

2004

SHIBA

Consumer Guide to

**Oregon Medigap and  
Medicare Advantage  
Plans**



# About SHIBA

The Senior Health Insurance Benefits Assistance program (SHIBA) is part of the Insurance Division of the Oregon Department of Consumer & Business Services (DCBS). SHIBA is a statewide network of trained volunteers who provide one-on-one assistance to people with Medicare. The goal of these volunteers is to help people make better decisions about health insurance by providing confidential and objective health-insurance counseling.

Contact the Senior Health Insurance Benefits Assistance (SHIBA) program:

- To order free publications about insurance
- To get free help filing claims, comparing Medicare supplement policies, or understanding long-term care insurance
- To become a SHIBA volunteer

Call or write: **SHIBA**  
P.O. Box 14480  
Salem, OR 97309-0405  
(503) 947-7979 or  
(800) 722-4134 (toll-free in Oregon)



# About the Oregon Insurance Division

The Oregon Insurance Division provides the following services:

- Answers consumer questions about insurance
- Resolves consumer complaints about insurance companies or agents
- Investigates and penalizes companies and agents for violations of insurance law
- Monitors insurers for marketplace conduct
- Educates the public about insurance costs

Call or write: **Consumer Protection Section**  
Oregon Insurance Division — 2  
P.O. Box 14480  
Salem, OR 97309-0405  
(503) 947-7984 or  
(888) 877-4894 (toll-free in Oregon)

Visit our Web sites:  
[www.oregonshiba.org](http://www.oregonshiba.org)  
[www.oregoninsurance.org](http://www.oregoninsurance.org)



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In compliance with the Americans with Disabilities Act (ADA), this publication is available in alternative formats. Call (503) 947-7980 or (503) 947-7280 (TTY).

## About this guide

Information in this guide was compiled through a survey of all companies authorized to sell Medicare supplement insurance (Medigap) and Medicare Advantage (MA) plans in Oregon as of January 2004. If a company is not listed, it may not be authorized to sell insurance in Oregon or it has chosen not to submit information for this consumer guide.

Premiums and benefits may change during the year, and errors occasionally occur, so we recommend that you call the insurance company to verify product information. Telephone numbers are provided. Current rates are on our Web site, [www.oregonshiba.org](http://www.oregonshiba.org).

### Before you buy, ask:

- Do the premiums and benefits fit your needs and your budget?
- Does the company have a strong service record?  
(To order *Oregon Insurance Complaints*, see Page 63)
- Do you live in the plan's service area?
- Is the policy approved in Oregon?

### Before you change plans, ask:

- Is this really a change for the better? Are you getting as much information as possible from the prospective Medigap insurer or Medicare Advantage plan?
- Is the information on your application accurate?
- Is your doctor participating in this MA plan?
- Have you been accepted and is your new policy in place before you cancel your old plan?

For more information, contact a SHIBA representative in your area. See Page 64 for telephone numbers.

## Rights and protections

You have certain rights and protections when you have Original Medicare, a Medigap policy, a Medicare Managed Care Plan, or a Medicare Private Fee-for-Service Plan. These rights protect you when you get health care, ensure that you get the health-care services that the law says you can get, and protect you against unethical practices. Call Medicare at the number below for more information or to receive a booklet about your rights.

### You have these basic rights as a Medicare beneficiary:

- To be treated with dignity and respect at all times
- Not to be discriminated against because of race, color, national origin, religion, age, or disability
- To get emergency care when and where you need it
- To know your treatment choices and to have adequate information and input about your care
- To have your health and personal information kept private
- To receive culturally competent services and to get help as needed with language, physical, or communication barriers
- Access to doctors, specialists, and hospitals
- A fair and efficient appeal or grievance process
- Written notice when medical services will not be paid for by Medicare

Call (800) 633-4227, and follow recorded instructions to reach Medicare or Medicaid if you have concerns about quality of care, want to file an appeal or complaint, or need information about your rights as a hospital patient.

## Medicare Hospital Insurance (Part A)

Covered services per calendar year

Service	Benefit	Medicare pays	You pay (co-insurance)
<b>Hospitalization</b> Semiprivate room and board, general nursing, and miscellaneous hospital services and supplies	First 60 days	All but \$876 deductible per benefit period <sup>(1)</sup>	\$876 deductible per benefit period
	Days 61 to 90	All but \$219 a day	\$219 a day
	Days 91 to 150*	All but \$438 a day	\$438 a day
	Beyond 150 days	Nothing	All costs
<b>Skilled nursing-facility care</b> After 3-day hospitalization in a facility approved by Medicare within 30 days of discharge <sup>(2)</sup>	Days 1-20	100% of approved amount	Nothing
	Days 21-100	All but \$109.50 a day	Up to \$109.50 a day
	Beyond 100 days	Nothing	All costs
<b>Home health care</b> Medically necessary skilled care	Visits limited to part-time or intermittent nursing care	100% of approved amount for services	Nothing for services
<b>Hospice care</b> Available only to terminally ill	As long as doctor certifies medical need	All but limited costs for outpatient drugs and inpatient respite care	Limited cost-sharing for outpatient drugs and inpatient respite care
<b>Blood</b>	Blood	All but first 3 pints per calendar year	First 3 pints** (unless replaced)

These figures are for 2004 and are subject to change each year.

\* 60 reserve days may be used only once; days used are not renewable.

\*\* To the extent the blood deductible is met under one part of Medicare during the calendar year, it does not have to be met under the other part.

(1) A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital or skilled nursing facility for 60 days in a row.

(2) Medicare and private Medicare supplement insurance will not pay for most nursing home care. You must pay for custodial care.

## Medicare Medical Insurance (Part B)

Covered services per calendar year

Service	Benefit	Medicare pays	You pay
<b>Medical expense</b> Physician's services, physical and speech therapy, durable medical equipment, ambulance, etc.	Medicare pays for reasonable and necessary services	80% of approved amount (after \$100 deductible)	\$100 deductible* plus 20% of balance of approved amount (plus possible excess charges up to 115% of Medicare-approved amount)
<b>Clinical laboratory services</b>	Blood tests, biopsies, urinalysis, etc.	100% of approved amount	Nothing for services
<b>Home health care</b> Medically necessary skilled care	Visits limited to part-time or intermittent nursing care	100% of approved amount for services; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
<b>Some outpatient hospital services and community mental-health center partial hospitalization</b>	Services for the diagnosis or treatment of an illness or injury	Medicare pays a set amount based on prospective payment system (after \$100 deductible)	\$100 deductible* plus a coinsurance or fixed copayment amount for each service based on prospective payment system, up to \$876 for <b>each service</b> received **
<b>Blood</b>	Blood	80% of approved amount (after \$100 deductible, starting with the fourth pint)	First 3 pints (unless replaced) plus 20% of approved amount (after \$100 deductible) ***

\* Once you have had \$100 of expenses for Part B covered services in 2004, the Part B deductible does not apply to any further covered services you receive for the rest of the year.

\*\* The coinsurance or copayment amount you must pay for **each service** you get cannot be more than \$876 for 2004.

\*\*\* To the extent the blood deductible is met under one part of Medicare during the calendar year, it does not have to be met under the other part.

**Remember: Medicare pays only for Medicare-approved charges, not all costs of medical services provided.**



## Medicare supplement policy information

Medicare supplement policies also are known as Medigap policies. The Medicare supplement policy comparisons begin on Page 16. Each company's policy information spans two pages and should be read from left to right across both pages. The 10 standardized Medicare supplement plans are explained in detail on Pages 16 and 17. Companies may market one or more of standardized plans A through J directly or through independent agents. Medigap companies are listed as either individual or group.

## Coordination of benefits

Medicare regulations outline how Medicare and other health benefits, including employer group health plans, pay claims. Medicare is primary to a Medicare supplement. Providers of supplement insurance usually require policyholders to have both Medicare Parts A and B. If you are eligible for, but elect not to enroll in, Medicare Part B, you may be required to pay for your medical services yourself. *Health plans may choose to pay only for the excess beyond what Medicare would have paid.* Regulations allow the health plan to adjust its payment on your claim as if you are enrolled in Medicare Part B, whether or not you are enrolled. Contact your plan's benefits administrator for answers to benefit questions.

## Medigap open-enrollment period (OEP)

The open-enrollment period for Medicare supplement plans begins when your Medicare Part B begins; it ends six months later. During the open-enrollment period, all Medigap insurers doing business in Oregon must accept all applicants for any standardized plan they offer in this state.

## Medicare disability and end-stage renal disease (ESRD) enrollees

People who receive Medicare due to a disability and those beneficiaries with ESRD have the same open-enrollment rights for Medigap insurance as those receiving Medicare by reason of age. These beneficiaries will be granted another open-enrollment period upon turning 65.

In Oregon, people younger than 65 who receive Medicare due to disabilities or ESRD cannot be charged higher premiums for Medigap insurance than those who are 65 and have no disabilities.

## Creditable coverage

If you are applying for a Medicare supplement during your open-enrollment period or replacing a Medicare supplement policy with a new policy that has a waiting period for pre-existing conditions, you may qualify for credit for pre-existing conditions. The Medicare supplement plan will accept month-for-month prior coverage as your waiting period under the new plan if you submit written verification from your insurer that you have not had a break in coverage of more than 63 days. Qualifying coverage must be from one of the following:

- Group or individual health-care program, including a COBRA policy.
- Medicare or Medicaid
- Military-sponsored health-care program
- Indian Health Service or tribal-organization care program

- State health-benefits high-risk pool
- Certain public health plans
- Federal Employees Health Benefits Program
- Peace Corps health-benefit plan

## Medigap protections

You have special rights to buy a Medigap policy at times other than your open-enrollment period. Plans A, B, C, or F are guaranteed issue in the situations identified below:

- You are covered by an employer's group health plan that provides health benefits in coordination with Medicare and the plan terminates your benefits or you move out of the plan's service area.
- Your Medicare Advantage (MA) plan, Medicare cost HMO, Medicare Select Plan, or Demonstration Project terminates or no longer provides service in your area, or you move out of the plan's service area.
- Your Medigap policy ends because the company becomes insolvent or bankrupt, the company substantially violates a provision of the policy, or the company or agent has misrepresented the policy.
- You terminate your Medigap policy voluntarily and enroll in a MA policy, Medicare Cost HMO, Medicare Select policy or a Medicare Demonstration Project, disenroll from the plan within the first 12 months of enrolling, and return to Original Medicare. You are guaranteed to get the same Medigap policy

you had if it's available. If not, you are guaranteed any A, B, C, or F supplement policy offered in Oregon.

You are guaranteed enrollment in *any* standardized Medigap plan if either of the following applies:

- You joined a Medicare Advantage plan or PACE program when you first enrolled in Medicare, disenrolled from the plan within the first 12 months, and returned to Original Medicare.
- You enrolled in a Medicare Advantage plan for the first time and were terminated involuntarily during your first 12 months of enrollment, whereupon you immediately enrolled in another Medicare health plan. (You may be entitled to an additional 12-month managed-care trial period. This subsequent enrollment is considered an initial enrollment.)

To be eligible for the guaranteed-issue times outlined above, you must apply for your Medigap plan within 63 days of termination or disenrollment of your previous plan. You cannot be denied coverage or charged more, and the company cannot exclude benefits for pre-existing health conditions.

If your Medicare health plan terminates and you have been with that plan less than six months, you may still be in your six-month Medigap open-enrollment period. You would be guaranteed any standardized plan offered in Oregon.

For more information, please contact a SHIBA representative in your area. See Page 64 for phone numbers.

## The Medicare Prescription Drug, Improvement, and Modernization Act of 2003

The following are some of the changes to Medicare and prescription-drug coverage included in the act:

### Prescription-drug discount card

Here are the main points of the new program:

- No later than June 1, 2004, Medicare beneficiaries will have access to at least two Medicare-endorsed prescription-discount cards.
- Beneficiaries must have Medicare Parts A and B.
- Card sponsors may charge an annual enrollment fee of up to \$30.
- An individual with annual income below \$12,123 will be able to get a free discount card and \$600 worth of free drugs in 2004 and, in 2005, up to an additional \$600 worth of free drugs. There may be a 5-10 percent co-insurance on each prescription drug.
- To enroll, the beneficiary must select the discount-card program that best suits his or her needs and submit an enrollment form to the program. To request the \$600 drug credit, the beneficiary must submit income and other information to the program. CMS will verify the beneficiary's eligibility and notify the discount-card program. Individuals found to be ineligible for the card or the free drugs may request a reconsideration.
- The discount card and assistance program ends January 1, 2006, when Medicare Part D, the Medicare prescription drug benefit becomes available.
- Contact a SHIBA volunteer in your area for assistance, or call (800) MEDICARE. See Page 64.

## Medicare Part D (Medicare Prescription Drug Benefit)

This new program will take effect January 1, 2006. Enrollment begins November 1, 2005, and continues for six months. Under Medicare Part D, an eligible Medicare beneficiary can choose to purchase a private stand-alone Medicare prescription drug plan (PDP) or a Medicare Advantage plan with qualified prescription-drug coverage.

*If you don't sign up during initial enrollment period, when you do sign up, you will be charged a late-enrollment penalty of one percent for each month that you did not have creditable coverage (see Page 8).*

## Medicare supplement insurance (Medigap)

No changes will be initiated until January 1, 2006. After that date, no Medigap policies providing drug coverage can be sold, issued, or renewed. Medicare Part D enrollees may continue in a Medigap policy that excludes drug coverage or enroll in a guaranteed-issue Medigap policy plan A, B, C, or F if they apply during the Part D open-enrollment period. Two new Medigap packages will be introduced that provide partial coverage of beneficiary costs, combining the benefits of Medicare Parts A and B.

*The new law does not allow a beneficiary to have both the Medicare drug benefit and a Medigap policy that includes drug benefits.*

These and other changes will be detailed in the 2005 *SHIBA Consumer Guide to Medigap and Medicare Advantage Plans*.

## Medicare+Choice is now Medicare Advantage?

*Medicare Advantage (MA) is the new name for Medicare+Choice plans. Medicare Advantage rules and payments are improved to give you more health-plan choices and better benefits. Plan choices might have improved already in your area and may change after this publication is printed.*

To find out more, call (800) MEDICARE [(800) 633-4227] or call SHIBA.

**Accepting assignment:** A doctor or other health-care provider accepts the Medicare-approved amount as the total charge for medical care. If a provider accepts assignment, Medicare pays 80 percent of approved charges and the beneficiary pays 20 percent (co-insurance). The beneficiary is not responsible for excess charges.

**Attained-age policies:** Insurance policies whose premiums increase based on your age.

**Benefit period:** The period for which benefits are payable. In Original Medicare Part A, for example, your benefit period begins on the first day of hospitalization and ends when you have been out of the hospital for 60 consecutive days.

**Co-insurance:** A percentage of the cost of medical treatment that an individual with Medicare is required to pay on a Medicare-covered service.

**Co-payment:** A set amount of the cost of medical treatment that you are required to pay on a medical service for which you are insured.

**Community rating (no-age):** A rating method that assigns a single rate to all ages and classes of individuals in the group, regardless of risk factors such as age or health.

**Deductible:** A dollar amount determined by an individual's insurance policy (including Medicare) that must be paid by the insured individual for covered services.

**Demonstration project:** A government-sponsored experimental program offered in particular areas. Participants have the same rights and protections with a demonstration project as with any other plan.

