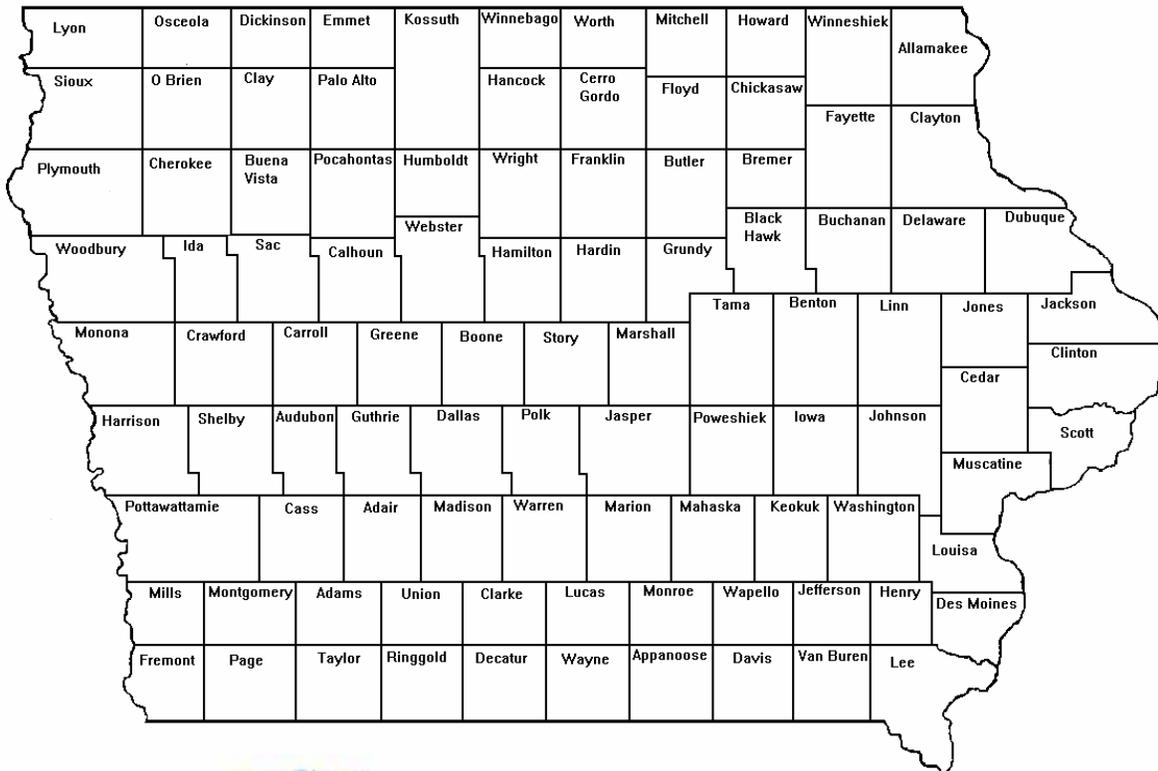


Medicare Advantage Plans in Iowa 2008



LOCAL HELP FOR PEOPLE WITH MEDICARE

SHIP
Iowa Insurance Division
330 Maple
Des Moines, IA 50319-0065

1-800-351-4664
(TTY 1-800-735-2942)
www.shiip.state.ia.us

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SHIIP – The Senior Health Insurance Information Program is part of the national network of state health insurance assistance programs. SHIIP is dedicated to providing information and assistance with questions about Medicare, Medicare supplement insurance, long-term care insurance, claims and other related health insurance. Trained SHIIP volunteer counselors are available across the state to provide free, confidential, objective one-to-one assistance.

Medicare Advantage Basics

Since Medicare was created in 1965, most Iowans have received their Medicare Part A and Medicare Part B health benefits through the Original Fee-For-Service system.

In 1997, Congress passed the Balance Budget Act, which created Medicare +Choice plans. The purpose was to give people on Medicare other options for receiving their Medicare Part A and Part B benefits (sometimes referred to as Medicare Part C).

Today these choices are called Medicare Advantage plans. This booklet contains basic information to help you understand the Medicare Advantage choices in Iowa.

You Do Not Have to Change

Currently, Medicare Advantage plan options are available in all 99 Iowa counties. Original fee-for service Medicare also continues to be a choice in all areas. No matter which option you choose, you are still in the Medicare program. Understanding the options available will help you to make an informed decision. The Senior Health Insurance Information Program (SHIIP) has prepared this guide to help you understand these plans.

Medicare Advantage Plans...Another Way to Get Your Medicare Benefits

You are eligible to join a Medicare Advantage plan if you have Medicare Part A **and** Part B and you live in the plan's service area. Included are people on Medicare because of disability. People with permanent kidney failure are not eligible to join. Some plans do not charge a monthly premium, but you must continue to pay the Medicare Part B premium (\$96.40 in 2008). You usually will have to pay some other costs (such as co-payments or coinsurance) for the services you get. These plans cover all the services Original Medicare covers and Medicare Advantage plans may add extra benefits such as coverage for vision, hearing, dental, and wellness programs. Some of the plans include Medicare prescription drug coverage.

Each Medicare Advantage plan sold in Iowa has an **annual contract** with Medicare. Medicare pays a set amount of money each month to these private health plans to manage your Part A and Part B benefits. Each year the contract with Medicare may or may not be renewed. Plan benefits and costs can change from year to year.

You **don't need supplemental insurance** when you are enrolled in a Medicare Advantage plan. Supplemental insurance will only pay benefits when you are enrolled in Original Medicare.

Enrollment or Disenrollment

There are specific times during the year when you can enroll, disenroll or change Medicare Advantage plans.

- ◆ **First become eligible for Medicare Part B** - You can join the three months before, the month your Part B is effective or the three months after. If you get Medicare due to disability, you can join three months before to three months after your Medicare Part B is effective.
- ◆ **January 1, 2008 to March 31, 2008** - You can **join, switch or disenroll** from a Medicare Advantage plan, but you **can't add or drop** Medicare prescription drug coverage during this time. The following chart shows the changes you can make between January 1 and March 31:

If current coverage is	You can get	You cannot get
Medicare Advantage Plan with prescription drug coverage (MA-PD) →	A different MA-PD <u>or</u> Original Medicare and a stand-alone prescription drug plan (PDP) <u>or</u> Private-Fee-For-Service plan (PFFS) w/o drugs and a PDP	Medicare Advantage Plan with no prescription drug coverage (MA-only) <u>or</u> Original Medicare only (cannot drop drug coverage)
Medicare Advantage Plan with no prescription drug coverage (MA-only) →	MA-only <u>or</u> Original Medicare only	MA-PD <u>or</u> Original Medicare and PDP (cannot add drug coverage)
Original Medicare and a prescription drug plan (PDP) →	MA-PD <u>or</u> PFFS w/o drugs and the same PDP	MA-only <u>or</u> A different PDP to use with Original Medicare (cannot drop drug coverage)
Original Medicare only →	MA-only	MA-PD <u>or</u> Original Medicare and PDP (cannot add drug coverage)

- ◆ **After March 31, 2008** – You will not be able to disenroll from a Medicare Advantage plan until November 15, 2008 to December 31, 2008. Your new coverage will be effective January 1, 2009.
- ◆ **November 15, 2008 to December 31, 2008** - You can **join, switch or disenroll** from a Medicare Advantage plan.
- ◆ **Special Enrollment Periods** - In certain situations, such as a change in residence, you would be eligible for a Special Enrollment Period (SEP) to disenroll, join or switch to a different plan. Call SHIP at 1-800-351-4664 for information about other Special Enrollment Periods.
- ◆ **Exceptions:**
 - You can join or disenroll from a Cost Plan anytime during the year.
 - You can only join or disenroll from a Medical Savings Account between November 15 and December 31 each year or when you first become eligible for Medicare.

Protections When Enrolling in a Medicare Advantage Plan for the First Time

If you are enrolling in a Medicare Advantage plan for the first time you can return to Original Medicare and are guaranteed the right to get Medicare Supplement Insurance in two situations.

1. You drop your Medicare supplement to enroll in a Medicare Advantage plan for the **first time** and then you **disenroll** from the Medicare Advantage plan within the **first 12 months**. You must be allowed to
 - **Re-enroll** in the Medicare supplement policy you were most recently enrolled in if it is available from the same insurance company, **OR**
 - If the policy is not available, **enroll** in any Medicare supplement Plan A, B, C, F, K or L (including Medicare Select or high deductible choices) from ANY COMPANY selling these plans in Iowa. If you are **under age 65**, you can buy only from companies selling to those under 65.
2. You enroll in a Medicare Advantage plan the first time you enroll in Medicare Part B **at age 65 or older**. Then you disenroll **within the first 12 months**.
 - You must be allowed to enroll in ANY Medicare supplement plan, **A through L**, offered by ANY COMPANY selling those plans in Iowa, (including Medicare Select or high deductible choices.)

These two options do not apply to employer retiree health plans. If you give up your employer retiree plan to try a Medicare Advantage plan, you may not get your employer retiree plan back later. If you bought your Medicare supplement plan before 1992 and it is no longer being sold, you will have to buy one of the standardized plans now available.

If you **apply** for your new Medicare supplement plan within **63 days** of when your Medicare Advantage coverage ends....

- Companies cannot turn you down because of existing health conditions.
- Companies cannot charge you higher premiums because of existing health conditions. You will not have a waiting period before benefits are paid for existing health conditions.

In both of the situations described above, if you are disenrolling from a Medicare Advantage plan with drug coverage, you will also get a special enrollment period to sign up for a Part D stand-alone drug plan.

Medicare Advantage and Medicare Part D

Many people with a Medicare Advantage plan get prescription coverage through their plan. If you want Part D coverage and enroll in a Medicare Advantage HMO or PPO you must select an option that includes drug coverage. If you join a stand-alone drug plan you will be automatically disenrolled from your Medicare HMO or PPO and

returned to Original Medicare. If you have a Medicare Private Fee-for-Service Plan that doesn't include drug coverage, a Medicare Medical Savings Account Plan or a Medicare Cost Plan, you can join a stand-alone Medicare Prescription Drug Plan.

Your out-of-pocket costs will depend on the plan's premium, whether the plan has a yearly deductible, how much you pay for your prescriptions and if your drugs are covered on the plan's formulary. To compare Medicare Advantage plan drug benefits you can go to www.medicare.gov. SHIP counselors are available to help you compare plans.

Things to Consider Before You Enroll in a Medicare Advantage Plan

- ◆ Your Medicare benefits are provided by the Medicare Advantage plan, rather than the traditional Medicare program. You will use your Medicare Advantage card when you receive services instead of your Medicare card.
- ◆ **It is especially important that you check to see if your doctors, hospitals and other providers accept the plan.**
- ◆ You must live in the service area and have Medicare Part A and Part B.
- ◆ You continue to pay the Medicare Part B premium (\$96.40 in 2008).
- ◆ You usually will pay some other costs such as copayments, deductibles, or coinsurance for the services you get.
- ◆ You don't need a Medicare supplement insurance policy and the policy will not pay benefits when you are enrolled in a Medicare Advantage plan.
- ◆ Understand when you can change plans if you change your mind.
- ◆ Compare all costs and features (See comparison chart on page 60). The plans listed in this guide are offered to individuals. Employers may also provide Medicare Advantage plans to their retirees. Employer plans may have different premiums and benefits than those listed in this guide.

Medicare Advantage Plans available in Iowa

There are seven different types of Medicare Advantage plans, including:

1. HMO - Health Maintenance Organization.....pages 11-14
2. POS- HMO with a Point of Service Option.... pages 15
3. Cost Plan.....page 16
4. PPO - Preferred Provider Organization..... pages 17-20
5. PFFS - Private-Fee-For-Service Plans..... pages 21-52
6. SNP – Special Needs Plan..... pages 53-57
7. MSA – Medical Savings Accountpages 58-59

More information about these plans and the options available in Iowa are included on the following pages.

Guide to Medicare Advantage Plan Chart

The following chart on pages 8-10 lists the Medicare Advantage plans available in Iowa. The chart includes:

Plan Name:

Listed in bold is the name used by the company to market the plan.

Phone Number:

The phone number listed is for prospective members.

Company Name:

The name of the insurance company marketing the plan is shown in italics.

Service Area:

To be eligible to enroll in a Medicare Advantage plan you must live in the “service area”, or counties, served by the plan. For a complete list of the counties served refer to the individual plan summaries found on pages 11 to 59.

Options:

Many of the plans offer more than one option. Each option may not be available in every county of the plan’s service area. Refer to the plan benefit summaries on pages 11 to 59.

Premium:

This is the total monthly premium you pay for the plan, including hospital, medical and prescription drug benefits, when offered. You also continue to pay your Part B premium of \$96.40 each month.

Part D:

A “**Yes**” in the “**Part D**” column indicates the plan option includes Medicare prescription drug coverage. A “+” next to the “**Yes**” means the premium for the drug benefit portion will be \$0 for those individuals eligible for 100% Part D premium assistance. They will still be responsible for any part of the premium which pays for hospital and medical benefits.

For more information on a specific Medicare Advantage plan contact the company. Phone numbers and website addresses are listed in this booklet. If you have general questions about Medicare Advantage, contact the Iowa Senior Health Insurance Information Program (SHIIP) at 1-800-351-4664 (TTY 800-735-2942).

Medicare Advantage Plans available in Iowa

HMO – Health Maintenance Organization			
Plan Name – Company Name - Service Area	Options	Premium	Part D
AARP MedicareComplete 1-800-547-5514 <i>SecureHorizon by United Healthcare</i> Service Area: 53 Counties in Iowa*	Plan 1	\$0	Yes+
	Essential	\$56	No
	Plus 15	\$78	Yes+
	Plus Prime	\$113	Yes+
Coventry Advantra 1-866-363-4692 <i>Coventry Health Care of Iowa</i> Service Area: Black Hawk, Bremer, Buchanan, Butler, Dallas, Delaware, Fayette, Grundy, Jasper, Johnson, Jones, Linn, Madison, Marion, Monroe, Muscatine, Plymouth, Polk, Scott, Warren, Woodbury and Wright Counties.	Silver	\$0	Yes+
	Gold	\$115	Yes
POS – HMO with Point of Service Option			
AARP MedicareComplete 1-800-547-5514 <i>SecureHorizon by United Healthcare</i> Service Area: Crawford, Page, Shelby and Pottawattamie Counties	Plus Plan 1	\$0	Yes+
Cost Contract Plan			
Medical Associates Advantage 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: Allamakee, Clayton, Delaware, Dubuque, Jackson and Jones Counties	Advantage Plus	\$89	No
	Medicare Community Plan	\$104	No
PPO – Preferred Provider Organization			
Coventry Advantra PPO 1-866-363-4692 <i>Coventry Health and Life Insurance Company</i> Service Area: Black Hawk, Bremer, Buchanan, Butler, Cedar, Dallas, Delaware, Fayette, Grundy, Jasper, Johnson, Jones, Linn, Madison, Marion, Monroe, Muscatine, Plymouth, Polk, Scott, Warren, Washington, Winneshiek, Woodbury and Wright Counties	Platinum	\$17	Yes
	Platinum Plus	\$49	Yes
Humana Choice PPO 1-800-833-2364 <i>Humana Insurance Company</i> Service Area: Dallas, Guthrie, Polk and Warren	Humana Choice	\$0	Yes+

*All options are not available in all counties

PPO – Preferred Provider Organization			
Plan Name - Company – Service Area	Options	Premium	Part D
Medicare Blue PPO 1-866-456-1550 <i>Wellmark Blue Cross and Blue Shield of Iowa</i> Service Area: All Counties in Iowa	Essential Plus Rx 1	\$51	Yes +
	Enhanced Plus Rx 1	\$90	Yes +
	Enhanced Plus Rx 2	\$144	Yes
	Enhanced Plus Rx 3	\$201	Yes
PFFS - Private-Fee-For-Service Plans			
Aetna Medicare 1-800-832-2640 <i>Aetna Life Insurance Company</i> Service Area: Dallas, Fremont, Guthrie, Jasper, Johnson, Linn, Madison, Marion, Marshall, Polk, Scott, Story and Warren Counties	Open Value Plan	\$0	No
	Open Value with Rx	\$0	Yes+
	Open Premier Plan	\$55	No
	Open Premier with Rx	\$116	Yes
Advantira Freedom 1-800-711-1607 <i>First Health & Life and Coventry Health and Life Insurance Company</i> Service Area: All Counties in Iowa*	Freedom 1	\$98	No
	Freedom 2	\$0-\$46	No
	Freedom 3	\$0-\$19	No
	Freedom 5	\$32-\$55	Yes+
Humana Gold Choice 1-800-833-2312 <i>Humana Insurance Company</i> Service Area: All Counties in Iowa	Plan 025	\$0	Yes +
	Plan 0201	\$20	Yes
SecureHorizons MedicareDirect 1-800-555-5757 <i>United Healthcare Insurance Company</i> Service Area: 93 Counties in Iowa*	Plan 1	\$0	No
	Plan 100	\$25	No
	Plan 1A	\$0	No
	Rx Plan 150	\$25	Yes+
	Rx Plan 50	\$0	Yes+
	Rx Plan 50A	\$0	Yes+
SecurityChoice 1-888-949-5384 <i>Unicare Life & Health Insurance Company</i> Service Area: 93 Counties in Iowa*	Classic	\$0-\$35	No
	Enhanced	\$29-\$60	No
	Plus	\$0-\$35	Yes+
	Enhanced Plus	\$62-\$93	Yes
	Essential	\$0	No
	Essential Plus	\$33	Yes
Sterling Option 1-888-858-8572 <i>Sterling Life Insurance Company</i> Service Area: All Counties in Iowa	Option I	\$15	No
	Option II	\$28	Yes
	Option III	\$45	No
	Option IV	\$56	Yes

*All options are not available in all counties

+ These plans will have \$0 Part D premium with full Low-Income subsidy. The part of the premium attributed to the plan's medical benefits must be paid by the enrollee.

