Texas 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
ANDERSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
ANDREWS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
ANGELINA	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
	Texas HealthSpring	Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
		Texas HealthSpring Plus	•						$19.00	$19.00	•			•		•	86	•
ARANSAS	Humana Health Plan of Texas, Inc.	Humana Gold Plus HMO H4510-012	•						$0.00	$0.00	•			•	•		97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO H4520-002		•					$41.00	$32.96	•			•	•		97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
ARCHER	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
ARMSTRONG	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
ATASCOSA	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	•						$0.00	-								
		Secure Horizons Classic Plan	•						$0.00	$0.00	•			•			81	•
		Secure Horizons Gold Plan	•						$23.00	$23.00			•				81	•
		Secure Horizons Classic Enhanced Plan	•						$26.00	$22.99	•			•	•		81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
AUSTIN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
BAILEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
BANDERA	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
BASTROP	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO H4520-003		•					$66.00	$32.96	•			•	•		97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
BAYLOR	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
BEE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
BELL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
BEXAR	Aetna Medicare	Aetna Golden Medicare Premier Plan	•						$0.00	$0.00	•			•	•		97	•
		Aetna Golden Choice Value Plan		•					$0.00	$0.00			•	•			85	•
		Aetna Golden Choice Premier Plan		•					$50.00	$49.47	•			•	•		97	•
	Elder Health Texas, Inc.	Elder Health	•						$0.00	$0.00	•			•			94	•
		Elder Health Select	•						$30.90	$30.90			•				94	•
	Humana Health Plan of Texas, Inc.	Humana Gold Plus HMO H4510-015	•						$0.00	$0.00	•			•	•		97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO H4520-001		•					$46.00	$32.96	•			•	•		97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	•						$0.00	-								
		Secure Horizons Classic Plan	•						$0.00	$0.00	•			•			81	•
		Secure Horizons Gold Plan	•						$23.00	$23.00			•				81	•
		Secure Horizons Classic Enhanced Plan	•						$26.00	$22.99	•			•	•		81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
BLANCO	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
BORDEN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
BOSQUE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
BOWIE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								

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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
BRAZORIA	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
	SelectCare of Texas, LLC	Texan Plus (Greater Houston Metro Area)	•						$0.00	$0.00	•			•	•		97	•
		TexanValue (Greater Houston Metro Area)	•						$0.00	-								
		Houston Special Needs Plan	•						$5.47	$5.47			•				97	
		TexanComplete (Greater Houston Metro Area)	•						$141.00	$30.67	•			•	•		97	•
	Texas HealthSpring	Texas HealthSpring True Choice	•						$0.00	-								
		Texas HealthSpring Metro Advantage Plus	•						$0.00	$0.00	•			•		•	86	•
		Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
BRAZOS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
BREWSTER	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
BRISCOE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
BROOKS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
BROWN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								

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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
BURLESON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
BURNET	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
CALDWELL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO H4520-003		•					$66.00	$32.96	•			•	•		97	•
CALHOUN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
CALLAHAN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas 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
CAMERON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Texas HealthSpring	Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
		Texas HealthSpring Plus	•						$19.00	$19.00	•			•		•	86	•
	Valley Baptist Health Plan, Inc.	Valley Advantage	•						$31.68	$31.68			•				97	•
		Valley Advantage Silver	•						$63.75	-								
		Valley Advantage Gold	•						$106.00	$42.44			•	•			97	•
CAMP	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
CARSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
CASS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
CASTRO	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
CHAMBERS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Texas HealthSpring	Texas HealthSpring True Choice	•						$0.00	-								
		Texas HealthSpring Metro Advantage Plus	•						$0.00	$0.00	•			•		•	86	•
		Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
CHEROKEE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
CHILDRESS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
CLAY	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
COCHRAN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
COKE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
COLEMAN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
COLLIN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	•						$0.00	$0.00	•			•			81	•
		Secure Horizons Medical Plan	•						$0.00	-								
		Secure Horizons Gold Plan	•						$23.00	$23.00			•				81	•
		Secure Horizons Classic Enhanced Plan	•						$42.00	$23.00	•			•	•		81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
COLLINGSWORTH	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
COLORADO	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
COMAL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO H4520-001		•					$46.00	$32.96	•			•	•		97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	•						$0.00	-								
		Secure Horizons Classic Plan	•						$0.00	$0.00	•			•			81	•
		Secure Horizons Gold Plan	•						$23.00	$23.00			•				81	•
		Secure Horizons Classic Enhanced Plan	•						$26.00	$22.99	•			•	•		81	•
COMANCHE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
CONCHO	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
COOKE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
CORYELL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
COTTLE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•

