



*Save this Update*

# Your 2011 Guide to Medicare Part D



## It's That Time Of Year Again... *Time for your annual Medicare Part D check-up*

The time to schedule your annual Medicare Part D check-up is quickly approaching. Now is the time - between November 15 and December 31 - to consider the plan you're in and make sure it will continue to meet your needs for 2011. You will receive many promotions from Medicare drug plans in your area. The plans available to you are also listed at the back of the official *Medicare & You 2011* handbook that you received in October. But neither the marketing promotions nor the handbook provides enough details to make an informed decision. Part D plans can change their costs and benefits every year, and most do. These changes may include premiums, deductibles, copays, the drugs they cover and whether they offer any coverage in the doughnut hole. Making a careful comparison between the plan you have now and alternatives available to you for next year is the only way to ensure that you continue to receive the best deal for you.

If you find it all very confusing, you're not alone. This annual Medicare Part D update, published by LIFE Senior Services, answers

many frequently asked questions and can help you make sense of Medicare's prescription drug benefit. LIFE Senior Services is a name thousands of seniors and their families have trusted for more than 35 years. Since 2004, LIFE has provided education and one-on-one assistance to thousands of Medicare beneficiaries, helping them compare Medicare Part D plans and enroll in the one that best fits their individual needs. In partnership with the Oklahoma Insurance Department's Senior Health Insurance Counseling Program (SHIP), LIFE has expanded its work with Medicare beneficiaries and provides trusted SHIP services, including Medicare counseling and assistance, to residents in 21 northeast Oklahoma counties. As always, you can count on LIFE and the *LIFE's Vintage Newsmagazine* to bring you up-to-date, unbiased information and assistance on Medicare Part D. Call the Senior Health Insurance Counseling Program, sponsored by the Oklahoma Insurance Department, at LIFE Senior Services - (918) 664-9000 - we're here to help.

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# A Review of the Basics

## What is Medicare Part D?

Medicare offers prescription drug coverage for everyone with Medicare. This is called "Part D." Participation in Medicare Part D is voluntary. Part D coverage is provided by private insurance companies. You choose the plan that works best for you.

## Who is eligible for Medicare Part D?

Everyone eligible for Medicare is eligible for Medicare Part D prescription drug coverage, regardless of income and resources, health status, or current prescription expenses.

## Why should I enroll in Medicare Part D?

The high cost of medication is a concern to many Medicare beneficiaries. Medicare Part D coverage may help lower your prescription drug costs and may help protect you against high costs in the future. It may give you greater access to drugs that you may use to prevent complications of diseases and stay well. Even if you don't use a lot of prescription drugs now, you should still consider joining a prescription drug plan. Basic plans with a low-cost premium may prevent you from having to pay a penalty if you enroll at a later date and offer protection should your situation change.

## Do I have to enroll in Medicare Part D?

No. Enrollment in the benefit is optional, not automatic. If you have drug coverage as good as or better than Medicare's (called "creditable coverage"), you may keep it without penalty. Contact your plan's administrator to determine if your current coverage is creditable. If you do not have coverage as good as Medicare's, and you don't enroll in a Medicare prescription drug plan when you are first eligible, you may have to pay a premium penalty if you enroll later.

## When may I enroll in Medicare Part D?

You may enroll in a Medicare Part D plan when you first become eligible for Medicare. If you don't join when you are first eligible, you may join during Medicare's Fall Open Enrollment Period, which is November 15 to December 31, 2010. (*Note: Beginning in 2011, the Open Enrollment Period will be October 15th to December 7th of each year.*) Your coverage will begin the following January 1st. In certain circumstances, you may enroll in a Medicare Part D plan at other times.

## How does Medicare Part D coverage work?

To get Medicare drug coverage, you must sign up for one of the private drug plans approved by Medicare. You have many to choose from, all with different costs and benefits.

There are two ways to get Medicare prescription drug coverage.

1. **Join a stand-alone Medicare prescription drug plan.** These plans provide coverage for prescription drugs, both name brand and generic. They may be used with your Original Medicare or private fee-for-service plans that do not include the Medicare prescription drug benefit. If you choose a stand-alone drug plan to combine with your Original Medicare coverage, you may also purchase an

additional health insurance policy, such as a Medicare supplement (Medigap), to help you pay for doctor and hospital costs that Medicare does not cover.