PFFS - Private-Fee-For-Service Plans			
Plan Name - Company – Service Area	Options	Premium	Part D
Today's Option 1-866-234-3801 <i>Marquette National Life Insurance Company</i> Service Area: All Counties in Iowa*	Basic/CCR _x	\$0-\$40	No
	Value/CCR _x	\$0-\$65	No
	Premier/CCR _x	\$0-\$90	No
	Basic Plus/CCR _x	\$22.70-\$62.70	Yes
	Value Plus/CCR _x	\$22.70-\$87.70	Yes
	Premier Plus/CCR _x	\$29.20-\$119.20	Yes
Today's Option 1-800-996-8867 <i>Pyramid Life Insurance Company</i> Service Area: All Counties in Iowa*	Basic	\$0-\$35	No
	Value	\$0-\$65	No
	Premier	\$0-\$90	No
	Basic Plus	\$20.20-\$55.20	Yes
	Basic Plus/CCR _x	\$22.70-\$62.70	Yes
	Value Plus	\$20.20-\$85.20	Yes
	Value Plus/CCR _x	\$22.70-\$87.70	Yes
	Premier Plus	\$32-\$122	Yes
	Premier Plus/CCR _x	\$29.20-119.20	Yes
Wellcare 1-866-238-9898 <i>Wellcare Health Insurance Company</i> Service Area: 79 Counties in Iowa	Prelude Plan	\$0-\$10	No
	Sonata Plan	\$0	No
	Duet Plan	\$0	No
	Concert Plan	\$0-\$10	Yes+
SNP – Special Needs Plans			
CoventryAdvantraExtra 1-866-363-4692 <i>Coventry Health and Life Insurance Company</i> Service Area: 25 Counties in Iowa	Diabetes	\$0	Yes+
	High Cholesterol	\$0	Yes+
	Medicare/Medicaid	\$0-\$30.60	Yes+
Evercare 1-888-834-3721 <i>United Healthcare Insurance Company</i> Service Area: Dallas, Polk, Crawford, Page, Pottawattamie, Shelby and Warren Counties	Nursing Home	\$30.60	Yes+
	Chronic Conditions	\$0	Yes+
	Medicare/Medicaid	\$0-\$30.60	Yes+
MSA – Medical Savings Accounts			
Save Well 1-888-949-5384 <i>UniCare Life & Health Insurance Company</i> Service Area: All Counties in Iowa*	Plan I	\$0	No
		\$2,750 deductible	
	Plan II	\$0	No
		\$4,000 deductible	
	Plan III	\$0	No
		\$5,000 deductible	

Medicare Health Maintenance Organizations (HMO)/ Point-of-Service (POS) Options

Medicare Health Maintenance Organization (HMOs) and Point-of-Service (POS) plans are both types of Medicare managed care plans.

A Medicare HMO offers services through a network of contracted hospitals, doctors and other providers, and the plan pays the providers directly. Most plans have strict “lock-in” requirements. This means you generally must receive all covered care from the plan providers or through referrals by the plan. If you go outside the network without a referral, neither the Medicare HMO nor Medicare will pay. Emergencies and urgent care are covered when you cannot reach a plan location.

The HMO manages your Medicare Part A and Part B health insurance benefits. **You do not need a Medicare supplement.** If you have a policy, it will not pay when you are enrolled in an HMO.

If you choose to enroll in a Medicare POS plan you can go to doctors, specialists, or hospitals in or out of network. Your cost may be higher when you use doctors, hospitals and other health services that are not part of the plan’s network. No primary care physician is required, and no referrals are needed to visit a specialist. A primary care physician is a doctor you choose to coordinate all of your care and referrals to specialists.

If you are interested in one of these plans and you want to receive Medicare drug coverage, you must choose a plan that includes the benefit. You cannot enroll in a Medicare HMO or POS plan and enroll in a Medicare stand-alone drug plan.

Some plans also offer additional benefits, such as vision and hearing screenings, and other services not covered under the Original Medicare plan.

The following charts show what **you pay** when you enroll in a Medicare Advantage HMO or POS plan.

AARP Medicare Complete Plan 1 HMO (H4456-010)

Secure Horizons by United Healthcare
1-800-547-5514 (TTY/TDD 1-866-832-8671)
www.aarpmedicarecomplete.com

Service Area: Appanoose, Benton, Blackhawk, Boone, Bremer, Buchanan, Butler, Cedar, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Dubuque, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Muscatine, Polk, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne

Monthly Premium: \$0
Also pay Part B monthly premium (\$96.40 in 2008)

Yearly Out-of-Pocket Maximum: \$2,650
(Does not include office visits or prescriptions)

Doctor Office Visit:
\$5 primary care visit; \$50 walk-in clinics; \$20 specialist visit

Emergency Room Visit: \$50 each visit
(waived if admitted to hospital in 24 hours)
Worldwide Coverage

Inpatient Hospital: \$195/day for days 1-14

Outpatient Surgery: 15% of the cost

Skilled Nursing Care:
\$95 each day for days 1-28; \$0 for days 29-100

Diagnostic Lab Tests: \$0 - \$25 for each lab service

Durable Medical Equipment: 30% of the cost

Routine Physical: \$5 (1 exam/year)

Vision Services: \$20 (1 exam/year)

Hearing Services: \$20 (1 test/year)

Dental: No additional benefits

Medicare Prescription Drug Coverage:

- No deductible
- Before total drug costs reach \$2,510, you pay :
 - \$4 - Preferred Generics
 - \$28 - Preferred Brand
 - \$58 - Non-Preferred
 - 33% - Specialty
- Coverage in the Gap: None

AARP Medicare Complete Plan 1 HMO (H2802-001)	AARP Medicare Complete Essential (H4456-016)
<i>SecureHorizons by United Healthcare</i> 1-800-547-5514 (TTY/TDD 1-866-832-8671) www.aarpmedicarecomplete.com	<i>SecureHorizons by United Healthcare</i> 1-800-547-5514 (TTY/TDD 1-866-832-8671) www.aarpmedicarecomplete.com
Service Area: Pottawattamie County	Service Area: Appanoose, Benton, Blackhawk, Boone, Bremer, Buchanan, Butler, Cedar, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Dubuque, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Muscatine, Polk, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne
Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: \$56.00 Also pay Part B monthly premium (\$96.40 in 2008)
Yearly Out-of-Pocket Maximum: \$3,900 (Does not include office visits or prescriptions)	Yearly Out-of-Pocket Maximum: None
Doctor Office Visit: \$20 primary care visit; \$40 walk-in clinics; \$30 specialist visit	Doctor Office Visit: \$15 primary care visit; \$15 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$285/day for days 1-14	Inpatient Hospital: \$50 for each admission
Outpatient Surgery: 25% of the cost	Outpatient Surgery: \$50 for each visit
Skilled Nursing Care: \$150 each day for days 1-26; \$0 for days 27-100	Skilled Nursing Care: \$0 for days 1-20; \$150 each day for days 22-100
Diagnostic Lab Tests: \$0 - \$10 for each lab service	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 25% of the cost	Durable Medical Equipment: 20% of the cost
Routine Physical: \$20 (1 exam/year)	Routine Physical: \$15 (1 exam/year)
Vision Services: \$30 (1 exam/year) \$105 limit for eye wear every year	Vision Services: \$15 (1 exam/year) \$100 for eye wear every two years
Hearing Services: \$30 (1 test/year) \$200 for routine hearing aids every year	Hearing Services: \$15 (1 test/year)
Optional Package: \$39 monthly premium includes dental, vision and hearing aid benefits	Dental: None
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,510, you pay : <ul style="list-style-type: none"> \$4 - Preferred Generics \$28 - Preferred Brand \$58 - Non-Preferred 33% - Specialty • Coverage in the Gap: None 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Coverage

AARP Medicare Complete Plus 15 HMO (H4456-015)	AARP Medicare Complete Plus Prime (H4456-017)
<i>Secure Horizons by United Healthcare</i> 1-800-547-5514 (TTY/TDD 1-866-832-8671) www.aarpmedicarecomplete.com	<i>Secure Horizons by United Healthcare</i> 1-800-547-5514 (TTY/TDD 1-866-832-8671) www.aarpmedicarecomplete.com
Service Area: Appanoose, Benton, Blackhawk, Boone, Bremer, Buchanan, Butler, Cedar, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Dubuque, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Muscatine, Polk, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne	Service Area: Appanoose, Benton, Blackhawk, Boone, Bremer, Buchanan, Butler, Cedar, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Dubuque, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Muscatine, Polk, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne
Monthly Premium: \$78.00 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: \$113.00 Also pay Part B monthly premium (\$96.40 in 2008)
Yearly Out-of-Pocket Maximum: None	Yearly Out-of-Pocket Maximum: None
Doctor Office Visit: \$15 primary care visit; \$15 specialist visit	Doctor Office Visit: \$0 primary care visit; \$15 walk-in clinic; \$0 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$50 for each admission	Inpatient Hospital: \$0
Outpatient Surgery: \$50 for each visit	Outpatient Surgery: \$0
Skilled Nursing Care: \$0 for days 1-20; \$150 for day 21; \$0 each day for days 21-100	Skilled Nursing Care: \$0 \$0 for days 1-20; \$100 for day 21; \$0 each day for days 22-100
Diagnostic Lab Tests: \$0-\$5 for each lab service	Diagnostic Lab Tests: \$0 - \$5 for each lab service
Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies	Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies
Routine Physical: \$15 (1 exam/year)	Routine Physical: \$0 (1 exam/year)
Vision Services: \$15 (1 exam/year) \$100 for eye wear every two years	Vision Services: \$15 (1 exam/year) \$100 for eye wear every two years
Hearing Services: \$15 (1 test/year)	Hearing Services: \$0 (1 test/year)
Dental: No additional benefits	Dental: No additional benefits
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,200, you pay: <ul style="list-style-type: none"> \$5 - Preferred Generics \$10 - Preferred Brand \$40 - Non-Preferred 33% - Specialty Coverage in the Gap: None	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,200, you pay: <ul style="list-style-type: none"> \$5 - Preferred Generics \$10 - Preferred Brand \$40 - Non-Preferred 33% - Specialty • Coverage in the Gap: None

Coventry Advantra Silver HMO (H1609-001)	Coventry Advantra Gold HMO (H1609-003)
<i>Coventry Health Care of Iowa, Inc.</i> 1-866-363-4692 (TTY/TDD 1-877-231-0573) www.advantraplans.com	<i>Coventry Health Care of Iowa, Inc.</i> 1-866-363-4692 (TTY/TDD 1-877-231-0573) www.advantraplans.com
Service Area: Black Hawk, Bremer, Buchanan, Butler, Cedar, Dallas, Delaware, Fayette, Grundy, Jasper, Johnson, Jones, Linn, Madison, Marion, Monroe, Muscatine, Plymouth, Polk, Scott, Warren, Washington, Winneshiek, Woodbury and Wright Counties	Service Area: Black Hawk, Bremer, Buchanan, Butler, Cedar, Dallas, Delaware, Fayette, Grundy, Jasper, Johnson, Jones, Linn, Madison, Marion, Monroe, Muscatine, Plymouth, Polk, Scott, Warren, Washington, Winneshiek, Woodbury and Wright Counties
Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: \$115.00 Also pay Part B monthly premium (\$96.40 in 2008)
Yearly Out-of-Pocket Maximum: \$1,400 (Does not include office visits, renal dialysis, transplants or prescriptions)	Yearly Out-of-Pocket Maximum: None
Doctor Office Visit: \$10 primary care visit; \$30 specialist visit	Doctor Office Visit: \$0 primary care visit; \$0 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$0 Worldwide Coverage
Inpatient Hospital: \$150/day for days 1-9	Inpatient Hospital: \$0
Outpatient Surgery: \$50 per visit	Outpatient Surgery: \$0
Skilled Nursing Care: \$0 for days 1-6; \$75 each day for days 7-22; \$0 for days 23-100	Skilled Nursing Care: \$0
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 30% of the cost; 10% diabetic supplies	Durable Medical Equipment: \$0
Routine Physical: \$10 (1 exam/year)	Routine Physical: \$0 (1 exam/year)
Vision Services: \$30 (1 exam/year) \$100 for eye wear a year	Vision Services: \$0 (1 exam/year) \$100 for eye wear a year
Hearing Services: \$30 (1 test/year)	Hearing Services: \$0 (1 test/year)
Dental: \$50 toward preventive benefits a year	Dental: \$200 toward preventive benefits a year
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$0 – Preferred Generics \$24 - Preferred Brand \$70 - Non-Preferred – Generic and Brand drugs 30%- Specialty – Generic and Brand drugs • Coverage in the Gap: All Preferred Generics 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$0 – Preferred Generics \$24 – Preferred Brand \$70 – Non-Preferred – Generic and Brand drugs 30% - Specialty – Generic and Brand drugs • Coverage in the Gap: All Preferred Generics
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership

AARP Medicare Complete Plus Plan 1 POS (H2803-001)	AARP Medicare Complete Plus Plan 1 POS (H2803-002)
<i>Secure Horizons by United Healthcare</i> 1-800-547-5514 (TTY/TDD 1-866-832-8671) www.aarpmedicarecomplete.com	<i>Secure Horizons by United Healthcare</i> 1-800-547-5514 (TTY/TDD 1-866-832-8671) www.aarpmedicarecomplete.com
Service Area: Pottawattamie County	Service Area: Crawford, Page and Shelby Counties
Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)
Yearly Out-of-Pocket Maximum: \$3,900 Includes in and out-of-network	Yearly Out-of-Pocket Maximum: \$3,900 Includes in and out-of-network
Cost Shares Listed are for In-Network Providers	
Doctor Office Visit: \$20 primary care visit; \$30 specialist visit	Doctor Office Visit: \$20 primary care visit; \$30 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$285 each day for days 1-14	Inpatient Hospital: \$285 each day for days 1-14
Outpatient Surgery: 25% of the cost	Outpatient Surgery: 25% of the cost
Skilled Nursing Care: \$150 each day for days 1-26; \$0 for days 27-100	Skilled Nursing Care: \$150 each day for days 1-26; \$0 for days 27-100
Diagnostic Lab Tests: \$0 - \$10 for each lab service	Diagnostic Lab Tests: \$0 - \$10 for each lab service
Durable Medical Equipment: 25% of the cost	Durable Medical Equipment: 25% of the cost
Routine Physical: \$20 (1 exam/year)	Routine Physical: \$20 (1 exam/year)
Vision Services: \$30 (1 exam/year) \$105 for eye wear every year	Vision Services: \$30 (1 exam/year) \$105 for eye wear every year
Hearing Services: \$30 (1 test/year) \$200 for routine hearing aids every year	Hearing Services: \$30 (1 test/year) \$200 for routine hearing aids every year
Optional Package: \$39 premium per month Includes dental, vision and hearing aid benefits	Optional Package: None
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$4 - Preferred Generics \$28 - Preferred Brand \$58 - Non-Preferred 33% - Specialty • Coverage in the Gap: None 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$4 - Preferred Generics \$28 - Preferred Brand \$58 - Non-Preferred 33% - Specialty • Coverage in the Gap: None

Medicare Cost Plan

A Medicare Cost Plan is a type of HMO. The plan has a network of providers. When you use plan providers, the plan pays your Medicare deductible and coinsurance amounts. Plan providers do not bill for excess charges. When you do not use plan providers Medicare will pay, but the plan pays nothing. You pay the Medicare deductible, coinsurance, any excess charges and noncovered services. The Plan will pay non-plan providers if you need emergency or urgent care.

Cost Plans have different enrollment rules than all of the other Medicare Advantage Plans. They are allowed to have continuous enrollment. This means that individuals can enroll or disenroll anytime during the year.

You are not required to select a primary care physician, and you do not need a referral to see a specialist. A primary care physician is a doctor you choose to coordinate all of your care and referrals to specialists.

Some plans also offer additional benefits, such as vision and hearing screenings, disease management, and other services not covered under the Original Medicare plan. Monthly premiums and copayments will vary depending on the plan.

You do not need a Medicare supplement. If you have a policy, it will not pay when you are enrolled in a Medicare Cost Plan.

If you are interested in a Medicare Cost plan and you want to receive Medicare drug coverage, you can enroll in a Medicare stand-alone drug plan.

The following charts show what **you pay** when you enroll in a Medicare Advantage Cost plan.

MAHP Advantage Plus Plan (H1651-001)
MAHP Medicare Community Plan (H1651-004)
<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthcare.com
Service Area: Alamakee, Clayton, Delaware, Dubuque, Jackson, and Jones Counties
Monthly Premium: H1651-001 - \$89 includes provider network benefit H1651-004 - \$104 includes an expanded provider network benefit Also pay Part B monthly premium (\$96.40 in 2008)
Yearly Out-of-Pocket Maximum: None
Need to utilize Network Physicians
Doctor Office Visit: \$0 primary care visit; \$0 specialist visit
Emergency Room Visit: \$0
Inpatient Hospital: \$0
Outpatient Surgery: \$0 per visit
Skilled Nursing Care: \$0
Diagnostic Lab Tests: \$0
Durable Medical Equipment: \$0
Routine Physical: \$0 (1 exam/year)
Vision Services: \$0 (1 exam/year)
Hearing Services: \$0 (1 exam/year)
Dental: No additional benefits
Routine Podiatric Care: \$0 (up to 6 visits a year)
Foreign Travel: \$250 deductible; \$50,000 lifetime limit
Medicare Prescription Drug Coverage: No Coverage

Preferred Provider Organization- PPO

A Medicare Preferred Provider Organization (PPO) has a list, or “network,” of doctors, hospitals, and other providers that you can visit. You may go to doctors, specialists, or hospitals that aren’t part of the plan’s network, but it will cost you more.

The PPO manages your Medicare Part A and Part B health insurance benefits. **You do not need a Medicare supplement.** If you have a policy, it will not pay when you are enrolled in a PPO.

Most PPOs offer some type of prescription drug coverage. Some plans also offer additional benefits, such as vision and hearing screenings, disease management, and other services not covered under the Original Medicare plan. Monthly premiums and copayments will vary depending on the plan.

If you want to receive Medicare drug coverage, you must choose a plan that includes the benefit. You cannot enroll in a Medicare PPO plan and enroll in a Medicare stand-alone drug plan.

Each PPO plan gives you the flexibility to go to specialists without a referral or prior authorization from another doctor.

The following charts show what **you pay** when you enroll in a Medicare Advantage PPO plan.