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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
CRANE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
CROCKETT	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
CROSBY	FIRSTCARE Advantage	FIRSTCARE Advantage Select	•						$31.68	$31.68			•				97	•
		FIRSTCARE Advantage Silver	•						$51.00	-								
		FIRSTCARE Advantage Gold	•						$95.00	$43.52			•	•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
CULBERSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
DALLAM	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
DALLAS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO H4520-006		•					$51.00	$32.96	•			•	•		97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	•						$0.00	$0.00	•			•			81	•
		Secure Horizons Medical Plan	•						$0.00	-								
		Secure Horizons Gold Plan	•						$23.00	$23.00			•				81	•
		Secure Horizons Classic Enhanced Plan	•						$42.00	$23.00	•			•	•		81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
DAWSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
DE WITT	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas 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
DEAF SMITH	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
DELTA	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
DENTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	•						$0.00	$0.00	•			•			81	•
		Secure Horizons Medical Plan	•						$0.00	-								
		Secure Horizons Gold Plan	•						$23.00	$23.00			•				81	•
		Secure Horizons Classic Enhanced Plan	•						$42.00	$23.00	•			•	•		81	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
DICKENS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
DIMMIT	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
DONLEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
DUVAL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
EASTLAND	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
ECTOR	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas 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
EDWARDS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
EL PASO	Elder Health Texas, Inc.	Elder Health	•						$0.00	$0.00	•			•			94	•
		Elder Health Select	•						$30.90	$30.90			•				94	•
	HISC - Blue Cross Blue Shield of Texas	Blue Medicare PPO		•					$99.58	$25.73	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Premier Advantage	Premier Advantage	•						$24.46	$24.46	•			•			82	•
	Texas Community Care	Texas Community Care - Basic	•						$0.00	-								
		Texas Community Care - Plus	•						$0.00	$0.00	•			•	•		95	•
		Texas Community Care - Premier	•						$27.00	$27.00	•			•	•		95	•
	United Healthcare Insurance Company	UnitedHealthcare Medicare Comp Choice Rx		•					$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Choice		•					$0.00	-								
		Evercare Plan DP-ES		•					$17.72	$17.72	•			•			97	•
ELLIS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	•						$0.00	$0.00	•			•			81	•
		Secure Horizons Medical Plan	•						$0.00	-								
		Secure Horizons Gold Plan	•						$23.00	$23.00			•				81	•
		Secure Horizons Classic Enhanced Plan	•						$42.00	$23.00	•			•	•		81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
ERATH	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
FALLS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
FANNIN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
FAYETTE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
FISHER	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
FLOYD	FIRSTCARE Advantage	FIRSTCARE Advantage Select	•						$31.68	$31.68			•				97	•
		FIRSTCARE Advantage Silver	•						$51.00	-								
		FIRSTCARE Advantage Gold	•						$95.00	$43.52			•	•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
FOARD	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
FORT BEND	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		HumanaChoicePPO PPO H4520-005		•					$61.00	$32.96	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
	SelectCare of Texas, LLC	Texan Plus (Greater Houston Metro Area)	•						$0.00	$0.00	•			•	•		97	•
		TexanValue (Greater Houston Metro Area)	•						$0.00	-								
		Houston Special Needs Plan	•						$5.47	$5.47			•				97	
		TexanComplete (Greater Houston Metro Area)	•						$141.00	$30.67	•			•	•		97	•
	Texas HealthSpring	Texas HealthSpring True Choice	•						$0.00	-								
		Texas HealthSpring Metro Advantage Plus	•						$0.00	$0.00	•			•		•	86	•
		Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
FRANKLIN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
FREESTONE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
FRIO	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
GAINES	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•