2. **Join a Medicare health plan that includes prescription drug coverage as part of the plan.** These plans are called Medicare Advantage Plans, or Medicare Part C, and include Medicare HMOs, PPOs, and Medicare fee-for-service plans. These Medicare plans combine coverage for your Medicare hospital and medical benefits (Parts A and B) and Medicare coverage for prescription drugs (Part D) into one plan provided through a private insurance company. **For more information about specific Medicare prescription drug plans available in Oklahoma and Medicare Advantage health plans with prescription drug coverage available in Tulsa County, refer to the charts at the end of this update.**

## Will all my drugs be covered?

Each plan has its own formulary (list) of the drugs that it covers. Formularies include generic drugs and brand name drugs. Some plans have requirements that must be met before covering a particular drug.

## What happens after I enroll in a plan?

If you enroll in a stand-alone Medicare drug plan, the plan provider will mail you materials, including a card to use when you get your prescriptions filled. If you enroll in a Medicare Advantage plan, you will receive a card to use for hospital and medical services and when filling your prescriptions at the pharmacy. Your medication is covered only if it is on the plan's formulary and you use a participating pharmacy. Only when you use a network pharmacy can your plan accurately track what you spend for covered prescription drugs. You will receive a regular statement to help you keep track of all of the costs, the plan's and yours.

## When may I make changes to my Medicare coverage?

During the Medicare Fall Open Enrollment Period you can make any changes you want to your health and drug coverage plans including:

- Join a Medicare Prescription Drug Plan
- Switch from one Medicare Prescription Drug Plan to another Medicare Prescription Drug Plan
- Drop your Medicare prescription drug coverage completely
- Change from one Medicare Advantage Plan to another Medicare Advantage Plan
- Change from Original Medicare to a Medicare Advantage Plan
- Change from a Medicare Advantage Plan back to Original Medicare

Any changes you make will be effective the following January 1st. In most cases, the plan you choose will be the one you have to stay in for the entire calendar year (or the rest of the year if you're new to Medicare and joining a plan partway through the year). Individuals who receive the Extra Help may have additional opportunities to change plans.

## What is the Medicare Advantage Disenrollment Period?

In the past, if you were enrolled in a Medicare Advantage plan, you were able to switch from one plan to another each year during the months of January, February and March. This open enrollment period is no longer available beginning in 2011. However, you will still be able to switch from a Medicare Advantage plan back to Original Medicare during the new Medicare Advantage Disenrollment Period from January 1st through February 14th of each year. If you disenroll from a Medicare Advantage plan during this disenrollment period, you will also be able to enroll in a Medicare Prescription Drug Plan at the same time.



### **How much will Medicare prescription drug coverage cost?**

Unless you qualify for the Extra Help for individuals with limited income and resources, generally you will pay:

1. **Premium.** This is the monthly cost you pay for your Part D coverage. Premiums for stand-alone drug plans vary by plan from \$14.80 to \$130.30 in 2011. You may choose to have the premium deducted from your monthly Social Security check.
2. **Deductible.** This is the amount you pay for your prescriptions before your Part D insurance starts. You may be required to pay up to a \$310 annual deductible (in 2011) before your plan begins to cover your prescription drug expenses. Not all plans require an annual deductible. If you enroll in a no-deductible plan, coverage begins with your first prescription of the year.
3. **Copayment/Coinsurance.** This is the amount you have to pay for each prescription after meeting the deductible, if any. In some plans, the copayment (a set amount) or coinsurance (a percentage of the cost) is the same for any prescription. In other plans, there might be different drug levels, or “tiers,” with different costs.
4. **Coverage Gap.** Most Medicare Part D drug plans and Medicare Advantage plans with drug coverage contain a coverage gap, often called the “doughnut hole.” In 2011 the coverage gap works as follows:
  - The coverage gap begins after you and your Part D plan together have spent \$2,840 on covered drugs. At this point, your Medicare Part D drug plan coverage temporarily stops.
  - During the coverage gap, you must pay 100 percent of the cost of your drugs. Even though you are paying 100 percent of the cost of your drugs, you are getting a discount because you belong to a Medicare drug plan.
  - You remain in the coverage gap until you and your Part D plan together have paid \$6,447.50. Your true out-of-pocket costs are \$4,550.
  - Once your true out-of-pocket costs reach \$4,550, the coverage gap ends and Catastrophic Coverage begins.
  - Some Part D plans offer coverage during the coverage gap, but many only cover generics and these plans tend to be more expensive. However, if your medication costs are high, you might want to look into these plans.
  - Your monthly premium, the cost of drugs not on your plan’s formulary, or drugs you bought in a pharmacy outside the plan’s network do not count toward your true out-of-pocket costs and the coverage gap limits.
  - If you get Extra Help paying your drug costs, you will also get help with the coverage gap.