Coventry Advantra Platinum PPO (H1608-001)

Coventry Health and Life Insurance Company
1-866-363-4692 (TTY/TDD 1-877-231-0573)
www.advantraplans.com

Service Area: Black Hawk, Bremer, Buchanan, Butler, Cedar, Dallas, Delaware, Fayette, Grundy, Jasper, Johnson, Jones, Linn, Madison, Marion, Monroe, Muscatine, Plymouth, Polk, Scott, Warren, Washington, Winneshiek, Woodbury and Wright Counties

Monthly Premium: \$17.00
Also pay Part B monthly premium (\$96.40 in 2008)

Cost Shares and Out-of-Pocket Maximum Listed are what you pay for Network Providers

Yearly Out-of-Pocket Maximum: \$1,500
(Does not include office visits, prescriptions, renal dialysis and transplants)

Doctor Office Visit:
\$10 primary care visit; \$30 specialist visit

Emergency Room Visit: \$50 each visit
(waived if admitted to hospital in 24 hours)
Worldwide Coverage

Inpatient Hospital: \$150/day for days 1-7

Outpatient Surgery: \$100 per visit

Skilled Nursing Care: \$0 for days 1-6;
\$75 each day for days 7-26; \$0 for days 27-100

Diagnostic Lab Tests: \$0 for each lab service

Durable Medical Equipment: 30% of cost (10% for diabetic supplies)

Routine Physical: \$10 (1 exam/year)

Vision Services: \$30 (1 exam/year)
\$100 for eye wear a year

Hearing Services: \$30 (1 test/year)

Dental: \$100 toward preventive benefits a year

Medicare Prescription Drug Coverage:

- No deductible
- Before total drug costs reach \$2,510, you pay:
 - \$0 - Preferred Generics
 - \$24 - Preferred Brand
 - \$70 - Non-Preferred - Generic and Brand drugs
 - 30%- Specialty Generic and Brand drugs
- Coverage in the Gap – All Preferred Generics

Wellness Benefit: Health Club Membership

Coventry Advantra Platinum PLUS PPO (H1608-002)	Humana Choice PPO (H5868-001)
<i>Coventry Health and Life Insurance Company</i> 1-866-363-4692 (TTY/TDD 1-877-231-0573) www.advantraplans.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 1-877-833-4486) www.humana-medicare.com
Service Area: Black Hawk, Bremer, Buchanan, Butler, Cedar, Dallas, Delaware, Fayette, Grundy, Jasper, Johnson, Jones, Linn, Madison, Marion, Monroe, Muscatine, Plymouth, Polk, Scott, Warren, Washington, Winneshiek, Woodbury and Wright Counties	Service Area: Dallas, Guthrie, Polk and Warren counties
Monthly Premium: \$49.00 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)
Cost Shares and Out-of-Pocket Maximum Listed are for Network Providers	
Yearly Out-of-Pocket Maximum: \$2,000 (Does not include office visits, prescriptions, renal dialysis and transplants)	Yearly Deductible: \$500 (Only applies to some out-of-network services)
Doctor Office Visit: \$0 primary care visit; \$0 specialist visit	Doctor Office Visit: \$10 primary care visit; \$30 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$250 for each admission	Inpatient Hospital: \$550 for each admission
Outpatient Surgery: \$100 each visit	Outpatient Surgery: \$50 to \$95 each visit
Skilled Nursing Care: \$0 for days 1-15; \$100 each day for days 16-36; \$0 for days 37-100	Skilled Nursing Care: \$0 for days 1-20; \$124 each day for days 21-100
Diagnostic Lab Tests: \$0 for each lab service	Diagnostic Lab Tests: \$0-\$50 for each lab service
Durable Medical Equipment: 10% of cost	Durable Medical Equipment: 20% of cost
Routine Physical: \$0 (1 exam/year)	Routine Physical: \$10 (1 exam/year)
Vision Services: \$10 (1 exam/year) \$100 for eye wear every year	Vision Services: \$0 (1 exam/year) \$100 limit for eye wear every year
Hearing Services: \$10 (1 test/year) \$200 for routine hearing aids every year	Hearing Services: No additional benefit
Dental: \$150 for preventive benefits every year	Dental: 25% of the cost for: 1 oral exam, 1 cleaning and 1 flouride treatment every 6 months; 25% of the cost for 1 dental x-ray every year
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$0 - Preferred Generic drugs \$24 - Preferred Brand drugs \$70 - Non-Preferred - Generic & Brand drugs 30%- Specialty Brand and Generic drugs • Coverage in the Gap – All Preferred Generics 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$0 – Preferred Generic drugs \$30 – Preferred Brand drugs \$55 – Non-preferred Brand 25% - Specialty drugs • Coverage in the Gap: Select Generics & Select Brand drugs
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership

MedicareBlue Essential Plus Rx 1 PPO (R5566-003)	MedicareBlue Enhanced Plus Rx 1 PPO (R5566-005)
<i>Wellmark Blue Cross and Blue Shield of Iowa</i> 1-866-456-7731 (TTY/TDD 1-866-456-1550) www.YourMedicareSolutions.com	<i>Wellmark Blue Cross and Blue Shield of Iowa</i> 1-866-456-7731 (TTY/TDD 1-866-456-1550) www.YourMedicareSolutions.com
Service Area: All Counties in Iowa	Service Area: All Counties in Iowa
Monthly Premium: \$51.00 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: \$90.00 Also pay Part B monthly premium (\$96.40 in 2008)
Cost Shares and Out-of-Pocket Maximum Listed are for Network Providers	
Yearly Out-of-Pocket Maximum: \$3,000 (Does not include prescriptions)	Yearly Out-of-Pocket Maximum: \$1,500 (Does not include prescriptions)
Doctor Office Visit: \$25 each visit, primary care or specialist	Doctor Office Visit: \$10 each visit, primary care or specialist
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$750 for each admission	Inpatient Hospital: \$100 for each admission
Outpatient Surgery: \$150 each visit	Outpatient Surgery: \$50 each visit
Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$50 each day for days 21-100
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 10% of cost
Routine Physical: \$25 (1 exam/year)	Routine Physical: \$10 (1 exam/year)
Vision Services: \$25 (1 exam/year)	Vision Services: \$10 (1 exam/year)
Hearing Services: \$25 (1 test/year)	Hearing Services: \$10 (1 test/year)
Dental: No additional benefits	Dental: No additional benefits
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • Deductible- \$275 • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> 10% – Level 1 - Generics 18% – Level 2 - Preferred Brands 50% - Level 3 - Other Brands 25% - Level 4 - Specialty drugs • Coverage in the Gap: None 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • Deductible- \$275 • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> 10% – Level 1 - Generics 18% – Level 2 - Preferred Brands 50% - Level 3 - Other brands 25% - Level 4 - Specialty drugs • Coverage in the Gap: None

MedicareBlue Enhanced Plus Rx 2 PPO (5566-006)	MedicareBlue Enhanced Plus Rx 3 PPO (5566-008)
<i>Wellmark Blue Cross and Blue Shield of Iowa</i> 1-866-456-7731 (TTY/TDD 1-866-456-1550) www.YourMedicareSolutions.com	<i>Wellmark Blue Cross and Blue Shield of Iowa</i> 1-866-456-7731 (TTY/TDD 1-866-456-1550) www.YourMedicareSolutions.com
Service Area: All Counties in Iowa	Service Area: All Counties in Iowa
Monthly Premium: \$144.00 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: \$201.00 Also pay Part B monthly premium (\$96.40 in 2008)
Cost Shares and Out-of-Pocket Maximum Listed are for Network Providers	
Yearly Out-of-Pocket Maximum: \$1,500 (Does not include prescriptions)	Yearly Out-of-Pocket Maximum: \$1,500 (Does not include prescriptions)
Doctor Office Visit: \$10 each visit, primary care or specialist	Doctor Office Visit: \$10 each visit, primary care or specialist
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$100 for each admission	Inpatient Hospital: \$100 for each admission
Outpatient Surgery: \$50 per visit	Outpatient Surgery: \$50 per visit
Skilled Nursing Care: \$0 for days 1-20; \$50 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$50 each day for days 21-100
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 10% of cost	Durable Medical Equipment: 10% of cost
Routine Physical: \$10 (1 exam/year)	Routine Physical: \$10 (1 exam/year)
Vision Services: \$10 (1 exam/year)	Vision Services: \$10 (1 exam/year)
Hearing Services: \$10 (1 test/year)	Hearing Services: \$10 (1 test/year)
Dental: No additional benefits	Dental: No additional benefits
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$4 – Level 1 - Generics \$32 – Level 2 - Preferred Brands 50% -Level 3 - Other Brands 33% -Level 4 - Specialty • Coverage in the Gap: None 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$4 - Level 1 - Generics \$37 – Level 2 - Preferred Brands 50% - Level 3 – Other Brands 33% - Level 4 – Specialty • Coverage in the Gap: Level 1 - Generics

Private-Fee-For-Service-PFFS

A Private Fee-For-Service (PFFS) plan is a type of Medicare Advantage plan. These plans do not have a “network” of providers. Beneficiaries can go to any provider or hospital as long as the provider agrees to bill the PFFS plan instead of Medicare. **You should check with your doctor(s) and hospital to see if they will treat patients covered by the plan before you enroll.**

Monthly premiums may be lower, but out-of-pocket copayments may be higher than when the beneficiary was enrolled in Original Medicare and supplemental health insurance.

The PFFS plan manages your Medicare Part A and Part B health insurance benefits. You do not need a Medicare supplement. If you have a policy, it will not pay when you are enrolled in an PFFS plan.

Some PFFS plans allow providers to “balance bill.” This would allow the provider to charge you up to 15% over the plan’s payment for services. Even if balance billing is allowed, your provider may accept the plan’s payment amount as payment in full. Ask your Medicare PFFS plan if they allow providers to balance bill as this will affect how much you may pay.

PFFS plans must provide all Medicare-covered services and may provide additional benefits that Original Medicare does not cover. Additional coverage could include an annual physical, vision and hearing screenings and wellness programs.

Some PFFS plans offer Medicare prescription drug coverage. If the PFFS option does not include a drug benefit, you can enroll in a Medicare stand-alone drug plan.

The following charts show what **you pay** when you enroll in a Medicare Advantage PFFS plan.

**Aetna Open Value Plan PFFS
(H5736-011)**

Aetna Life Insurance Company
1-800-832-2640 (TTY/TDD 1-800-628-3323)
www.aetnamedicare.com

Service Area: Dallas, Fremont, Guthrie, Jasper, Johnson, Linn, Madison, Marion, Marshall, Polk, Scott, Story and Warren Counties

Monthly Premium: \$0
Also pay Part B monthly premium (\$96.40 in 2008)

Yearly Out-of-Pocket Maximum: \$2,500

Doctor Office Visit:
\$15 each visit, primary care or specialist

Emergency Room Visit: \$50 each visit
(waived if immediately admitted to the hospital)
Worldwide Coverage

Inpatient Hospital: \$150/day for days 1-7

Outpatient Surgery: \$150 per visit

Skilled Nursing Care: \$0 for days 1-10; \$50 each day for days 11-20; \$100 each day for days 21-100

Diagnostic Lab Tests: \$15 for each lab service

Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies

Routine Physical: \$0 (1 exam/year)

Vision Services: \$0 (1 exam/year)
\$125 for eye wear every two years

Hearing Services: \$0 (1 test/year)
\$500 for routine hearing aids every three years

Dental: No Additional benefits

Medicare Prescription Drug Coverage:

- No Coverage

Aetna Open Value Plan with Rx PFFS (H5736-012)	Aetna Open Premier Plan PFFS (H5736-013)
<p style="text-align: center;"><i>Aetna Life Insurance Company</i> 1-800-832-2640 (TTY/TDD 1-800-628-3323) www.aetnamedicare.com</p>	<p style="text-align: center;"><i>Aetna Life Insurance Company</i> 1-800-832-2640 (TTY/TDD 1-800-628-3323) www.aetnamedicare.com</p>
Service Area: Dallas, Fremont, Guthrie, Jasper, Johnson, Linn, Madison, Marion, Marshall, Polk, Scott, Story and Warren Counties	Service Area: Dallas, Fremont, Guthrie, Jasper, Johnson, Linn, Madison, Marion, Marshall, Polk, Scott, Story and Warren Counties
Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: \$55.00 Also pay Part B monthly premium (\$96.40 in 2008)
Yearly Out-of-Pocket Maximum: \$2,500 Prescriptions do not apply.	Yearly Out-of-Pocket Maximum: \$1,000
Doctor Office Visit: \$15 for each visit, primary care or specialist	Doctor Office Visit: \$0 for each visit, primary care or specialist
Emergency Room Visit: \$50 each visit (waived if immediately admitted to the hospital) Worldwide Coverage	Emergency Room Visit: \$0 Worldwide Coverage
Inpatient Hospital: \$185/day for days 1-7	Inpatient Hospital: \$0
Outpatient Surgery: \$185 for each visit	Outpatient Surgery: \$0
Skilled Nursing Care: \$0 for days 1-10; \$50 each day for days 11-20; \$100 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-100
Diagnostic Lab Tests: \$15 for each lab service	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies	Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies
Routine Physical: \$0 (1 exam /year)	Routine Physical: \$0 (1 exam/year)
Vision Services: \$0 (1 exam/year) \$125 for eye wear every two years	Vision Services: \$0 (1 exam/year) \$125 for eye wear each two years
Hearing Services: \$0 (1 test/year) \$500 for routine hearing aids every three years	Hearing Services: \$0 (1 test/year) \$800 for routine hearing aids every three years
Dental: No Additional Benefits	Dental: No Additional Benefits
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • \$275 deductible on all drugs except generics • Before your drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$4 – Tier 1 - Generic \$34.50 – Tier 2 - Preferred Brand \$80 – Tier 3 - Non-preferred Brand 25% -Tier 4 - Specialty • Coverage in the Gap: None 	Medicare Prescription Drug Coverage: No Coverage

Aetna Open Premier Plan with Rx PFFS (H5736-014)	Advantra Freedom 1 PFFS (H0846-004)
<p style="text-align: center;"><i>Aetna Life Insurance Company</i> 1-800-832-2640 (TTY/TDD 1-800-628-3323) www.aetnamedicare.com</p>	<p style="text-align: center;"><i>First Health Life & Health Insurance Company and Coventry Health and Life Insurance Comapny</i> 1-800-711-1607 (TTY/TDD 1-866-788-4010) www.advantrafreedom.com</p>
<p>Service Area: Dallas, Fremont, Guthrie, Jasper, Johnson, Linn, Madison, Marion, Marshall, Polk, Scott, Story and Warren Counties</p>	<p>Service Area: Adair, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buena Vista, Butler, Carroll, Cedar, Cerro Gordo, Cherokee, Clarke, Clay, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monroe, Muscatine, O' Brien, Osceola, Page, Palo Alto, Plymouth, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth</p>
<p>Monthly Premium: \$116.00 Also pay Part B monthly premium (\$96.40 in 2008)</p>	<p>Monthly Premium: \$98.00 Also pay Part B monthly premium (\$96.40 in 2008)</p>
<p>Yearly Out-of-Pocket Maximum: \$1,000 (Prescriptions do not apply.)</p>	<p>Yearly Out-of-Pocket Maximum: \$1,000</p>
<p>Doctor Office Visit: \$0 for each visit, primary care or specialist</p>	<p>Doctor Office Visit: \$0 for each visit, primary care or specialist</p>
<p>Emergency Room Visit: \$0 Worldwide Coverage</p>	<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>
<p>Inpatient Hospital: \$0</p>	<p>Inpatient Hospital: \$0</p>
<p>Outpatient Surgery: \$0</p>	<p>Outpatient Surgery: \$0</p>
<p>Skilled Nursing Care: \$0 for days 1-100</p>	<p>Skilled Nursing Care: \$0 for days 1-100</p>
<p>Diagnostic Lab Tests: \$0</p>	<p>Diagnostic Lab Tests: \$0 for each lab service</p>
<p>Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies</p>	<p>Durable Medical Equipment: \$0</p>
<p>Routine Physical: \$0 (1 exam /year)</p>	<p>Routine Physical: \$0 (1 exam /year)</p>
<p>Vision Services: \$0 (1 exam/year) \$125 for eye wear every two years</p>	<p>Vision Services: \$20 (1 exam/year) \$100 for eye wear each year</p>
<p>Hearing Services: \$0 (1 test/year) \$800 for routine hearing aids every three years</p>	<p>Hearing Services: \$20 (1 test/year) \$100 for routine hearing aids every year</p>
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No deductible • Before your drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$4 – Tier 1 - Generic \$40 – Tier 2 - Preferred Brand \$70 – Tier 3 - Non-Preferred Brand 33% -Tier 4 - Specialty • Coverage in the Gap: All Generics - \$12 	<p>Dental: 50% for each oral exam (2 visits/ year) 50% for each cleaning (2 visits/year) 50% for dental x-rays (1 visit/year)</p> <p>Medicare Prescription Drug Coverage: No Coverage</p>

Advantra Freedom 2 PFFS (H0846-005) (H0846-010)	Advantra Freedom 3 PFFS (H0846-006) (H0846-013)
<i>First Health Life & Health Insurance Company and Coventry Health and Life Insurance Company</i> 1-800-711-1607 (TTY/TDD 1-866-788-4010) www.advantrafreedom.com	<i>First Health Life & Health Insurance Company and Coventry Health and Life Insurance Company</i> 1-800-711-1607 (TTY/TDD 1-866-788-4010) www.advantrafreedom.com
Service Area: (H0846-005) Adair, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buena Vista, Butler, Carroll, Cedar, Cerro Gordo, Cherokee, Clarke, Clay, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monroe, Muscatine, O' Brien, Osceola, Page, Palo Alto, Plymouth, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth (H0846-010) Adams, Buchanan, Monona, Shelby, Wright	Service Area: (H0846-006) Audubon, Calhoun, Cass, Chickasaw, Clayton, Des Moines, Dubuque, Emmet, Fremont, Harrison, Montgomery, Pocahontas, Sac (H0846-013) Adams, Buchanan, Monona, Shelby, Wright
Monthly Premium: (H0846-005) \$0 (H0846-010) \$46.00 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: (H0846-006) \$0 (H0846-013) \$19 Also pay Part B monthly premium (\$96.40 in 2008)
Yearly Out-of-Pocket Maximum: \$3,000	Yearly Out-of-Pocket Maximum: \$3,000
Doctor Office Visit: \$15 primary care visit; \$30 specialist visit	Doctor Office Visit: \$15 primary care visit; \$30 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$180/day for days 1-5	Inpatient Hospital: \$265/day for days 1-11
Outpatient Surgery: \$90 for each visit	Outpatient Surgery: \$100 for each visit
Skilled Nursing Care: \$0 for days 1-3; \$90 each day for days 4-38; \$0 for days 39-100	Skilled Nursing Care: \$125 for days 1-24; \$0 for days 25-100
Diagnostic Lab Tests: \$5 for each lab service	Diagnostic Lab Tests: \$5 for each lab service
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost
Routine Physical: \$0 (1 exam/year)	Routine Physical: \$0 (1 exam/year)
Vision Services: \$30 (1 exam/year) \$100 for eye wear each year	Vision Services: \$30 (1 exam/year) \$100 for eye wear each year
Hearing Services: \$30 (1 test/year) \$100 for routine hearing aids every year	Hearing Services: \$30 (1 test/year) \$100 for routine hearing aids every year
Dental: 50% for each oral exam (2 visits/year) 50% for each cleaning (2 visits/year) 50% for dental x-rays (1 visit/year)	Dental: 50% for each oral exam (2 visits/year) 50% for each cleaning (2 visits/year) 50% for dental x-rays (1 visit/year)
Medicare Prescription Drug Coverage: No Coverage	Medicare Prescription Drug Coverage: No Coverage