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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
GALVESTON	HISC - Blue Cross Blue Shield of Texas	Blue Medicare PPO		•					$99.58	$25.73	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	SelectCare of Texas, LLC	Texan Plus (Greater Houston Metro Area)	•						$0.00	$0.00	•			•	•		97	•
		TexanValue (Greater Houston Metro Area)	•						$0.00	-								
		Houston Special Needs Plan	•						$5.47	$5.47			•				97	
		TexanComplete (Greater Houston Metro Area)	•						$141.00	$30.67	•			•	•		97	•
	Texas HealthSpring	Texas HealthSpring True Choice	•						$0.00	-								
		Texas HealthSpring Metro Advantage Plus	•						$0.00	$0.00	•			•		•	86	•
		Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
GARZA	FIRSTCARE Advantage	FIRSTCARE Advantage Select	•						$31.68	$31.68			•				97	•
		FIRSTCARE Advantage Silver	•						$51.00	-								
		FIRSTCARE Advantage Gold	•						$95.00	$43.52			•	•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
GILLESPIE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
GLASSCOCK	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
GOLIAD	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
GONZALES	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
GRAY	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								

Texas 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
GRAYSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
GREGG	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
GRIMES	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
GUADALUPE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO H4520-001		•					$46.00	$32.96	•			•	•		97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	•						$0.00	-								
		Secure Horizons Classic Plan	•						$0.00	$0.00	•			•			81	•
		Secure Horizons Gold Plan	•						$23.00	$23.00			•				81	•
		Secure Horizons Classic Enhanced Plan	•						$26.00	$22.99	•			•	•		81	•
HALE	FIRSTCARE Advantage	FIRSTCARE Advantage Select	•						$31.68	$31.68			•				97	•
		FIRSTCARE Advantage Silver	•						$51.00	-								
		FIRSTCARE Advantage Gold	•						$95.00	$43.52			•	•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
HALL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								