5. **Catastrophic Coverage.** Once the coverage gap ends, you will only pay a small coinsurance (e.g., five percent or no more than \$6.30) for each covered prescription for the rest of the calendar year.

**NOTE:** If you qualify for and receive the Extra Help, you will have assistance paying for your plan’s monthly premium, yearly deductible, and prescription copays or coinsurance, including any costs you have in the coverage gap. For more information, see page 5 of this update.

### **Does Medicare have rules that cover marketing and selling Part D prescription plans and Medicare Advantage health plans?**

Yes, Medicare has strict rules designed to protect Medicare beneficiaries from deceptive or high-pressure marketing tactics by private insurance companies and their representatives. According to these rules, effective October 1, 2008, plans and their representatives:

- Cannot provide meals to prospective enrollees at promotional and sales events. Beverages or light snacks are okay.
- Cannot contact you directly unless you contacted them first. No door-to-door solicitation, telemarketing calls, or follow-up calls about mailings unless you’ve given your permission.
- Cannot try to sell you non-health care-related products when meeting with you about Medicare Part D or Advantage health plans. A separate appointment is required to discuss other services or products they offer.
- Cannot conduct sales presentations or distribute/accept plan applications in health care provider offices or other health care locations, such as: waiting rooms, exam rooms, hospital patient rooms, dialysis centers or pharmacy counter areas.
- Cannot conduct sales presentations or distribute/accept plan applications at state or community sponsored events such as educational events, conferences, or health or information fairs or expos.

If a plan or representative is not following these rules, or if you are being contacted without your permission, call the Senior Health Insurance Counseling Program (SHIP) at LIFE Senior Services – (918) 664-9000.

#### ***Resources for this publication:***

Access to Benefits/National Council on Aging – [www.accesstobenefits.org](http://www.accesstobenefits.org) or [www.ncoa.org](http://www.ncoa.org)  
*Medicare & You 2011 Handbook* – [www.medicare.gov](http://www.medicare.gov)  
Medicare Rights Center – [www.medicarerights.org](http://www.medicarerights.org)  
Social Security Administration – [www.socialsecurity.gov](http://www.socialsecurity.gov)

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# Your Medicare Part D Coverage for 2011

Your Medicare Part D plan changes every year. The changes might be small and insignificant or they might affect your ability to afford your prescription medications. To make sure that your plan still covers your medications and that you are getting the best coverage for your money, it's important to review your Part D coverage each year during the Fall Open Enrollment Period. You can switch plans, drop your coverage, or enroll in coverage during this time. (Note: This year the Open Enrollment Period continues to be November 15th through December 31st but beginning in the fall of 2011, the time period will change to October 15th through December 7th.)

## WHY SHOULD I REVIEW MY MEDICARE PRESCRIPTION DRUG COVERAGE EACH YEAR?

1. Your current plan may not be available in 2011. If your Part D plan or your Medicare Advantage Plan isn't available in 2011, you should have already received a letter from the plan provider telling you so.
2. Your current plan's formulary, benefits and/or plan costs are changing. You should have already received your plan's "Annual Notice of Changes" describing changes to your plan's benefits, formulary (list of covered medications) and changes to your monthly premium, annual deductible, and copayments.
3. There may be a different plan that better meets your needs.