Advantra Freedom 5 PFFS (H5227-001) (H5227-002)	Humana Gold Choice PFFS (H1804-025) (H1804-201)
<i>First Health Life & Health Insurance Company and Coventry Health and Life Insurance Company</i> 1-800-711-1607 (TTY/TDD 1-866-788-4010) www.advantrafreedom.com	<i>Humana Insurance Company</i> 1-800-833-2312 (TTY/TDD 1-877-833-4486) www.humana-medicare.com
Service Area: (H5227-001) Adair, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buena Vista, Butler, Carroll, Cedar, Cerro Gordo, Cherokee, Clarke, Clay, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monroe, Muscatine, O' Brien, Osceola, Page, Palo Alto, Plymouth, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth (H5227-002) Audubon, Calhoun, Cass, Chickasaw, Clayton, Des Moines, Dubuque, Emmet, Fremont, Harrison, Montgomery, Pocahontas, Sac	Service Area: All Counties in Iowa
Monthly Premium: (001) \$32 (002) \$55 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: (025) \$0 (201) \$20 Also pay Part B monthly premium (\$96.40 in 2008)
Yearly Out-of-Pocket Maximum: \$3,250	Yearly Out-of-Pocket Maximum: (025) \$5,000 (201) \$3,000 (Does not include prescriptions or diabetic supplies)
Doctor Office Visit: \$15 primary care visit; \$30 specialist visit	Doctor Office Visit: \$15 primary care visit; \$30 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: (025) - 20% of cost (up to \$50) (201) - \$50 each visit Worldwide Coverage
Inpatient Hospital: \$180/day for days 1-5	Inpatient Hospital: \$625 for each admission
Outpatient Surgery: \$90 for each visit	Outpatient Surgery: (025) - 20% of cost (201) - \$50-\$100
Skilled Nursing Care: \$0 for days 1-3; \$92 each day for days 4-39; \$0 for days 40-100	Skilled Nursing Care: \$0 for days 1-20; \$124 each day for days 21-100
Diagnostic Lab Tests: \$5 for each lab service	Diagnostic Lab Tests: \$0 - \$50 for each lab service
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost
Routine Physical: \$0 (1 exam/year)	Routine Physical: \$15 (1 exam/year)
Vision Services: \$30 (1 exam/year) \$100 for eye wear each year	Vision Services: No additional Benefits
Hearing Services: \$30 (1 test/year) \$100 for routine hearing aids every year	Hearing Services: \$30 (1 test every 2 years)
Dental: 50% for each oral exam (1 exam/year) 50% for each cleaning (1 visit/year) 50% for dental x-rays (1 visit/year)	Dental: No additional Benefits
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No deductible • Before your drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$7 – Preferred Generic \$26 – Preferred Brand \$63 – Non-Preferred Generic and Brand 30% - Specialty Generic and Brand Coverage in the Gap: None	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No deductible • Before your drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$4 – Preferred Generic \$30 – Preferred Brand \$60 – Non-Preferred 25% - Specialty • Coverage in the Gap: Select Brands and Select Generics Wellness Benefit: Health Club Membership

SecureHorizons MedicareDirect Plan 1 (H5435-001) (H2408-018)	SecureHorizons MedicareDirect Plan 100 (H5435-020) (H2408-024)
<p align="center"><i>United Healthcare Insurance Company</i> 1-800-555-5757 (TTY/TDD 1-800-387-1074) www.securehorizons.com</p>	<p align="center"><i>United Healthcare Insurance Company</i> 1-800-555-5757 (TTY/TDD 1-800-387-1074) www.scurehorizons.com</p>
<p>Service Area: (H5435-001) Adair, Allamakee, Appanoose, Audubon, Benton, Boone, Bremer, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monroe, Muscatine, Osceola, Page, Palo Alto, Plymouth, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Taylor, Union Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth (H2408-018) Adams, O'Brien, Pocahontas, Shelby, Fremont, Monona</p>	<p>Service Area: (H5435-020) Adair, Allamakee, Appanoose, Audubon, Benton, Boone, Bremer, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monroe, Muscatine, Osceola, Page, Palo Alto, Plymouth, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Taylor, Union Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth (H2408-024) Adams, O'Brien, Pocahontas, Shelby, Fremont, Monona</p>
<p>Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)</p>	<p>Monthly Premium: \$25 Also pay Part B monthly premium (\$96.40 in 2008)</p>
<p>Yearly Out-of-Pocket Maximum: \$2,800 (Does not include doctor office visits)</p>	<p>Yearly Out-of-Pocket Maximum: \$2,400 (Does not include doctor office visits)</p>
<p>Doctor Office Visit: \$5 primary care visit; \$30 walk-in clinic; \$15 specialist visit</p>	<p>Doctor Office Visit: \$5 primary care visit; \$30 walk-in clinic; \$15 specialist visit</p>
<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide coverage</p>	<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide coverage</p>
<p>Inpatient Hospital: \$90/day for days 1-32</p>	<p>Inpatient Hospital: \$150 for each admission</p>
<p>Outpatient Surgery: \$100 each visit</p>	<p>Outpatient Surgery: \$100 each visit</p>
<p>Skilled Nursing Care: \$50 each day for days 1-56; \$0 for days 57-100</p>	<p>Skilled Nursing Care: \$50 each day for days 1-48; \$0 for days 49-100</p>
<p>Diagnostic Lab Tests: \$0</p>	<p>Diagnostic Lab Tests: \$0</p>
<p>Durable Medical Equipment: 30% of cost; 20% for diabetic supplies</p>	<p>Durable Medical Equipment: 30% of cost; 20% for diabetic supplies</p>
<p>Routine Physical: \$5 (1 exam/year)</p>	<p>Routine Physical: \$5 (1 exam/year)</p>
<p>Vision Services: \$15 (1 exam/year)</p>	<p>Vision Services: \$15 (1 exam/year)</p>
<p>Hearing Services: \$15 (1 test/year)</p>	<p>Hearing Services: \$15 (1 test/year)</p>
<p>Dental: No additional Benefits</p>	<p>Dental: No additional Benefits</p>
<p>Medicare Prescription Drug Coverage: No Coverage</p>	<p>Medicare Prescription Drug Coverage: No Coverage</p>

SecureHorizons MedicareDirect Plan 1A (H5435-017) (H2408-021)	SecureHorizons MedicareDirect Rx Plan 150 (H2408-017)
<p align="center"><i>United Healthcare Insurance Company</i> 1-800-555-5757 (TTY/TDD 1-800-387-1074) www.securehorizons.com</p>	<p align="center"><i>United Healthcare Insurance Company</i> 1-800-555-5757 (TTY/TDD 1-800-387-1074) www.securehorizons.com</p>
<p>Service Area: (H5435-017) Adair, Allamakee, Appanoose, Audubon, Benton, Boone, Bremer, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monroe, Muscatine, Osceola, Page, Palo Alto, Plymouth, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Taylor, Union Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth (H2408-021) Adams, O'Brien, Pocahontas, Shelby, Fremont, Monona</p>	<p>Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Boone, Buena Vista, Caroll, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hancock, Hardin, Henry, Howard, Iowa, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mitchell, Monroe, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Sioux, Story, Tama, Taylor, Monona, Union, Van Buren, Warren, Washington, Wayne, Winnebago, Winneshiek, Worth</p>
<p>Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)</p>	<p>Monthly Premium: \$25 Also pay Part B monthly premium (\$96.40 in 2008)</p>
<p>Yearly Out-of-Pocket Maximum: \$2,800 (Does not include doctor office visits)</p>	<p>Yearly Out-of-Pocket Maximum: \$2,850 (Does not include doctor office visits or prescriptions)</p>
<p>Doctor Office Visit: \$10 primary care visit; \$30 walk-in clinic; \$20 specialist visit</p>	<p>Doctor Office Visit: \$10 primary care visit; \$50 walk-in clinic; \$15 specialist visit</p>
<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide coverage</p>	<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide coverage</p>
<p>Inpatient Hospital: \$400 for each admission</p>	<p>Inpatient Hospital: \$200 for each admission</p>
<p>Outpatient Surgery: \$100 each visit</p>	<p>Outpatient Surgery: 20% of the cost</p>
<p>Skilled Nursing Care: \$50/day for days 1-56; \$0 each day for days 57-100</p>	<p>Skilled Nursing Care: \$75/day for days 1- 38; \$0 each day for days 39-100</p>
<p>Diagnostic Lab Tests: \$0 for each lab service</p>	<p>Diagnostic Lab Tests: \$0 to \$15 for each lab service</p>
<p>Durable Medical Equipment: 30% of cost; 20% for diabetic supplies</p>	<p>Durable Medical Equipment: 30% of cost</p>
<p>Routine Physical: \$10 (1 exam/year)</p>	<p>Routine Physical: \$10 (1 exam/year)</p>
<p>Vision Services: \$20 (1 exam/year)</p>	<p>Vision Services: \$15 (1 exam/year)</p>
<p>Hearing Services: \$20 (1 test/year)</p>	<p>Hearing Services: \$15 (1 test/year)</p>
<p>Dental: No additional Benefits</p>	<p>Dental: No additional Benefits</p>
<p>Medicare Prescription Drug Coverage: No Coverage</p>	<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$4 – Preferred Generics \$28 – Preferred Brand \$58 – Non Preferred 33% - Specialty <p>Coverage in the Gap: None</p>

SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	SecureHorizons MedicareDirect Rx Plan 50A (H2408-025)
<p align="center"><i>United Healthcare Insurance Company</i> 1-800-555-5757 (TTY/TDD 1-800-387-1074 www.securehorizons.com</p>	<p align="center"><i>United Healthcare Insurance Company</i> 1-800-555-5757 (TTY/TDD 1-800-387-1074 www.securehorizons.com</p>
<p>Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Boone, Buena Vista, Carroll, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hancock, Hardin, Henry, Howard, Iowa, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mitchell, Monona, Monroe, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Warren, Washington, Wayne, Winnebago, Winneshiek, Worth</p>	<p>Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Boone, Buena Vista, Carroll, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hancock, Hardin, Henry, Howard, Iowa, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mitchell, Monona, Monroe, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Warren, Washington, Wayne, Winnebago, Winneshiek, Worth</p>
<p>Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)</p>	<p>Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)</p>
<p>Yearly Out-of-Pocket Maximum: \$2,950 (Does not include office visits or prescriptions)</p>	<p>Yearly Out-of-Pocket Maximum: \$3,425 (Does not include office visits or prescriptions)</p>
<p>Doctor Office Visit: \$10 primary care visit; \$50 walk-in clinic; \$20 specialist visit</p>	<p>Doctor Office Visit: \$15 primary care visit; \$50 walk-in clinic; \$25 specialist visit</p>
<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide coverage</p>	<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide coverage</p>
<p>Inpatient Hospital: \$175/day for days 1-17</p>	<p>Inpatient Hospital: \$450 per admission</p>
<p>Outpatient Surgery: 20% of the cost</p>	<p>Outpatient Surgery: 20% of the cost</p>
<p>Skilled Nursing Care: \$75 each day for days 1-40; \$0 each day for days 41-100</p>	<p>Skilled Nursing Care: \$75 each day for days 1-46; \$0 each day for days 47-100</p>
<p>Diagnostic Lab Tests: \$0 to \$5 for lab services</p>	<p>Diagnostic Lab Tests: \$0 to \$15 for lab services</p>
<p>Durable Medical Equipment: 30% of cost</p>	<p>Durable Medical Equipment: 30% of cost</p>
<p>Routine Physical: \$10 (1 exam/year)</p>	<p>Routine Physical: \$15 (1 exam/year)</p>
<p>Vision Services: \$20 (1 exam/year)</p>	<p>Vision Services: \$25 (1 exam/year)</p>
<p>Hearing Services: \$20 (1 exam/year)</p>	<p>Hearing Services: \$25 (1 test/year)</p>
<p>Dental: No additional Benefits</p>	<p>Dental: No additional Benefits</p>
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$4 – Preferred Generics \$28 – Preferred Brand \$58 – Non Preferred 33% - Specialty <p>Coverage in the Gap: None</p>	<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$4 – Preferred Generics \$28 – Preferred Brand \$58 – Non Preferred 33% - Specialty drugs <p>Coverage in the Gap: None</p>

SecurityChoice Classic (H0540-001) (H0540-012)	SecurityChoice Enhanced (H0540-010) (H0540-029)
<i>UniCare Life & Health Insurance Company</i> 1-888-949-5384 (TTY/TDD 1-800-297-1538) www.unicare.com/medicare	<i>UniCare Life & Health Insurance Company</i> 1-888-949-5384 (TTY/TDD 1-800-297-1538) www.unicare.com/medicare
Service Area: (001) Adair, Allamakee, Appanoose, Audubon, Benton, Boone, Buena Vista, Calhoun, Carroll, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monroe, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth (012) Fremont and Harrison Counties	Service Area: (010) Adair, Allamakee, Appanoose, Audubon, Benton, Boone, Buena Vista, Calhoun, Carroll, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monroe, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth (029) Fremont and Harrison Counties
Monthly Premium: (001) - \$0 (012) - \$35 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: (010) - \$29 (029) - \$60 Also pay Part B monthly premium (\$96.40 in 2008)
Yearly Out-of-Pocket Maximum: None	Yearly Out-of-Pocket Maximum: None
Doctor Office Visit: \$15 primary care visit; \$15 specialist visit	Doctor Office Visit: \$10 primary care visit; \$10 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 72 hours) Worldwide Coverage	Emergency Room Visit: \$25 each visit (waived if admitted to hospital within 72 hours) Worldwide Coverage
Inpatient Hospital: \$150/day for days 1-5 (\$750 out-of-pocket limit per calendar year)	Inpatient Hospital: \$100 for each admission
Outpatient Surgery: \$15 - \$150 each visit	Outpatient Surgery: \$10 - \$50 each visit
Skilled Nursing Care: \$0 for days 1-20; \$50 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$50 each day for days 21-100
Diagnostic Lab Tests: \$10 for each service	Diagnostic Lab Tests: \$0 for each service
Durable Medical Equipment: 30% of cost	Durable Medical Equipment: 20% of cost
Routine Physical: \$10 (1 exam/year)	Routine Physical: \$10 (1 exam/year)
Vision Services: 50% of cost (1 exam/year) (001) - \$75 for eye wear every two years (012) - \$50 for eye wear every two years	Vision Services: 50% of cost (1 exam/year) \$75 for eye wear every two years
Hearing Services: \$10 (1 routine test every year)	Hearing Services: \$10 (1 routine test every year)
Dental: No additional Benefits	Dental: No additional Benefits
Medicare Prescription Drug Coverage: No Coverage	Medicare Prescription Drug Coverage: No Coverage

SecurityChoice Plus (H0540-020) (H0540-021)	SecurityChoice Enhanced Plus (H0540-032) (H0540-033)
<i>Unicare Life & Health Insurance Company</i> 1-888-949-5384 (TTY/TDD 1-800-297-1538) www.unicare.com/medicare	<i>Unicare Life & Health Insurance Company</i> 1-866-949-5384 (TTY/TDD 1-800-297-1538) www.unicare.com/medicare
Service Area: (020) Adair, Allamakee, Appanoose, Audubon, Benton, Boone, Buena Vista, Calhoun, Carroll, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monroe, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth (021) Fremont and Harrison Counties	Service Area: (032) Adair, Allamakee, Appanoose, Audubon, Benton, Boone, Buena Vista, Calhoun, Carroll, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monroe, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth (033) Fremont and Harrison Counties
Monthly Premium: (020) -\$0 (021) - \$35 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: (032) - \$62 (033) - \$93 Also pay Part B monthly premium (\$96.40 in 2008)
Yearly Out-of-Pocket Maximum: None	Yearly Out-of-Pocket Maximum: None
Doctor Office Visit: \$15 primary care visit; \$30 specialist visit	Doctor Office Visit: \$10 primary care visit; \$10 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 72 hours) Worldwide Coverage	Emergency Room Visit: \$25 each visit (waived if admitted to hospital within 72 hours) Worldwide Coverage
Inpatient Hospital: \$200/day for days 1-5 (\$1,000 out-of-pocket limit per calendar year)	Inpatient Hospital: \$100 for each admission
Outpatient Surgery: \$30 - \$200 each visit	Outpatient Surgery: \$10 - \$50 each visit
Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$50 each day for days 21-100
Diagnostic Lab Tests: \$20 for each service	Diagnostic Lab Tests: \$0 for each service
Durable Medical Equipment: 30% of cost	Durable Medical Equipment: 20% of cost
Routine Physical: \$25 (1 exam/year)	Routine Physical: \$10 (1 exam/year)
Vision Services: 50% of cost (1 exam/year) \$50 for eye wear every two years	Vision Services: 50% of cost (1 exam/year) \$75 for eye wear every two years
Hearing Services: \$25 (1 test/year)	Hearing Services: \$10 (1 test/year)
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$8 – Generic \$30 – Preferred Brand \$64 – Non-Preferred Brand 33% - Specialty • Coverage in the Gap: Select Generics - \$8 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$8 – Generic \$30 – Preferred Brand \$64 – Non-Preferred Brand 33% - Specialty • Coverage in the Gap: Select Generics - \$8

SecurityChoice Essential (H0540-088)	SecurityChoice Essential Plus (H0540-089)
<i>UniCare Life & Health Insurance Company</i> 1-888-949-5384 (TTY/TDD 1-800-297-1538) www.unicare.com/medicare	<i>UniCare Life & Health Insurance Company</i> 1-888-949-5384 (TTY/TDD 1-800-297-1538) www.unicare.com/medicare
Service Area: Adams, Bremer, Butler, Des Moines, Dubuque, Montgomery	Service Area: Adams, Bremer, Butler, Des Moines, Dubuque, Montgomery
Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: \$33 Also pay Part B monthly premium (\$96.40 in 2008)
Yearly Out-of-Pocket Maximum: \$4,000	Yearly Out-of-Pocket Maximum: \$4,000
Doctor Office Visit: \$20 primary care visit; \$30 specialist visit	Doctor Office Visit: \$20 primary care visit; \$30 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage
Inpatient Hospital: \$250/day for days 1-5 (\$1,250 out-of-pocket limit every year)	Inpatient Hospital: \$250/day for days 1-5 (\$1,250 out-of-pocket limit every year)
Outpatient Surgery: \$20-\$175 each visit	Outpatient Surgery: \$20-\$175 each visit
Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100
Diagnostic Lab Tests: \$20 for each service	Diagnostic Lab Tests: \$20 for each service
Durable Medical Equipment: 30% of cost	Durable Medical Equipment: 30% of cost
Routine Physical: \$10 copay (1 exam/year)	Routine Physical: \$10 copay (1 exam/year)
Vision Services: 50% coinsurance (1 exam/year) \$75 for eye wear every two years	Vision Services: 50% coinsurance (1 exam/year) \$75 for eye wear every two years
Hearing Services: \$25 (1 test/year)	Hearing Services: \$25 (1 test/year)
Dental: No additional Benefits	Dental: No additional Benefits
Medicare Prescription Drug Coverage: No Coverage	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$8 – Generic \$30 – Preferred Brand \$64 – Non-Preferred Brand 33% - Specialty • Coverage in the Gap: Select Generics - \$8

