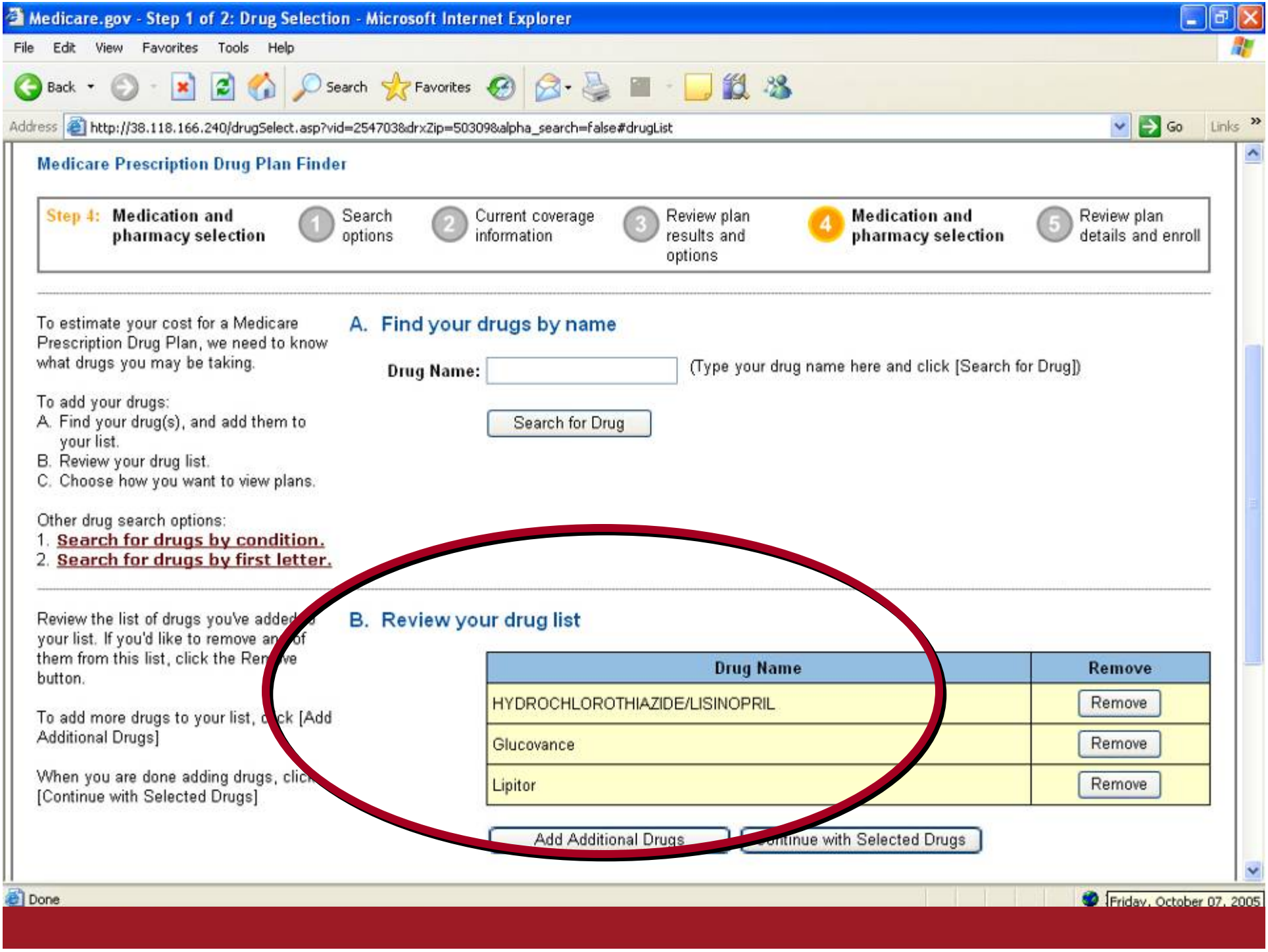
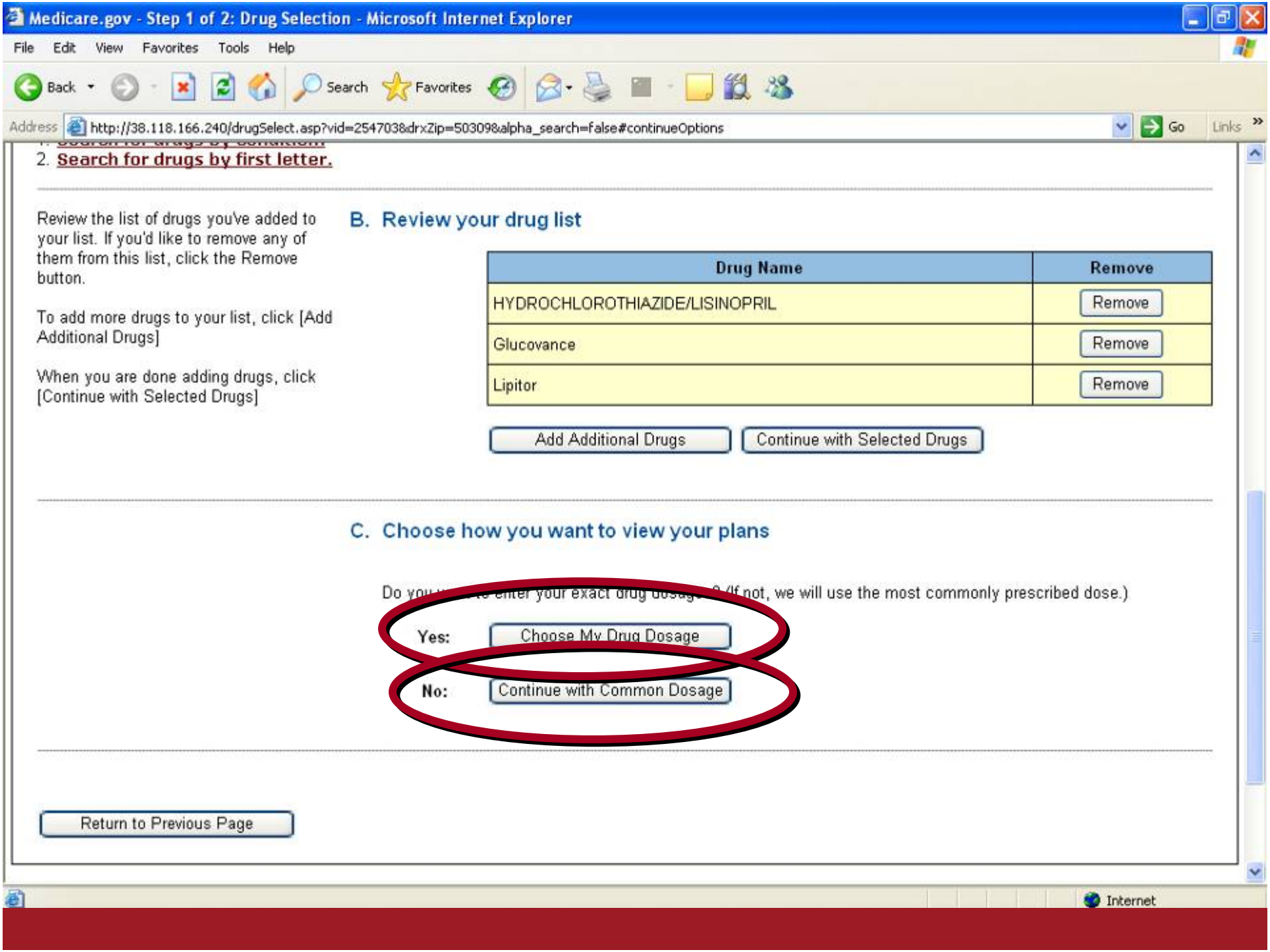
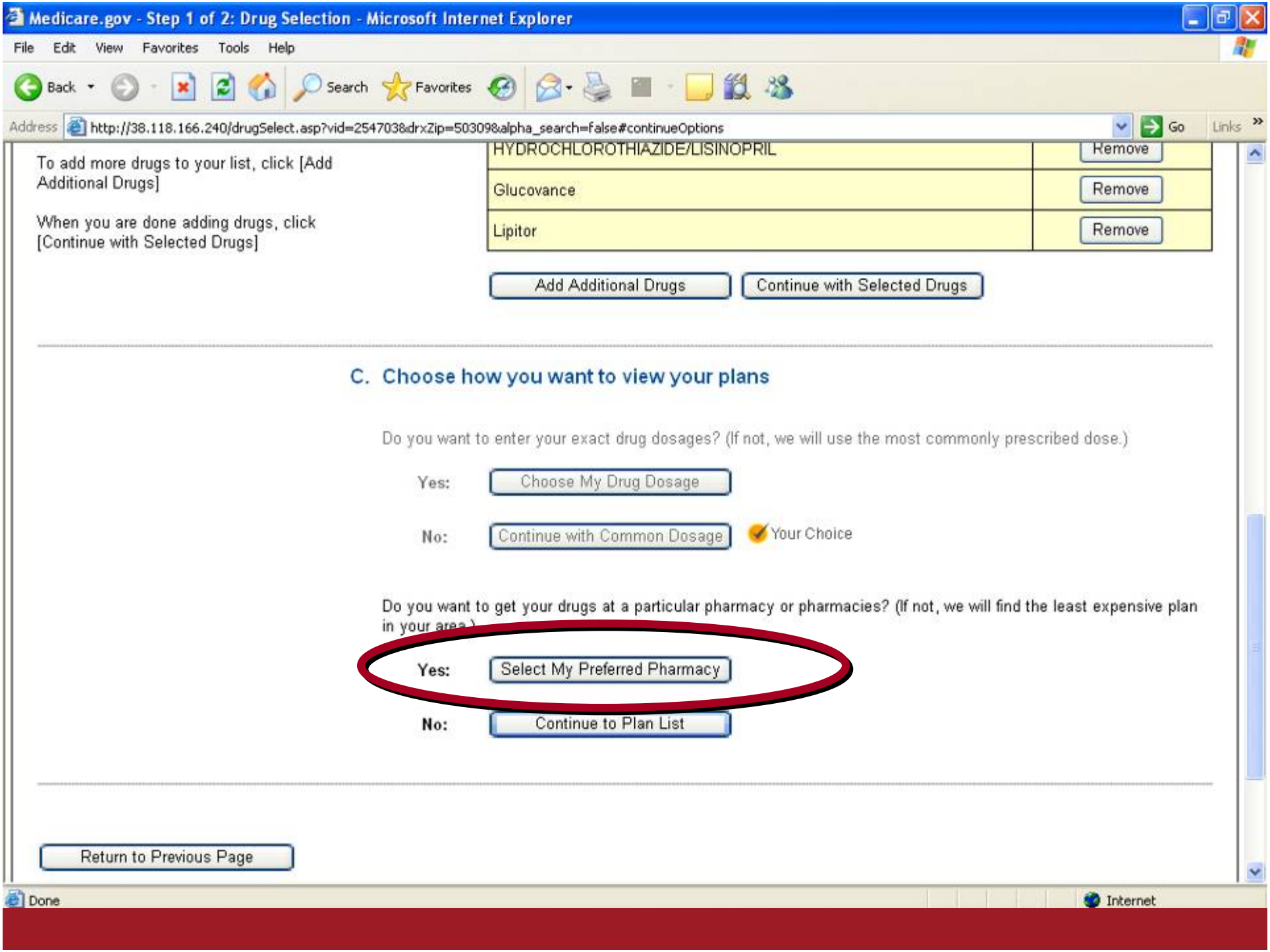
Click on the "View Plan List" button to view your plans.
The following criteria have been applied: None
Hide Plan List
New Search
Sort Plans By Name
These results are sorted by the Monthly Premium. To sort plans by name, click the "Sort Plans By Name" link above.
Company (Cobrand Name)
Plan Name
Monthly Premium
Annual Deductible
Cost Sharing
Coverage Gap*
Formulary (% of drugs covered)
Humana Inc. (Wal*Mart)
Humana PDP Standard S5884-083 Approved
$1.87
$250
25%
No
N/A
Available November 15, 2005
Humana Inc. (Wal*Mart)
Humana PDP Enhanced S5884-023 Approved
$4.91
$0
$0 - $60 25%
No
N/A
Available November 15, 2005
MedicareBlue Rx (Blue Cross and Blue Shield of Minnesota; Blue Cross and Blue Shield of Montana; Blue Cross and Blue Shield of
MedicareBlue Rx Option 1 Approved
$13.58
$250
25%
No
N/A
Available November 15, 2005
Internet