## What factors should I consider when comparing or selecting a plan for 2011?

1. **Type of drug plan.** If you want to continue to receive your health benefits through Original Medicare, or if you have a Medicare fee-for-service plan that doesn't include prescription drug coverage, choose a **stand-alone prescription drug plan**. If you want a plan that combines your Medicare hospital and medical benefits (Part A and Part B) with Medicare coverage for prescription drugs (Part D) into one plan, choose a **Medicare Advantage Plan** (Part C).
2. **Formulary.** Each plan has a list of drugs it covers called a formulary. You'll want to be sure to select a plan that covers most, if not all, of the prescription drugs you are taking. Some drugs on the plan's formulary have special rules for filling the prescription.
3. **Cost.** The monthly premiums, deductibles, and your share of the costs of your prescriptions (copayment and/or coinsurance) will vary with each plan and by each drug. When comparing premiums, don't just look at the lowest premium. You may want to pay more to get more of your drugs covered.
4. **Convenience.** If you have a pharmacy preference, check to make sure your pharmacy is in the plan's network. Some plans will allow you to get your prescriptions through the mail. If you spend part of the year in another state, make sure the plan will cover you there.

## How do I Compare Stand-Alone Prescription Drug Plans?

1. You need to compare plans according to the drugs you take. It's the specific drugs you take (and not the amount of the premiums or deductibles) that most determines what you will spend out of pocket under any plan. The most effective way to make a comparison is to go to Medicare's website at [www.medicare.gov](http://www.medicare.gov) to use the online tool known as the Medicare Plan Finder. When you enter your list of medications, you'll be able to review and compare all the Medicare Part D plans in your area. The Plan Finder lists the plans according to coverage and price, so it's easy to see which drug plans offer the best coverage for the money. Using the Plan Finder, you will also be able to compare plans' quality summary rating from the previous year and even see if a plan had a low overall quality rating for the past three years.



2. You can also contact Medicare at 1-800-MEDICARE (1-800-633-4227) and ask a customer service representative to do a similar search.
3. Contact the Senior Health Insurance Counseling Program (SHIP) at LIFE Senior Services at (918) 664-9000 or toll-free at (866) 664-9009, for help comparing, selecting, and enrolling in a stand-alone Medicare prescription drug plan.

## What should I consider when choosing a Medicare Advantage Plan?

Since private companies run the Medicare Advantage Plans, costs will vary. To ensure that you get your best deal next year you should carefully compare the plans available in your area. You can compare plans using the Medicare Plan Finder at [www.medicare.gov](http://www.medicare.gov). However, you should also call any plan before joining to make sure the plan meets your needs. For example, in some plans, if you see a provider who doesn't participate with the plan, your services may not be covered at all, or your costs will likely be higher.

Questions you should ask when choosing a Medicare Advantage Plan include:

- Does the plan charge a monthly premium in addition to your Part B premium?
- Does the plan pay any of the Part B premium?
- Does the plan have a yearly deductible?
- Does it charge any deductibles for any of the services?
- How much will you pay for each service or visit (co-payments)?
- What type of health services do you need? How often?
- Will you be using network providers or out-of-network providers?
- Are there any extra benefits in the plan? Do you need them? What do these benefits cost?
- Will your prescription drugs be covered by the plan?

**NOTE: The Medicare Fall Open Enrollment Period coverage in 2011 is November 15 through December 31, 2010. Medicare recommends that you make any changes to your coverage by mid-December, 2010, to ensure seamless coverage beginning January 1, 2011.**

# Are You Eligible For Extra Help With Medicare Part D Costs?

There continue to be thousands of low-income Medicare beneficiaries in Oklahoma who have not yet applied for the Extra Help with Medicare Part D costs. Perhaps it's you or maybe it's someone you know.

## What is the Extra Help or Low-Income Subsidy program?

If you have limited income and limited resources, Medicare Part D's Extra Help or Low-Income Subsidy program can help pay for the plan's monthly premium, annual deductible, and prescription copayments, including costs in the "doughnut hole" (the coverage gap). The amount of help you will receive is based on your income and resources. Some Medicare beneficiaries automatically qualify for this assistance.