Sterling Option I (H5006-011)	Sterling Option II (H5006-010)
<i>Sterling Life Insurance Company</i> 1-888-858-8572 (TTY/TDD 1-888-858-8567) www.sterlingplans.com	<i>Sterling Life Insurance Company</i> 1-888-858-8572 (TTY/TDD 1-888-858-8567) www.sterlingplans.com
Service Area: All counties in Iowa	Service Area: All counties in Iowa
Monthly Premium: \$15 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: \$28 Also pay Part B monthly premium (\$96.40 in 2008)
Yearly Out-of-Pocket Maximum: None	Yearly Out-of-Pocket Maximum: None
Doctor Office Visit: \$10 primary care visit; \$30 specialist visit	Doctor Office Visit: \$10 primary care visit; \$35 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage
Inpatient Hospital: \$100/day for days 1-5	Inpatient Hospital: \$150/day for days 1-5
Outpatient Surgery: 10% of the cost	Outpatient Surgery: 15% of the cost
Skilled Nursing Care: \$0 for days 1-10; \$30 each day for days 11-100	Skilled Nursing Care: \$0 for days 1-10; \$35 each day for days 11-100
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20-50% of cost (20% of the cost for diabetic supplies)	Durable Medical Equipment: 20-50% of cost (20% of the cost for diabetic supplies)
Routine Physical: \$0 copay (1 exam/year)	Routine Physical: \$0 copay (1 exam/year)
Vision Services: \$100 for eye exams every year \$200 for eye wear every two years	Vision Services: \$100 for eye exams every year
Hearing Services: \$0 (1 test/year) \$100 limit	Hearing Services: \$0 (1 test/year) \$100 limit
Dental: \$300 for preventive benefits each year	Dental: \$100 for preventive benefits each year
Medicare Prescription Drug Coverage: No Coverage Wellness: Health Club Membership	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • \$100 Deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$10 – Generic \$30 – Preferred Brand \$40 – Non-Preferred Brand 25% - Specialty • Coverage in the Gap: None Wellness: Health Club Membership

Sterling Option III (H5006-012)	Sterling Option IV (H5006-013)
<i>Sterling Life Insurance Company</i> 1-888-858-8572 (TTY/TDD 1-888-858-8567) www.sterlingplans.com	<i>Sterling Life Insurance Company</i> 1-888-858-8572 (TTY/TDD 1-888-858-8567) www.sterlingplans.com
Service Area: All counties in Iowa	Service Area: All counties in Iowa
Monthly Premium: \$45 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: \$56 Also pay Part B monthly premium (\$96.40 in 2008)
Yearly Out-of-Pocket Maximum: \$3,000	Yearly Out-of-Pocket Maximum: \$4,000
Doctor Office Visit: \$10 primary care visit; \$30 specialist visit	Doctor Office Visit: \$10 primary care visit; \$35 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage
Inpatient Hospital: \$100/day for days 1-5	Inpatient Hospital: \$150/day for days 1-5
Outpatient Surgery: 10% of the cost	Outpatient Surgery: 15% of the cost
Skilled Nursing Care: \$0 for days 1-10; \$30 each day for days 11-100	Skilled Nursing Care: \$0 for days 1-10; \$35 each day for days 11-100
Diagnostic Lab Tests: \$0 for each service	Diagnostic Lab Tests: \$0 for each service
Durable Medical Equipment: 20-50% of cost (20% of the cost for diabetic supplies)	Durable Medical Equipment: 20-50% of cost (20% of the cost for diabetic supplies)
Routine Physical: \$0 copay (1 exam/year)	Routine Physical: \$0 copay (1 exam/year)
Vision Services: \$500 for eye exams every year; \$500 for eye wear every year	Vision Services: \$400 for eye exams every year; \$400 for eye wear every year
Hearing Services: \$0 (1 test every year) \$500 limit	Hearing Services: \$0 (1 test every year) \$400 limit
Dental: \$500 for preventive benefits each year	Dental: \$400 for preventive benefits each year
Medicare Prescription Drug Coverage: No Coverage Wellness: Health Club Membership	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • \$100 Deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$10 – Generic \$30 – Preferred Brand \$40 – Non-Preferred Brand 25% - Specialty • Coverage in the Gap: None Wellness: Health Club Membership

Today's Options powered by CCRx Basic (H7357-013) (H7357-014) (H7357-015) (H7357-016) (H7357-017) (H7357-018)	
<i>Marquette National Life Insurance Company</i> 1-866-234-3801 (TTY/TDD 1-866-903-7421) www.todaysoptionsccrx.com	
Plan: H7357-013 Service Area: Allamakee, Appanoose, Boone, Carroll, Cerro Gordo, Clay, Dallas, Davis, Decatur, Greene, Guthrie, Henry, Iowa, Jefferson, Johnson, Keokuk, Madison, Mahaska, Marion, Marshall, Osceola, Polk, Union, Warren, Washington, Winnebago, Winneshiek Monthly Premium: \$0 Part B premium will be reduced by \$25.00; you pay \$71.40	Yearly Out-of-Pocket Maximum: \$3,000 Doctor Office Visit: \$20 primary care visit; \$35 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage Inpatient Hospital: \$250/day for days 1-6 (\$1,700 maximum each year)
Plan: H7357-014 Service Area: Buena Vista, Cedar, Cherokee, Clarke, Davis, Delaware, Dickinson, Grundy, Hamilton, Jasper, Kossuth, Linn, Lucas, Mitchell, Muscatine, Scott, Sioux, Story, Wayne, Worth Monthly Premium: \$0 Part B premium will be reduced by \$15.00; you pay \$81.40	Outpatient Surgery: \$200-\$800 per visit Skilled Nursing Care: \$0 for days 1-20; \$125 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost
Plan: H7357-015 Service Area: Crawford, Hardin, Howard, Jackson, Louisa, Mills, Palo Alto, Ringgold Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Routine Physical: \$35 (1 exam/year) Vision Services: \$35 (1 exam/year) Hearing Services: \$35 (1 routine test a year)
Plan: H7357-016 Service Area: Adair, Audubon, Benton, Bremer, Calhoun, Cass, Clinton, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Hancock, Harrison, Humboldt, Ida, Jones, Lee, Lyon, Monroe, Montgomery, O'Brien, Page, Plymouth, Pottawattamie, Poweshiek, Tama, Taylor, Van Buren, Wapello, Webster, Woodbury Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Dental: No additional benefits Medicare Prescription Drug Coverage: No Coverage
Plan: H7357-017 Service Area: Adams, Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Pocahontas, Sac, Shelby Monthly Premium: \$25 Also pay Part B monthly premium (\$96.40 in 2008)	
Plan: H7357-018 Service Area: Black Hawk, Wright Monthly Premium: \$40 Also pay Part B monthly premium (\$96.40 in 2008)	

Today's Options powered by CCRx Value (H7357-007) (H7357-008) (H7357-009) (H7357-010) (H7357-011) (H7357-012)	
<i>Marquette National Life Insurance Company</i> 1-866-234-3801 (TTY/TDD 1-866-903-7421) www.todaysoptionsccrx.com	
Plan: H7357-007 Service Area: Allamakee, Appanoose, Boone, Carroll, Cerro Gordo, Clay, Dallas, Davis, Decatur, Greene, Guthrie, Henry, Iowa, Jefferson, Johnson, Keokuk, Madison, Mahaska, Marion, Marshall, Osceola, Polk, Union, Warren, Washington, Winnebago, Winneshiek Monthly Premium: \$0 Part B premium will be reduced by \$10.00; you pay \$86.40	Yearly Out-of-Pocket Maximum: \$3,000 Doctor Office Visit: \$20 primary care visit; \$30 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage Inpatient Hospital: \$195/day for days 1-5 (\$1,700 maximum each year)
Plan: H7357-008 Service Area: Buena Vista, Cedar, Cherokee, Clarke, Davis, Delaware, Dickinson, Grundy, Hamilton, Jasper, Kossuth, Linn, Lucas, Mitchell, Muscatine, Scott, Sioux, Story, Wayne, Worth Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Outpatient Surgery: \$100-\$400 per visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost
Plan: H7357-009 Service Area: Crawford, Hardin, Howard, Jackson, Louisa, Mills, Palo Alto, Ringgold Monthly Premium: \$15 Also pay Part B monthly premium (\$96.40 in 2008)	Routine Physical: \$30 (1 exam/year) Vision Services: \$30 (1 exam/year) Hearing Services: \$30 (1 routine test a year)
Plan: H7357-010 Service Area: Adair, Audubon, Benton, Bremer, Calhoun, Cass, Clinton, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Hancock, Harrison, Humboldt, Ida, Jones, Lee, Lyon, Monroe, Montgomery, O'Brien, Page, Plymouth, Pottawattamie, Poweshiek, Tama, Taylor, Van Buren, Wapello, Webster, Woodbury Monthly Premium: \$30 Also pay Part B monthly premium (\$96.40 in 2008)	Dental: No additional benefits Medicare Prescription Drug Coverage: No Coverage
Plan: H7357-011 Service Area: Adams, Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Pocahontas, Sac, Shelby Monthly Premium: \$50 Also pay Part B monthly premium (\$96.40 in 2008)	
Plan: H7357-012 Service Area: Black Hawk, Wright Monthly Premium: \$65 Also pay Part B monthly premium (\$96.40 in 2008)	

Today's Options powered by CCRx Premier (H7357-001) (H7357-002) (H7357-003) (H7357-004) (H7357-005) (H7357-006)	
<i>Marquette National Life Insurance Company</i> 1-866-234-3801 (TTY/TDD 1-866-903-7421) www.todaysoptionsccrx.com	
Plan: H7357-001 Service Area: Allamakee, Appanoose, Boone, Carroll, Cerro Gordo, Clay, Dallas, Davis, Decatur, Greene, Guthrie, Henry, Iowa, Jefferson, Johnson, Keokuk, Madison, Mahaska, Marion, Marshall, Osceola, Polk, Union, Warren, Washington, Winnebago, Winneshiek Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Yearly Out-of-Pocket Maximum: \$2,500 Doctor Office Visit: \$10 primary care visit; \$25 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage Inpatient Hospital: \$195 for each admission (\$600 maximum each year)
Plan: H7357-002 Service Area: Buena Vista, Cedar, Cherokee, Clarke, Davis, Delaware, Dickinson, Grundy, Hamilton, Jasper, Kossuth, Linn, Lucas, Mitchell, Muscatine, Scott, Sioux, Story, Wayne, Worth Monthly Premium: \$19 Also pay Part B monthly premium (\$96.40 in 2008)	Outpatient Surgery: \$25-\$100 per visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost
Plan: H7357-003 Service Area: Crawford, Hardin, Howard, Jackson, Louisa, Mills, Palo Alto, Ringgold Monthly Premium: \$38 Also pay Part B monthly premium (\$96.40 in 2008)	Routine Physical: \$0 (1 exam/year) Vision Services: \$15 (1 exam/year) Hearing Services: \$15 (1 routine test a year)
Plan: H7357-004 Service Area: Adair, Audubon, Benton, Bremer, Calhoun, Cass, Clinton, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Hancock, Harrison, Humboldt, Ida, Jones, Lee, Lyon, Monroe, Montgomery, O'Brien, Page, Plymouth, Pottawattamie, Poweshiek, Tama, Taylor, Van Buren, Wapello, Webster, Woodbury Monthly Premium: \$49 Also pay Part B monthly premium (\$96.40 in 2008)	Dental: No additional benefits Medicare Prescription Drug Coverage: No Coverage
Plan: H7357-005 Service Area: Adams, Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Pocahontas, Sac, Shelby Monthly Premium: \$75 Also pay Part B monthly premium (\$96.40 in 2008)	
Plan: H7357-006 Service Area: Black Hawk, Wright Monthly Premium: \$90 Also pay Part B monthly premium (\$96.40 in 2008)	

Today's Options powered by CCRx Basic Plus (H7357-031) (H7357-032) (H7357-033) (H7357-034) (H7357-035) (H7357-036)	
<i>Marquette National Life Insurance Company</i> 1-866-234-3801 (TTY/TDD 1-866-903-7421) www.todaysoptionsccrx.com	
Plan: H7357-031 Service Area: Allamakee, Appanoose, Boone, Carroll, Cerro Gordo, Clay, Dallas, Davis, Decatur, Greene, Guthrie, Henry, Iowa, Jefferson, Johnson, Keokuk, Madison, Mahaska, Marion, Marshall, Osceola, Polk, Union, Warren, Washington, Winnebago, Winneshiek Monthly Premium: \$22.70 Part B premium will be reduced by \$25.00; you pay \$71.40	Yearly Out-of-Pocket Maximum: \$3,000 Doctor Office Visit: \$20 primary care visit; \$35 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage Inpatient Hospital: \$250/day for days 1-6 (\$1,700 maximum each year)
Plan: H7357-032 Service Area: Buena Vista, Cedar, Cherokee, Clarke, Davis, Delaware, Dickinson, Grundy, Hamilton, Jasper, Kossuth, Linn, Lucas, Mitchell, Muscatine, Scott, Sioux, Story, Wayne, Worth Monthly Premium: \$22.70 Part B premium will be reduced by \$15.00; you pay \$81.40	Outpatient Surgery: \$200-\$800 per visit Skilled Nursing Care: \$0 for days 1-20; \$125 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost
Plan: H7357-033 Service Area: Crawford, Hardin, Howard, Jackson, Louisa, Mills, Palo Alto, Ringgold Monthly Premium: \$22.70 Also pay Part B monthly premium (\$96.40 in 2008)	Routine Physical: \$35 (1 exam/year) Vision Services: \$35 (1 exam/year) Hearing Services: \$35 (1 test/year)
Plan: H7357-034 Service Area: Adair, Audubon, Benton, Bremer, Calhoun, Cass, Clinton, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Hancock, Harrison, Humboldt, Ida, Jones, Lee, Lyon, Monroe, Montgomery, O'Brien, Page, Plymouth, Pottawattamie, Poweshiek, Tama, Taylor, Van Buren, Wapello, Webster, Woodbury Monthly Premium: \$22.70 Also pay Part B monthly premium (\$96.40 in 2008)	Dental: No additional benefits Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • \$275 Deductible (on all drugs except generics) • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$0 – Generics 25% – Preferred Brand 50% – Non-Preferred Brand Coverage in the Gap: None
Plan: H7357-035 Service Area: Adams, Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Pocahontas, Sac, Shelby Monthly Premium: \$47.70 Also pay Part B monthly premium (\$96.40 in 2008)	
Plan: H7357-036 Service Area: Black Hawk, Wright Monthly Premium: \$62.70 Also pay Part B monthly premium (\$96.40 in 2008)	

Today's Options powered by CCRx Value Plus (H7357-025) (H7357-026) (H7357-027) (H7357-028) (H7357-029) (H7357-030)	
<i>Marquette National Life Insurance Company</i> 1-866-234-3801 (TTY/TDD 1-866-903-7421) www.todaysoptionsccrx.com	
Plan: H7357-025 Service Area: Allamakee, Appanoose, Boone, Carroll, Cerro Gordo, Clay, Dallas, Davis, Decatur, Greene, Guthrie, Henry, Iowa, Jefferson, Johnson, Keokuk, Madison, Mahaska, Marion, Marshall, Osceola, Polk, Union, Warren, Washington, Winnebago, Winneshiek Monthly Premium: \$22.70 Part B premium will be reduced by \$10.00; you pay \$86.40	Yearly Out-of-Pocket Maximum: \$3,000 Doctor Office Visit: \$20 primary care visit; \$30 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage Inpatient Hospital: \$195/day for days 1-5 (\$1,700 maximum each year)
Plan: H7357-026 Service Area: Buena Vista, Cedar, Cherokee, Clarke, Davis, Delaware, Dickinson, Grundy, Hamilton, Jasper, Kossuth, Linn, Lucas, Mitchell, Muscatine, Scott, Sioux, Story, Wayne, Worth Monthly Premium: \$22.70 Also pay Part B monthly premium (\$96.40 in 2008)	Outpatient Surgery: \$100-\$400 per visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost
Plan: H7357-027 Service Area: Crawford, Hardin, Howard, Jackson, Louisa, Mills, Palo Alto, Ringgold Monthly Premium: \$37.70 Also pay Part B monthly premium (\$96.40 in 2008)	Routine Physical: \$30 (1 exam/year) Vision Services: \$30 (1 exam/year) Hearing Services: \$30 (1 routine test a year)
Plan: H7357-028 Service Area: Adair, Audubon, Benton, Bremer, Calhoun, Cass, Clinton, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Hancock, Harrison, Humboldt, Ida, Jones, Lee, Lyon, Monroe, Montgomery, O'Brien, Page, Plymouth, Pottawattamie, Poweshiek, Tama, Taylor, Van Buren, Wapello, Webster, Woodbury Monthly Premium: \$52.70 Also pay Part B monthly premium (\$96.40 in 2008)	Dental: No additional benefits Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • \$275 Deductible (on all drugs except generics) • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$0 – Generics 25% – Preferred Brand 50% – Non-Preferred Brand Coverage in the Gap: None
Plan: H7357-029 Service Area: Adams, Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Pocahontas, Sac, Shelby Monthly Premium: \$72.70 Also pay Part B monthly premium (\$96.40 in 2008)	
Plan: H7357-030 Service Area: Black Hawk, Wright Monthly Premium: \$87.70 Also pay Part B monthly premium (\$96.40 in 2008)	

Today's Options powered by CCRx Premier Plus (H7357-019) (H7357-020) (H7357-021) (H7357-022) (H7357-023) (H7357-034)	
<i>Marquette National Life Insurance Company</i> 1-866-234-3801 (TTY/TDD 1-866-903-7421) www.todaysoptionsccrx.com	
Plan: H7357-019 Service Area: Allamakee, Appanoose, Boone, Carroll, Cerro Gordo, Clay, Dallas, Davis, Decatur, Greene, Guthrie, Henry, Iowa, Jefferson, Johnson, Keokuk, Madison, Mahaska, Marion, Marshall, Osceola, Polk, Union, Warren, Washington, Winnebago, Winneshiek Monthly Premium: \$29.20 Also pay Part B monthly premium (\$96.40 in 2008)	Yearly Out-of-Pocket Maximum: \$2,500 Doctor Office Visit: \$10 primary care visit; \$25 specialist visit Emergency Room Visit: \$35 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage Inpatient Hospital: \$195 for each admission (\$600 maximum each year)
Plan: H7357-020 Service Area: Buena Vista, Cedar, Cherokee, Clarke, Davis, Delaware, Dickinson, Grundy, Hamilton, Jasper, Kossuth, Linn, Lucas, Mitchell, Muscatine, Scott, Sioux, Story, Wayne, Worth Monthly Premium: \$48.20 Also pay Part B monthly premium (\$96.40 in 2008)	Outpatient Surgery: \$25-\$100 per visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost
Plan: H7357-021 Service Area: Crawford, Hardin, Howard, Jackson, Louisa, Mills, Palo Alto, Ringgold Monthly Premium: \$67.20 Also pay Part B monthly premium (\$96.40 in 2008)	Routine Physical: \$0 (1 exam/year) Vision Services: \$15 (1 exam/year) Hearing Services: \$15 (1 routine test a year)
Plan: H7357-022 Service Area: Adair, Audubon, Benton, Bremer, Calhoun, Cass, Clinton, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Hancock, Harrison, Humboldt, Ida, Jones, Lee, Lyon, Monroe, Montgomery, O'Brien, Page, Plymouth, Pottawattamie, Poweshiek, Tama, Taylor, Van Buren, Wapello, Webster, Woodbury Monthly Premium: \$78.20 Also pay Part B monthly premium (\$96.40 in 2008)	Dental: No additional benefits Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$5 – Generics \$25 – Preferred Brand \$60 – Non-Preferred Brand 25% - Specialty Coverage in the Gap: All Generics - \$5
Plan: H7357-023 Service Area: Adams, Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Pocahontas, Sac, Shelby Monthly Premium: \$104.20 Also pay Part B monthly premium (\$96.40 in 2008)	
Plan: H7357-024 Service Area: Black Hawk, Wright Monthly Premium: \$119.20 Also pay Part B monthly premium (\$96.40 in 2008)	