Texas 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
HAMILTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
HANSFORD	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
HARDEMAN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
HARDIN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	SelectCare of Texas, LLC	Texan Plus (The Golden Triangle)	•						$0.00	$0.00	•			•	•		97	•
		TexanValue (The Golden Triangle)	•						$0.00	-								
		TexanComplete (The Golden Triangle)	•						$155.00	$30.67	•			•	•		97	•
	Texas HealthSpring	Texas HealthSpring True Choice	•						$0.00	-								
		Texas HealthSpring Metro Advantage Plus	•						$0.00	$0.00	•			•		•	86	•
		Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
HARRIS	AMERIGROUP Texas	AMERIVANTAGE Special Needs Plan	•						$31.68	$31.68			•				90	•
	Elder Health Texas, Inc.	Elder Health	•						$0.00	$0.00	•			•			94	•
		Elder Health Select	•						$30.90	$30.90			•				94	•
	Evercare Of Texas, LLC	Evercare Plan CH No Rx	•						$0.00	-								
		Evercare Plan DH	•						$16.79	$16.79	•			•			97	•
		Evercare Plan CH	•						$18.00	$18.00	•			•			97	•
	HISC - Blue Cross Blue Shield of Texas	Blue Medicare PPO		•					$99.58	$25.73	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		HumanaChoicePPO PPO H4520-005		•					$61.00	$32.96	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
	SelectCare of Texas, LLC	Texan Plus (Greater Houston Metro Area)	•						$0.00	$0.00	•			•	•		97	•
		TexanValue (Greater Houston Metro Area)	•						$0.00	-								
		Houston Special Needs Plan	•						$5.47	$5.47			•				97	
		TexanComplete (Greater Houston Metro Area)	•						$141.00	$30.67	•			•	•		97	•
	Texas HealthSpring	Texas HealthSpring True Choice	•						$0.00	-								
		Texas HealthSpring Metro Advantage Plus	•						$0.00	$0.00	•			•		•	86	•
		Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
HARRISON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
HARTLEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
HASKELL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
HAYS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO H4520-003		•					$66.00	$32.96	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
HEMPHILL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
HENDERSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
HIDALGO	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Texas HealthSpring	Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
		Texas HealthSpring Plus	•						$19.00	$19.00	•			•		•	86	•
	Valley Baptist Health Plan, Inc.	Valley Advantage	•						$31.68	$31.68			•				97	•
		Valley Advantage Silver	•						$63.75	-								
		Valley Advantage Gold	•						$106.00	$42.44			•	•			97	•
HILL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
HOCKLEY	FIRSTCARE Advantage	FIRSTCARE Advantage Select	•						$31.68	$31.68			•				97	•
		FIRSTCARE Advantage Silver	•						$51.00	-								
		FIRSTCARE Advantage Gold	•						$95.00	$43.52			•	•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
HOOD	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO H4520-006		•					$51.00	$32.96	•			•	•		97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
HOPKINS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
HOUSTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
HOWARD	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
HUDSPETH	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
HUNT	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
HUTCHINSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
IRION	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
JACK	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
JACKSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
JASPER	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
	Texas HealthSpring	Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
		Texas HealthSpring Plus	•						$19.00	$19.00	•			•		•	86	•
JEFF DAVIS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
JEFFERSON	HISC - Blue Cross Blue Shield of Texas	Blue Medicare PPO		•					$99.58	$25.73	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	SelectCare of Texas, LLC	Texan Plus (The Golden Triangle)	•						$0.00	$0.00	•			•	•		97	•
		TexanValue (The Golden Triangle)	•						$0.00	-								
		TexanComplete (The Golden Triangle)	•						$155.00	$30.67	•			•	•		97	•
	Texas HealthSpring	Texas HealthSpring True Choice	•						$0.00	-								
		Texas HealthSpring Metro Advantage Plus	•						$0.00	$0.00	•			•		•	86	•
		Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
JIM HOGG	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
JIM WELLS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
JOHNSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO H4520-006		•					$51.00	$32.96	•			•	•		97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	•						$0.00	$0.00	•			•			81	•
		Secure Horizons Medical Plan	•						$0.00	-								
		Secure Horizons Gold Plan	•						$23.00	$23.00			•				81	•
		Secure Horizons Classic Enhanced Plan	•						$42.00	$23.00	•			•	•		81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
JONES	FIRSTCARE Advantage	FIRSTCARE Advantage Silver	•						$43.00	-								
		FIRSTCARE Advantage Gold	•						$87.00	$43.53			•	•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
KARNES	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
KAUFMAN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	•						$0.00	$0.00	•			•			81	•
		Secure Horizons Medical Plan	•						$0.00	-								
		Secure Horizons Gold Plan	•						$23.00	$23.00			•				81	•
		Secure Horizons Classic Enhanced Plan	•						$42.00	$23.00	•			•	•		81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
KENDALL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO H4520-001		•					$46.00	$32.96	•			•	•		97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	•						$0.00	-								
		Secure Horizons Classic Plan	•						$0.00	$0.00	•			•			81	•
		Secure Horizons Gold Plan	•						$23.00	$23.00			•				81	•
		Secure Horizons Classic Enhanced Plan	•						$26.00	$22.99	•			•	•		81	•
KENEDY	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
KENT	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
KERR	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
KIMBLE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
KING	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
KINNEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
KLEBERG	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
KNOX	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
LA SALLE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
LAMAR	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
LAMB	FIRSTCARE Advantage	FIRSTCARE Advantage Select	•						$31.68	$31.68			•				97	•
		FIRSTCARE Advantage Silver	•						$51.00	-								
		FIRSTCARE Advantage Gold	•						$95.00	$43.52			•	•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•