## Who automatically qualifies for the Extra Help?

You automatically qualify for the Extra Help if you have Medicare and:

- You have or become eligible for Medicaid benefits.
- Your state Medicaid program helps pay for your Medicare Part A and/or Part B premiums.
- You receive Supplemental Security Income (SSI) benefits but don't have Medicaid.
- If you automatically qualify for the Extra Help, Medicare will send you a letter. Keep this letter for your records.

## I don't automatically qualify for the Extra Help, how do I apply?

If you meet the income and resource limits shown below, you should apply for the Extra Help or Low-Income Subsidy – unless you have already received a letter from Medicare telling you that you automatically qualify for this assistance. To apply for the Extra Help, you must complete a paper or online application from Social Security. Anyone can help you complete this application. To obtain an Extra Help application or to get help completing one, contact:

- Social Security at 1-800-772-1213 or visit [www.socialsecurity.gov](http://www.socialsecurity.gov) or
- The Senior Health Insurance Counseling Program (SHIP) at LIFE Senior Services at (918) 664-9000 or toll-free at (866) 664-9009.

## What counts as "income" and "resources"?

Income includes money from work, Social Security, retirement benefits, alimony, Workers' Compensation, rental property, etc. Resources such as bank accounts, investments, cash value of life insurance, real estate (not including your home) count toward the limit. Your home, the land it stands on, your cars, burial plots, or personal possessions do not count

toward the limit. The resource limit automatically includes \$1,500 per person for funeral or burial expenses.

## If I get the Extra Help, do I still need to enroll in a drug plan?

Yes, you still must enroll in a Medicare Part D drug plan to get prescription coverage. If you don't enroll in a Part D plan, Medicare will randomly assign you to a plan. The plan Medicare assigns you may not cover some or all of your medications, so you'll want to change to a plan that provides better coverage. You may select a different plan than the one to which Medicare assigned you and you can change your plan any time, as long as you are eligible for the Extra Help.

## I receive the Extra Help. What happens in 2011?

Beginning January 1, 2011, your co-pay will either be \$1.10 or \$2.50 for generic drugs and either \$3.30 or \$6.30 for name brand drugs covered by your plan. If your medications have changed, or you are taking medications not covered by your plan, you should review your plan options to make sure you are getting the best coverage you can.

## I no longer automatically qualify for the Extra Help? What should I do?

You should have received a letter from Medicare telling you that you no longer qualify for the Extra Help. If you think you meet the Extra Help income and resource guidelines shown below, you should complete an application for the Extra Help through Social Security as soon as possible.

## 2010 Yearly Income and Resource Limits to Qualify for the Extra Help

	Income Limit *	Resource Limit
<b>Single</b> (includes divorced and widowed individuals)	\$1,353.75/month or \$16,245/year	\$12,510
<b>Married</b> (living with spouse)	\$1,821.25/month or \$21,855/year	\$25,010

**Income and Resource Limits may change in early 2011.**

\* Income limits are higher for those who provide financial support for other family members, those who have earnings from work, and those who live in Alaska and Hawaii.

## Where To Get Help

For help understanding Medicare benefits, comparing, selecting, and enrolling in a Medicare drug plan; comparing and evaluating Medicare supplements and Medicare Advantage health plans; applying for Medicare Part D Extra Help; and screening for other types of assistance, contact:

- Senior Health Insurance Counseling Program (SHIP), sponsored by the Oklahoma Insurance Department at LIFE Senior Services – (918) 664-9000 or toll-free at (866) 664-9009 in northeastern Oklahoma.
- Senior Health Insurance Counseling Program (SHIP) in Oklahoma City for other areas statewide at (800) 763-2828.

Additional Resources:

- Medicare at (800) 633-4227 [TTY (877) 486-2048] or [www.medicare.gov](http://www.medicare.gov).
- Social Security at (800) 772-1213 [TTY (800) 325-0778] or [www.socialsecurity.gov](http://www.socialsecurity.gov) for questions or help applying for Medicare, Social Security, disability benefits, or Medicare Part D Extra Help.