**Effective date:** The date on which an insurance policy is in effect and its coverage begins.

**Election period:** The period in which an eligible person may join or leave Original Medicare or a Medicare Advantage plan.

**Elimination period:** See Waiting period.

**Excess charge:** The difference between a health-care provider's actual charge and the Medicare-approved amount. The maximum amount providers who do not accept assignment can charge for a covered service is 15 percent above Medicare's approved amount. This is an additional cost to the beneficiary above the 20 percent co-insurance payment. (See *Accepting assignment*.) Medigap plans F, G, I, and J will pay part or all of excess charges.

**Foreign travel benefits:** Coverage for medically necessary emergency care in a foreign country; covers 80 percent of billed charges not covered by Medicare for Medicare-eligible expenses. Subject to time limits, deductibles, and a lifetime maximum.

**Guaranteed-issue rights:** A consumer's right to purchase insurance policies during certain periods and under certain circumstances in which insurance companies are required by law to offer them. For more information, see the topics "Medigap open enrollment" and "Creditable coverage," Page 8, and "Medigap protections," Page 9. Some companies offer guaranteed-issue policies beyond those required by law.

**Guaranteed renewable policy:** A policy that cannot be canceled as long as the policyholder continues to pay the premium. All standard Medigap policies are guaranteed renewable.

**Home health care:** Skilled nursing care and support services for individuals who do not need institutional care. Such services are provided during intermittent home visits and may include nursing care, physical therapy, speech and hearing therapy, occupational therapy, social services, and some support services.

**Issue-age policies:** Policies whose premiums are based on your age when you buy them. Premiums will not increase due to your increase in age; however, premiums may increase for other reasons.

**Long-term care (LTC):** A wide range of services that provide maintenance, support, and rehabilitation to those with conditions that impair their ability to function independently. Care can be provided at home, in foster care, or in assisted-living or nursing-home facilities.

**Long-term-care insurance:** An insurance policy that helps pay for long-term care. See the topic "Insurance publications" on Page 63 for more information.

**Medicare Summary Notice (MSN):** A document that explains to beneficiaries what Medicare has and has not paid for; formerly called the "Explanation of Medicare Benefits."

**Outpatient Prospective Payment System (OPPS):** System under which Medicare pays a set amount for covered *outpatient services*. You or your insurance are responsible for your deductible and a co-payment amount that may vary according to the service.

**Pre-existing condition:** A medical condition diagnosed, treated, or needing treatment prior to the purchase of an insurance policy. A pre-existing condition may be excluded for a period specified in the policy. Look for "Pre-ex" in this publication's list of Medigap companies; the first number following "Pre-ex" refers to the number of months of your health history that the insurer will review to determine your pre-existing conditions. The second number is the number of months for which the insurer will not cover expenses related to a pre-existing condition. For example, 6/3 means that if you received medical advice or treatment for a condition within six months of the policy's effective date, the insurer will not cover that condition for the first three months the policy is in effect.

If you met a previous policy's six-month pre-existing-condition waiting period, you may be exempt from the new policy's waiting period by qualifying for credible coverage. See Page 9.

**Prospective Payment System (PPS):** Also Inpatient Prospective Payment System (IPPS), this system is used by Medicare to pay its bills. Medicare pays hospitals a predetermined rate based on categories of diagnoses. Federal law requires hospitals to accept the prospective payment rate as payment in full for *in-hospital stays*.

**Skilled nursing facility (SNF):** A facility at which medically necessary (prescribed) care is provided by licensed health-care professionals.

**Underwriting:** The process health insurance companies use to determine an applicant's insurability by asking potential policyholders questions and reviewing their health history and physical condition.

**Usual, customary, and reasonable (UCR) charges:** Fees commonly charged by physicians or other providers for particular services, treatments, or supplies. UCRs may vary throughout a state.

**Waiting period:** The amount of time that must pass before benefits will be paid or before pre-existing conditions or specific illnesses are covered by a health insurance policy.

Core Benefits	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Plan H	Plan I	Plan J
Part A hospital (days 61-90)	X	X	X	X	X	X	X	X	X	X
Lifetime reserve (days 91-150)	X	X	X	X	X	X	X	X	X	X
365 lifetime hospital days — 100%	X	X	X	X	X	X	X	X	X	X
Parts A and B blood	X	X	X	X	X	X	X	X	X	X
Part B co-insurance — 20%*	X	X	X	X	X	X	X	X	X	X
Part B mental-health co-insurance — 50%	X	X	X	X	X	X	X	X	X	X

Additional Benefits	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Plan H	Plan I	Plan J
Skilled nursing facility co-insurance (days 21-100)			X	X	X	X	X	X	X	X
Part A deductible (Hospital)		X	X	X	X	X	X	X	X	X
Part B deductible (Medical)			X			X				X
Part B excess charges						100%	80%		100%	100%
Foreign travel			X	X	X	X	X	X	X	X
At-home recovery				X			X		X	X
Prescription drugs**								1	1	2
Preventive medical care					X					X

\* Pays 20% of Medicare's approved amount for doctor's services after a \$100 deductible.

\*\* Prescription drug benefits:

- 1 — \$250 deductible, plan pays 50%, up to \$1,250 per year
- 2 — \$250 deductible, plan pays 50%, up to \$3,000 per year

**You must have both Medicare Parts A and B to join a Medicare Advantage plan or a standard Medigap plan.**



## Medicare Select plans

Medicare Select plans are standardized Medigap plans that require specific hospitals and doctors to get full insurance benefits (except in an emergency). For this reason, Medicare Select policies generally have lower premiums. If you do not use a Medicare Select provider for non-emergency services, you will have to pay what Medicare does not pay. Medicare will pay its share of approved charges no matter what provider you choose.

## PLAN A (the basic policy) consists of these core benefits:

- Coverage for the Part A co-insurance amount (\$219 per day in 2004) for days 61 through 90 of hospitalization in each Medicare benefit period.
- Coverage for the Part A co-insurance amount (\$438 per day in 2004) for each of Medicare's 60 nonrenewable lifetime hospital inpatient reserve days used.
- After all Medicare hospital benefits are exhausted, coverage for 100 percent of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime. This benefit is paid at either the rate Medicare pays hospitals under its Prospective Payment System or another appropriate standard of payment.
- Coverage under Medicare Parts A and B for the reasonable cost of the first three pints of blood or equivalent quantities of packed red blood cells per calendar year unless replaced in accordance with federal regulations.
- Coverage for the coinsurance amount, or, in the case of hospital outpatient department services under a prospective payment system, the copayment amount, of Medicare-eligible expenses under Part B regardless of hospital confinement, subject to Medicare Part B deductible.

## PLAN B includes the core benefits of Plan A, plus:

- Coverage for the Medicare Part A inpatient hospital deductible (\$876 per benefit period in 2004).

## PLAN C includes the core benefits of Plan A, plus:

- Coverage for the Medicare Part A deductible (see Plan B).
- Coverage for the skilled nursing facility care co-insurance amount (\$109.50 per day for days 21 through 100 per benefit period in 2004).
- Coverage for the Medicare Part B deductible (\$100 per calendar year in 2004).
- Coverage for 80 percent of medically necessary emergency care during the first 60 days in a foreign country after a \$250 deductible.

## PLAN D includes the core benefits of Plan A, plus:

- Coverage for the Medicare Part A deductible (see Plan B).
- Coverage for the skilled nursing facility care co-insurance amount (see Plan C).
- Coverage for 80 percent of medically necessary emergency care during the first 60 days in a foreign country after a \$250 deductible.
- Coverage for at-home recovery, if you are already getting Medicare-covered home-health services. The at-home recovery benefit pays up to \$1,600 per year for short-term, at-home assistance with activities of daily living (bathing, dressing, personal hygiene, etc.) for those recovering from an illness, injury, or surgery. There are various benefit requirements and limitations.

## PLAN E includes the core benefits of Plan A, plus:

- Coverage for the Medicare Part A deductible (see Plan B).
- Coverage for the skilled nursing facility care co-insurance amount (see Plan C).
- Coverage for 80 percent of medically necessary emergency care during the first 60 days in a foreign country after a \$250 deductible.
- Coverage for preventive medical care. The preventive medical care benefit pays up to \$120 per year for such things as physical examinations, serum cholesterol screenings, hearing tests, diabetes screenings, and thyroid function tests.

## PLAN F includes the core benefits of Plan A, plus:

- Coverage for the Medicare Part A deductible (see Plan B).
- Coverage for the skilled nursing facility care co-insurance amount (see Plan C).
- Coverage for the Medicare Part B deductible (see Plan C).
- Coverage for 80 percent of medically necessary emergency care during the first 60 days in a foreign country after a \$250 deductible.
- Coverage for 100 percent of Medicare Part B excess charges.

## PLAN G includes the core benefits of Plan A, plus:

- Coverage for the Medicare Part A deductible (see Plan B).
- Coverage for the skilled nursing facility care co-insurance amount (see Plan C).
- Coverage for 80 percent of Medicare Part B excess charges.
- Coverage for 80 percent of medically necessary emergency care during the first 60 days in a foreign country after a \$250 deductible.
- Coverage for at-home recovery (see Plan D).

## PLAN H includes the core benefits of Plan A, plus:

- Coverage for the Medicare Part A deductible (see Plan B).
- Coverage for the skilled nursing facility care co-insurance amount (see Plan C).
- Coverage for 80 percent of medically necessary emergency care during the first 60 days in a foreign country after a \$250 deductible.
- Coverage for 50 percent of the cost of prescription drugs up to a maximum annual benefit of \$1,250 after the policyholder meets a \$250-per-year deductible (this is called the “basic” prescription drug benefit).

## PLAN I includes the core benefits of Plan A, plus:

- Coverage for the Medicare Part A deductible (see Plan B).
- Coverage for the skilled nursing facility care co-insurance amount (see Plan C).
- Coverage for 100 percent of Medicare Part B excess charges.
- Basic prescription drug coverage (see Plan H).
- Coverage for 80 percent of medically necessary emergency care during the first 60 days in a foreign country after a \$250 deductible.
- Coverage for at-home recovery (see Plan D).

## PLAN J includes the core benefits of Plan A, plus:

- Coverage for the Medicare Part A deductible (see Plan B).
- Coverage for the skilled nursing facility care co-insurance amount (see Plan C).
- Coverage for the Medicare Part B deductible (see Plan C).
- Coverage for 100 percent of Medicare Part B excess charges.
- Coverage for preventive medical care (see Plan E).
- Coverage for at-home recovery (see Plan D).
- Coverage for 80 percent of medically necessary emergency care during the first 60 days in a foreign country after a \$250 deductible.
- Coverage for 50 percent of the cost of prescription drugs up to a maximum annual benefit of \$3,000 after the policyholder meets a \$250 per year deductible (this is called the “extended” prescription drug benefit).

### High-deductible Medigap policies:

Two Medigap standard policies have benefit packages the same as Plan F or Plan J, except that the policies have a high deductible (\$1,690 in 2004). The beneficiary is responsible for payment of expenses up to this amount; the policy pays 100 percent of covered out-of-pocket expenses once the deductible has been met.

	Plan A	Plan B	Plan C	Plan D	Plan E
<p><b>American Family Mutual Insurance Company</b></p> <p>6000 American Parkway Madison, WI 53783-0001 (800) 333-6886 <i>Pre-ex: None</i> <i>Attained age</i> <i>Premiums shown are for ZIP code areas 972-979.</i></p>	<p><b>65 &amp; under:</b> \$46.40/mo. \$556.40/yr.</p> <p><b>70:</b> \$51.30/mo. \$615.60/yr.</p> <p><b>75:</b> \$59.10/mo. \$708.80/yr.</p> <p><b>80:</b> \$68.70/mo. \$824.80/yr.</p> <p><b>85:</b> \$80.00/mo. \$959.60/yr.</p>		<p><b>65 &amp; under:</b> \$88.80/mo. \$1,066.00/yr.</p> <p><b>70:</b> \$98.70/mo. \$1,184.00/yr.</p> <p><b>75:</b> \$115.70/mo. \$1,388.80/yr.</p> <p><b>80:</b> \$134.30/mo. \$1,611.20/yr.</p> <p><b>85:</b> \$152.30/mo. \$1,827.20/yr.</p>		
<p><b>American Republic Insurance Company (Americare)</b></p> <p>P.O. Box 1 Des Moines, IA 50309 (800) 943-2121 <i>Pre-ex: None</i> <i>Attained age</i></p>	<p><b>65 &amp; under:</b> \$45.83/mo. \$549.96/yr.</p> <p><b>70:</b> \$56.09/mo. \$673.08/yr.</p> <p><b>75:</b> \$65.94/mo. \$791.28/yr.</p> <p><b>80:</b> \$74.53/mo. \$894.36/yr.</p> <p><b>84:</b> \$81.63/mo. \$979.56/yr.</p>				
<p><b>Bankers Life and Casualty Company</b></p> <p>222 Merchandise Mart Plaza Chicago, IL 60654-2001 (888) 621-3724 <i>Pre-ex: None</i> <i>Attained age</i></p>	<p><b>65 &amp; under:</b> \$164.76/mo. \$1,907.98/yr.</p> <p><b>70:</b> \$187.02/mo. \$2,167.29/yr.</p> <p><b>75:</b> \$218.17/mo. \$2,531.32/yr.</p> <p><b>80:</b> \$258.43/mo. \$2,999.21/yr.</p>	<p><b>65 &amp; under:</b> \$137.85/mo. \$1,594.46/yr.</p> <p><b>70:</b> \$162.66/mo. \$1,883.44/yr.</p> <p><b>75:</b> \$196.32/mo. \$2,275.62/yr.</p> <p><b>80:</b> \$239.72/mo. \$2,781.25/yr.</p>	<p><b>65 &amp; under:</b> \$100.82/mo. \$1,163.01/yr.</p> <p><b>70:</b> \$118.81/mo. \$1,372.57/yr.</p> <p><b>75:</b> \$143.65/mo. \$1,661.99/yr.</p> <p><b>80:</b> \$176.62/mo. \$2,046.09/yr.</p>	<p><b>65 &amp; under:</b> \$154.22/mo. \$1,785.15/yr.</p> <p><b>70:</b> \$184.79/mo. \$2,141.33/yr.</p> <p><b>75:</b> \$227.17/mo. \$2,635.07/yr.</p> <p><b>80:</b> \$283.74/mo. \$3,294.19/yr.</p>	<p><b>65 &amp; under:</b> \$162.41/mo. \$1,880.60/yr.</p> <p><b>70:</b> \$192.90/mo. \$2,235.80/yr.</p> <p><b>75:</b> \$234.26/mo. \$2,717.65/yr.</p> <p><b>80:</b> \$288.69/mo. \$3,351.79/yr.</p>

Rates shown are for women non-smokers. They are examples only and subject to change.