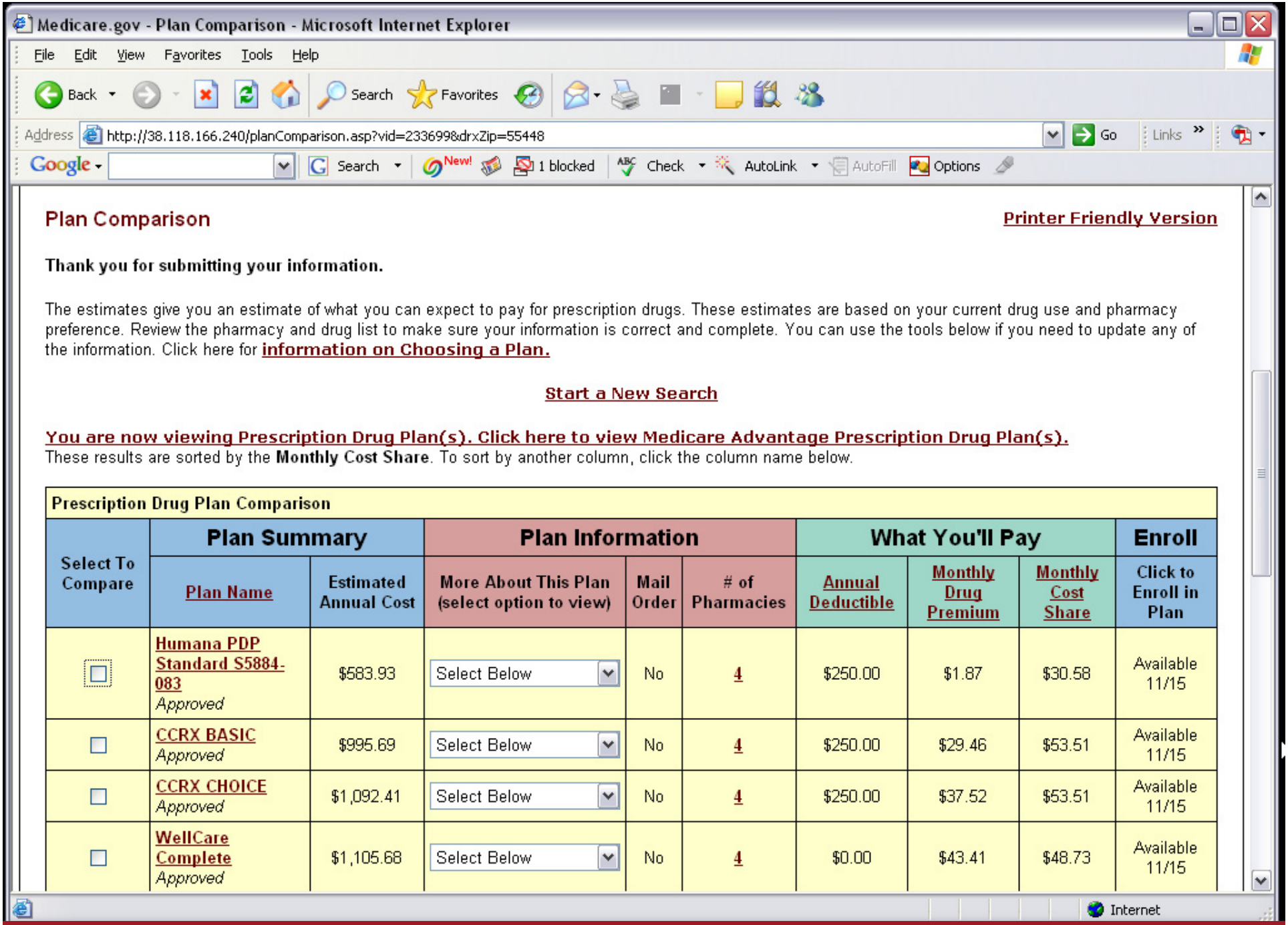

Medicare.gov - MPDPF: Plan Overview Page - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://mcg.ams.com/MPDPF/Shared/Include/DataSection/Results/Overview.asp
Go Links
A. 55 plans are available in your area
Click on the "View Plan List" button to view your plans.
The following criteria have been applied: None
View Plan List
New Search
B. Enter your medications
If your total monthly drug cost is more than 35 dollars, we strongly recommend that you personalize your search by entering your drugs as this will provide you with the most personalized plan information.
Enter my medications
C. Limit your drug plans
Annual Deductible: To limit by deductible, enter an amount ranging from $0.00 to $250.00.
Monthly Premium: To limit by premiums, enter a premium amount ranging from $0.00 to $99.90.
Mail Order Availability: To limit the drug plans that let you get your prescription drug by
Annual Deductible ($0.00 - $250.00):
$
Monthly Premium ($0.00 - $99.90):
$
Mail Order Availability:
Select one
Company:
View Companies
Apply Limits
Clear Limits
The following criteria have been applied: None
Done
Friday, October 07, 2005