## 2011 Medicare Part D Stand-Alone Prescription Drug Plans Available in Oklahoma

Information is current as of September 15, 2010. Includes all contracts/plans regardless of 2011 approval status. Plans under sanction are not shown. For additional information or assistance in selecting a plan, contact Medicare at (800) 633-4227 or the Senior Health Insurance Counseling Program (SHIP), sponsored by the Oklahoma Insurance Department at LIFE Senior Services at (918) 664-9000 or toll-free at (866) 664-9009.

Company Name	Plan Name	Plan ID	Phone Number	Benefit Type	Monthly Drug Premium	Annual Drug Deductible	Type of Extra Coverage Offered in the Gap
Bravo Health	BravoRx	S5998-027	(800) 723-9209	Basic	\$33.40	\$310	No Gap Coverage
CIGNA Medicare Rx	CIGNA Medicare Rx Plan One	S5617-113	(800) 735-1459	Basic	\$52.70	\$310	No Gap Coverage
	CIGNA Medicare Rx Plan Two	S5617-193	(800) 735-1459	Enhanced	\$70.30	\$0	Few Generics
EnvisionRx Plus	EnvisionRxPlus Silver	S7694-023	(866) 250-2005	Basic	\$34.10	\$310	No Gap Coverage
	EnvisionRxPlus Gold	S7694-057	(866) 250-2005	Enhanced	\$57.90	\$150	No Gap Coverage
First Health Part D	First Health Part D-Premier	S5678-046	(800) 882-3822	Basic	\$42.80	\$150	No Gap Coverage
	First Health Part D-Premier Plus	S5678-126	(800) 882-3822	Enhanced	\$101.30	\$0	Some Generics and Some Brands
Health Net	Health Net Orange Option 1	S5678-052	(800) 606-3604	Basic	\$34.50	\$310	No Gap Coverage
	Health Net Value Orange Option 2	S5678-051	(800) 606-3604	Enhanced	\$81	\$0	No Gap Coverage
HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan-Reg 23	S5932-022	(800) 331-6293	Basic	\$30.60	\$310	No Gap Coverage
HISC - Blue Cross and Blue Shield of Oklahoma	Blue Medicare Rx Value	S5715-010	(877) 213-1817	Basic	\$43.90	\$125	No Gap Coverage
	BlueMedicare Rx Plus	S5715-011	(877) 213-1817	Enhanced	\$85.40	\$0	All Generics
Humana Insurance Company	Humana Walmart-Preferred Rx	S5884-144	(800) 706-0872	Basic	\$14.80	\$310	No Gap Coverage
	Humana PDP Enhanced	S5884-021	(800) 706-0872	Enhanced	\$45	\$0	Few Generics
	Humana PDP Complete	S5884-051	(800) 706-0872	Enhanced	\$114.80	\$0	Many Generics and Some Brands

Company Name	Plan Name	Plan ID	Phone Number	Benefit Type	Monthly Drug Premium	Annual Drug Deductible	Type of Extra Coverage Offered in the Gap
Medco Medicare Prescription Plan	Medco Medicare Prescription Plan - Value	S5660-125	(800) 758-3605	Basic	\$34.20	\$310	No Gap Coverage
	Medco Medicare Prescription Plan - Choice	S5660-193	(800) 758-3605	Enhanced	\$130.30	\$250	Many Generics
RxAmerica	Advantage Star Plan by RxAmerica	S5644-197	(800) 429-6686	Basic	\$29.40	\$310	No Gap Coverage
SilverScript Insurance Company	CVS Caremark Value	S5601-046	(866) 552-6106	Basic	\$32.50	\$310	No Gap Coverage
	CVS Caremark Plus	S5601-047	(866) 552-6106	Enhanced	\$82.60	\$0	Many Generics
Sterling Life Insurance Company	Sterling Rx	S4802-014	(888) 909-1713	Basic	\$41.40	\$100	No Gap Coverage
UniCare	MedicareRx Rewards Standard	S5960-129	(877) 541-7382	Basic	\$39.50	\$310	No Gap Coverage
	MedicareRx Rewards Plus	S5960-155	(877) 541-7382	Enhanced	\$45.90	\$0	Some Generics
United American	UA Medicare Part D Prescription Plan	S5755-026	(866) 524-4169	Basic	\$55.40	\$60	No Gap Coverage
UnitedHealthcare	AARP MedicareRx Preferred	S5820-022	(888) 867-5564	Basic	\$41.80	\$0	No Gap Coverage
	AARP MedicareRx Enhanced	S5921-235	(888) 867-5564	Enhanced	\$101.30	\$0	Some Generics
Universal American	Community CCRx Basic	S5803-092	(866) 423-5040	Basic	\$32.20	\$310	No Gap Coverage
	Community CCRx Choice	S5803-160	(866) 423-5040	Enhanced	\$90.60	\$0	No Gap Coverage
WellCare	WellCare Classic	S5967-160	(888) 293-5151	Basic	\$34.50	\$310	No Gap Coverage
	WellCare Signature	S5967-057	(888) 293-5151	Enhanced	\$59.60	\$0	No Gap Coverage