Plan F	Plan F High*	Plan G	Plan H	Plan I	Plan J
<b>65 &amp; under:</b> \$100.80/mo. \$1,210.00/yr. <b>70:</b> \$112.00/mo. \$1,343.60/yr. <b>75:</b> \$131.10/mo. \$1,573.20/yr. <b>80:</b> \$152.10/mo. \$1,825.60/yr. <b>85:</b> \$172.90/mo. \$2,075.20/yr.					
<b>65 &amp; under:</b> \$79.05/mo. \$948.60/yr. <b>70:</b> \$94.89/mo. \$1,138.68/yr. <b>75:</b> \$109.72/mo. \$1,316.64/yr. <b>80:</b> \$122.90/mo. \$1,474.80/yr. <b>84:</b> \$134.62/mo. \$1,615.44/yr.					
<b>65 &amp; under:</b> \$94.95/mo. \$1,094.64/yr. <b>70:</b> \$115.05/mo. \$1,328.83/yr. <b>75:</b> \$139.91/mo. \$1,618.46/yr. <b>80:</b> \$170.90/mo. \$1,979.44/yr.	<b>65 &amp; under:</b> \$32.74/mo. \$369.82/yr. <b>70:</b> \$38.87/mo. \$441.27/yr. <b>75:</b> \$46.33/mo. \$528.10/yr. <b>80:</b> \$55.37/mo. \$633.49yr.	<b>65 &amp; under:</b> \$161.82/mo. \$1,873.73/yr. <b>70:</b> \$199.07/mo. \$2,307.69/yr. <b>75:</b> \$246.03/mo. \$2,854.78/yr. <b>80:</b> \$305.95/mo. \$3,552.95/yr.	<b>65 &amp; under:</b> \$826.08/mo. \$9,612.90/yr. <b>70:</b> \$982.39/mo. \$11,433.94/yr. <b>75:</b> \$1,186.44/mo. \$13,811.34/yr. <b>80:</b> \$1,446.62/mo. \$16,842.62/yr.	<b>65 &amp; under:</b> \$647.91/mo. \$7,537.03/yr. <b>70:</b> \$772.26/mo. \$8,985.85/yr. <b>75:</b> \$931.17/mo. \$10,837.22/yr. <b>80:</b> \$1,132.17/mo. \$13,179.05/yr.	

\* High-deductible plans with \$1690 deductible.

	Plan A	Plan B	Plan C	Plan D	Plan E
<p><b>Combined Insurance Company of America</b></p> <p>5050 Broadway Chicago, IL 60640 (800) 544-5531 <i>Pre-ex: None</i> <i>Issue age — Plans A-F</i> <i>Attained age — Plan F+</i></p>	<p><b>65 &amp; under:</b> \$75.66/mo. \$840.67/yr.</p> <p><b>70:</b> \$79.51/mo. \$883.44/yr.</p> <p><b>75:</b> \$94.65/mo. \$1,051.72/yr.</p> <p><b>80:</b> \$106.96/mo. \$1,188.44/yr.</p>	<p><b>65 &amp; under:</b> \$102.56/mo. \$1,139.54/yr.</p> <p><b>70:</b> \$109.48/mo. \$1,216.46/yr.</p> <p><b>75:</b> \$129.50/mo. \$1,438.91/yr.</p> <p><b>80:</b> \$146.50/mo. \$1,627.81/yr.</p>	<p><b>65 &amp; under:</b> \$122.98/mo. \$1,366.45/yr.</p> <p><b>70:</b> \$130.31/mo. \$1,447.86/yr.</p> <p><b>75:</b> \$155.09/mo. \$1,723.24/yr.</p> <p><b>80:</b> \$175.20/mo. \$1,946.63/yr.</p>	<p><b>65 &amp; under:</b> \$102.96/mo. \$1,144.00/yr.</p> <p><b>70:</b> \$102.96/mo. \$1,144.00/yr.</p> <p><b>75:</b> \$134.37/mo. \$1,493.02/yr.</p> <p><b>80:</b> \$152.69/mo. \$1,696.61/yr.</p>	
<p><b>Conseco Health Insurance Company</b></p> <p>P.O. Box 1943 Carmel, IN 46082-1943 (800) 525-7662, ext. 7850 <i>Pre-ex: None</i> <i>Attained age</i></p>	<p><b>65 &amp; under:</b> \$118.40/mo. \$945.06/yr.</p> <p><b>70:</b> \$110.76/mo. \$1,303.00/yr.</p> <p><b>75:</b> \$123.38/mo. \$1,451.50/yr.</p> <p><b>80:</b> \$127.36/mo. \$1,498.30/yr.</p> <p><b>85:</b> \$134.08/mo. \$1,577.40/yr.</p>	<p><b>65 &amp; under:</b> \$108.88/mo. \$1,280.90/yr.</p> <p><b>70:</b> \$128.88/mo. \$1,516.20/yr.</p> <p><b>75:</b> \$147.41/mo. \$1,734.20/yr.</p> <p><b>80:</b> \$156.56/mo. \$1,841.90/yr.</p> <p><b>85:</b> \$166.57/mo. \$1,959.60/yr.</p>	<p><b>65 &amp; under:</b> \$130.24/mo. \$1,532.20/yr.</p> <p><b>70:</b> \$150.57/mo. \$1,771.40/yr.</p> <p><b>75:</b> \$175.42/mo. \$2,063.70/yr.</p> <p><b>80:</b> \$183.73/mo. \$2,279.20/yr.</p> <p><b>85:</b> \$206.05/mo. \$2,424.10/yr.</p>	<p><b>65 &amp; under:</b> \$92.47/mo. \$1,087.90/yr.</p> <p><b>70:</b> \$110.91/mo. \$1,304.80/yr.</p> <p><b>75:</b> \$130.56/mo. \$1,536.00/yr.</p> <p><b>80:</b> \$145.66/mo. \$1,713.60/yr.</p> <p><b>85:</b> \$154.91/mo. \$1,822.50/yr.</p>	<p><b>65 &amp; under:</b> \$90.80/mo. \$1,068.20/yr.</p> <p><b>70:</b> \$108.80/mo. \$1,280.00/yr.</p> <p><b>75:</b> \$127.99/mo. \$1,505.80/yr.</p> <p><b>80:</b> \$142.55/mo. \$1,677.00/yr.</p> <p><b>85:</b> \$151.74/mo. \$1,785.20/yr.</p>
<p><b>Continental General Insurance Company</b></p> <p>6201 Johnson Drive P.O. Box 29136 Mission, KS 66201 (877) 291-5434 <i>Pre-ex: None</i> <i>Issue age</i> <i>Premiums are higher for ZIP codes 970-972</i></p>	<p><b>65 &amp; under:</b> \$171.62/mo. \$2,019.00/yr.</p> <p><b>70:</b> \$183.94/mo. \$2,164.00/yr.</p> <p><b>75:</b> \$196.52/mo. \$2,312.00/yr.</p> <p><b>80:</b> \$206.13/mo. \$2,425.00/yr.</p> <p><b>85+:</b> \$214.26/mo. \$2,520.00/yr.</p>		<p><b>65 &amp; under:</b> \$237.15/mo. \$2,790.00/yr.</p> <p><b>70:</b> \$264.44/mo. \$3,111.00/yr.</p> <p><b>75:</b> \$295.38/mo. \$3,475.00/yr.</p> <p><b>80:</b> \$324.53/mo. \$3,818.00/yr.</p> <p><b>85+:</b> \$351.56/mo. \$4,136.00/yr.</p>		

Rates shown are for women non-smokers. They are examples only and subject to change.

Plan F	Plan F High*	Plan G	Plan H	Plan I	Plan J
<b>65 &amp; under:</b> \$152.75/mo. \$1,697.24/yr. <b>70:</b> \$161.05/mo. \$1,789.45/yr. <b>75:</b> \$191.71/mo. \$2,130.13/yr. <b>80:</b> \$216.19/mo. \$2,402.09/yr.	<b>65 &amp; under:</b> \$44.64/mo. \$496.00/yr. <b>70:</b> \$56.65/mo. \$629.42/yr. <b>75:</b> \$69.59/mo. \$773.17/yr. <b>80:</b> \$81.61/mo. \$906.79/yr.				
<b>65 &amp; under:</b> \$116.70/mo. \$1,372.90/yr. <b>70:</b> \$135.75/mo. \$1,597.10/yr. <b>75:</b> \$158.87/mo. \$1,869.10/yr. <b>80:</b> \$174.53/mo. \$2,053.30/yr. <b>85:</b> \$185.67/mo. \$2,184.30/yr.		<b>65 &amp; under:</b> \$91.52/mo. \$1,076.70/yr. <b>70:</b> \$110.35/mo. \$1,298.20/yr. <b>75:</b> \$130.36/mo. \$1,533.70/yr. <b>80:</b> \$144.83/mo. \$1,703.90/yr. <b>85:</b> \$154.11/mo. \$1,813.10/yr.			
<b>65 &amp; under:</b> \$222.28/mo. \$2,615.00/yr. <b>70:</b> \$245.06/mo. \$2,883.00/yr. <b>75:</b> \$270.30/mo. \$3,180.00/yr. <b>80:</b> \$293.76/mo. \$3,456.00/yr. <b>85+:</b> \$315.27/mo. \$3,709.00/yr.		<b>65 &amp; under:</b> \$152.83/mo. \$1,798.00/yr. <b>70:</b> \$173.28/mo. \$2,038.00/yr. <b>75:</b> \$196.65/mo. \$2,317.00/yr. <b>80:</b> \$220.92/mo. \$2,599.00/yr. <b>85+:</b> \$241.83/mo. \$2,845.00/yr.			

\* High-deductible plans with \$1690 deductible.

	Plan A	Plan B	Plan C	Plan D	Plan E
<p><b>Equitable Life and Casualty Insurance Company</b></p> <p>3 Triad Center, Suite 200 Salt Lake City, UT 84180 (800) 352-5170 <i>Pre-ex: None A-G</i> <i>Pre-ex: 6/6 H-J</i> <i>Attained age</i></p>	<p><b>65 &amp; under:</b> \$57.75/mo. \$693.00/yr.</p> <p><b>66:</b> \$59.75/mo. \$717.00/yr.</p> <p><b>70:</b> \$68.50/mo. \$822.00/yr.</p> <p><b>75:</b> \$76.42/mo. \$917.00/yr.</p> <p><b>80:</b> \$79.00/mo. \$948.00/yr.</p>	<p><b>65 &amp; under:</b> \$108.90/mo. \$1,297.00/yr.</p> <p><b>66:</b> \$111.92/mo. \$1,343.00/yr.</p> <p><b>70:</b> \$129.25/mo. \$1,551.00/yr.</p> <p><b>75:</b> \$148.00/mo. \$1,776.00/yr.</p> <p><b>80:</b> \$157.59/mo. \$1,891.00/yr.</p>	<p><b>65 &amp; under:</b> \$125.00/mo. \$1,500.00/yr.</p> <p><b>66:</b> \$130.25/mo. \$1,563.00/yr.</p> <p><b>70:</b> \$150.67/mo. \$1,808.00/yr.</p> <p><b>75:</b> \$177.17/mo. \$2,126.00/yr.</p> <p><b>80:</b> \$195.34/mo. \$2,344.00/yr.</p>	<p><b>65 &amp; under:</b> \$97.67/mo. \$1,172.00/yr.</p> <p><b>66:</b> \$102.00/mo. \$1,224.00/yr.</p> <p><b>70:</b> \$120.25/mo. \$1,443.00/yr.</p> <p><b>75:</b> \$144.59/mo. \$1,735.00/yr.</p> <p><b>80:</b> \$162.00/mo. \$1,944.00/yr.</p>	<p><b>65 &amp; under:</b> \$102.42/mo. \$1,229.00/yr.</p> <p><b>66:</b> \$106.17/mo. \$1,274.00/yr.</p> <p><b>70:</b> \$124.09/mo. \$1,489.00/yr.</p> <p><b>75:</b> \$146.25/mo. \$1,755.00/yr.</p> <p><b>80:</b> \$160.34/mo. \$1,924.00/yr.</p>
<p><b>Globe Life and Accident Insurance Company</b></p> <p>P.O. Box 2440 McKinney, TX 75070 (800) 654-5433 <i>Pre-ex: 6/2</i> <i>Attained age</i></p>	<p><b>65 &amp; under:</b> \$56.00/mo. \$636.00/yr.</p> <p><b>66:</b> \$58.50/mo. \$663.00/yr.</p> <p><b>70:</b> \$66.50/mo. \$754.00/yr.</p> <p><b>75:</b> \$72.50/mo. \$825.00/yr.</p> <p><b>80:</b> \$73.50/mo. \$835.00/yr.</p>	<p><b>65 &amp; under:</b> \$84.50/mo. \$961.00/yr.</p> <p><b>66:</b> \$89.50/mo. \$1,018.00/yr.</p> <p><b>70:</b> \$109.50/mo. \$1,246.00/yr.</p> <p><b>75:</b> \$121.50/mo. \$1,378.00/yr.</p> <p><b>80:</b> \$122.50/mo. \$1,392.00/yr.</p>	<p><b>65 &amp; under:</b> \$97.50/mo. \$1,107.00/yr.</p> <p><b>66:</b> \$102.50/mo. \$1,164.00/yr.</p> <p><b>70:</b> \$122.50/mo. \$1,392.00/yr.</p> <p><b>75:</b> \$140.50/mo. \$1,595.00/yr.</p> <p><b>80:</b> \$147.00/mo. \$1,670.00/yr.</p>		
<p><b>Guarantee Trust Life Insurance Company</b></p> <p>1275 Milwaukee Ave. Glenview, IL 60025 (800) 338-7452 <i>Pre-ex: None</i> <i>Attained age</i></p>	<p><b>65 &amp; under:</b> \$81.65/mo. \$971.95/yr.</p> <p><b>70:</b> \$96.15/mo. \$1,144.90/yr.</p> <p><b>75:</b> \$110.55/mo. \$1,316.00/yr.</p> <p><b>80:</b> \$123.65/mo. \$1,472.05/yr.</p> <p><b>85:</b> \$143.40/mo. \$1,707.05/yr.</p>	<p><b>65 &amp; under:</b> \$122.55/mo. \$1,458.90/yr.</p> <p><b>70:</b> \$143.75/mo. \$1,711.10/yr.</p> <p><b>75:</b> \$164.60/mo. \$1,959.40/yr.</p> <p><b>80:</b> \$184.15/mo. \$2,192.20/yr.</p> <p><b>85:</b> \$213.80/mo. \$2,545.30/yr.</p>	<p><b>65 &amp; under:</b> \$143.50/mo. \$1,708.05/yr.</p> <p><b>70:</b> \$168.45/mo. \$2,005.25/yr.</p> <p><b>75:</b> \$193.10/mo. \$2,298.65/yr.</p> <p><b>80:</b> \$215.80/mo. \$2,568.85/yr.</p> <p><b>85:</b> \$250.65/mo. \$2,983.80/yr.</p>	<p><b>65 &amp; under:</b> \$122.95/mo. \$1,463.55/yr.</p> <p><b>70:</b> \$144.40/mo. \$1,719.30/yr.</p> <p><b>75:</b> \$165.65/mo. \$1,971.75/yr.</p> <p><b>80:</b> \$185.15/mo. \$2,204.40/yr.</p> <p><b>85:</b> \$214.95/mo. \$2,559.15/yr.</p>	

Rates shown are for women non-smokers. They are examples only and subject to change.