Today's Option Basic (H5421-058) (H5421-059) (H5421-060) (H5420-061) (H5421-062) (H5421-063)	
Pyramid Life Insurance Company 1-800-996-8867 (TTY/TDD 1-800-777-9083) www.todaysoptions.com	
Plan: H5421-058 Service Area: Allamakee, Appanoose, Boone, Carroll, Cerro Gordo, Clay, Dallas, Davis, Decatur, Greene, Guthrie, Henry, Iowa, Jefferson, Johnson, Keokuk, Madison, Mahaska, Marion, Marshall, Osceola, Polk, Union, Warren, Washington, Winnebago, Winneshiek Monthly Premium: \$0 Part B premium will be reduced by \$20.00; you pay \$76.40	Yearly Out-of-Pocket Maximum: \$3,000 Doctor Office Visit: \$20 primary care visit; \$35 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage Inpatient Hospital: \$250/day for days 1-6 (\$1,700 maximum each year)
Plan: H5421-059 Service Area: Buena Vista, Cedar, Cherokee, Clarke, Davis, Delaware, Dickinson, Grundy, Hamilton, Jasper, Kossuth, Linn, Lucas, Mitchell, Muscatine, Scott, Sioux, Story, Wayne, Worth Monthly Premium: \$0 Part B premium will be reduced by \$10.00; you pay \$86.40	Outpatient Surgery: \$200-\$800 per visit Skilled Nursing Care: \$0 for days 1-20; \$125 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost
Plan: H5421-060 Service Area: Crawford, Hardin, Howard, Jackson, Louisa, Mills, Palo Alto, Ringgold Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Routine Physical: \$35 (1 exam/year) Vision Services: \$35 (1 exam/year) Hearing Services: \$35 (1 routine test a year)
Plan: H5421-061 Service Area: Adair, Audubon, Benton, Bremer, Calhoun, Cass, Clinton, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Hancock, Harrison, Humboldt, Ida, Jones, Lee, Lyon, Monroe, Montgomery, O'Brien, Page, Plymouth, Pottawattamie, Poweshiek, Tama, Taylor, Van Buren, Wapello, Webster, Woodbury Monthly Premium: \$10 Also pay Part B monthly premium (\$96.40 in 2008)	Dental: No additional benefits Medicare Prescription Drug Coverage: No Coverage
Plan: H5421-062 Service Area: Adams, Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Pocahontas, Sac, Shelby Monthly Premium: \$20 Also pay Part B monthly premium (\$96.40 in 2008)	
Plan: H5421-063 Service Area: Black Hawk, Wright Monthly Premium: \$35 Also pay Part B monthly premium (\$96.40 in 2008)	

Today's Option Value	
(H5421-052) (H5421-053) H5421-054) (H5421-055) (H5421-056) (H5421-057)	
<i>Pyramid Life Insurance Company</i> 1-800-996-8867 (TTY/TDD 1-800-777-9083) www.todaysoptions.com	
Plan: H5421-052 Service Area: Allamakee, Appanoose, Boone, Carroll, Cerro Gordo, Clay, Dallas, Davis, Decatur, Greene, Guthrie, Henry, Iowa, Jefferson, Johnson, Keokuk, Madison, Mahaska, Marion, Marshall, Osceola, Polk, Union, Warren, Washington, Winnebago, Winneshiek Monthly Premium: \$0 Part B premium will be reduced by \$10.00; you pay \$86.40	Yearly Out-of-Pocket Maximum: \$3,000 Doctor Office Visit: \$20 primary care visit; \$30 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage Inpatient Hospital: \$195/day for days 1-5 (\$1,700 maximum each year)
Plan: H5421-053 Service Area: Buena Vista, Cedar, Cherokee, Clarke, Davis, Delaware, Dickinson, Grundy, Hamilton, Jasper, Kossuth, Linn, Lucas, Mitchell, Muscatine, Scott, Sioux, Story, Wayne, Worth Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Outpatient Surgery: \$100-\$400 per visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0
Plan: H5421-054 Service Area: Crawford, Hardin, Howard, Jackson, Louisa, Mills, Palo Alto, Ringgold Monthly Premium: \$15 Also pay Part B monthly premium (\$96.40 in 2008)	Durable Medical Equipment: 20% of cost Routine Physical: \$30 (1 exam/year) Vision Services: \$30 (1 exam/year)
Plan: H5421-055 Service Area: Adair, Audubon, Benton, Bremer, Calhoun, Cass, Clinton, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Hancock, Harrison, Humboldt, Ida, Jones, Lee, Lyon, Monroe, Montgomery, O'Brien, Page, Plymouth, Pottawattamie, Poweshiek, Tama, Taylor, Van Buren, Wapello, Webster, Woodbury Monthly Premium: \$30 Also pay Part B monthly premium (\$96.40 in 2008)	Hearing Services: \$30 (1 test/year) Dental: No additional benefits Medicare Prescription Drug Coverage: No Coverage
Plan: H5421-056 Service Area: Adams, Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Pocahontas, Sac, Shelby Monthly Premium: \$50 Also pay Part B monthly premium (\$96.40 in 2008)	
Plan: H5421-057 Service Area: Black Hawk, Wright Monthly Premium: \$65 Also pay Part B monthly premium (\$96.40 in 2008)	

Today's Option Premier (H5421-046) (H5421-047) (H5421-048) (H5420-049) (H5421-050) (H5421-051)	
Pyramid Life Insurance Company 1-800-996-8867 (TTY/TDD 1-800-777-9083) www.todaysoptions.com	
Plan: H5421-046 Service Area: Allamakee, Appanoose, Boone, Carroll, Cerro Gordo, Clay, Dallas, Davis, Decatur, Greene, Guthrie, Henry, Iowa, Jefferson, Johnson, Keokuk, Madison, Mahaska, Marion, Marshall, Osceola, Polk, Union, Warren, Washington, Winnebago, Winneshiek Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Yearly Out-of-Pocket Maximum: \$2,500 Doctor Office Visit: \$10 primary care visit; \$25 specialist visit Emergency Room Visit: \$35 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage Inpatient Hospital: \$195 for each admission (\$600 maximum each year)
Plan: H5421-047 Service Area: Buena Vista, Cedar, Cherokee, Clarke, Davis, Delaware, Dickinson, Grundy, Hamilton, Jasper, Kossuth, Linn, Lucas, Mitchell, Muscatine, Scott, Sioux, Story, Wayne, Worth Monthly Premium: \$19 Also pay Part B monthly premium (\$96.40 in 2008)	Outpatient Surgery: \$25-\$100 per visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost
Plan: H5421-048 Service Area: Crawford, Hardin, Howard, Jackson, Louisa, Mills, Palo Alto, Ringgold Monthly Premium: \$38 Also pay Part B monthly premium (\$96.40 in 2008)	Routine Physical: \$0 (1 exam/year) Vision Services: \$15 (1 exam/year)
Plan: H5421-049 Service Area: Adair, Audubon, Benton, Bremer, Calhoun, Cass, Clinton, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Hancock, Harrison, Humboldt, Ida, Jones, Lee, Lyon, Monroe, Montgomery, O'Brien, Page, Plymouth, Pottawattamie, Poweshiek, Tama, Taylor, Van Buren, Wapello, Webster, Woodbury Monthly Premium: \$49 Also pay Part B monthly premium (\$96.40 in 2008)	Hearing Services: \$15 (1 test/year) Dental: No additional benefits
Plan: H5421-050 Service Area: Adams, Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Pocahontas, Sac, Shelby Monthly Premium: \$75 Also pay Part B monthly premium (\$96.40 in 2008)	Medicare Prescription Drug Coverage: No Coverage
Plan: H5421-051 Service Area: Black Hawk, Wright Monthly Premium: \$90 Also pay Part B monthly premium (\$96.40 in 2008)	

Today's Options Basic Plus (H5421-076) (H5421-077) (H5421-078) (H5421-079) (H5421-080) (H5421-081)	
<i>Pyramid Life Insurance Company</i> 1-800-996-8867 (TTY/TDD 1-800-777-9083) www.todaysoptions.com	
Plan: H5421-076 Service Area: Allamakee, Appanoose, Boone, Carroll, Cerro Gordo, Clay, Dallas, Davis, Decatur, Greene, Guthrie, Henry, Iowa, Jefferson, Johnson, Keokuk, Madison, Mahaska, Marion, Marshall, Osceola, Polk, Union, Warren, Washington, Winnebago, Winneshiek Monthly Premium: \$20.20 Part B premium will be reduced by \$20.00; you pay \$76.40	Yearly Out-of-Pocket Maximum: \$3,000 Doctor Office Visit: \$20 primary care visit; \$35 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage Inpatient Hospital: \$250/day for days 1-6 (\$1,700 maximum each year)
Plan: H5421-077 Service Area: Buena Vista, Cedar, Cherokee, Clarke, Davis, Delaware, Dickinson, Grundy, Hamilton, Jasper, Kossuth, Linn, Lucas, Mitchell, Muscatine, Scott, Sioux, Story, Wayne, Worth Monthly Premium: \$20.20 Part B premium will be reduced by \$10.00; you pay \$86.40	Outpatient Surgery: \$200-\$800 per visit Skilled Nursing Care: \$0 for days 1-20; \$125 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost
Plan: H5421-078 Service Area: Crawford, Hardin, Howard, Jackson, Louisa, Mills, Palo Alto, Ringgold Monthly Premium: \$20.20 Also pay Part B monthly premium (\$96.40 in 2008)	Routine Physical: \$35 (1 exam/year) Vision Services: \$35 (1 exam/year)
Plan: H5421-079 Service Area: Adair, Audubon, Benton, Bremer, Calhoun, Cass, Clinton, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Hancock, Harrison, Humboldt, Ida, Jones, Lee, Lyon, Monroe, Montgomery, O'Brien, Page, Plymouth, Pottawattamie, Poweshiek, Tama, Taylor, Van Buren, Wapello, Webster, Woodbury Monthly Premium: \$30.20 Also pay Part B monthly premium (\$96.40 in 2008)	Hearing Services: \$35 (1 test/year) Dental: No additional benefits
Plan: H5421-080 Service Area: Adams, Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Pocahontas, Sac, Shelby Monthly Premium: \$40.20 Also pay Part B monthly premium (\$96.40 in 2008)	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● No Deductible ● Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$5 – Generics \$31 – Preferred Brand \$61 – Non-Preferred Brand 30% - Specialty Coverage in the Gap: None
Plan: H5421-081 Service Area: Black Hawk, Wright Monthly Premium: \$55.20 Also pay Part B monthly premium (\$96.40 in 2008)	

Today's Options Basic Plus powered by CCRx (H5421-094) (H5421-095) (H5421-096) (H5421-097) (H5421-098) (H5421-099)	
<i>Pyramid Life Insurance Company</i> 1-800-996-8867 (TTY/TDD 1-800-777-9083) www.todaysoptions.com	
Plan: H5421-094 Service Area: Allamakee, Appanoose, Boone, Carroll, Cerro Gordo, Clay, Dallas, Davis, Decatur, Greene, Guthrie, Henry, Iowa, Jefferson, Johnson, Keokuk, Madison, Mahaska, Marion, Marshall, Osceola, Polk, Union, Warren, Washington, Winnebago, Winneshiek Monthly Premium: \$22.70 Part B premium will be reduced by \$25.00; you pay \$71.40	Yearly Out-of-Pocket Maximum: \$3,000 Doctor Office Visit: \$20 primary care visit; \$35 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage Inpatient Hospital: \$250/day for days 1-6 (\$1,700 maximum each year)
Plan: H5421-095 Service Area: Buena Vista, Cedar, Cherokee, Clarke, Davis, Delaware, Dickinson, Grundy, Hamilton, Jasper, Kossuth, Linn, Lucas, Mitchell, Muscatine, Scott, Sioux, Story, Wayne, Worth Monthly Premium: \$22.70 Part B premium will be reduced by \$15.00; you pay \$81.40	Outpatient Surgery: \$200-\$800 per visit Skilled Nursing Care: \$0 for days 1-20; \$125 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost
Plan: H5421-096 Service Area: Crawford, Hardin, Howard, Jackson, Louisa, Mills, Palo Alto, Ringgold Monthly Premium: \$22.70 Also pay Part B monthly premium (\$96.40 in 2008)	Routine Physical: \$35 (1 exam/year) Vision Services: \$35 (1 exam/year)
Plan: H5421-097 Service Area: Adair, Audubon, Benton, Bremer, Calhoun, Cass, Clinton, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Hancock, Harrison, Humboldt, Ida, Jones, Lee, Lyon, Monroe, Montgomery, O'Brien, Page, Plymouth, Pottawattamie, Poweshiek, Tama, Taylor, Van Buren, Wapello, Webster, Woodbury Monthly Premium: \$22.70 Also pay Part B monthly premium (\$96.40 in 2008)	Hearing Services: \$35 (1 test/year) Dental: No additional benefits
Plan: H5421-098 Service Area: Adams, Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Pocahontas, Sac, Shelby Monthly Premium: \$47.40 Also pay Part B monthly premium (\$96.40 in 2008)	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● \$275 Deductible (does not apply to generics) ● After pay the deductible but before your total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$0 – Generics 25% – Preferred Brand 50% – Non-Preferred Brand Coverage in the Gap: None
Plan: H5421-099 Service Area: Black Hawk, Wright Monthly Premium: \$62.70 Also pay Part B monthly premium (\$96.40 in 2008)	

Today's Options Value Plus (H5421-070) (H5421-071) (H5421-072) (H5420-073) (H5421-074) (H5421-075)	
<i>Pyramid Life Insurance Company</i> 1-800-996-8867 (TTY/TDD 1-800-777-9083) www.todaysoptions.com	
Plan: H5421-070 Service Area: Allamakee, Appanoose, Boone, Carroll, Cerro Gordo, Clay, Dallas, Davis, Decatur, Greene, Guthrie, Henry, Iowa, Jefferson, Johnson, Keokuk, Madison, Mahaska, Marion, Marshall, Osceola, Polk, Union, Warren, Washington, Winnebago, Winneshiek Monthly Premium: \$20.20 Part B premium will be reduced by \$10.00; you pay \$86.40	Yearly Out-of-Pocket Maximum: \$3,000 Doctor Office Visit: \$20 primary care visit; \$30 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage Inpatient Hospital: \$195/day for days 1-5 (\$1,700 maximum each year)
Plan: H5421-071 Service Area: Buena Vista, Cedar, Cherokee, Clarke, Davis, Delaware, Dickinson, Grundy, Hamilton, Jasper, Kossuth, Linn, Lucas, Mitchell, Muscatine, Scott, Sioux, Story, Wayne, Worth Monthly Premium: \$20.20 Also pay Part B monthly premium (\$96.40 in 2008)	Outpatient Surgery: \$100-\$400 per visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost
Plan: H5421-072 Service Area: Crawford, Hardin, Howard, Jackson, Louisa, Mills, Palo Alto, Ringgold Monthly Premium: \$35.20 Also pay Part B monthly premium (\$96.40 in 2008)	Routine Physical: \$30 (1 exam/year) Vision Services: \$30 (1 exam/year)
Plan: H5421-073 Service Area: Adair, Audubon, Benton, Bremer, Calhoun, Cass, Clinton, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Hancock, Harrison, Humboldt, Ida, Jones, Lee, Lyon, Monroe, Montgomery, O'Brien, Page, Plymouth, Pottawattamie, Poweshiek, Tama, Taylor, Van Buren, Wapello, Webster, Woodbury Monthly Premium: \$50.20 Also pay Part B monthly premium (\$96.40 in 2008)	Hearing Services: \$30 (1 test/year) Dental: No additional benefits
Plan: H5421-074 Service Area: Adams, Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Pocahontas, Sac, Shelby Monthly Premium: \$70.20 Also pay Part B monthly premium (\$96.40 in 2008)	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● No Deductible ● Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$5 – Generics \$31 – Preferred Brand \$61 – Non-Preferred Brand 30% - Specialty Coverage in the Gap: None
Plan: H5421-075 Service Area: Black Hawk, Wright Monthly Premium: \$85.20 Also pay Part B monthly premium (\$96.40 in 2008)	

Today's Options Value Plus powered by CCRx (H5421-088) (H5421-089) (H5421-090) (H5421-091) (H5421-092) (H5421-093)	
<i>Pyramid Life Insurance Company</i> 1-866-245-7000 (TTY/TDD 1-866-903-7421) www.todaysoptions.com	
Plan: H5421-088 Service Area: Allamakee, Appanoose, Boone, Carroll, Cerro Gordo, Clay, Dallas, Davis, Decatur, Greene, Guthrie, Henry, Iowa, Jefferson, Johnson, Keokuk, Madison, Mahaska, Marion, Marshall, Osceola, Polk, Union, Warren, Washington, Winnebago, Winneshiek Monthly Premium: \$22.70 Part B premium will be reduced by \$10.00; you pay \$86.40	Yearly Out-of-Pocket Maximum: \$3,000 Doctor Office Visit: \$20 primary care visit; \$30 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage Inpatient Hospital: \$195/day for days 1-5 (\$1,700 maximum each year)
Plan: H5421-089 Service Area: Buena Vista, Cedar, Cherokee, Clarke, Davis, Delaware, Dickinson, Grundy, Hamilton, Jasper, Kossuth, Linn, Lucas, Mitchell, Muscatine, Scott, Sioux, Story, Wayne, Worth Monthly Premium: \$22.70 Also pay Part B monthly premium (\$96.40 in 2008)	Outpatient Surgery: \$100-\$400 per visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost
Plan: H5421-090 Service Area: Crawford, Hardin, Howard, Jackson, Louisa, Mills, Palo Alto, Ringgold Monthly Premium: \$37.70 Also pay Part B monthly premium (\$96.40 in 2008)	Routine Physical: \$30 (1 exam/year) Vision Services: \$30 (1 exam/year)
Plan: H5421-091 Service Area: Adair, Audubon, Benton, Bremer, Calhoun, Cass, Clinton, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Hancock, Harrison, Humboldt, Ida, Jones, Lee, Lyon, Monroe, Montgomery, O'Brien, Page, Plymouth, Pottawattamie, Poweshiek, Tama, Taylor, Van Buren, Wapello, Webster, Woodbury Monthly Premium: \$52.70 Also pay Part B monthly premium (\$96.40 in 2008)	Hearing Services: \$30 (1 test/year) Dental: No additional benefits
Plan: H5421-092 Service Area: Adams, Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Pocahontas, Sac, Shelby Monthly Premium: \$72.70 Also pay Part B monthly premium (\$96.40 in 2008)	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • \$275 Deductible (does not apply to generics) • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$0 – Generics 25% – Preferred Brand 50% – Non-Preferred Brand Coverage in the Gap: None
Plan: H5421-093 Service Area: Black Hawk, Wright Monthly Premium: \$87.70 Also pay Part B monthly premium (\$96.40 in 2008)	

