Arkansas Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug 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 Offered
ARKANSAS	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
ASHLEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
BAXTER	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
BENTON	Arkansas Community Care, Inc.	Arkansas Community Care - Plus	•						$0.00	$0.00	•			•	•		95	•
		Arkansas Community Care - Basic	•						$0.00	-								
		Arkansas Community Care - Premier	•						$24.00	$24.00	•			•	•		95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			$0.00	-								
		SecurityChoice Plus				•			$13.00	$9.00			•	•			88	•
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			$0.00	$0.00	•			•			97	•
	Unitedhealthcare Of Arkansas, Inc.	UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$19.72	$19.72	•			•			97	•
BOONE	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
BRADLEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
CALHOUN	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
CARROLL	Arkansas Community Care, Inc.	Arkansas Community Care - Plus	•						$0.00	$0.00	•			•	•		95	•
		Arkansas Community Care - Basic	•						$0.00	-								
		Arkansas Community Care - Premier	•						$24.00	$24.00	•			•	•		95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			$39.00	-								
		SecurityChoice Plus				•			$49.00	$26.08			•	•			88	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug 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 Offered
CHICOT	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
CLARK	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
CLAY	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
CLEBURNE	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
CLEVELAND	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
COLUMBIA	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
CONWAY	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
CRAIGHEAD	Humana Insurance Company	Humana Gold Choice PFFS H1804-098				•			$64.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
CRAWFORD	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			$0.00	-								
		SecurityChoice Plus				•			$13.00	$9.00			•	•			88	•
CRITTENDEN	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
CROSS	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
DALLAS	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug 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 Offered
DESHA	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
DREW	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
FAULKNER	Humana Insurance Company	Humana Gold Choice PFFS H1804-098				•			$64.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
FRANKLIN	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			$0.00	-								
		SecurityChoice Plus				•			$13.00	$9.00			•	•			88	•
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			$0.00	$0.00	•			•			97	•
FULTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
GARLAND	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
GRANT	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
GREENE	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
HEMPSTEAD	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
HOT SPRING	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
HOWARD	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								

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			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug 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 Offered
INDEPENDENCE	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
IZARD	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
JACKSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
JEFFERSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			$39.00	-								
		SecurityChoice Plus				•			$49.00	$26.08			•	•			88	•
JOHNSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
LAFAYETTE	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
LAWRENCE	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
LEE	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
LINCOLN	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			$39.00	-								
		SecurityChoice Plus				•			$49.00	$26.08			•	•			88	•
LITTLE RIVER	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
LOGAN	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								

Arkansas Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	**Organization Name**	**Plan Name**	**HMO**	**Local PPO**	**Regional PPO**	**Private Fee-for-Service**	**Cost Plan**	**Demo Plan**	**Beneficiary Total Premium*** (Including Drug Premium)	**Beneficiary Drug 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 Offered**
LONOKE	Arkansas Community Care, Inc.	Arkansas Community Care - Basic	•						$0.00	-								
		Arkansas Community Care - Plus	•						$0.00	$0.00	•			•	•		95	•
		Arkansas Community Care - Premier	•						$38.00	$31.93	•			•	•		95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-098				•			$64.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
MADISON	Arkansas Community Care, Inc.	Arkansas Community Care - Plus	•						$0.00	$0.00	•			•	•		95	•
		Arkansas Community Care - Basic	•						$0.00	-								
		Arkansas Community Care - Premier	•						$24.00	$24.00	•			•	•		95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 6				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			$0.00	-								
		SecurityChoice Plus				•			$13.00	$9.00			•	•			88	•
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			$0.00	$0.00	•			•			97	•
MARION	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
MILLER	Humana Insurance Company	Humana Gold Choice PFFS H1804-098				•			$64.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
MISSISSIPPI	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
MONROE	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
MONTGOMERY	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
NEVADA	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•

Arkansas Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug 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 Offered
NEWTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			$39.00	-								
		SecurityChoice Plus				•			$49.00	$26.08			•	•			88	•
OUACHITA	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
PERRY	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
PHILLIPS	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
PIKE	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
POINSETT	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
POLK	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
POPE	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
PRAIRIE	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
PULASKI	Arkansas Community Care, Inc.	Arkansas Community Care - Basic	•						$0.00	-								
		Arkansas Community Care - Plus	•						$0.00	$0.00	•			•	•		95	•
		Arkansas Community Care - Premier	•						$38.00	$31.93	•			•	•		95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-098				•			$64.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
RANDOLPH	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•

Arkansas Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug 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 Offered
SALINE	Arkansas Community Care, Inc.	Arkansas Community Care - Basic	•						$0.00	-								
		Arkansas Community Care - Plus	•						$0.00	$0.00	•			•	•		95	•
		Arkansas Community Care - Premier	•						$38.00	$31.93	•			•	•		95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-098				•			$64.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
SCOTT	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
SEARCY	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
SEBASTIAN	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			$0.00	-								
		SecurityChoice Plus				•			$13.00	$9.00			•	•			88	•
SEVIER	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
SHARP	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
ST. FRANCIS	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
STONE	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
UNION	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
VAN BUREN	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								

Arkansas Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug 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 Offered
WASHINGTON	Arkansas Community Care, Inc.	Arkansas Community Care - Plus	•						$0.00	$0.00	•			•	•		95	•
		Arkansas Community Care - Basic	•						$0.00	-								
		Arkansas Community Care - Premier	•						$24.00	$24.00	•			•	•		95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-097				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 6				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			$0.00	-								
		SecurityChoice Plus				•			$13.00	$9.00			•	•			88	•
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			$0.00	$0.00	•			•			97	•
	Unitedhealthcare Of Arkansas, Inc.	UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						$19.72	$19.72	•			•			97	•
WHITE	Arkansas Community Care, Inc.	Arkansas Community Care - Basic	•						$0.00	-								
		Arkansas Community Care - Plus	•						$0.00	$0.00	•			•	•		95	•
		Arkansas Community Care - Premier	•						$38.00	$31.93	•			•	•		95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
WOODRUFF	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			$39.00	-								
		SecurityChoice Plus				•			$49.00	$26.08			•	•			88	•
YELL	Humana Insurance Company	HumanaChoicePPO PPO R5826-024			•				$66.00	-								
		Humana Gold Choice PFFS H1804-099				•			$84.00	$23.78	•			•			97	•
		HumanaChoicePPO PPO R5826-038			•				$105.01	$14.75		•					97	•
		HumanaChoicePPO PPO R5826-010			•				$115.00	$25.42	•			•			97	•