Plan F	Plan F High*	Plan G	Plan H	Plan I	Plan J
<b>65 &amp; under:</b> \$135.42/mo. \$1,625.00/yr. <b>66:</b> \$140.75/mo. \$1,689.00/yr. <b>70:</b> \$163.75/mo. \$1,965.00/yr. <b>75:</b> \$193.17/mo. \$2,318.00/yr. <b>80:</b> \$209.25/mo. \$2,511.00/yr.	<b>65 &amp; under:</b> \$61.00/mo. \$732.00/yr. <b>66:</b> \$63.25/mo. \$759.00/yr. <b>70:</b> \$73.67/mo. \$884.00/yr. <b>75:</b> \$87.09/mo. \$1,045.00/yr. <b>80:</b> \$94.17/mo. \$1,130.00/yr.	<b>65 &amp; under:</b> \$105.25/mo. \$1,263.00/yr. <b>66:</b> \$109.59/mo. \$1,315.00/yr. <b>70:</b> \$128.67/mo. \$1,544.00/yr. <b>75:</b> \$153.25/mo. \$1,839.00/yr. <b>80:</b> \$172.92/mo. \$2,075.00/yr.	<b>65 &amp; under:</b> \$195.92/mo. \$2,351.00/yr. <b>66:</b> \$200.42/mo. \$2,405.00/yr. <b>70:</b> \$222.59/mo. \$2,671.00/yr. <b>75:</b> \$251.84/mo. \$3,022.00/yr. <b>80:</b> \$275.67/mo. \$3,308.00/yr.	<b>65 &amp; under:</b> \$208.75/mo. \$2,505.00/yr. <b>66:</b> \$213.34/mo. \$2,560.00/yr. <b>70:</b> \$237.17/mo. \$2,846.00/yr. <b>75:</b> \$268.92/mo. \$3,227.00/yr. <b>80:</b> \$295.17/mo. \$3,542.00/yr.	<b>65 &amp; under:</b> \$238.92/mo. \$2,867.00/yr. <b>66:</b> \$243.09/mo. \$2,917.00/yr. <b>70:</b> \$268.92/mo. \$3,227.00/yr. <b>75:</b> \$303.59/mo. \$3,643.00/yr. <b>80:</b> \$330.67/mo. \$3,968.00/yr.  <b>Plan J High*</b> <b>65 &amp; under:</b> \$107.59/mo. \$1,291.00/yr. <b>66:</b> \$109.25/mo. \$1,311.00/yr. <b>70:</b> \$121.09/mo. \$1,453.00/yr. <b>75:</b> \$136.67/mo. \$1,640.00/yr. <b>80:</b> \$148.84/mo. \$1,786.00/yr.
<b>65 &amp; under:</b> \$98.00/mo. \$1,115.00/yr. <b>66:</b> \$103.00/mo. \$1,172.00/yr. <b>70:</b> \$123.00/mo. \$1,400.00/yr. <b>75:</b> \$141.00/mo. \$1,604.00/yr. <b>80:</b> \$148.00/mo. \$1,681.00/yr.					
<b>65 &amp; under:</b> \$143.70/mo. \$1,710.50/yr. <b>70:</b> \$169.15/mo. \$2,013.90/yr. <b>75:</b> \$194.40/mo. \$2,314.05/yr. <b>80:</b> \$217.65/mo. \$2,591.20/yr. <b>85:</b> \$252.10/mo. \$3,001.20/yr.		<b>65 &amp; under:</b> \$131.45/mo. \$1,564.70/yr. <b>70:</b> \$154.35/mo. \$1,837.70/yr. <b>75:</b> \$176.75/mo. \$2,104.45/yr. <b>80:</b> \$197.75/mo. \$2,354.05/yr. <b>85:</b> \$229.45/mo. \$2,731.55/yr.			

\* High-deductible plans with \$1690 deductible.



	Plan A	Plan B	Plan C	Plan D	Plan E
<p><b>Health Net Health Plan of Oregon</b></p> <p>13221 S.W 68th Parkway Tigard, OR 97223 (888) 802-7001</p> <p><i>Pre-ex: None</i> <i>Attained age</i></p>	<p><b>69 &amp; under:</b> \$63.70/mo. \$764.40/yr.</p> <p><b>70:</b> \$76.90/mo. \$922.80/yr.</p>				<p><b>69 &amp; under:</b> \$99.00/mo. \$1,188.00/yr.</p> <p><b>70:</b> \$119.50/mo. \$1,434.00/yr.</p>
<p><b>LifeWise Health Plan of Oregon</b></p> <p>7001 220th St. S.W. Mountlake Terrace, WA 98043 (800) 611-4947</p> <p><i>Pre-ex: 6/6</i> <i>Attained age</i></p>	<p><b>69 &amp; under:</b> \$74.00/mo. \$888.00/yr.</p> <p><b>70-74:</b> \$103.00/mo. \$1,236.00/yr.</p> <p><b>75+:</b> \$120.00/mo. \$1,440.00/yr.</p>		<p><b>69 &amp; under:</b> \$101.00/mo. \$1,212.00/yr.</p> <p><b>70-74:</b> \$141.00/mo. \$1,692.00/yr.</p> <p><b>75+:</b> \$164.00/mo. \$1,968.00/yr.</p>		
<p><b>Lincoln Heritage Life Insurance Company</b></p> <p>4343 E. Camelback Rd. Phoenix, AZ 85018 (800) 738-4180</p> <p><i>Pre-ex: None</i> <i>Attained age</i></p>	<p><b>65 &amp; under:</b> \$87.06/mo. \$995.00/yr.</p> <p><b>70:</b> \$98.26/mo. \$1,123.00/yr.</p> <p><b>75:</b> \$114.28/mo. \$1,306.00/yr.</p> <p><b>85:</b> \$132.21/mo. \$1,511.00/yr.</p> <p><b>95:</b> \$145.95/mo. \$1,668.00/yr.</p>	<p><b>65 &amp; under:</b> \$113.23/mo. \$1,294.00/yr.</p> <p><b>70:</b> \$128.45/mo. \$1,468.00/yr.</p> <p><b>75:</b> \$151.46/mo. \$1,731.00/yr.</p> <p><b>85:</b> \$180.51/mo. \$2,063.00/yr.</p> <p><b>95:</b> \$198.89/mo. \$2,273.00/yr.</p>	<p><b>65 &amp; under:</b> \$135.80/mo. \$1,552.00/yr.</p> <p><b>70:</b> \$152.43/mo. \$1,742.00/yr.</p> <p><b>75:</b> \$177.63/mo. \$2,030.00/yr.</p> <p><b>85:</b> \$210.70/mo. \$2,408.00/yr.</p> <p><b>95:</b> \$230.65/mo. \$2,636.00/yr.</p>	<p><b>65 &amp; under:</b> \$116.99/mo. \$1,337.00/yr.</p> <p><b>70:</b> \$132.91/mo. \$1,519.00/yr.</p> <p><b>75:</b> \$157.15/mo. \$1,796.00/yr.</p> <p><b>85:</b> \$188.00/mo. \$2,155.00/yr.</p> <p><b>95:</b> \$207.55/mo. \$2,372.00/yr.</p>	

Rates shown are for women non-smokers. They are examples only and subject to change.

Plan F	Plan F High*	Plan G	Plan H	Plan I	Plan J
<b>69 &amp; under:</b> \$104.70/mo. \$1,256.60/yr. <b>70:</b> \$126.40/mo. \$1,516.80/yr.					
<b>69 &amp; under:</b> \$108.00/mo. \$1,296.00/yr. <b>70-74:</b> \$137.00/mo. \$1,644.00/yr. <b>75+:</b> \$161.00/mo. \$1,932.00/yr.				<b>69 &amp; under:</b> \$160.00/mo. \$1,920.00/yr. <b>70-74:</b> \$218.00/mo. \$2,616.00/yr. <b>75+:</b> \$254.00/mo. \$3,048.00/yr.	
<b>65 &amp; under:</b> \$139.91/mo. \$1,599.00/yr. <b>70:</b> \$157.06/mo. \$1,795.00/yr. <b>75:</b> \$183.14/mo. \$2,093.00/yr. <b>85:</b> \$217.00/mo. \$2,480.00/yr. <b>95:</b> \$237.48/mo. \$2,714.00/yr.					

\* High-deductible plans with \$1690 deductible.

	Plan A	Plan B	Plan C	Plan D	Plan E
<p><b>Medico Life Insurance Company</b></p> <p>1515 S. 75th St. Omaha, NE 68124 (800) 228-6080 <i>Pre-ex: None</i> <i>Issue age</i></p>	<p><b>65:</b> \$120.00/mo. \$1,434.00/yr.</p> <p><b>67:</b> \$126.00/mo. \$1,512.00/yr.</p> <p><b>70:</b> \$138.00/mo. \$1,650.00/yr.</p> <p><b>75:</b> \$146.00/mo. \$1,753.00/yr.</p> <p><b>80:</b> \$156.00/mo. \$1,868.00/yr.</p>		<p><b>65:</b> \$192.00/mo. \$2,306.00/yr.</p> <p><b>67:</b> \$204.00/mo. \$2,443.00/yr.</p> <p><b>70:</b> \$224.00/mo. \$2,690.00/yr.</p> <p><b>75:</b> \$241.00/mo. \$2,897.00/yr.</p> <p><b>80:</b> \$271.00/mo. \$3,250.00/yr.</p>		
<p><b>Mutual of Omaha Insurance Company</b></p> <p>Mutual of Omaha Plaza Omaha, NE 68175 (800) 316-0842 <i>Pre-ex: 6/6</i> <i>Attained age</i> <i>Agent sold</i> <i>Premiums shown are for ZIP code areas 970-972.</i></p>	<p><b>65 &amp; under:</b> \$72.29/mo. \$867.49/yr.</p> <p><b>70:</b> \$85.75/mo. \$1,028.94/yr.</p> <p><b>75:</b> \$99.73/mo. \$1,196.74/yr.</p> <p><b>80:</b> \$114.85/mo. \$1,378.24/yr.</p>		<p><b>65 &amp; under:</b> \$89.71/mo. \$1,076.47/yr.</p> <p><b>70:</b> \$106.38/mo. \$1,276.60/yr.</p> <p><b>75:</b> \$123.73/mo. \$1,484.72/yr.</p> <p><b>80:</b> \$142.47/mo. \$1,709.60/yr.</p>	<p><b>65 &amp; under:</b> \$80.80/mo. \$969.59/yr.</p> <p><b>70:</b> \$95.83/mo. \$1,149.99/yr.</p> <p><b>75:</b> \$111.45/mo. \$1,337.44/yr.</p> <p><b>80:</b> \$128.35/mo. \$1,540.16/yr.</p>	
<p><b>Mutual of Omaha Insurance Company</b></p> <p>Mutual of Omaha Plaza Omaha, NE 68175 (800) 316-0842 <i>Pre-ex: 6/6</i> <i>Attained age</i> <i>Direct response</i> <i>Rates shown are for ZIP code areas 973-979.</i></p>	<p><b>65 &amp; under:</b> \$69.40/mo. \$832.79/yr.</p> <p><b>70:</b> \$82.32/mo. \$987.78/yr.</p> <p><b>75:</b> \$95.74/mo. \$1,148.87/yr.</p> <p><b>80:</b> \$110.26/mo. \$1,323.10/yr.</p>		<p><b>65 &amp; under:</b> \$86.12/mo. \$1,033.41/yr.</p> <p><b>70:</b> \$102.13/mo. \$1,225.54/yr.</p> <p><b>75:</b> \$118.78/mo. \$1,425.34/yr.</p> <p><b>80:</b> \$136.77/mo. \$1,641.22/yr.</p>	<p><b>65 &amp; under:</b> \$77.57/mo. \$930.80/yr.</p> <p><b>70:</b> \$92.00/mo. \$1,104.00/yr.</p> <p><b>75:</b> \$107.00/mo. \$1,283.95/yr.</p> <p><b>80:</b> \$123.21/mo. \$1,478.56/yr.</p>	

*Rates shown are for women non-smokers. They are examples only and subject to change.*

Plan F	Plan F High*	Plan G	Plan H	Plan I	Plan J
<b>65:</b> \$210.00/mo. \$2,522.00/yr. <b>67:</b> \$222.00/mo. \$2,668.00/yr. <b>70:</b> \$245.00/mo. \$2,935.00/yr. <b>75:</b> \$263.00/mo. \$3,150.00/yr. <b>80:</b> \$292.00/mo. \$3,507.00/yr.		<b>65:</b> \$198.00/mo. \$2,376.00/yr. <b>67:</b> \$211.00/mo. \$2,533.00/yr. <b>70:</b> \$235.00/mo. \$2,820.00/yr. <b>75:</b> \$254.00/mo. \$3,053.00/yr. <b>80:</b> \$288.00/mo. \$3,452.00/yr.			
<b>65 &amp; under:</b> \$90.89/mo. \$1,090.64/yr. <b>70:</b> \$107.77/mo. \$1,293.28/yr. <b>75:</b> \$125.35/mo. \$1,504.22/yr. <b>80:</b> \$144.35/mo. \$1,732.15/yr.					
<b>65 &amp; under:</b> \$87.25/mo. \$1,047.02/yr. <b>70:</b> \$103.46/mo. \$1,241.55/yr. <b>75:</b> \$120.34/mo. \$1,444.05/yr. <b>80:</b> \$138.57/mo. \$1,662.87/yr.					

\* High-deductible plans with \$1690 deductible.

	Plan A	Plan B	Plan C	Plan D	Plan E
<p><b>Mutual Protective Insurance Company</b></p> <p>1515 S. 75th St. Omaha, NE 68124 (800) 228-6080 <i>Pre-ex: None</i> <i>Issue age</i></p>	<p><b>65:</b> \$120.00/mo. \$1,434.00/yr.</p> <p><b>67:</b> \$126.00/mo. \$1,512.00/yr.</p> <p><b>70:</b> \$138.00/mo. \$1,650.00/yr.</p> <p><b>75:</b> \$146.00/mo. \$1,753.00/yr.</p> <p><b>80:</b> \$156.00/mo. \$1,868.00/yr.</p>		<p><b>65:</b> \$192.00/mo. \$2,306.00/yr.</p> <p><b>67:</b> \$204.00/mo. \$2,443.00/yr.</p> <p><b>70:</b> \$224.00/mo. \$2,690.00/yr.</p> <p><b>75:</b> \$241.00/mo. \$2,897.00/yr.</p> <p><b>80:</b> \$271.00/mo. \$3,250.00/yr.</p>		
<p><b>ODS Health Plans, Inc.</b></p> <p>601 S.W. Second Ave. Portland, OR 97204 (888) 393-2940 <i>Pre-ex: 6/6</i> <i>Attained age</i> <i>Senior Select Plan</i> <i>Dental optional</i></p>	<p><b>69 &amp; under:</b> \$68.81/mo. \$825.72/yr.</p> <p><b>70-74:</b> \$83.12/mo. \$997.44/yr.</p> <p><b>75+:</b> \$84.38/mo. \$1,012.56/yr.</p>		<p><b>69 &amp; under:</b> \$107.85/mo. \$1,294.20/yr.</p> <p><b>70-74:</b> \$130.28/mo. \$1,563.36/yr.</p> <p><b>75+:</b> \$132.25/mo. \$1,587.00/yr.</p>		
<p><b>PacifiCare Life Assurance Company/ Secure Horizons</b></p> <p>3100 W. Lake Center Dr. Santa Ana, CA 92704 (800) 429-0789 <i>Pre-ex: None</i> <i>Attained age</i></p>	<p><b>65 &amp; under:</b> \$67.00/mo. \$804.00/yr.</p> <p><b>70:</b> \$86.00/mo. \$1,032.00/yr.</p> <p><b>80:</b> \$99.00/mo. \$1,188.00/yr.</p> <p><b>85:</b> \$104.00/mo. \$1,248.00/yr.</p>		<p><b>65 &amp; under:</b> \$112.00/mo. \$1,344.00/yr.</p> <p><b>70:</b> \$139.00/mo. \$1,668.00/yr.</p> <p><b>80:</b> \$175.00/mo. \$2,100.00/yr.</p> <p><b>85:</b> \$202.00/mo. \$2,424.00/yr.</p>		

*Rates shown are for women non-smokers. They are examples only and subject to change.*

Plan F	Plan F High*	Plan G	Plan H	Plan I	Plan J
<b>65:</b> \$210.00/mo. \$2,522.00/yr. <b>67:</b> \$222.00/mo. \$2,668.00/yr. <b>70:</b> \$245.00/mo. \$2,935.00/yr. <b>75:</b> \$263.00/mo. \$3,150.00/yr. <b>80:</b> \$292.00/mo. \$3,507.00/yr.		<b>65:</b> \$198.00/mo. \$2,376.00/yr. <b>67:</b> \$211.00/mo. \$2,533.00/yr. <b>70:</b> \$235.00/mo. \$2,820.00/yr. <b>75:</b> \$254.00/mo. \$3,053.00/yr. <b>80:</b> \$288.00/mo. \$3,452.00/yr.			
<b>69 &amp; under:</b> \$110.46/mo. \$1,325.52/yr. <b>70-74:</b> \$133.43/mo. \$1,601.16/yr. <b>75+:</b> \$135.45/mo. \$1,625.40/yr.	<b>69 &amp; under:</b> \$29.67/mo. \$356.04/yr. <b>70-74:</b> \$35.85/mo. \$430.20/yr. <b>75+:</b> \$36.39/mo. \$436.68/yr.				
<b>65 &amp; under:</b> \$112.00/mo. \$1,344.00/yr. <b>70:</b> \$140.00/mo. \$1,680.00/yr. <b>80:</b> \$176.00/mo. \$2,112.00/yr. <b>85:</b> \$202.00/mo. \$2,424.00/yr.		<b>65 &amp; under:</b> \$101.00/mo. \$1,212.00/yr. <b>70:</b> \$125.00/mo. \$1,500.00/yr. <b>80:</b> \$158.00/mo. \$1,896.00/yr.			