Today's Options Premier Plus (H5421-064) (H5421-065) (H5421-066) (H5420-067) (H5421-068) (H5421-069)	
<i>Pyramid Life Insurance Company</i> 1-800-996-8867 (TTY/TDD 1-800-777-9083) www.todaysoptions.com	
Plan: H5421-064 Service Area: Allamakee, Appanoose, Boone, Carroll, Cerro Gordo, Clay, Dallas, Davis, Decatur, Greene, Guthrie, Henry, Iowa, Jefferson, Johnson, Keokuk, Madison, Mahaska, Marion, Marshall, Osceola, Polk, Union, Warren, Washington, Winnebago, Winneshiek Monthly Premium: \$32 Also pay Part B monthly premium (\$96.40 in 2008)	Yearly Out-of-Pocket Maximum: \$2,500 Doctor Office Visit: \$10 primary care visit; \$25 specialist visit Emergency Room Visit: \$35 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage Inpatient Hospital: \$195 for each admission (\$600 maximum each year)
Plan: H5421-065 Service Area: Buena Vista, Cedar, Cherokee, Clarke, Davis, Delaware, Dickinson, Grundy, Hamilton, Jasper, Kossuth, Linn, Lucas, Mitchell, Muscatine, Scott, Sioux, Story, Wayne, Worth Monthly Premium: \$51 Also pay Part B monthly premium (\$96.40 in 2008)	Outpatient Surgery: \$25-\$100 per visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost
Plan: H5421-066 Service Area: Crawford, Hardin, Howard, Jackson, Louisa, Mills, Palo Alto, Ringgold Monthly Premium: \$70 Also pay Part B monthly premium (\$96.40 in 2008)	Routine Physical: \$0 (1 exam/year) Vision Services: \$15 (1 exam/year)
Plan: H5421-067 Service Area: Adair, Audubon, Benton, Bremer, Calhoun, Cass, Clinton, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Hancock, Harrison, Humboldt, Ida, Jones, Lee, Lyon, Monroe, Montgomery, O'Brien, Page, Plymouth, Pottawattamie, Poweshiek, Tama, Taylor, Van Buren, Wapello, Webster, Woodbury Monthly Premium: \$81 Also pay Part B monthly premium (\$96.40 in 2008)	Hearing Services: \$15 (1 test/year) Dental: No additional benefits
Plan: H5421-068 Service Area: Adams, Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Pocahontas, Sac, Shelby Monthly Premium: \$107 Also pay Part B monthly premium (\$96.40 in 2008)	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● No Deductible ● Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$5 – Generics \$31 – Preferred Brand \$61 – Non-Preferred Brand 30% - Specialty Coverage in the Gap: All Generics
Plan: H5421-069 Service Area: Black Hawk, Wright Monthly Premium: \$122 Also pay Part B monthly premium (\$96.40 in 2008)	

Today's Options Premier Plus powered by CCRx (H5421-082) (H5421-083) (H5421-084) (H5421-085) (H5421-086) (H5421-087)	
<i>Pyramid Life Insurance Company</i> 1-800-996-8867 (TTY/TDD 1-800-777-9083) www.todaysoptions.com	
Plan: H5421-082 Service Area: Allamakee, Appanoose, Boone, Carroll, Cerro Gordo, Clay, Dallas, Davis, Decatur, Greene, Guthrie, Henry, Iowa, Jefferson, Johnson, Keokuk, Madison, Mahaska, Marion, Marshall, Osceola, Polk, Union, Warren, Washington, Winnebago, Winneshiek Monthly Premium: \$29.20 Also pay Part B monthly premium (\$96.40 in 2008)	Yearly Out-of-Pocket Maximum: \$2,500 Doctor Office Visit: \$10 primary care visit; \$25 specialist visit Emergency Room Visit: \$35 each visit (waived if admitted to hospital in 72 hours) Worldwide Coverage Inpatient Hospital: \$195 for each admission (\$600 maximum each year)
Plan: H5421-083 Service Area: Buena Vista, Cedar, Cherokee, Clarke, Davis, Delaware, Dickinson, Grundy, Hamilton, Jasper, Kossuth, Linn, Lucas, Mitchell, Muscatine, Scott, Sioux, Story, Wayne, Worth Monthly Premium: \$48.20 Also pay Part B monthly premium (\$96.40 in 2008)	Outpatient Surgery: \$25-\$100 per visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost
Plan: H5421-084 Service Area: Crawford, Hardin, Howard, Jackson, Louisa, Mills, Palo Alto, Ringgold Monthly Premium: \$67.20 Also pay Part B monthly premium (\$96.40 in 2008)	Routine Physical: \$0 (1 exam/year) Vision Services: \$15 (1 exam/year)
Plan: H5421-085 Service Area: Adair, Audubon, Benton, Bremer, Calhoun, Cass, Clinton, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Hancock, Harrison, Humboldt, Ida, Jones, Lee, Lyon, Monroe, Montgomery, O'Brien, Page, Plymouth, Pottawattamie, Poweshiek, Tama, Taylor, Van Buren, Wapello, Webster, Woodbury Monthly Premium: \$78.20 Also pay Part B monthly premium (\$96.40 in 2008)	Hearing Services: \$15 (1 test/year) Dental: No additional benefits
Plan: H5421-086 Service Area: Adams, Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Pocahontas, Sac, Shelby Monthly Premium: \$104.20 Also pay Part B monthly premium (\$96.40 in 2008)	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● No Deductible ● Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$5 – Generics \$25 – Preferred Brand \$60 – Non-Preferred Brand 25% - Specialty Coverage in the Gap: All Generics
Plan: H5421-087 Service Area: Black Hawk, Wright Monthly Premium: \$119.20 Also pay Part B monthly premium (\$96.40 in 2008)	

Wellcare Prelude Plan (H1340-020) (H1340-021) (H1340-022)	
<i>Wellcare Health Insurance Company</i> 1-866-238-9898 (TTY/TDD 1-866-239-6265) www.wellcarepffs.com	
Find your service area and plan number to determine your premium, benefits and costs.	
<p>Plan: H1340-020 Service Area: Allamakee, Appanoose, Boone, Carroll, Cedar, Cherokee, Dallas, Delaware, Dickinson, Greene, Guthrie, Henry, Iowa, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Linn, Lucas, Madison, Mahaska, Marion, Marshall, Mitchell, Osceola, Polk, Poweshiek, Ringgold, Scott, Tama, Union, Warren, Washington, Wayne, Winneshiek Monthly Premium: \$0 Part B monthly premium is reduced by \$50 you pay (\$46.40 in 2008)</p>	<p>Yearly Out-of-Pocket Maximum: \$3,750</p> <p>Doctor Office Visit: \$20 primary care visit; \$35 specialist visit</p> <p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours)</p> <p>Inpatient Hospital: \$250/day for days 1-5</p> <p>Outpatient Surgery: \$75-\$150 per visit</p> <p>Skilled Nursing Care: \$0 for days 1-7; \$85 each day for days 8-100</p>
<p>Plan: H1340-021 Service Area: Benton, Buena Vista, Cerro Gordo, Clarke, Clay, Clinton, Crawford, Davis, Decatur, Dubuque, Fayette, Franklin, Fremont, Grundy, Hamiton, Hardin, Jackson, Louisa, Lyon, Mills, Monroe, Sioux, Story, Taylor, Webster, Winnebago, Woodbury, Worth Monthly Premium: \$0 Part B monthly premium will be reduced by \$20 you pay (\$76.40 in 2008)</p>	<p>Diagnostic Lab Tests: \$0-\$20 for each service</p> <p>Durable Medical Equipment: 30% of cost</p> <p>Routine Physical: \$0 (1 exam/year)</p> <p>Vision Services: \$0 (1 exam/year) \$10 copay for eyewear (\$100 limit every year)</p> <p>Hearing Services: \$0 (1 test/year); 1 hearing aid fitting evaluation every three years; \$1,000 limit for up to 2 hearing aid(s) every three years</p>
<p>Plan: H1340-022 Service Area: Adair, Calhoun, Clayton, Floyd, Hancock, Ida, Lee, Muscatine, Page, Palo Alto, Plymouth, Pottawattamie, Van Buren, Wapello Monthly Premium: \$10 Also pay Part B monthly premium (\$96.40 in 2008)</p>	<p>Dental: \$20 (1 oral exam every 6 months) \$20 (1 cleaning every 6 months); \$20-\$30 (1 dental x-ray visit/year)</p> <p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No Coverage

Wellcare Sonata Plan (H1340-024) (H1340-025) (H1340-026)	
Wellcare Health Insurance Company 1-866-238-9898 (TTY/TDD 1-866-239-6265) www.wellcarepffs.com	
Find your service area and plan number to determine your premium, benefits and costs.	
Plan: H1340-024 Service Area: Allamakee, Appanoose, Boone, Carroll, Cedar, Cherokee, Dallas, Delaware, Dickinson, Greene, Guthrie, Henry, Iowa, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Linn, Lucas, Madison, Mahaska, Marion, Marshall, Mitchell, Osceola, Polk, Poweshiek, Ringgold, Scott, Tama, Union, Warren, Washington, Wayne, Winneshiek Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Yearly Out-of-Pocket Maximum: \$3,500 Doctor Office Visit: 024/026 - \$20 primary care visit; \$35 specialist visit 025 - \$10 primary care visit; \$25 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage Inpatient Hospital: 024 - \$100/day for days 1-5 025 - \$150/day for days 1-5 026 - \$175/day for days 1-5
Plan: H1340-025 Service Area: Benton, Buena Vista, Cerro Gordo, Clarke, Clay, Clinton, Crawford, Davis, Decatur, Dubuque, Fayette, Franklin, Fremont, Grundy, Hamiton, Hardin, Jackson, Louisa, Lyon, Mills, Monroe, Sioux, Story, Taylor, Webster, Winnebago, Woodbury, Worth Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Outpatient Surgery: 024 - \$30-\$60 per visit 025 - \$45-\$90 per visit 026 - \$55-\$105 Skilled Nursing Care: \$0 for days 1-7; \$85 each day for days 8-100 Diagnostic Lab Tests: \$0-\$20 for each service
Plan: H1340-026 Service Area: Adair, Calhoun, Clayton, Floyd, Hancock, Ida, Lee, Muscatine, Page, Palo Alto, Plymouth, Pottawattamie, Van Buren, Wapello Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Durable Medical Equipment: 30% of cost Routine Physical: \$0 (1 exam/year) Vision Services: 024 - \$0 (1 exam/year); \$10 copay for eyewear (\$260 limit every year) 025/026 - (\$100 limit for eyewear every year) Hearing Services: \$0 (1 test/year); 1 hearing aid fitting evaluation every three years; \$1,000 limit for up to 2 hearing aid(s) every three years Dental: 024 - \$15 (1 oral exam every 6 months) \$15 (1 cleaning every 6 months); \$15-\$25 (1 dental x-ray visit/year); \$1,000 yearly limit for dental benefits 025/026 - \$20 copay and no yearly limit Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Coverage Wellness: Health Club Membership

Wellcare Duet Plan (H1340-004) (H1340-028)	
<i>Wellcare Health Insurance Company</i> 1-866-238-9898 (TTY/TDD 1-866-239-6265) www.wellcarepffs.com	
Find your service area and plan number to determine your premium, benefits and costs.	
Plan: H1340-004 Service Area: Allamakee, Appanoose, Benton, Boone, Buena Vista, Carroll, Cedar, Cerro Gordo, Cherokee, Clarke, Clay, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Dubuque, Fayette, Franklin, Fremont, Greene, Grundy, Guthrie, Hamiton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monroe, Osceola, Polk, Poweshiek, Ringgold, Scott, Sioux, Story, Taylor, Tama, Union, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Yearly Deductible: \$135
	Doctor Office Visit: 20% of the cost
	Emergency Room Visit: 20% of the cost (up to \$50) (waived if admitted to hospital within 3 days for same condition)
	Inpatient Hospital: \$1024 deductible for days 1-60; \$256/day for days 61-90; \$512/day for days 91-150
	Outpatient Surgery: 20% of the cost
	Skilled Nursing Care: \$0 for days 1-20; \$128 each day for days 21-100
	Diagnostic Lab Tests: \$0
	Durable Medical Equipment: 20% of cost
	Routine Physical: \$0 (1 exam/year)
	Vision Services: \$0 (1 exam/year); \$10 copay for eyewear (\$260 limit every year)
Plan: H1340-028 Service Area: Adair, Calhoun, Clayton, Floyd, Hancock, Ida, Lee, Muscatine, Page, Palo Alto, Plymouth, Pottawattamie, Van Buren, Wapello Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Hearing Services: \$0 (1 test/year); 1 hearing aid fitting evaluation every three years; \$1,000 limit for up to 2 hearing aid(s) every three years
	Dental: \$0 (1 oral exam every 6 months) \$0 (1 cleaning every 6 months); \$0 (1 dental x-ray visit/year); \$1,000 yearly limit for dental benefits
	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage

Wellcare Concert Plan	
(H1340-013) (H1340-014) (H1340-032) (H1340-033) (H1340-034)	
Wellcare Health Insurance Company 1-866-238-9898 (TTY/TDD 1-866-239-6265) www.wellcarepffs.com	
Find your service area and plan number to determine your benefits and costs.	
<p>Plan: H1340-013 014 032 Service Area: Allamakee, Appanoose, Boone, Carroll, Cedar, Cherokee, Dallas, Delaware, Dickinson, Greene, Guthrie, Henry, Iowa, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Linn, Lucas, Madison, Mahaska, Marion, Marshall, Mitchell, Osceola, Polk, Poweshiek, Ringgold, Scott, Tama, Union, Warren, Washington, Wayne, Winneshiek Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)</p>	<p>Yearly Out-of-Pocket Maximum: \$3,750</p> <p>Doctor Office Visit: 013 014 032 - \$15 primary care visit; \$30 specialist visit 033 034 - \$20 primary care visit; \$35 specialist visit</p> <p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours)</p> <p>Inpatient Hospital: 013 014 032 - \$150/day for days 1-5 033 034 - \$250/day for days 1-5</p>
<p>Plan: H1340-033 Service Area: Benton, Buena Vista, Cerro Gordo, Clarke, Clay, Clinton, Crawford, Davis, Decatur, Dubuque, Fayette, Franklin, Fremont, Grundy, Hamiton, Hardin, Jackson, Louisa, Lyon, Mills, Monroe, Sioux, Story, Taylor, Webster, Winnebago, Woodbury, Worth Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)</p>	<p>Outpatient Surgery: 013 014 032 - \$45-\$90 per visit 033 034 - \$75-\$150</p> <p>Skilled Nursing Care: \$0 for days 1-7; \$85 each day for days 8-100</p> <p>Diagnostic Lab Tests: \$0-\$20 for each service</p> <p>Durable Medical Equipment: 30% of cost</p>
<p>Plan: H1340-034 Service Area: Adair, Calhoun, Clayton, Floyd, Hancock, Ida, Lee, Muscatine, Page, Palo Alto, Plymouth, Pottawattamie, Van Buren, Wapello Monthly Premium: \$10 Also pay Part B monthly premium (\$96.40 in 2008)</p>	<p>Routine Physical: \$0 (1 exam/year)</p> <p>Vision Services: \$0 (1 exam/year); \$10 copay for eyewear (\$100 limit every year)</p> <p>Hearing Services: \$0 (1 test/year); 1 hearing aid fitting evaluation every three years; \$1,000 limit for up to 2 hearing aid(s) every three years</p> <p>Dental: \$20 (1 oral exam every 6 months) \$20 (1 cleaning every 6 months); \$20 -\$30 (1 dental x-ray visit/year)</p> <p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,510 you pay: <ul style="list-style-type: none"> \$0 – Tier 1 (\$3 for plans 033, 034) \$28 – Tier 2 \$58 – Tier 3 33% -Tier 4 <p>No Coverage in the Gap</p> <p>Wellness: Health Club Membership only included with plans 013-014 and 032</p>

Special Needs Plans-SNP

A Medicare Special Needs Plan is specially designed for people with certain chronic diseases and other specialized health needs. These plans must provide all Medicare Part A and Part B health care and services. They also must provide Medicare prescription drug coverage (Part D). Generally, they offer extra benefits and have lower copayments than Original Medicare.

Medicare Special Needs Plans available in Iowa are designed to meet the needs of people with chronic health conditions, those who live in nursing homes or those who receive Medicare and Medicaid benefits. Individuals who are considered to be Medicare and Medicaid eligible include those receiving full Medicaid benefits and those enrolled in a Medicare Savings program such as QMB, SLMB and Q1.

A Medicare Special Needs Plan may help manage and coordinate the many services and providers its members use to help them stay healthy, follow their doctor's orders related to diet and prescription drugs, and help coordinate coverage between Medicare and Medicaid.

Beneficiaries must be enrolled in Medicare Part A and Part B to enroll in a Special Needs Plan. You must also meet each plan's specific enrollment criteria such as be enrolled in Medicaid, live in a nursing home or have a diagnosis of diabetes or high cholesterol. If you meet this criteria, the Special Needs Plan must accept all Medicare beneficiaries even those on Medicare due to a disability and cannot have a waiting period for pre-existing conditions. The exception to this rule are those with End-Stage Renal Disease.

If you are eligible for full Medicaid benefits, the state of Iowa will cover the cost for deductibles and co-payments. The following charts show what **you pay** when you enroll in a Special Needs Plan.