Medicare.gov - Step 1 of 2: Drug Selection - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address http://38.118.166.240/drugselect.asp
Go Links
Medicare Prescription Drug Plan Finder
Step 4: Medication and pharmacy selection
1 Search options
2 Current coverage information
3 Review plan results and options
4 Medication and pharmacy selection
5 Review plan details and enroll
To estimate your cost for a Medicare Prescription Drug Plan, we need to know what drugs you may be taking.
To add your drugs:
A. Find your drug(s), and add them to your list.
B. Review your drug list.
C. Choose how you want to view plans.
Other drug search options:
1. Search for drugs by condition.
2. Search for drugs by first letter.
A. Find your drugs by name
Drug Name:
(Type your drug name here and click [Search for Drug])
Search for Drug
B. Review your drug list
No drugs selected.
C. Choose how you want to view your plans
Return to Previous Page
Done
Internet


Medicare.gov - Step 1 of 2: Drug Selection - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address http://38.118.166.240/drugSelect.asp?vid=254703&drxZip=50309&alpha_search=false#drugList
Go Links
Medicare Prescription Drug Plan Finder
Step 4: Medication and pharmacy selection
1 Search options
2 Current coverage information
3 Review plan results and options
4 Medication and pharmacy selection
5 Review plan details and enroll
To estimate your cost for a Medicare Prescription Drug Plan, we need to know what drugs you may be taking.
To add your drugs:
A. Find your drug(s), and add them to your list.
B. Review your drug list.
C. Choose how you want to view plans.
Other drug search options:
1. Search for drugs by condition.
2. Search for drugs by first letter.
A. Find your drugs by name
Drug Name:
(Type your drug name here and click [Search for Drug])
Search for Drug
B. Review your drug list
Review the list of drugs you've added to your list. If you'd like to remove any of them from this list, click the Remove button.
To add more drugs to your list, click [Add Additional Drugs]
When you are done adding drugs, click [Continue with Selected Drugs]
Drug Name
Remove
HYDROCHLOROTHIAZIDE/LISINOPRIL
Remove
Glucovance
Remove
Lipitor
Remove
Add Additional Drugs
Continue with Selected Drugs
Done
Friday, October 07, 2005


Medicare.gov - Step 1 of 2: Drug Selection - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address http://38.118.166.240/drugSelect.asp?vid=254703&drxZip=50309&alpha_search=false#continueOptions
Go Links
2. Search for drugs by first letter.
Review the list of drugs you've added to your list. If you'd like to remove any of them from this list, click the Remove button.
To add more drugs to your list, click [Add Additional Drugs]
When you are done adding drugs, click [Continue with Selected Drugs]
B. Review your drug list
Drug Name
Remove
HYDROCHLOROTHIAZIDE/LISINOPRIL
Remove
Glucovance
Remove
Lipitor
Remove
Add Additional Drugs
Continue with Selected Drugs
C. Choose how you want to view your plans
Yes:
Choose My Drug Dosage
No:
Continue with Common Dosage
Return to Previous Page
Internet


Medicare.gov - Step 1 of 2: Drug Selection - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address http://38.118.166.240/drugSelect.asp?vid=254703&drxZip=50309&alpha_search=false#continueOptions
Go Links
To add more drugs to your list, click [Add Additional Drugs]
When you are done adding drugs, click [Continue with Selected Drugs]
HYDROCHLOROTHIAZIDE/LISINOPRIL
Remove
Glucovance
Remove
Lipitor
Remove
Add Additional Drugs
Continue with Selected Drugs
C. Choose how you want to view your plans
Do you want to enter your exact drug dosages? (If not, we will use the most commonly prescribed dose.)
Yes:
Choose My Drug Dosage
No:
Continue with Common Dosage
Your Choice
Do you want to get your drugs at a particular pharmacy or pharmacies? (If not, we will find the least expensive plan in your area.)
Yes:
Select My Preferred Pharmacy
No:
Continue to Plan List
Return to Previous Page
Done
Internet



Plan Comparison

Printer Friendly Version

Thank you for submitting your information.