\* High-deductible plans with \$1690 deductible.

	Plan A	Plan B	Plan C	Plan D	Plan E
<p><b>PacificSource Health Plans/ MediShield</b></p> <p>P.O. Box 7068 Eugene, OR 97401 (888) 977-9299 <i>Pre-ex: 6/6</i> <i>Community rating</i></p>	<p><b>All ages:</b> \$89.48/mo.</p>				
<p><b>Physicians Mutual Insurance Company</b></p> <p>2600 Dodge St. Omaha, NE 68131-2671 (800) 228-9100 <i>Pre-ex: None</i> <i>Attained age</i> <i>Premiums shown are for all ZIP code areas except 972.</i></p>	<p><b>65 &amp; under:</b> \$95.00/mo. \$1,080.00/yr.</p> <p><b>70:</b> \$104.55/mo. \$1,194.60/yr.</p> <p><b>75:</b> \$112.90/mo. \$1,294.80/yr.</p> <p><b>80:</b> \$118.05/mo. \$1,356.60/yr.</p>	<p><b>65 &amp; under:</b> \$111.10/mo. \$1,273.20/yr.</p> <p><b>70:</b> \$125.10/mo. \$1,441.20/yr.</p> <p><b>75:</b> \$138.95/mo. \$1,607.40/yr.</p> <p><b>80:</b> \$149.40/mo. \$1,732.80/yr.</p>	<p><b>65 &amp; under:</b> \$137.15/mo. \$1,585.80/yr.</p> <p><b>70:</b> \$155.85/mo. \$1,810.20/yr.</p> <p><b>75:</b> \$173.70/mo. \$2,024.40/yr.</p> <p><b>80:</b> \$191.35/mo. \$2,236.20/yr.</p>	<p><b>65 &amp; under:</b> \$107.95/mo. \$1,235.40/yr.</p> <p><b>70:</b> \$124.25/mo. \$1,431.00/yr.</p> <p><b>75:</b> \$141.80/mo. \$1,641.60/yr.</p> <p><b>80:</b> \$159.20/mo. \$1,850.40/yr.</p>	
<p><b>Providence Health Plan</b></p> <p>3601 S.W. Murray Blvd. Beaverton, OR 97005 (503) 574-8000 (800) 603-2340 <i>Pre-ex: None</i> <i>Attained age</i></p>	<p><b>69 &amp; under:</b> \$75.00/mo. \$900.00/yr.</p> <p><b>70:</b> \$79.00/mo. \$948.00/yr.</p> <p><b>75:</b> \$85.00/mo. \$1,020.00/yr.</p> <p><b>80:</b> \$90.00/mo. \$1,080.00/yr.</p>				

Rates shown are for women non-smokers. They are examples only and subject to change.

Plan F	Plan F High*	Plan G	Plan H	Plan I	Plan J
<b>65 &amp; under:</b> \$122.40/mo. \$1,408.80/yr. <b>70:</b> \$139.25/mo. \$1,611.00/yr. <b>75:</b> \$154.90/mo. \$1,798.80/yr. <b>80:</b> \$170.65/mo. \$1,987.80/yr.					
<b>69 &amp; under:</b> \$106.00/mo. \$1,272.00/yr. <b>70:</b> \$114.00/mo. \$1,368.00/yr. <b>75:</b> \$129.00/mo. \$1,548.00/yr. <b>80:</b> \$143.00/mo. \$1,716.00/yr.					

\* High-deductible plans with \$1690 deductible.



	Plan A	Plan B	Plan C	Plan D	Plan E
<p><b>The Pyramid Life Insurance Company</b></p> <p>600 Courtland St. Orlando, FL 32804 (800) 777-1126 <i>Pre-ex: 6/6</i> <i>Attained age</i> <i>Premiums are higher for ZIPs 970-972 and 974.</i></p>	<p><b>65 &amp; under:</b> \$91.68/mo. \$1,066.10/yr.</p> <p><b>70:</b> \$114.38/mo. \$1,330.04/yr.</p> <p><b>75:</b> \$125.80/mo. \$1,462.80/yr.</p> <p><b>80:</b> \$133.39/mo. \$1,551.05/yr.</p> <p><b>85:</b> \$138.79/mo. \$1,613.85/yr.</p>	<p><b>65 &amp; under:</b> \$88.54/mo. \$1,029.53/yr.</p> <p><b>70:</b> \$110.35/mo. \$1,283.13/yr.</p> <p><b>75:</b> \$123.20/mo. \$1,432.59/yr.</p> <p><b>80:</b> \$133.25/mo. \$1,549.46/yr.</p> <p><b>85:</b> \$141.53/mo. \$1,645.65/yr.</p>	<p><b>65 &amp; under:</b> \$116.91/mo. \$1,359.45/yr.</p> <p><b>70:</b> \$145.83/mo. \$1,695.74/yr.</p> <p><b>75:</b> \$162.24/mo. \$1,886.54/yr.</p> <p><b>80:</b> \$174.69/mo. \$2,031.23/yr.</p> <p><b>85:</b> \$184.33/mo. \$2,143.32/yr.</p>	<p><b>65 &amp; under:</b> \$88.68/mo. \$1,031.12/yr.</p> <p><b>70:</b> \$110.42/mo. \$1,283.93/yr.</p> <p><b>75:</b> \$123.34/mo. \$1,434.18/yr.</p> <p><b>80:</b> \$133.66/mo. \$1,554.23/yr.</p> <p><b>85:</b> \$142.14/mo. \$1,652.81/yr.</p>	
<p><b>Regence BlueCross BlueShield of Oregon/ Companion Plans</b></p> <p>P.O. Box 1271 Portland, OR 97207 (800) 541-8981 <i>Pre-ex: 6/6</i> <i>Attained age</i></p>	<p><b>69 &amp; under:</b> \$107.10/mo. \$1,285.20/yr.</p> <p><b>70:</b> \$115.60/mo. \$1,387.20/yr.</p> <p><b>75:</b> \$138.30/mo. \$1,659.60/yr.</p> <p><b>80:</b> \$145.90/mo. \$1,750.80/yr.</p> <p><b>85:</b> \$152.10/mo. \$1,825.20/yr.</p>		<p><b>69 &amp; under:</b> \$119.20/mo. \$1,430.40/yr.</p> <p><b>70:</b> \$128.70/mo. \$1,544.40/yr.</p> <p><b>75:</b> \$153.90/mo. \$1,846.80/yr.</p> <p><b>80:</b> \$162.40/mo. \$1,948.80/yr.</p> <p><b>85:</b> \$169.40/mo. \$2,032.80/yr.</p>	<p><b>69 &amp; under:</b> \$112.10/mo. \$1,345.20/yr.</p> <p><b>70:</b> \$121.00/mo. \$1,452.00/yr.</p> <p><b>75:</b> \$144.80/mo. \$1,737.60/yr.</p> <p><b>80:</b> \$152.70/mo. \$1,832.40/yr.</p> <p><b>85:</b> \$159.30/mo. \$1,911.60/yr.</p>	<p><b>69 &amp; under:</b> \$115.00/mo. \$1,380.00/yr.</p> <p><b>70:</b> \$124.20/mo. \$1,490.40/yr.</p> <p><b>75:</b> \$148.60/mo. \$1,783.20/yr.</p> <p><b>80:</b> \$156.70/mo. \$1,880.40/yr.</p> <p><b>85:</b> \$163.40/mo. \$1,960.80/yr.</p>
<p><b>Standard Life and Accident Insurance Company/ Plan 125</b></p> <p>One Moody Plaza Galveston, TX 77550 (888) 350-1488 <i>Pre-ex: None</i> <i>Attained age</i></p>	<p><b>65 &amp; under:</b> \$89.31/mo. \$1,020.71/yr.</p> <p><b>70:</b> \$105.61/mo. \$1,206.95/yr.</p> <p><b>75:</b> \$120.65/mo. \$1,378.85/yr.</p> <p><b>80:</b> \$133.97/mo. \$1,531.06/yr.</p>	<p><b>65 &amp; under:</b> \$143.07/mo. \$1,635.10/yr.</p> <p><b>70:</b> \$169.02/mo. \$1,931.64/yr.</p> <p><b>75:</b> \$193.16/mo. \$2,207.59/yr.</p> <p><b>80:</b> \$214.25/mo. \$2,448.54/yr.</p>	<p><b>65 &amp; under:</b> \$162.63/mo. \$1,858.61/yr.</p> <p><b>70:</b> \$192.40/mo. \$2,198.80/yr.</p> <p><b>75:</b> \$219.81/mo. \$2,512.09/yr.</p> <p><b>80:</b> \$243.86/mo. \$2,786.94/yr.</p>	<p><b>65 &amp; under:</b> \$105.27/mo. \$1,203.08/yr.</p> <p><b>70:</b> \$124.96/mo. \$1,428.08/yr.</p> <p><b>75:</b> \$154.21/mo. \$1,762.38/yr.</p> <p><b>80:</b> \$193.23/mo. \$2,208.36/yr.</p>	<p><b>65 &amp; under:</b> \$110.00/mo. \$1,257.13/yr.</p> <p><b>70:</b> \$130.01/mo. \$1,485.82/yr.</p> <p><b>75:</b> \$148.58/mo. \$1,698.07/yr.</p> <p><b>80:</b> \$164.94/mo. \$1,885.07/yr.</p>

Rates shown are for women non-smokers. They are examples only and subject to change.

Plan F	Plan F High*	Plan G	Plan H	Plan I	Plan J
<b>65 &amp; under:</b> \$114.38/mo. \$1,330.04/yr. <b>70:</b> \$142.69/mo. \$1,659.17/yr. <b>75:</b> \$158.55/mo. \$1,843.61/yr. <b>80:</b> \$170.86/mo. \$1,986.71/yr. <b>85:</b> \$180.15/mo. \$2,094.83/yr.	<b>65 &amp; under:</b> \$31.04/mo. \$360.93/yr. <b>70:</b> \$35.21/mo. \$409.43/yr. <b>75:</b> \$42.39/mo. \$492.90/yr. <b>80:</b> \$47.52/mo. \$552.53/yr. <b>85:</b> \$51.76/mo. \$601.82/yr.	<b>65 &amp; under:</b> \$94.28/mo. \$1,096.31/yr. <b>70:</b> \$117.32/mo. \$1,364.22/yr. <b>75:</b> \$131.13/mo. \$1,524.81/yr. <b>80:</b> \$142.21/mo. \$1,653.60/yr. <b>85:</b> \$151.44/mo. \$1,760.93/yr.			<b>Plan J high*:</b> <b>65 &amp; under:</b> \$72.06/mo. \$837.93/yr. <b>70:</b> \$84.16/mo. \$978.65/yr. <b>75:</b> \$99.07/mo. \$1,151.96/yr. <b>80:</b> \$108.98/mo. \$1,267.23/yr. <b>85:</b> \$116.43/mo. \$1,353.89/yr.
<b>69 &amp; under:</b> \$121.60/mo. \$1,459.20/yr. <b>70:</b> \$131.30/mo. \$1,575.60/yr. <b>75:</b> \$157.00/mo. \$1,884.00/yr. <b>80:</b> \$165.60/mo. \$1,987.20/yr. <b>85:</b> \$172.80/mo. \$2,073.60/yr.	<b>69 &amp; under:</b> \$48.60/mo. \$583.20/yr. <b>70:</b> \$52.50/mo. \$630.00/yr. <b>75:</b> \$62.80/mo. \$753.60/yr. <b>80:</b> \$66.20/mo. \$794.40/yr. <b>85:</b> \$69.10/mo. \$829.20/yr.	<b>69 &amp; under:</b> \$112.70/mo. \$1,352.40/yr. <b>70:</b> \$121.70/mo. \$1,460.40/yr. <b>75:</b> \$145.60/mo. \$1,747.20/yr. <b>80:</b> \$153.50/mo. \$1,842.00/yr. <b>85:</b> \$160.10/mo. \$1,921.20/yr.		<b>69 &amp; under:</b> \$211.70/mo. \$2,540.40/yr. <b>70:</b> \$228.40/mo. \$2,740.80/yr. <b>75:</b> \$273.40/mo. \$3,280.80/yr. <b>80:</b> \$288.30/mo. \$3,459.60/yr. <b>85:</b> \$300.70/mo. \$3,608.40/yr.	
<b>65 &amp; under:</b> \$165.26/mo. \$1,888.66/yr. <b>70:</b> \$195.32/mo. \$2,232.22/yr. <b>75:</b> \$223.22/mo. \$2,551.11/yr. <b>80:</b> \$247.80/mo. \$2,832.07/yr.	<b>65 &amp; under:</b> \$43.61/mo. \$498.43/yr. <b>70:</b> \$51.55/mo. \$589.10/yr. <b>75:</b> \$58.91/mo. \$673.26/yr. <b>80:</b> \$65.40/mo. \$747.38/yr.	<b>65 &amp; under:</b> \$105.34/mo. \$1,203.08/yr. <b>70:</b> \$124.43/mo. \$1,422.11/yr. <b>75:</b> \$149.27/mo. \$1,705.97/yr. <b>80:</b> \$183.15/mo. \$2,093.11/yr.			

\* High-deductible plans with \$1690 deductible.