Texas 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
LAMPASAS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
LAVACA	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
LEE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
LEON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas 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
LIBERTY	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
	Texas HealthSpring	Texas HealthSpring True Choice	•						$0.00	-								
		Texas HealthSpring Metro Advantage Plus	•						$0.00	$0.00	•			•		•	86	•
		Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
LIMESTONE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
LIPSCOMB	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
LIVE OAK	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
LLANO	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
LOVING	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
LUBBOCK	FIRSTCARE Advantage	FIRSTCARE Advantage Select	•						$31.68	$31.68			•				97	•
		FIRSTCARE Advantage Silver	•						$51.00	-								
		FIRSTCARE Advantage Gold	•						$95.00	$43.52			•	•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
LYNN	FIRSTCARE Advantage	FIRSTCARE Advantage Select	•						$31.68	$31.68			•				97	•
		FIRSTCARE Advantage Silver	•						$51.00	-								
		FIRSTCARE Advantage Gold	•						$95.00	$43.52			•	•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
MADISON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
MARION	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
MARTIN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
MASON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
MATAGORDA	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
MAVERICK	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
MC CULLOCH	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
MC LENNAN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
MC MULLEN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
MEDINA	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO H4520-001		•					$46.00	$32.96	•			•	•		97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
MENARD	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
MIDLAND	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas 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
MILAM	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
MILLS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
MITCHELL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
MONTAGUE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas 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
MONTGOMERY	HISC - Blue Cross Blue Shield of Texas	Blue Medicare PPO		•					$99.58	$25.73	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		HumanaChoicePPO PPO H4520-005		•					$61.00	$32.96	•			•	•		97	•
	SelectCare of Texas, LLC	Texan Plus (Greater Houston Metro Area)	•						$0.00	$0.00	•			•	•		97	•
		TexanValue (Greater Houston Metro Area)	•						$0.00	-								
		Houston Special Needs Plan	•						$5.47	$5.47			•				97	
		TexanComplete (Greater Houston Metro Area)	•						$141.00	$30.67	•			•	•		97	•
	Texas HealthSpring	Texas HealthSpring True Choice	•						$0.00	-								
		Texas HealthSpring Metro Advantage Plus	•						$0.00	$0.00	•			•		•	86	•
		Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
MOORE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
MORRIS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
MOTLEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
NACOGDOCHES	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
	Texas HealthSpring	Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
		Texas HealthSpring Plus	•						$19.00	$19.00	•			•		•	86	•
NAVARRO	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
NEWTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
NOLAN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
NUECES	Elder Health Texas, Inc.	Elder Health	•						$0.00	$0.00	•			•			94	•
		Elder Health Select	•						$30.90	$30.90			•				94	•
	Humana Health Plan of Texas, Inc.	Humana Gold Plus HMO H4510-012	•						$0.00	$0.00	•			•	•		97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO H4520-002		•					$41.00	$32.96	•			•	•		97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	PHYSICIANS HEALTH CHOICE	Physicians Health Choice Platinum Select	•						$0.00	$0.00			•				82	•
		Physicians Health Choice Platinum	•						$0.00	$0.00	•			•		•	82	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	•						$0.00	$0.00	•			•			81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
OCHILTREE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
OLDHAM	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
ORANGE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	SelectCare of Texas, LLC	Texan Plus (The Golden Triangle)	•						$0.00	$0.00	•			•	•		97	•
		TexanValue (The Golden Triangle)	•						$0.00	-								
		TexanComplete (The Golden Triangle)	•						$155.00	$30.67	•			•	•		97	•
	Texas HealthSpring	Texas HealthSpring True Choice	•						$0.00	-								
		Texas HealthSpring Metro Advantage Plus	•						$0.00	$0.00	•			•		•	86	•
		Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
PALO PINTO	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
PANOLA	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
PARKER	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
PARMER	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
PECOS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
POLK	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
	Texas HealthSpring	Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
		Texas HealthSpring Plus	•						$19.00	$19.00	•			•		•	86	•
POTTER	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
PRESIDIO	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
RAINS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
RANDALL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•