The estimates give you an estimate of what you can expect to pay for prescription drugs. These estimates are based on your current drug use and pharmacy preference. Review the pharmacy and drug list to make sure your information is correct and complete. You can use the tools below if you need to update any of the information. Click here for **information on Choosing a Plan.**

Start a New Search

You are now viewing Prescription Drug Plan(s). Click here to view Medicare Advantage Prescription Drug Plan(s).
These results are sorted by the **Monthly Cost Share**. To sort by another column, click the column name below.

Prescription Drug Plan Comparison

Select To Compare	Plan Summary		Plan Information			What You'll Pay			Enroll
	Plan Name	Estimated Annual Cost	More About This Plan (select option to view)	Mail Order	# of Pharmacies	Annual Deductible	Monthly Drug Premium	Monthly Cost Share	Click to Enroll in Plan
☐	Humana PDP Standard S5884-083 *Approved*	$583.93	Select Below	No	4	$250.00	$1.87	$30.58	Available 11/15
☐	CCRX BASIC *Approved*	$995.69	Select Below	No	4	$250.00	$29.46	$53.51	Available 11/15
☐	CCRX CHOICE *Approved*	$1,092.41	Select Below	No	4	$250.00	$37.52	$53.51	Available 11/15
☐	WellCare Complete *Approved*	$1,105.68	Select Below	No	4	$0.00	$43.41	$48.73	Available 11/15

Plan Comparison

Printer Friendly Version

Thank you for submitting your information.

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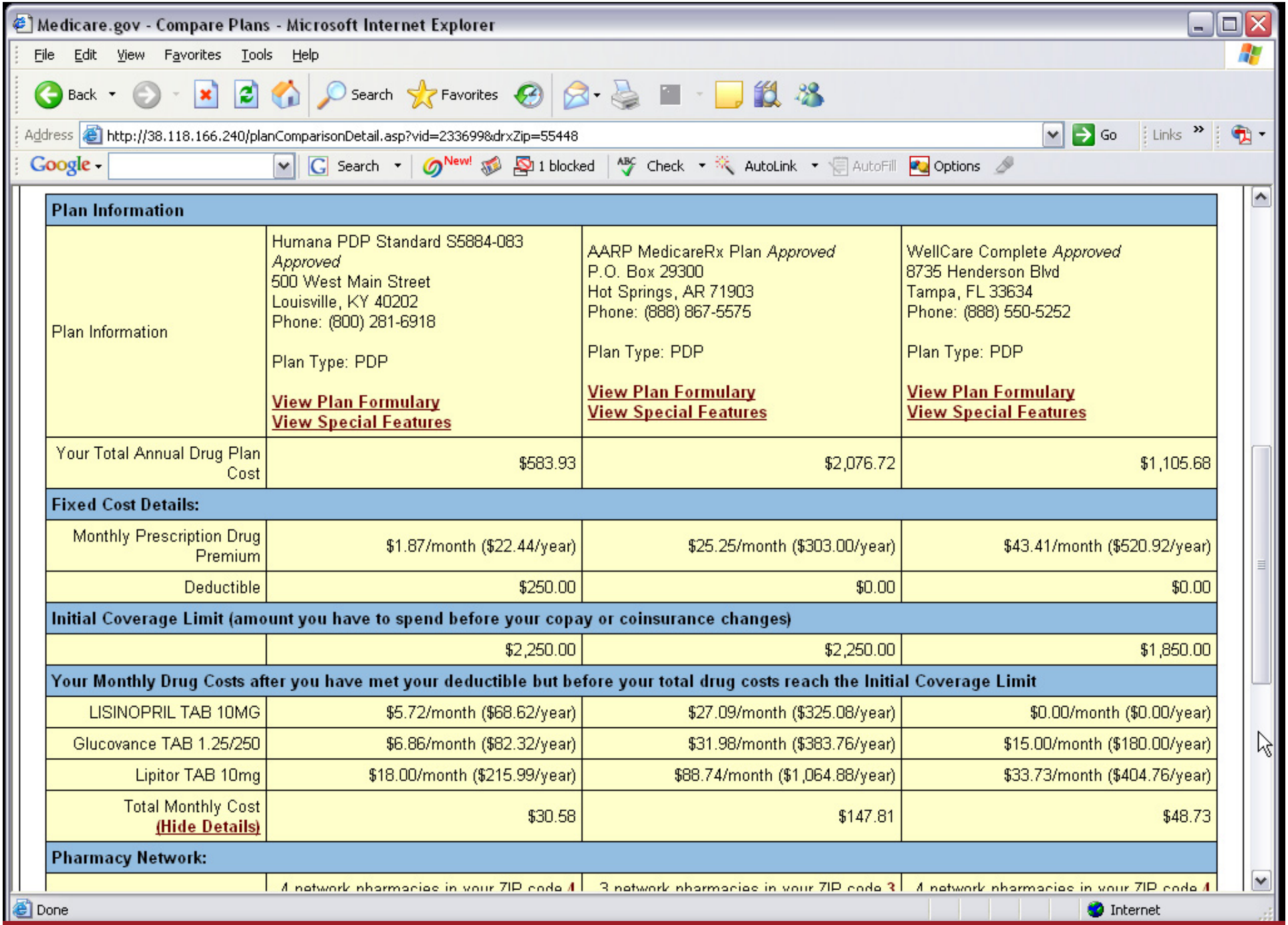
Prescription Drug Plan Comparison