	Plan A	Plan B	Plan C	Plan D	Plan E
<p><b>Standard Life and Accident Insurance Company/ Plan 130 Select</b></p> <p>One Moody Plaza Galveston, TX 77550 (888) 350-1488 <i>Pre-ex: 3/3</i> <i>Attained age</i></p>			<p><u>Select</u></p> <p><b>65 &amp; under:</b> \$119.78/mo. \$1,368.92/yr.</p> <p><b>70:</b> \$122.57/mo. \$1,400.78/yr.</p> <p><b>75:</b> \$140.76/mo. \$1,608.65/yr.</p> <p><b>80:</b> \$167.61/mo. \$1,915.56/yr.</p>	<p><u>Select</u></p> <p><b>65 &amp; under:</b> \$81.24/mo. \$928.41/yr.</p> <p><b>70:</b> \$83.13/mo. \$950.03/yr.</p> <p><b>75:</b> \$95.46/mo. \$1,091.00/yr.</p> <p><b>80:</b> \$113.68/mo. \$1,299.15/yr.</p>	
<p><b>State Farm Mutual Automobile Insurance Company</b></p> <p>One State Farm Plaza B-2 Bloomington, IL 61710 Contact a local State Farm agent <i>Pre-ex: None</i> <i>Attained age</i> <i>Premiums are higher in Clackamas, Columbia, Multnomah, and Washington counties.</i></p>	<p><b>69 &amp; under:</b> \$69.97/mo. \$823.20/yr.</p> <p><b>70-74:</b> \$87.48/mo. \$1,029.20/yr.</p> <p><b>75:</b> \$104.96/mo. \$1,234.90/yr.</p>		<p><b>69 &amp; under:</b> \$105.55/mo. \$1,241.80/yr.</p> <p><b>70-74:</b> \$131.92/mo. \$1,552.10/yr.</p> <p><b>75:</b> \$158.32/mo. \$1,862.60/yr.</p>		
<p><b>State Mutual Insurance Company</b></p> <p>One State Mutual Drive Rome, GA 30162-0153 (800) 321-0102 <i>Pre-ex: None</i> <i>Attained age</i></p>	<p><b>65 &amp; under:</b> \$86.80/mo. \$992.00/yr.</p> <p><b>70:</b> \$101.67/mo. \$1,162.00/yr.</p> <p><b>75:</b> \$118.55/mo. \$1,355.00/yr.</p> <p><b>80:</b> \$130.08/mo. \$1,487.00/yr.</p> <p><b>85:</b> \$137.45/mo. \$1,571.00/yr.</p>	<p><b>65 &amp; under:</b> \$117.51/mo. \$1,343.00/yr.</p> <p><b>70:</b> \$139.45/mo. \$1,594.00/yr.</p> <p><b>75:</b> \$164.67/mo. \$1,882.00/yr.</p> <p><b>80:</b> \$184.30/mo. \$2,106.00/yr.</p> <p><b>85:</b> \$198.06/mo. \$2,264.00/yr.</p>	<p><b>65 &amp; under:</b> \$140.34/mo. \$1,604.00/yr.</p> <p><b>70:</b> \$162.81/mo. \$1,861.00/yr.</p> <p><b>75:</b> \$190.18/mo. \$2,173.00/yr.</p> <p><b>80:</b> \$211.15/mo. \$2,413.00/yr.</p> <p><b>85:</b> \$226.32/mo. \$2,587.00/yr.</p>	<p><b>65 &amp; under:</b> \$129.71/mo. \$1,482.00/yr.</p> <p><b>70:</b> \$154.40/mo. \$1,765.00/yr.</p> <p><b>75:</b> \$182.89/mo. \$2,090.00/yr.</p> <p><b>80:</b> \$204.68/mo. \$2,339.00/yr.</p> <p><b>85:</b> \$220.22/mo. \$2,517.00/yr.</p>	

Rates shown are for women non-smokers. They are examples only and subject to change.

Plan F	Plan F High*	Plan G	Plan H	Plan I	Plan J
<u>Select</u> <b>65 &amp; under:</b> \$120.99/mo. \$1,382.74/yr. <b>70:</b> \$123.81/mo. \$1,414.93/yr. <b>75:</b> \$142.18/mo. \$1,624.90/yr. <b>80:</b> \$169.30/mo. \$1,934.91/yr.		<u>Select</u> <b>65 &amp; under:</b> \$82.05/mo. \$937.69/yr. <b>70:</b> \$83.96/mo. \$959.52/yr. <b>75:</b> \$96.42/mo. \$1,101.91/yr. <b>80:</b> \$114.81/mo. \$1,312.14/yr.			
<b>69 &amp; under:</b> \$121.37/mo. \$1,427.90/yr. <b>70-74:</b> \$151.71/mo. \$1,784.90/yr. <b>75:</b> \$182.06/mo. \$2,141.90/yr.					
<b>65 &amp; under:</b> \$145.63/mo. \$1,664.00/yr. <b>70:</b> \$169.05/mo. \$1,932.00/yr. <b>75:</b> \$197.17/mo. \$2,253.00/yr. <b>80:</b> \$218.96/mo. \$2,502.00/yr. <b>85:</b> \$234.43/mo. \$2,679.00/yr.					

\* High-deductible plans with \$1690 deductible.

	Plan A	Plan B	Plan C	Plan D	Plan E
<p><b>Sterling Life Insurance Company</b>                      P.O. Box 5348                      Bellingham, WA 98227-5348                      (800) 688-0010  <i>Pre-ex: none</i>  <i>Attained age</i>                      Medicare Select Plan,                      Metropolitan service area rates. Please call for non-MSA rates.</p>	<p><u>Select</u>  <b>69 &amp; under:</b> \$94.00/mo.                      \$1,049.00/yr.  <b>70-74:</b> \$108.00/mo.                      \$1,198.00/yr.  <b>75-79:</b> \$117.00/mo.                      \$1,303.00/yr.  <b>80+:</b> \$122.00/mo.                      \$1,359.00/yr.</p>	<p><u>Select</u>  <b>69 &amp; under:</b> \$96.00/mo.                      \$1,072.00/yr.  <b>70-74:</b> \$110.00/mo.                      \$1,226.00/yr.  <b>75-79:</b> \$120.00/mo.                      \$1,336.00/yr.  <b>80+:</b> \$126.00/mo.                      \$1,398.00/yr.</p>	<p><u>Select</u>  <b>69 &amp; under:</b> \$112.00/mo.                      \$1,246.00/yr.  <b>70-74:</b> \$129.00/mo.                      \$1,433.00/yr.  <b>75-79:</b> \$144.00/mo.                      \$1,596.00/yr.  <b>80+:</b> \$158.00/mo.                      \$1,760.00/yr.</p>		
<p><b>Sterling Life Insurance Company</b>                      P.O. Box 5348                      Bellingham, WA 98227-5348                      (800) 688-0100  <i>Pre-ex: none</i>  <i>Attained age</i>                      Standard Plan, Metropolitan service area rates. Please call for non-MSA rates.</p>	<p><b>69 &amp; under:</b> \$109.00/mo.                      \$1,215.00/yr.  <b>70-74:</b> \$125.00/mo.                      \$1,391.00/yr.  <b>75-79:</b> \$137.00/mo.                      \$1,519.00/yr.  <b>80+:</b> \$144.00/mo.                      \$1,595.00/yr.</p>	<p><b>69 &amp; under:</b> \$130.00/mo.                      \$1,446.00/yr.  <b>70-74:</b> \$151.00/mo.                      \$1,673.00/yr.  <b>75-79:</b> \$167.00/mo.                      \$1,851.00/yr.  <b>80+:</b> \$179.00/mo.                      \$1,988.00/yr.</p>	<p><b>69 &amp; under:</b> \$147.00/mo.                      \$1,637.00/yr.  <b>70-74:</b> \$171.00/mo.                      \$1,898.00/yr.  <b>75-79:</b> \$192.00/mo.                      \$2,129.00/yr.  <b>80+:</b> \$213.00/mo.                      \$2,369.00/yr.</p>		
<p><b>United American Insurance Company ProCare Services</b>                      3700 Stonebridge Drive                      P.O. Box 8080                      McKinney, TX 75070                      (800) 331-2512  <i>Pre-ex: 6/2</i>                      Issue age — A, F, G                      Attained age — B, C, D</p>	<p><b>65 &amp; under:</b> \$107.00/mo.                      \$1,218.00/yr.  <b>66-69:</b> \$112.00/mo.                      \$1,276.00/yr.  <b>70-74:</b> \$115.00/mo.                      \$1,312.00/yr.  <b>75-79:</b> \$115.00/mo.                      \$1,312.00/yr.  <b>80+:</b> \$115.00/mo.                      \$1,312.00/yr.</p>	<p><b>65 &amp; under:</b> \$124.00/mo.                      \$1,411.00/yr.  <b>70:</b> \$164.00/mo.                      \$1,863.00/yr.  <b>75:</b> \$177.00/mo.                      \$2,017.00/yr.  <b>80+:</b> \$179.00/mo.                      \$2,039.00/yr.</p>	<p><b>65 &amp; under:</b> \$127.00/mo.                      \$1,447.00/yr.  <b>70:</b> \$168.00/mo.                      \$1,908.00/yr.  <b>75:</b> \$184.00/mo.                      \$2,089.00/yr.  <b>80:</b> \$193.00/mo.                      \$2,189.00/yr.</p>	<p><b>65 &amp; under:</b> \$132.00/mo.                      \$1,501.00/yr.  <b>70:</b> \$176.00/mo.                      \$1,996.00/yr.  <b>75:</b> \$193.00/mo.                      \$2,196.00/yr.  <b>80:</b> \$203.00/mo.                      \$2,307.00/yr.</p>	

Rates shown are for women non-smokers. They are examples only and subject to change.

Plan F	Plan F High*	Plan G	Plan H	Plan I	Plan J
<u>Select</u> <b>69 &amp; under:</b> \$114.00/mo. \$1,263.00/yr. <b>70-74:</b> \$131.00/mo. \$1,454.00/yr. <b>75-79:</b> \$146.00/mo. \$1,619.00/yr. <b>80+:</b> \$160.00/mo. \$1,783.00/yr.					
<b>69 &amp; under:</b> \$149.00/mo. \$1,656.00/yr. <b>70-74:</b> \$173.00/mo. \$1,921.00/yr. <b>75-79:</b> \$194.00/mo. \$2,154.00/yr. <b>80+:</b> \$215.00/mo. \$2,394.00/yr.					
<b>65 &amp; under:</b> \$166.00/mo. \$1,883.00/yr. <b>70:</b> \$181.00/mo. \$2,060.00/yr. <b>75:</b> \$187.00/mo. \$2,129.00/yr. <b>80+:</b> \$191.00/mo. \$2,172.00/yr.		<b>65 &amp; under:</b> \$177.00/mo. \$2,014.00/yr. <b>70:</b> \$187.00/mo. \$2,120.00/yr. <b>75:</b> \$201.00/mo. \$2,288.00/yr. <b>80+:</b> \$205.00/mo. \$2,335.00/yr.			

\* High-deductible plans with \$1690 deductible.

	Plan A	Plan B	Plan C	Plan D	Plan E
<b>United Teacher Associates Insurance Company</b> 5508 Parkcrest Drive P.O. Box 26580 Austin, TX 78755-0580 (800) 880-8824 <i>Pre-ex: 6/6</i> <i>Attained age</i>	<b>68:</b> \$67.33/mo. \$806.40/yr.	<b>68:</b> \$80.95/mo. \$969.47/yr.	<b>68:</b> \$92.40/mo. \$1,106.56/yr.	<b>68:</b> \$76.83/mo. \$920.19/yr.	
	<b>70:</b> \$76.38/mo. \$914.82/yr.	<b>70:</b> \$92.10/mo. \$1,102.98/yr.	<b>70:</b> \$105.41/mo. \$1,262.46/yr.	<b>70:</b> \$87.68/mo. \$1,050.11/yr.	
	<b>75:</b> \$90.23/mo. \$1,080.58/yr.	<b>75:</b> \$109.98/mo. \$1,317.12/yr.	<b>75:</b> \$126.52/mo. \$1,515.14/yr.	<b>75:</b> \$105.64/mo. \$1,265.15/yr.	
	<b>80:</b> \$99.66/mo. \$1,193.47/yr.	<b>80:</b> \$123.22/mo. \$1,475.71/yr.	<b>80:</b> \$142.45/mo. \$1,705.98/yr.	<b>80:</b> \$119.56/mo. \$1,431.81/yr.	
	<b>85:</b> \$103.02/mo. \$1,233.79/yr.	<b>85:</b> \$129.36/mo. \$1,549.18/yr.	<b>85:</b> \$150.61/mo. \$1,803.65/yr.	<b>85:</b> \$126.96/mo. \$1,520.51/yr.	

Plan F	Plan F High*	Plan G	Plan H	Plan I	Plan J
<b>68:</b> \$92.70/mo. \$1,110.14/yr. <b>70:</b> \$105.80/mo. \$1,266.94/yr. <b>75:</b> \$126.96/mo. \$1,520.51/yr. <b>80:</b> \$142.90/mo. \$1,711.36/yr. <b>85:</b> \$151.13/mo. \$1,809.92/yr.		<b>68:</b> \$77.06/mo. \$922.88/yr. <b>70:</b> \$87.99/mo. \$1,053.70/yr. <b>75:</b> \$106.02/mo. \$1,269.63/yr. <b>80:</b> \$119.93/mo. \$1,436.29/yr. <b>85:</b> \$127.41/mo. \$1,525.89/yr.			

\* High-deductible plans with \$1690 deductible.



