Kansas 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
ALLEN	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
ANDERSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
ATCHISON	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
BARBER	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
BARTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
BOURBON	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
BROWN	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
BUTLER	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
CHASE	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
CHAUTAUQUA	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
CHEROKEE	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
CHEYENNE	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
CLARK	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•

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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
CLAY	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
CLOUD	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
COFFEY	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
COMANCHE	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
COWLEY	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
CRAWFORD	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
DECATUR	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
DICKINSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
DONIPHAN	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
DOUGLAS	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
EDWARDS	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
ELK	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•

Kansas 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
ELLIS	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
ELLSWORTH	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
FINNEY	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
FORD	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
FRANKLIN	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
GEARY	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
GOVE	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
GRAHAM	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
GRANT	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
GRAY	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
GREELEY	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
GREENWOOD	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
HAMILTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•

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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
HARPER	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
HARVEY	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
HASKELL	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
HODGEMAN	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
JACKSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
JEFFERSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
JEWELL	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
JOHNSON	Coventry Health And Life Ins. Company	Advantra Freedom		•					$0.00	$0.00	•			•			98	•
	Coventry Health Care of Kansas, Inc.	Advantra Basic	•						$0.00	-								
		Advantra Advantage	•						$0.00	$0.00	•			•			98	•
	Humana Health Plan, Inc.	Humana Gold Plus HMO H2649-012	•						$0.00	-								
		Humana Gold Plus HMO H2649-004	•						$8.00	$2.94	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO H1716-001		•					$41.00	$27.97	•			•	•		97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		Humana Gold Choice PFFS H1804-143				•			$85.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
KEARNY	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
KINGMAN	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
KIOWA	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•

Kansas 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
LABETTE	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
LANE	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
LEAVENWORTH	Humana Insurance Company	HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		Humana Gold Choice PFFS H1804-143				•			$85.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
LINCOLN	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
LINN	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
LOGAN	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
LYON	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
MARION	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
MARSHALL	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
MCPHERSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
MEADE	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
MIAMI	Coventry Health And Life Ins. Company	Advantra Freedom		•					$0.00	$0.00	•			•			98	•
	Coventry Health Care of Kansas, Inc.	Advantra Basic	•						$0.00	-								
		Advantra Advantage	•						$0.00	$0.00	•			•			98	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		Humana Gold Choice PFFS H1804-143				•			$85.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								

Kansas 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
MITCHELL	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
MONTGOMERY	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
MORRIS	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
MORTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
NEMAHA	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
NEOSHO	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
NESS	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
NORTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
OSAGE	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
OSBORNE	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
OTTAWA	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								

Kansas 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
PAWNEE	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
PHILLIPS	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
POTTAWATOMIE	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
PRATT	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
RAWLINS	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
RENO	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
REPUBLIC	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
RICE	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
RILEY	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
ROOKS	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
RUSH	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
RUSSELL	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
SALINE	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								

Kansas 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
SCOTT	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
SEDGWICK	Coventry Health And Life Ins. Company	Advantra Freedom - Wichita		•					$0.00	$0.00	•			•			98	•
	Coventry Health Care of Kansas, Inc.	Advantra	•						$0.00	$0.00	•			•			98	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United Healthcare Insurance Company	UnitedHealthcare Medicare Complete Choice		•					$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx		•					$0.00	$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlus Rx		•					$16.62	$16.62	•			•			97	•
SEWARD	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
SHAWNEE	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
SHERIDAN	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
SHERMAN	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
SMITH	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
STAFFORD	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
STANTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
STEVENS	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
SUMNER	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								

Kansas 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
THOMAS	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
TREGO	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
WABAUNSEE	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
WALLACE	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
WASHINGTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
WICHITA	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
WILSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-127				•			$65.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
WOODSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-126				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
WYANDOTTE	Humana Health Plan, Inc.	Humana Gold Plus HMO H2649-012	•						$0.00	-								
		Humana Gold Plus HMO H2649-011	•						$44.00	$21.89	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-027			•				$76.00	-								
		Humana Gold Choice PFFS H1804-143				•			$85.00	$18.82	•			•			97	•
		HumanaChoicePPO PPO R5826-041			•				$117.00	$11.25		•					97	•
		HumanaChoicePPO PPO R5826-013			•				$126.00	$20.50	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								