Select To Compare	Plan Summary		Plan Information			What You'll Pay			Enroll
	Plan Name	Estimated Annual Cost	More About This Plan (select option to view)	Mail Order	# of Pharmacies	Annual Deductible	Monthly Drug Premium	Monthly Cost Share	Click to Enroll in Plan
☐	Humana PDP Standard S5884-083 *Approved*	$831.68	Select Below	No	4	$250.00	$1.87	$47.24	Available 11/15
☐	WellCare Complete *Approved*	$1,102.68	Select Below	No	2	$0.00	$43.41	$48.48	Available 11/15
☐	CCRX BASIC *Approved*	$1,194.07	Select Below	No	5	$250.00	$29.46	$70.05	Available 11/15
☐	CCRX CHOICE *Approved*	$1,290.79	Select Below	No	5	$250.00	$37.52	$70.05	Available 11/15
☐	United Medicare MedAdvance	$1,294.68	Select Below	No	1	$0.00	$28.37	$79.52	Available 11/15

Select Below
View Cost Details
Lower My Cost Share
View Notes
View Formulary



Plan Information			
Plan Information	Humana PDP Standard S5884-083 *Approved* 500 West Main Street Louisville, KY 40202 Phone: (800) 281-6918 Plan Type: PDP **View Plan Formulary** **View Special Features**	AARP MedicareRx Plan *Approved* P.O. Box 29300 Hot Springs, AR 71903 Phone: (888) 867-5575 Plan Type: PDP **View Plan Formulary** **View Special Features**	WellCare Complete *Approved* 8735 Henderson Blvd Tampa, FL 33634 Phone: (888) 550-5252 Plan Type: PDP **View Plan Formulary** **View Special Features**
Your Total Annual Drug Plan Cost	$583.93	$2,076.72	$1,105.68
Fixed Cost Details:			
Monthly Prescription Drug Premium	$1.87/month ($22.44/year)	$25.25/month ($303.00/year)	$43.41/month ($520.92/year)
Deductible	$250.00	$0.00	$0.00
Initial Coverage Limit (amount you have to spend before your copay or coinsurance changes)			
	$2,250.00	$2,250.00	$1,850.00
Your Monthly Drug Costs after you have met your deductible but before your total drug costs reach the Initial Coverage Limit			
LISINOPRIL TAB 10MG	$5.72/month ($68.62/year)	$27.09/month ($325.08/year)	$0.00/month ($0.00/year)
Glucovance TAB 1.25/250	$6.86/month ($82.32/year)	$31.98/month ($383.76/year)	$15.00/month ($180.00/year)
Lipitor TAB 10mg	$18.00/month ($215.99/year)	$88.74/month ($1,064.88/year)	$33.73/month ($404.76/year)
Total Monthly Cost **(Hide Details)**	$30.58	$147.81	$48.73
Pharmacy Network:			
	4 network pharmacies in your ZIP code 4	3 network pharmacies in your ZIP code 3	4 network pharmacies in your ZIP code 4

CMS

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