	Plan A	Plan B	Plan C	Plan D	Plan E
<p><b>AARP Health Care Options</b>  <b>United Health Care Insurance Company</b></p> <p>P.O. Box 130  Montgomeryville, PA 18936-0130  (800) 523-5800  <i>Pre-ex: 3/3</i>  <i>Issue age</i>  <i>G.I.= A-G except ESRD</i>  <i>Applicants must be age 50 or older and have AARP membership.</i>  <i>Those enrolling within three years of turning 65 or enrolling in Medicare Part B at age 65 or older are eligible for discounts.</i>  <i>68+ rates vary due to Medicare enrollment dates and responses to medical questions.</i></p>	<p><b>50-67:</b> \$79.50/mo.  \$954.00/yr.</p> <p><b>68+:</b> \$87.45/mo.  \$1,049.40/yr.</p>	<p><b>50-67:</b> \$105.00/mo.  \$1,260.00/yr.</p> <p><b>68+:</b> \$115.50/mo.  \$1,386.00/yr.</p>	<p><b>50-67:</b> \$118.75/mo.  \$1,425.00/yr.</p> <p><b>68+:</b> \$130.62/mo.  \$1,567.44/yr.</p> <p><b>Select Plan C</b></p> <p><b>50-67:</b> \$93.50/mo.  \$1,122.00/yr.</p> <p><b>68+:</b> \$102.85/mo.  \$1,234.20/yr.</p>	<p><b>50-67:</b> \$109.75/mo.  \$1,317.00/yr.</p> <p><b>68+:</b> \$120.72/mo.  \$1,448.64/yr.</p>	<p><b>50-67:</b> \$109.75/mo.  \$1,317.00/yr.</p> <p><b>68+:</b> \$120.72/mo.  \$1,448.64/yr.</p>
<p><b>Mennonite Mutual Aid Association</b></p> <p>P.O. Box 483  Goshen, IN 46527  (800) 348-7468  <i>Pre-ex, Plans A, E, F: 2/0</i>  <i>Pre-ex, Plan I: 2/12</i>  <i>Issue age</i>  <i>Mennonite Mutual Aid Association is a fraternal benefit society. Its policies are available only to persons eligible for membership in the association.</i></p>	<p><b>65:</b> \$59.94/mo.  \$719.32/yr.</p> <p><b>66:</b> \$63.53/mo.  \$762.44/yr.</p> <p><b>70:</b> \$66.96/mo.  \$803.60/yr.</p> <p><b>75:</b> \$70.56/mo.  \$846.72/yr.</p> <p><b>85:</b> \$72.19/mo.  \$866.32/yr.</p>				<p><b>65:</b> \$88.60/mo.  \$1,063.30/yr.</p> <p><b>66:</b> \$94.73/mo.  \$1,136.80/yr.</p> <p><b>70:</b> \$102.73/mo.  \$1,232.84/yr.</p> <p><b>75:</b> \$111.47/mo.  \$1,337.70/yr.</p> <p><b>85:</b> \$122.33/mo.  \$1,468.04/yr.</p>

*Rates shown are for women non-smokers. They are examples only and subject to change.*

Plan F	Plan F High*	Plan G	Plan H	Plan I	Plan J
<b>50-67:</b> \$119.50/mo. \$1,434.00/yr.  <b>68+:</b> \$131.45/mo. \$1,577.40/yr.		<b>50-67:</b> \$110.50/mo. \$1,326.00/yr.  <b>68+:</b> \$121.55/mo. \$1,458.60/yr.	<b>50-67:</b> \$187.00/mo. \$2,244.00/yr.  <b>68+:</b> \$205.70/mo. \$2,468.40/yr.	<b>50-67:</b> \$188.25/mo. \$2,259.00/yr.  <b>68+:</b> \$207.07/mo. \$2,484.84/yr.	<b>50-67:</b> \$244.25/mo. \$2,931.00/yr.  <b>68+:</b> \$268.67/mo. \$3,224.04/yr.
<b>65:</b> \$103.39/mo. \$1,240.68/yr.  <b>66:</b> \$109.59/mo. \$1,315.16/yr.  <b>70:</b> \$117.42/mo. \$1,409.24/yr.  <b>75:</b> \$126.82/mo. \$1,521.94/yr.  <b>85:</b> \$138.01/mo. \$1,656.20/yr.				<b>65:</b> \$206.36/mo. \$2,476.46/yr.  <b>66:</b> \$221.72/mo. \$2,660.70/yr.  <b>70:</b> \$241.23/mo. \$2,894.92/yr.  <b>75:</b> \$266.63/mo. \$3,199.70/yr.  <b>85:</b> \$310.57/mo. \$3,726.94/yr.	

\* High plans with \$1650 deductible.

# Notes

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## Medicare health plans

A managed-care organization (MCO) or health-maintenance organization (HMO) is an organization providing a wide variety of health-care services to participants through providers who contract with the plan.

Most plans allow enrollees to select a primary-care physician from its network of providers. The primary-care physician will be responsible for managing the enrollee's care. The enrollee must live in the geographical area covered by the plan.

## Choosing a plan

When choosing a plan, read marketing materials carefully. Make sure you understand coverage, out-of-pocket costs, and the plan rules (such as how and when you may disenroll). Compare the advantages and disadvantages of your various options. Plan comparisons begin on page 48, and company phone numbers are provided for your convenience.

A SHIBA volunteer can assist you in comparing the various types of plans and their differences, along with your rights and responsibilities. See page 64 for a SHIBA contact in your area, or call (800) 722-4134.

## Medicare Advantage

The Balanced Budget Act of 1997 established Medicare + Choice Plans. It was designed to create a wider range of health-care options for Medicare beneficiaries than Original Medicare and managed-care or health-maintenance organizations. As part of federal Medicare reform legislation in 2003, the name Medicare+Choice was changed to Medicare Advantage.

Private companies contract with Medicare to offer managed care and private fee-for-service insurance. Medicare pays the MA plans to provide all your Medicare-approved services.

Medicare Advantage plans renew their contracts with the Centers for Medicare and Medicaid Services (CMS) annually. This means they are not guaranteed renewable. However, if you join a plan and that plan decides not to renew its contract, you have protection under the law that may enable you to join another plan or purchase a Medigap policy.

In the MA plans described on Page 45, you must be enrolled in Medicare Parts A and B. You will pay the Part B premium, a premium to the plan, co-payments for certain services, and, in some cases, deductibles.

In most MA plans, you must reside in a specific ZIP-code area. You can find out if the plan covers your area by calling the company or by viewing the plan on Medicare's Web site, [www.medicare.gov](http://www.medicare.gov).

Beneficiaries who have end-stage renal disease (ESRD) are not eligible to join a plan. However, if you are already in a plan and get ESRD, you can stay in the plan or join another plan. If you've had a successful kidney transplant, you may be able to join a plan.

## Medicare cost plan

A "cost MCO" is not an MA plan, although it is a managed-care plan. Cost plans have stricter rules than other managed-care organizations. Cost MCOs are under contract with and get a payment from Medicare for the actual *costs of the benefits*, unlike a *risk* contract, under which Medicare pays a flat rate to the company for each enrollee, regardless of the cost of services. The enrollee

pays a premium, co-insurances, and in some cases deductibles set by the plan. The enrollee must live in the plan's geographic area and must choose a primary-care physician who contracts with the plan. The effective date of coverage is determined by CMS based on the date on which you apply for the plan. Enrollees *may* use health-care providers outside the plan, but charges will be subject to Medicare's payment limits. Members will then be responsible for the same deductibles and coinsurance as if they were covered by Original Medicare.

*Because cost plans are not Medicare Advantage plans, they may not have the same election periods as MA plans.*

## Medicare Advantage enrollment and election periods

During enrollment and election periods, Medicare health plans must accept eligible Medicare beneficiaries unless the plan has reached its member limit.

**Exception:** If you have been diagnosed with end-stage renal disease (ESRD) prior to enrollment in a Medicare Advantage plan, you may not be eligible to enroll in an MA plan.

### Initial-coverage election period (ICEP)

The ICEP is the three months immediately before you are entitled to Medicare Part A *and* enrolled in Medicare Part B during which you may join a Medicare Advantage (MA) plan.

*The ICEP is different than Medicare's initial enrollment period, which is the seven-month period surrounding your 65th birthday.\**

## Special-election period (SEP)

You are given an SEP to change MA plans, to return to Original Medicare, or to join Medigap plans A, B, C, or F in certain situations. You will have SEP of 63 days if you move permanently outside the service area, the MA plan breaks its contract with you or does not renew its contract with CMS, or in other exceptional conditions as determined by CMS.

*This special election period is different than Medicare's special enrollment period, which is for people who wait to enroll in Medicare Part B because they are covered under a group health plan.\**

## Continuous open enrollment

Through December 31, 2004, you may join or change an MA plan as often as you choose. You may make one MA election in the first six months of 2005 or in *your first six months* of MA eligibility in 2005.

## Medicare Advantage disenrollment:

You must disenroll from the plan in writing to the Social Security Administration or to the plan itself. Call SSA for disenrollment forms, (800) 772-1213.

If you change from one Medicare health plan to another, the new plan will disenroll you automatically. To avoid a lapse in coverage, you should have new insurance coverage in place before disenrolling from your current plan.

\* See the *Medicare & You* handbook for more information. For ordering information, see Page 63.

## Medicare Advantage plans:

- **Private fee-for-service (PFFS) plan:** A private insurance program under contract with CMS that charges enrollees a premium, deductibles, and co-pays. The plan must offer basic Medicare-covered services and may offer “extras” such as emergency-medical coverage in a foreign country. Beneficiaries may see the provider of their choice and providers must furnish services under the terms of the plan.
- **Provider-sponsored organization (PSO):** This plan is under contract with CMS and provides services in a limited geographic area. The plan charges a premium and co-pays. The participating doctors and hospitals control the PSO and assume the financial risk.
- **MCO with a risk contract:** A managed care organization under contract with CMS to provide services in a limited geographic area to enrolled participants who must use plan providers only. Unless the enrollee gets prior approval from the plan, the enrollee has to pay all charges for non-plan services.
- **HMO with point-of-service (POS) option:** With a POS option, a member may use a provider who is not part of the HMO network and the plan will pay a portion of the cost. The HMO may limit the total it will pay under the POS option during a year and may allow a member to go outside the network only for specific medical conditions.
- **Preferred provider organization (PPO):** PPOs are like HMOs, except that when you go to a doctor who is not in the PPO network, the plan pays a percentage of the cost. It may be easier under a PPO to see a doctor or other health-care provider not in the network, but you may pay more for the convenience.
- **Social health maintenance organization (SHMO):** An innovative pre-paid program integrating medical, social, and long-term care services. Beneficiaries may pay a premium, co-pays, and deductibles and must use the plan’s network of providers within a limited geographical area.

**Baker**

No MA plans available

**Benton**

Health Net (PPO), Kaiser Senior Advantage (HMO), PacifiCare Secure Horizons (HMO), Regence PC65 Basic and Regence PC65 Plus (cost plans), Sterling Life (PFFS)

**Clackamas**

Health Net (PPO), Kaiser Senior Advantage (HMO), Kaiser Senior Advantage II (SHMO), Providence Medicare Extra Plans 1 and 2 (HMO), Regence FC65 (HMO), Secure Horizons (HMO), Sterling Life (PFFS)

**Clatsop**

Sterling Life (PFFS), Regence PC65 Basic and Regence PC65 Plus (cost plans)

**Columbia**

Health Net (PPO), Kaiser Senior Advantage (HMO), Providence Medicare Extra Plans 1 and 2 (HMO), Regence FC65 (HMO), Sterling Life (PFFS)

**Abbreviation key**

See definitions of plan types on Page 45.

HMO	Health-maintenance organization
PFFS	Private fee-for-service plan
PSO	Provider-sponsored organization
MCO	Managed-care organization
POS	Health-maintenance organization with point-of-service option
PPO	Preferred-provider organization
SHMO	Social health-maintenance organization

**Coos**

No MA plans available.

**Crook**

Clear Choice Value Plan (PSO)

**Curry**

Regence PC65 Basic and Regence PC65 Plus (cost plans)

**Deschutes**

Clear Choice Value, Traditional, and Traditional Plus Plans (PSO)

**Douglas**

Regence PC65 Basic and Regence PC65 Plus (cost plans)

**Gilliam**

No MA plans available.

**Grant**

Clear Choice Value, Traditional, and Traditional Plus Plans (PSO)

**Harney**

No MA plans available.

**Hood River**

Clear Choice Value, Traditional, and Traditional Plus Plans (PSO), Health Net (PPO), Sterling Life (PFFS)

**Jackson**

Health Net (PPO), Regence PC65 Basic and Regence PC65 Plus (cost plans)

**Jefferson**

Clear Choice Clear Choice Value, Traditional, and Traditional Plus Plans (PSO)

**Josephine**

Health Net (PPO), Regence PC65 Basic and Regence PC65 Plus (cost plans)

**Klamath**

Clear Choice Value, Traditional, and Traditional Plus Plans (PSO) ZIP codes 97731, 97733, 97737

**Lake**

Clear Choice Value, Traditional, and Traditional Plus Plans (PSO) ZIP codes 97735, 97638, 97641

**Lane**

Health Net (PPO), PacifiCare Secure Horizons (HMO), Providence Medicare Extra Plans 1 and 2 (HMO), Regence PC65 Basic and Regence PC65 Plus (cost plans), Sterling Life (PFFS)

**Lincoln**

Sterling Life (PFFS)

**Linn**

Health Net (PPO), Kaiser Senior Advantage (HMO), PacifiCare Secure Horizons (HMO), Regence PC65 Basic and Regence PC65 Plus (cost plans), Sterling Life (PFFS)

**Malheur**

No MA plans available.

**Marion**

Health Net (PPO), Kaiser Senior Advantage (HMO), PacifiCare Secure Horizons (HMO), Providence Medicare Extra Plans 1 and 2 (HMO), Regence FC65 (HMO), Sterling Life (PFFS)

**Morrow**

Sterling Life (PFFS)

**Multnomah**

Health Net (PPO), Kaiser Senior Advantage (HMO), Kaiser Senior Advantage II (SHMO), PacifiCare Secure Horizons (HMO), Providence Medicare Extra Plans 1 and 2 (HMO), Regence FC65 (HMO), Sterling Life (PFFS)

**Polk**

Health Net (PPO), Kaiser Senior Advantage (HMO), Providence Medicare Extra Plans 1 and 2 (HMO), PacifiCare Secure Horizons (HMO), Regence FC65 (HMO), Sterling Life (PFFS)

**Sherman**

Clear Choice Value, Traditional, and Traditional Plus Plans (PSO)

**Tillamook**

Regence PC65 Basic and Regence PC65 Plus (cost plans), Sterling Life (PFFS)

**Umatilla**

Sterling Life (PFFS)

**Union**

No MA plans available.

**Wallowa**

No MA plans available.

**Wasco**

Clear Choice Value, Traditional, and Traditional Plus Plans (PSO)

**Washington**

Health Net (PPO), Kaiser Senior Advantage (HMO), Kaiser Senior Advantage II (SHMO), PacifiCare Secure Horizons (HMO), Providence Medicare Extra Plans 1 and 2 (HMO), Regence FC65 (HMO), Sterling Life (PFFS)

**Wheeler**

Clear Choice Value, Traditional, and Traditional Plus Plans (PSO)

**Yamhill**

Health Net (PPO), Kaiser Senior Advantage (HMO), Providence Medicare Extra Plans 1 and 2 (HMO), Regence PC65 Basic and Regence PC65 Plus (cost plans), Sterling Life (PFFS)



**Clear Choice Health Plans (Traditional Plan)**

**Provider-Sponsored Organization**

Plan		Service Area	You Pay	Plan Hospitals
<b>Central Oregon Independent Health Services</b> (541) 385-5315 or (888) 863-3637 TTY: (800) 735-2900 2650 NE Courtney Bend, OR 97701 www.clearchoicehp.com		Deschutes, Grant, Hood River, Jefferson, Sherman, Wasco, Wheeler, Northern Klamath (in ZIPs 97731, 97733, 97737), Lake (in ZIPs 97638, 97641, 97735) ..... \$85	Monthly	Blue Mountain District Hospital (John Day) Central Oregon Community Hospital (Redmond) Mid Columbia Medical Center (The Dalles) Mountain View Hospital (Madras) Oregon Health Sciences University (Portland) Pioneer Memorial Hospital (Prineville) Providence Hood River Hospital St. Charles Medical Center (Bend) St. Charles Medical Center (Redmond)
You Pay		You Pay		
Physician	\$10	Hospital	\$0	
Outpatient surgery	\$0	Skilled nursing facility (Days 1-100)	\$0	
Emergency services*	\$50	Home health care	\$0	
Urgent care out of service area*	\$10	Mental health		
Ambulance*	\$50	Inpatient	\$0	
Physical exams	\$10	Outpatient	\$10	
Care outside U.S.A. Emergency/urgently needed care. Contact plan for details.		Prescription drugs, most	100%	
You Pay		You Pay		
Hearing exams, one per year	\$10	<b>Other</b>		
Hearing-aid benefit: \$250 every two years.		Diabetes self-monitoring .....	\$0	Preventive services, Medicare-covered..... \$0
Vision services	\$10	Diabetic supplies .....	\$0	Prosthetic devices, medical supplies .....
Routine exam. Eyewear benefit: \$120 every two years.		Durable medical equipment .....	\$0	Substance-abuse care, outpatient .....
Dental	100%	Foot care, medically necessary .....	\$10	Tests, X-rays, lab..... \$0
		Manual manipulation of spine .....	\$10	You may be able to receive basic health-care services when you travel out of the area. Contact plan for details.
		Other chiropractic .....	100%	
		Physical, speech, occupational therapy .....	\$10	

\* May be waived. Contact plan for details.