Coventry AdvantraExtra HMO – Diabetes (H1609-004)

Coventry Health and Life Insurance Company
1-866-363-4692 (TTY/TDD 1-877-231-0573)
www.advantraplans.com

Service Area: Black Hawk, Bremer, Buchanan, Butler, Cedar, Dallas, Delaware, Fayette, Grundy, Jasper, Johnson, Jones, Linn, Madison, Marion, Monroe, Muscatine, Plymouth, Polk, Scott, Warren, Washington, Winneshiek, Woodbury and Wright Counties

Monthly Premium: \$0
Also pay Part B monthly premium (\$96.40 in 2008)

Yearly Out-of-Pocket Maximum: \$1,500
(Does not include office visits, prescriptions, renal dialysis and transplants)

Doctor Office Visit:
\$10 primary care visit; \$30 specialist visit;
\$0 Medicare-covered podiatry visits

Emergency Room Visit: \$50 each visit
(waived if admitted to the hospital within 24 hours)
Worldwide Coverage

Inpatient Hospital: \$150/day for days 1-9

Outpatient Surgery: \$50 per visit

Skilled Nursing Care: \$0 each day for days 1-6;
\$75/day for days 7-22; \$0 for days 23-100

Diagnostic Lab Tests: \$0

Durable Medical Equipment: 30% of cost; \$0 for diabetic supplies

Routine Physical: \$10 (1 exam/year)

Vision Services: \$30 (1 exam/year)
\$100 for eye wear every year

Hearing Services: \$30 (1 exam/year)

Dental: \$75 for preventive benefits every year

Medicare Prescription Drug Coverage:

- No Deductible
- Before total drug costs reach \$2,510, you pay:
 - \$0 – Preferred Generic
 - \$0 – Preferred diabetic and cholesterol drugs
 - \$24 – Preferred Brand
 - \$70 – Non-Preferred
 - 30% - Specialty
- Coverage in the Gap: Preferred Generics and Preferred diabetic and cholesterol drugs - \$0

Wellness Benefit: Health Club Membership

Coventry AdvantraExtra HMO Health Plan for People with High Cholesterol ((H1609-005))	Coventry AdvantraOne HMO Health Plan for People with Medicare and Medicaid ((H1609-006))
<i>Coventry Health and Life Insurance Company</i> 1-866-363-4692 (TTY/TDD 1-877-231-0573) www.advantraplans.com	<i>Coventry Health and Life Insurance Company</i> 1-866-363-4692 (TTY/TDD 1-877-231-0573) www.advantraplans.com
Service Area: Black Hawk, Bremer, Buchanan, Butler, Cedar, Dallas, Delaware, Fayette, Grundy, Jasper, Johnson, Jones, Linn, Madison, Marion, Monroe, Muscatine, Plymouth, Polk, Scott, Warren, Washington, Winneshiek, Woodbury and Wright Counties	Service Area: Black Hawk, Bremer, Buchanan, Butler, Cedar, Dallas, Delaware, Fayette, Grundy, Jasper, Johnson, Jones, Linn, Madison, Marion, Monroe, Muscatine, Plymouth, Polk, Scott, Warren, Washington, Winneshiek, Woodbury and Wright Counties
Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: \$0 to \$30.60 (dual eligibles pay \$0; costs for this plan are based on your level of Medicaid eligibility) Also pay Part B monthly premium (\$96.40 in 2008)
Yearly Out-of-Pocket Maximum: \$1,600 (Does not include office visits, prescriptions, renal dialysis and transplants)	Yearly Out-of-Pocket Maximum: None (Does not include office visits, prescriptions, renal dialysis and transplants)
Doctor Office Visit: \$10 primary care visit; \$30 specialist visit	Doctor Office Visit: \$0 or 20% for primary care and specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to the hospital within 24 hours) Worldwide Coverage	Emergency Room Visit: \$0 or 20% each visit (up to \$50) (waived if admitted to the hospital within 3 days) Worldwide Coverage
Inpatient Hospital: \$250/day for days 1-5	Inpatient Hospital: \$0 or \$1024 for days 1-60; \$256/day for days 61-90; \$512/day for lifetime reserve days 91-150
Outpatient Surgery: \$100 per visit	Outpatient Surgery: \$0 or 20% of the cost
Skilled Nursing Care: \$0 each day for days 1-6; \$100/day for days 7-26; \$0 for days 27-100	Skilled Nursing Care: \$0 or \$0 each day for days 1-20; \$128/day for days 21-100
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 30% of cost; 10% for diabetic supplies	Durable Medical Equipment: \$0 or 20% of cost
Routine Physical: \$10 (1 exam/year)	Routine Physical: No additional benefits
Vision Services: \$30 (1 exam/year) \$100 for eye wear every year	Vision Services: No additional benefits
Hearing Services: \$30 (1 exam/year)	Hearing Services: No additional benefits
Dental: \$75 for preventive benefits every year	Dental: No additional benefits
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$0 – Preferred Generic \$0 - Preferred diabetic and cholesterol drugs \$24 – Preferred Brand \$70 – Non-Preferred 30% - Specialty • Coverage in the Gap: Preferred Generics and diabetic and cholesterol drugs - \$0 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Depending on your income, you pay: <ul style="list-style-type: none"> \$0, \$1.05, \$2.25 or 15% for generic drugs (including brand drugs treated as generic). \$0, \$3.10, \$5.60 or 15% for brand name • Coverage in the Gap: Yes \$26 each month for over-the-counter drugs
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership

Evercare Plan IH - HMO Health Plan for People in Nursing Homes (H2802-005)	Evercare Plan IH- POS Health Plan for People in Nursing Homes (H2803-011)
<i>United Healthcare Insurance Company</i> 1-888-834-3721 (TTY/TDD 1-888-685-8480) www.evercarehealthplans.com	<i>United Healthcare Insurance Company</i> 1-888-834-3721 (TTY/TDD 1-888-685-8480) www.evercarehealthplans.com
Service Area: Pottawattamie County	Service Area: Polk, Dallas and Warren Counties
Monthly Premium: \$30.60 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: \$30.60 Also pay Part B monthly premium (\$96.40 in 2008)
Yearly Out-of-Pocket Maximum: \$2,400 (Does not include office visits and prescriptions)	Yearly Out-of-Pocket Maximum: \$2,400 (Does not include office visits and prescriptions)
Doctor Office Visit: \$0 primary care visit; \$35 walk-in clinic; \$15 specialist visit	Doctor Office Visit: \$0 primary care visit; \$35 walk-in clinic; \$15 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to the hospital within 24 hours)	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours)
Inpatient Hospital: \$175/day for days 1-14	Inpatient Hospital: \$175/day for days 1-14
Outpatient Surgery: \$35 per visit	Outpatient Surgery: \$35 per visit
Skilled Nursing Care: \$0 each day for days 1-100	Skilled Nursing Care: \$0
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost
Routine Physical: \$0 (1 exam/year)	Routine Physical: \$0 (1 exam/year)
Vision Services: \$0 (1 exam/year)	Vision Services: \$0 (1 routine exam/year)
Hearing Services: No additional benefits	Hearing Services: No additional benefits
Dental: No additional benefits	Dental: No additional benefits
Routine Transportation: \$0 (up to 24 one-way trips to plan-approved location every year)	Routine Transportation: \$0 (up to 24 one-way trips to plan-approved location every year)
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$5 – Preferred Generic \$34 – Preferred Brand \$79 – Non-Preferred 33% - Specialty • Coverage in the Gap: None 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$5– Preferred Generic \$34 – Preferred Brand \$79 – Non-Preferred 33% - Specialty • Coverage in the Gap: None

Evercare Plan MH - POS Health Plan for People with Chronic Conditions* (H2803-014)	Evercare Plan MH- POS Health Plan for People with Chronic Conditions* (H2803-015)
<i>United Healthcare Insurance Company</i> 1-888-834-3721 (TTY/TDD 1-888-685-8480) www.evercarehealthplans.com	<i>United Healthcare Insurance Company</i> 1-888-834-3721 (TTY/TDD 1-888-685-8480) www.evercarehealthplans.com
Service Area: Crawford, Page, Pottawattamie and Shelby Counties	Service Area: Polk, Dallas and Warren Counties
*Chronic Conditions: Asthma, Cardiovascular disease, Chronic obstructive pulmonary disease, Dementia, Diabetes	*Chronic Conditions: Asthma, Cardiovascular disease, Chronic obstructive pulmonary disease, Dementia, Diabetes
Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)	Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)
Yearly Out-of-Pocket Maximum: \$3,500 (Does not include office visits and prescriptions)	Yearly Out-of-Pocket Maximum: \$1,800 (Does not include office visits and prescriptions)
Doctor Office Visit: \$0 primary care visit; \$25 walk-in clinic; \$25 specialist visit	Doctor Office Visit: \$0 primary care visit; \$25 walk-in clinic; \$25 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to the hospital within 24 hours)	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours)
Inpatient Hospital: \$175/day for days 1-20	Inpatient Hospital: \$150/day for days 1-12
Outpatient Surgery: \$75 per visit	Outpatient Surgery: \$75 per visit
Skilled Nursing Care: \$0 for days 1-20; \$124/day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$124/day for days 21-100
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies	Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies
Routine Physical: \$0 (1 exam/year)	Routine Physical: \$0 (1 exam/year)
Vision Services: \$0 (1 exam every two years) \$100 for eyewear every two years	Vision Services: \$0 (1 exam every two years) \$100 for eyewear every two years
Hearing Services: No additional benefits	Hearing Services: No additional benefits
Dental: No additional benefits	Dental: No additional benefits
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$5 – Preferred Generic \$37 – Preferred Brand \$71 – Non-Preferred 33% - Specialty • Coverage in the Gap: All Preferred Generics 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,510, you pay: <ul style="list-style-type: none"> \$5– Preferred Generic \$37 – Preferred Brand \$71 – Non-Preferred 33% - Specialty • Coverage in the Gap: All Preferred Generics

Evercare Plan DH- POS Health Plan for People with Medicare and Medicaid (H2803-010)	Evercare Plan DH- POS Health Plan for People with Medicare and Medicaid (H2803-012)
<i>United Healthcare Insurance Company</i> 1-888-834-3721 (TTY/TDD 1-888-685-8480) www.evercarehealthplans.com	<i>United Healthcare Insurance Company</i> 1-888-834-3721 (TTY/TDD 1-888-685-8480) www.evercarehealthplans.com
Service Area: Crawford, Page, Pottawattamie and Shelby Counties:	Service Area: Dallas, Polk, and Warren Counties
Monthly Premium: \$0 to \$30.60 Also pay Part B monthly premium (\$96.40 in 2008) (dual eligibles pay \$0; costs for this plan are based on your level of Medicaid eligibility)	Monthly Premium: \$0 to \$29.70 Also pay Part B monthly premium (\$96.40 in 2008) (dual eligibles pay \$0; costs for this plan are based on your level of Medicaid eligibility)
Yearly Out-of-Pocket Maximum: \$1,650 (Does not include office visits and prescriptions)	Yearly Out-of-Pocket Maximum: \$1,650 (Does not include office visits and prescriptions)
Doctor Office Visit: \$0 or \$10 for primary care and specialist visit	Doctor Office Visit: \$0 or \$10 for primary care and specialist visit
Emergency Room Visit: \$0 or \$50 each visit (waived if admitted to hospital in 24 hours)	Emergency Room Visit: \$0 or \$50 each visit (waived if admitted to hospital in 24 hours)
Inpatient Hospital: \$0 or \$150/day for days 1-11	Inpatient Hospital: \$0 or \$150/day for days 1-11
Outpatient Surgery: \$0 or \$25	Outpatient Surgery: \$0 or \$25
Skilled Nursing Care: \$0 or \$0 for days 1-20; \$124/day for days 21-100	Skilled Nursing Care: \$0 or \$0 for days 1-20; \$124/day for days 21-100
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 0% or 20% (\$0 for diabetic supplies)	Durable Medical Equipment: 0% or 20% (\$0 for diabetic supplies)
Routine Physical: \$0 (1 exam/year)	Routine Physical: \$0 (1 exam/year)
Vision Services: \$0 (1 exam every two years) \$100 for eye wear every two years	Vision Services: \$0 (1 exam every two years) \$100 for eye wear every two years
Hearing Services: No additional benefits	Hearing Services: No additional benefits
Dental: No additional benefits	Dental: No additional benefits
Routine Transportation: \$0 (up to 24 one-way trips to plan-approved location every year)	Routine Transportation: \$0 (up to 24 one-way trips to plan-approved location every year)
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Depending on your income, you pay: \$0, \$1.05, \$2.25 or 15% for generic drugs (including brand drugs treated as generic). \$0, \$3.10, \$5.60 or 15% for brand name drugs • Coverage in the Gap: Yes 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Depending on your income, you pay: \$0, \$1.05, \$2.25 or 15% for generic drugs (including brand drugs treated as generic). \$0, \$3.10, \$5.60 or 15% for brand name drugs • Coverage in the Gap: Yes

Medical Savings Accounts-MSA

A Medicare MSA Plan has two parts. The first part of the Medicare MSA Plan is a special type of high-deductible **Medicare Advantage Plan**. The plan won't begin to pay covered costs until you have met the annual deductible, which varies by plan.

The second part of a Medicare MSA Plan is a special type of **savings account**. The Medicare Advantage Plan deposits money into your account in one lump sum at the beginning of the year for you to use to pay your medical bills. You can choose to use money from this savings account to pay your health care costs, even before you meet the deductible. When you use the money for Medicare Part A and Part B covered services, it's counted toward your plan's deductible. The amount deposited into your account will depend on the policy you select. Any money that is left at the end of the year, including interest, stays in your account for you to use next year.

You can join a Medicare Savings Account if you have Medicare Part A and Part B and live in the service area. You **cannot** enroll in a Medical Savings Account if you have End-Stage Renal Disease, have elected the Medicare Hospice benefit, have Medicaid or are eligible for or covered under another health benefits program, including Veterans Affairs, Department of Defense or the Federal Employee Health Benefits program. Also, if you receive health benefits that would cover all or part of the annual deductible, you are not eligible to join a MSA plan.

Enrollment into a MSA is limited to when you are first eligible for Medicare and between November 15 and December 31 of each year.

MSA plans do not include Medicare Part D prescription drug coverage. You can join a stand-alone Medicare prescription drug plan.

Save Well – Plan I (H7289-001)

UniCare Life and Health Insurance Company
1-888-949-5384 (TTY/TDD 1-800-297-1538)
www.unicare.com

Service Area: Allamakee, Appanoose, Benton, Boone, Buena Vista, Carroll, Cedar, Cerro Gordo, Cherokee, Clarke, Clay, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Fremont, Greene, Grundy, Guthrie, Hamilton, Hardin, Harrison, Henry, Howard, Iowa, Jackson, Jasper, Jefferson, Johnson, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Muscatine, Osceola, Page, Polk, Pottawattamie, Ringgold, Scott, Sioux, Story, Tama, Union, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek and Worth

Monthly Premium: \$0
Also pay Part B monthly premium (\$96.40 in 2008)

Yearly Deductible: \$2,750

Annual MSA Deposit: \$1,250

After the Yearly Deductible is met you pay the following:

Doctor Office Visit: \$0

Emergency Room Visit: \$0

Inpatient Hospital: \$0

Outpatient Surgery: \$0

Skilled Nursing Care: \$0

Ambulance: \$0

Diagnostic Lab Tests: \$0

Durable Medical Equipment: \$0

Routine Physical: No additional benefit

Vision Services: No additional benefit

Hearing Services: No additional benefit

Dental: No additional benefits

Medicare Prescription Drug Coverage:
No Coverage

<p align="center">Save Well – Plan II (H7289-002)</p>	<p align="center">Save Well – Plan III (H7289-003)</p>
<p align="center"><i>UniCare Life and Health Insurance Company</i> 1-888-949-5384 (TTY/TDD 1-800-297-1538) www.unicare.com</p>	<p align="center"><i>UniCare Life and Health Insurance Company</i> 1-888-949-5384 (TTY/TDD 1-800-297-1538) www.unicare.com</p>
<p>Service Area: Adair, Calhoun, Cass, Des Moines, Dubuque, Fayette, Floyd, Franklin, Hancock, Humboldt, Ida, Jones, Monona, Monroe, Montgomery, Palo Alto, Plymouth, Poweshiek, Taylor and Woodbury</p>	<p>Service Area: Adams, Audubon, Black Hawk, Bremer, Buchanan, Butler, Chickasaw, Clayton, Emmet, Lyon, O'Brien, Pocahontas, Sac, Shelby, Van Buren and Wright</p>
<p>Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)</p>	<p>Monthly Premium: \$0 Also pay Part B monthly premium (\$96.40 in 2008)</p>
<p>Yearly Deductible: \$4,000</p>	<p>Yearly Deductible: \$5,000</p>
<p>Annual MSA Deposit: \$1,375</p>	<p>Annual MSA Deposit: \$1,575</p>
<p align="center">After the yearly deductible is met then you pay the following :</p>	
<p>Doctor Office Visit: \$0</p>	<p>Doctor Office Visit: \$0</p>
<p>Emergency Room Visit: \$0</p>	<p>Emergency Room Visit: \$0</p>
<p>Inpatient Hospital: \$0</p>	<p>Inpatient Hospital: \$0</p>
<p>Outpatient Surgery: \$0</p>	<p>Outpatient Surgery: \$0</p>
<p>Skilled Nursing Care: \$0</p>	<p>Skilled Nursing Care: \$0</p>
<p>Home Health: \$0</p>	<p>Home Health: \$0</p>
<p>Ambulance: \$0</p>	<p>Ambulance: \$0</p>
<p>Diagnostic Lab Tests: \$0</p>	<p>Diagnostic Lab Tests: \$0</p>
<p>Durable Medical Equipment: \$0</p>	<p>Durable Medical Equipment: \$0</p>
<p>Routine Physical: No additional benefit</p>	<p>Routine Physical: No additional benefit</p>
<p>Vision Services: No additional benefit</p>	<p>Vision Services: No additional benefit</p>
<p>Hearing Services: No additional benefit</p>	<p>Hearing Services: No additional benefit</p>
<p>Dental: No additional benefits</p>	<p>Dental: No additional benefits</p>
<p>Medicare Prescription Drug Coverage: No Coverage</p>	<p>Medicare Prescription Drug Coverage: No Coverage</p>

Comparing Health Care Choices

Recording Your Out-Of-Pocket Costs:

Look at your health care experiences from the past year, or look ahead at health care you may need in the future. Estimate the costs you pay out-of-pocket.

Annual Health Care Services	Option 1: Original Medicare & Supplemental Plan	Option 2: _____	Option 3: _____	Option 4: _____
Part B Premium/year				
Plan Premium/year				
Doctor visits - your cost: Primary dr. visits # _____ Specialist visits # _____				
Hospital stays-your cost: # of stays and days/stay				
Prescription Drugs Generic: # _____ Brand: # _____				
Annual Cost for a Medicare Drug plan				
Other Services				
Total Out-Of-Pocket Cost For The Year				
Restricted provider list?	Yes or No?	Yes or No?	Yes or No?	Yes or No?
Which of your providers accept the plan?				
Limited coverage area?	Yes or No?	Yes or No?	Yes or No?	Yes or No?
Does plan handle claims?	Yes or No?	Yes or No?	Yes or No?	Yes or No?
Drug limits? Generic and brand differences? Limited pharmacies?				
Additional benefits offered by plan				