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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
REAGAN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
REAL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
RED RIVER	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
REEVES	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
REFUGIO	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
ROBERTS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
ROBERTSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas 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
ROCKWALL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	•						$0.00	$0.00	•			•			81	•
		Secure Horizons Medical Plan	•						$0.00	-								
		Secure Horizons Gold Plan	•						$23.00	$23.00			•				81	•
		Secure Horizons Classic Enhanced Plan	•						$42.00	$23.00	•			•	•		81	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
RUNNELS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
RUSK	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
SABINE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
SAN AUGUSTINE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
SAN JACINTO	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
	Texas HealthSpring	Texas HealthSpring True Choice	•						$0.00	-								
		Texas HealthSpring Metro Advantage Plus	•						$0.00	$0.00	•			•		•	86	•
		Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
SAN PATRICIO	Humana Health Plan of Texas, Inc.	Humana Gold Plus HMO H4510-012	•						$0.00	$0.00	•			•	•		97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO H4520-002		•					$41.00	$32.96	•			•	•		97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	•						$0.00	$0.00	•			•			81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
SAN SABA	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
SCHLEICHER	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
SCURRY	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
SHACKELFORD	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
SHELBY	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
SHERMAN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
SMITH	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
SOMERVELL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas 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
STARR	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
STEPHENS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
STERLING	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
STONEWALL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
SUTTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
SWISHER	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
TARRANT	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO H4520-006		•					$51.00	$32.96	•			•	•		97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	•						$0.00	$0.00	•			•			81	•
		Secure Horizons Medical Plan	•						$0.00	-								
		Secure Horizons Gold Plan	•						$23.00	$23.00			•				81	•
		Secure Horizons Classic Enhanced Plan	•						$42.00	$23.00	•			•	•		81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
TAYLOR	FIRSTCARE Advantage	FIRSTCARE Advantage Silver	•						$43.00	-								
		FIRSTCARE Advantage Gold	•						$87.00	$43.53			•	•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
TERRELL	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
TERRY	FIRSTCARE Advantage	FIRSTCARE Advantage Select	•						$31.68	$31.68			•				97	•
		FIRSTCARE Advantage Silver	•						$51.00	-								
		FIRSTCARE Advantage Gold	•						$95.00	$43.52			•	•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
THROCKMORTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
TITUS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
TOM GREEN	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
TRAVIS	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO H4520-003		•					$66.00	$32.96	•			•	•		97	•
	PHYSICIANS HEALTH CHOICE	Physicians Health Choice Platinum Select	•						$0.00	$0.00			•				82	•
		Physicians Health Choice Platinum	•						$0.00	$0.00	•			•			82	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
	Texas Community Care	Texas Community Care - Plus	•						$0.00	$0.00	•			•	•		95	•
		Texas Community Care - Basic	•						$0.00	-								
		Texas Community Care - Premier	•						$35.00	$30.97	•			•	•		95	•

Texas 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
TRINITY	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
TYLER	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
	Texas HealthSpring	Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
		Texas HealthSpring Plus	•						$19.00	$19.00	•			•		•	86	•
UPSHUR	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
UPTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
UVALDE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
VAL VERDE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
VAN ZANDT	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
VICTORIA	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
WALKER	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
	Texas HealthSpring	Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
		Texas HealthSpring Plus	•						$19.00	$19.00	•			•		•	86	•

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
WALLER	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Texas HealthSpring	Texas HealthSpring Special Care	•						$14.49	$14.49			•				86	•
		Texas HealthSpring Total Care	•						$16.00	$16.00			•				86	•
		Texas HealthSpring Advantage	•						$18.50	$18.50			•				86	•
		Texas HealthSpring Plus	•						$19.00	$19.00	•			•		•	86	•
WARD	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
WASHINGTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
WEBB	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
WHARTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
WHEELER	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
WICHITA	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
WILBARGER	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
WILLACY	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	Valley Baptist Health Plan, Inc.	Valley Advantage	•						$31.68	$31.68			•				97	•
		Valley Advantage Silver	•						$63.75	-								
		Valley Advantage Gold	•						$106.00	$42.44			•	•			97	•

Texas Medicare Advantage, Cost Plans, and Demonstrations

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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
WILLIAMSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO H4520-003		•					$66.00	$32.96	•			•	•		97	•
	Scott and White Health Plan SeniorCare	SeniorCare Senior Select					•		$54.37	$29.37	•			•			85	•
		SeniorCare Senior Select					•		$68.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred					•		$114.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred					•		$128.08	$43.08	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$164.37	$29.37	•			•			85	•
		SeniorCare Senior Preferred Plus					•		$178.08	$43.08	•			•			85	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
WILSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
WINKLER	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
WISE	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	Sterling Option I	Sterling Option I				•			$9.00	-								
WOOD	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-133				•			$44.00	$23.39	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
	Sterling Option I	Sterling Option I				•			$9.00	-								
YOAKUM	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
YOUNG	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•
ZAPATA	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
		Humana Gold Choice PFFS H1804-146				•			$64.00	$23.39	•			•			97	•

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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**
ZAVALA	Humana Insurance Company	HumanaChoicePPO PPO R5826-026			•				$0.00	-								
		Humana Gold Choice PFFS H1804-132				•			$13.63	$13.63	•			•			97	•
		HumanaChoicePPO PPO R5826-040			•				$45.00	$14.43		•					97	•
		HumanaChoicePPO PPO R5826-012			•				$56.00	$25.04	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								