This information is true and accurate to the best of our knowledge.  
Source: Center for Medicare and Medicaid Services, www.medicare.gov

## 2011 Medicare Advantage Plans WITH Medicare Prescription Drug Coverage (Tulsa County/Tulsa Metro Area)

This list only includes companies that offer Medicare Advantage Health Plans with Medicare Prescription Drug Coverage in the Tulsa area. These companies offer Medicare Advantage Plans that cover other areas in Oklahoma or other parts of the United States, as well as plans that do NOT include Medicare Prescription Drug Coverage. Before joining any Medicare Advantage Plan, it's important that you call the plan to find out their rules, what your costs will be, and to make sure the plan meets your needs.

\* Information is current as of September 15, 2010. Includes all contracts/plans regardless of 2011 approval status. Plans under sanction are not shown. All plans provide Preventive Services at zero cost share.

Organization Name	Plan Name	Type of Medicare Health Plan	Plan ID	Phone Number	Drug Benefit Type	Total Monthly Premium (Incl. drug premium)	2011 Annual Drug Deductible	Type of Extra Coverage Offered in the Gap
CommunityCare Senior Health Plan	Senior Health Plan Platinum	Local HMO	H3755-001-0	(800) 642-8065	Enhanced	\$31	\$0	No Gap Coverage
	Senior Health Plan Platinum Plus	Local HMO	H3755-004-0	(800) 642-8065	Enhanced	\$81	\$0	No Gap Coverage
Humana Insurance Company	Humana Gold Choice PFFS H8145-001	PFFS	H8145-001-0	(800) 833-2334	Enhanced	\$156	\$0	Few Generics and Few Brands
	HumanaChoice PPO H8644-003	Local PPO	H8644-003-0	(800) 833-2364	Enhanced	\$49	\$0	Few Generics and Few Brands
	HumanaChoice PPO R5826-013	Regional PPO	R5826-013-0	(800) 833-2364	Basic	\$163	\$310	No Gap Coverage
SecureHorizons by UnitedHealthcare	AARP MedicareComplete Plan 1	Local HMO	H3749-004-0	(800) 547-5514	Enhanced	\$55	\$0	No Gap Coverage
	AARP MedicareComplete Plan 2	Local HMO	H3749-017-0	(800) 547-5514	Enhanced	\$0	\$0	No Gap Coverage
Sterling Life Insurance Company	Sterling Connect 2	PFFS	H3410-003-1	(888) 909-1713	Basic	\$30.70	\$200	No Gap Coverage
Universal American	Generations Healthcare Classic powered by CCRx	Local HMO	H3706-006-0	(866) 618-4074	Enhanced	\$65	\$0	No Gap Coverage
	Today's Options Advantage 450A powered by CCRx	Local PPO	H5378-010-0	(866) 422-1967	Enhanced	\$115	\$150	Many Generics and Some Brands
	Today's Options Advantage 950C powered by CCRx	Local PPO	H5378-016-0	(866) 422-1967	Basic	\$73	\$310	No Gap Coverage

\* HMO - Health Maintenance Organization Plans

\* PFFS - Private Fee-for-Service Plans

\* PPO - Preferred Provider Organization Plans

This information is true and accurate to the best of our knowledge.

Source: Center for Medicare and Medicaid Services, [www.medicare.gov](http://www.medicare.gov)