# Clear Choice Health Plans (Traditional Plus Plan) **Provider-Sponsored Organization**

Plan	Service Area	You Pay	Plan Hospitals
<b>Central Oregon Independent Health Services</b> (541) 385-5315 or (888) 863-3637 TTY: (800) 735-2900 2650 NE Courtney Bend, OR 97701 www.clearchoicehp.com	Deschutes, Grant, Hood River, Jefferson, Sherman, Wasco, Wheeler, Northern Klamath (in ZIPs 97731, 97733, 97737), Lake (in ZIPs 97638, 97641, 97735) ..... \$95	Monthly	Blue Mountain District Hospital (John Day) Central Oregon Community Hospital (Redmond) Mid Columbia Medical Center (The Dalles) Mountain View Hospital (Madras) Oregon Health Sciences University (Portland) Pioneer Memorial Hospital (Prineville) Providence Hood River Hospital St. Charles Medical Center (Bend) St. Charles Medical Center (Redmond)
You Pay		You Pay	
Physician Primary care visit \$10 Specialist visit \$20	Dental 100%		
Outpatient surgery \$0	Hospital, in-network \$0		
Emergency services* \$50	Skilled nursing facility Up to 100 days \$0		
Urgent care* \$10	Home health care \$0		
Ambulance* \$50	Mental health		
Physical exams by PCP One every two years \$10	Inpatient \$0 Outpatient \$20		
Care outside U.S.A. Emergency/urgently needed care. Contact plan for details.	Prescription drugs For most prescription drugs. 100%		
Hearing exams, one per year \$20 Hearing-aid benefit: \$250 every two years.	Non-contracted providers per year deductible \$250 plus 20%		
Vision services Routine eye exam or eyewear benefit: \$120 every two years.	You may be able to receive basic health-care services when you travel out of the service area. Contact plan for details.		
		Other You Pay	
			Diabetes self-monitoring ..... \$0 Diabetes supplies ..... \$0 Durable medical equipment ..... \$0 Foot care, medically necessary .. \$20 Manual manipulation of spine ... \$20 Other chiropractic ..... 100% Physical, speech, occupational therapy ..... \$20 Preventive services, Medicare-covered ..... \$0 Prosthetic devices, medical supplies ..... \$0 Tests, X-rays, lab ..... \$0 Substance-abuse care, outpatient ..... \$20

\* May be waived. Contact plan for details

**Clear Choice Health Plans (Value plan)**

**Provider-Sponsored Organization**

Plan	Service Area	You Pay	Plan Hospitals
<b>Central Oregon Independent Health Services</b> (541) 385-5315 or (888) 863-3637 TTY: (800) 735-2900 2650 NE Courtney Bend, OR 97701 www.clearchoicehp.com	Crook, Deschutes, Grant, Hood River, Jefferson, Sherman, Wasco, Wheeler, Northern Klamath (in ZIPs 97731, 97733, 97737), Lake (in ZIPs 97638, 97641, 97735) .....	Monthly	Blue Mountain District Hospital (John Day) Central Oregon Community Hospital (Redmond) Mid Columbia Medical Center (The Dalles) Mountain View Hospital (Madras) Oregon Health Sciences University (Portland) Pioneer Memorial Hospital (Prineville) Providence Hood River Hospital St. Charles Medical Center (Bend) St. Charles Medical Center (Redmond)
		\$65	
		You Pay	You Pay
Physician		\$15	Skilled nursing facility Days 1-100, per day
Outpatient surgery		\$200	\$25
Emergency services		\$50	Home health care
Urgent care out of service area*		\$15	\$0
Ambulance* (ground or air)		\$50	Inpatient mental health Days 1-5, per day
Physical exams One every two years.		\$15	Days 6-90
Care outside U.S.A. Emergency/urgently needed care. Contact plan for details.			\$100
			\$0
Hearing exams, one a year		\$15	Mental health, outpatient
Hearing aid benefit: \$250 every two years.			\$15
Vision services Routine exam and eyewear benefit: \$120 reimbursed every two years.			100%
Dental		100%	Prescription drugs
Hospital Days 1-5, per day		\$100	
Days 6-90, per day		\$0	
		You Pay	You Pay
			<b>Other</b>
			Diabetes self-monitoring .....
			\$0
			Diabetic supplies .....
			\$0
			Durable medical equipment .....
			\$0
			Foot care, medically necessary .....
			\$15
			Manual manipulation of spine .....
			\$15
			Other chiropractic .....
			100%
			Preventive services, Medicare-covered .....
			\$0
			Physical, speech, occupational therapy .....
			\$15
			Prosthetic devices, medical supplies .....
			\$0
			Substance-abuse care, outpatient .....
			\$15
			Tests, X-rays, lab .....
			\$0
			You may be able to receive basic health-care services when you travel out of the area. Contact plan for details.

\* May be waived. Contact plan for details.

# First Choice Sixty-Five

# Managed Care Organization/HMO Risk Plan

Plan	Service Area	You Pay	Plan Hospitals
<b>Regence HMO Oregon</b> (800) 541-8981 P.O. Box 12625, Salem, OR 97309 www.or.regence.com	Clackamas, Columbia, Marion, Multnomah, Polk, Washington ..... \$74	Monthly	Adventist Medical Center (Portland) Legacy Emanuel Hospital (Portland) Legacy Good Samaritan Hospital (Portland) Legacy Meridian Park Hospital (Tualatin) Legacy Mount Hood Medical Center (Gresham) Salem Hospital Santiam Memorial Hospital (Stayton) Silverton Hospital Southwest Washington Medical Center (Vancouver, WA) Tuality Community Hospital (Hillsboro) West Valley Hospital (Dallas) Willamette Falls Hospital (Oregon City)
You Pay		You Pay	You Pay
Physician		\$15	Hospital (Days 1-5)
Outpatient surgery		\$50	Skilled nursing facility
Emergency services*		\$50	Home health care
Urgent care out of service area*		\$15	Mental health
Ambulance		\$50	Inpatient (Days 1-5)
Physical exam		\$15	Outpatient
One per year.			Prescription drugs
Care outside U.S.A.			Some discounts available.
Contact plan for details.			
Hearing exams, Medicare-covered		\$15	
Vision services, routine exams		\$15	
Eyewear benefit: \$100 every two years.			
Dental		100%	
			Other
			Diabetes self-monitoring .....
			Diabetes supplies .....
			Durable medical equipment .....
			Podiatry, Medicare-covered .....
			Pap smears and pelvic exams .....
			Physical, speech, occupational therapy .....
			Most preventive services, Medicare-covered.....
			Prosthetic devices, medical supplies .....
			Tests, X-rays, lab .....
			(office-visit copayment may apply)

\* May be waived. Contact plan for details

**Health Net Options Plus (Demonstration Project)**

**Preferred Provider Organization**

Plan	Service Area	You Pay	Plan Hospitals
<p><b>Health Net Health Plan of Oregon</b>                      (800) 672-5941                      (888) 802-7001 toll-free TTY/TDD                      13221 S.W. 68th Parkway, Suite 200                      Tigard, OR 97223                      www.health.net</p>	Benton, Clackamas, Columbia, Hood River, Jackson, Josephine, Lane, Linn, Marion, Multnomah, Polk, Washington, Yamhill .....	Monthly           \$53	Adventist Medical Center (Portland) Albany General Hospital Ashland Community Hospital Eastmoreland Hospital (Portland) Good Samaritan Hospital (Corvallis) Lebanon Community Hospital Legacy Emanuel Hospital (Portland) Legacy Good Samaritan Hospital (Portland) Legacy Meridian Park Hospital (Tualatin) Legacy Mount Hood Medical Center (Gresham) McKenzie-Willamette Hospital (Springfield) Rogue Valley Medical Center (Medford) Sacred Heart Hospital (Eugene) Salem Hospital Southwest Washington Medical Center (Vancouver, WA) Three Rivers Community Hospital (Grants Pass) Tuality Community Hospital (Hillsboro) Tuality Forest Grove Hospital West Valley Hospital (Dallas) Willamette Falls Hospital (Oregon City)
You Pay		You Pay	
Physician, in-network	\$10	Skilled nursing facility	\$100
Out-of-network	\$20	Annual out-of-pocket maximum	\$100
Outpatient surgery (\$100 annual deductible)	\$0	Home health care	\$0
Emergency services	\$50	Mental health	
Urgent care out of service area	\$50	Inpatient	\$100
Ambulance	\$25	Outpatient	\$25
Physical exam (one per year)		Prescription drugs, most	100%
In-network	\$10	Other	You Pay
Out-of-network	\$20	Acupuncture, naturopathic .....	\$15
Care outside U.S.A.		Diabetic supplies	
Worldwide emergency and urgently needed care. Contact plan for details.		In-network .....	\$20
Hearing exams, Medicare covered	\$10	Out-of-network .....	\$30
Vision services, routine exams	\$10	Durable medical equipment ....	\$20-600
Some coverage for eyewear. Check plan for details		Foot care .....	\$25
Dental		Chiropractic .....	\$15
Oral exam every six months. Up to \$500 coverage per year for preventive care.		Physical, speech, occupational therapy .....	\$25
Hospital		Preventive services, Medicare-covered.....	\$10
Annual out-of-pocket maximum	\$100	Prosthetic devices, medical supplies .....	\$20-600
		Substance-abuse care, outpatient ...	\$25
		Tests, X-rays, lab .....	\$0-600

# Kaiser Senior Advantage

# Health Maintenance Organization

Plan	Service Area	You Pay	Plan Hospitals			
<b>Kaiser Foundation Health Plan of the Northwest</b> (800) 813-2000 or (503) 813-2000 TTY Oregon (800) 735-2900 500 NE Multnomah, Suite 100 Portland, OR 97232 www.kaiserpermanente.org	Portions of Benton, Clackamas, Linn, Marion, Multnomah, Polk, Washington, Yamhill ..... \$99 Columbia ..... \$127	Monthly	Doernbecher Children’s Hospital (Portland) Kaiser Sunnyside Medical Center (Clackamas) Providence St. Vincent Medical Center (Portland) Salem Hospital Southwest Washington Medical Center (Vancouver, WA) St. John Medical Center (Longview, WA)			
		You Pay	You Pay			
Physician		\$15	Hospital	\$200		
Outpatient surgery		\$50	Skilled nursing facility	\$0		
Emergency services*		\$50	100 days per benefit period. No prior hospital stay required.			
Urgent care		\$15	Home health care	\$0		
Ambulance		\$50	Mental health			
Physical exam		\$15	Inpatient (190-day lifetime)	\$200		
Care outside U.S.A.			Outpatient	\$7-15		
Emergency/urgently needed care.			Other	You Pay	You Pay	
Contact plan for details, copayments.			Bone-mass measurement .....	\$0	Physical, speech, occupational therapy .....	\$15
Hearing exams, routine		\$15	Colorectal screening .....	\$0-50	Prosthetic devices, medical supplies .....	20%
Vision services, routine exam		\$15	Diabetes monitoring .....	\$8-72	Prostate-cancer screening .....	\$15
Eyewear benefit: \$100 every two years.			Diabetes supplies .....	20%	Substance-abuse care, outpatient .....	\$15
Dental		100%	Durable medical equipment .....	20%	Tests, X-rays, lab .....	\$0-15
Prescription drugs		70%	Foot care, medically necessary .....	\$15	Vaccines: pneumococcal, flu, hepatitis B .....	\$0
\$250 annual deductible.			Mammogram .....	\$0	You may be able to receive your basic health-care services when you travel out of the area. Contact plan for details.	
Up to \$75 maximum per 30-day supply. Mail order available.			Manual manipulation of spine (requires referral) .....	\$15		
Contact plan for details			Other chiropractic .....	100%		
			Pap smear (exam) .....	\$0		
			Pelvic exam .....	\$15		

## Kaiser Senior Advantage II

## Social Health Maintenance Organization

Plan	Service Area	You Pay	Plan Hospitals
<b>Kaiser Foundation Health Plan of the Northwest</b> TTY Oregon (800) 735-2900 TTY Washington (800) 833-6388 (800) 813-2000 or (503) 813-2000 500 NE Multnomah, Suite 100 Portland, OR 97232 www.kaiserpermanente.org	Clackamas, Multnomah, Washington .....	Monthly \$211	Doernbecher Children's Hospital (Portland) Kaiser Sunnyside Medical Center (Clackamas) Providence St. Vincent Medical Center (Portland) Salem Hospital Southwest Washington Medical Center (Vancouver, WA) St. John Medical Center (Longview, WA)
You Pay		You Pay	You Pay
Physician		\$15	Skilled nursing facility 100 days per benefit period. No prior hospital stay required.
Outpatient surgery		\$50	Home health care
Emergency services*		\$50	Mental health
Urgent care		\$15	Inpatient (190-day lifetime)
Ambulance		\$50	Outpatient
Physical exam		\$15	
Care outside U.S.A. Emergency/urgently needed care. Contact plan for details and copayments.			
Hearing exams		\$15	<b>Other</b>
Vision services, routine exams Eyewear benefit: \$150 every two years.		\$15	Bone-mass measurement .....
Dental		100%	Colorectal screening .....
Prescription drugs Per prescription, must use plan-approved drugs. Contact plan for details.		\$10-25	Diabetes monitoring .....
Hospital		\$200	Diabetes supplies .....
			Durable medical equipment .....
			Foot care, medically necessary .....
			Mammogram .....
			Manual manipulation of spine .....
			Other chiropractic .....
			Pap smear (exam) .....
			Pelvic exam .....
			Physical, speech, occupational therapy .....
			Prosthetic devices and medical supplies .....
			Prostate cancer screening .....
			Substance-abuse care, outpatient .....
			Tests, X-rays, lab .....
			Vaccines: pneumococcal, flu, hepatitis B .....
			<b>Chronic care and other services:</b> Individuals who meet frailty criteria may receive other services such as homemaker services, respite care, and transportation. Contact plan for details.

\* May be waived. Contact plan for details

**Preferred Choice Sixty-Five (Basic Plan)**

**Managed Care Organization/HMO Cost Plan**

Plan	Service Area	You Pay	Plan Hospitals
<b>Regence HMO Oregon</b> (800) 541-8981 P.O. Box 12625 Salem, OR 97309 www.or.regence.com	Benton, Clatsop, Curry, Douglas, Jackson, Josephine, Lane, Linn, Tillamook, Yamhill ..... \$72	Monthly	Albany General Hospital Ashland Community Hospital Columbia Memorial Hospital (Astoria) Curry General Hospital (Gold Beach) Good Samaritan Hospital (Corvallis) Lebanon Community Hospital Lower Umpqua Hospital (Reedsport) McKenzie-Willamette Hospital (Springfield) Mercy Medical Center (Roseburg) Peace Harbor Hospital (Florence) PeaceHealth Cottage Grove Community Hospital Providence Medford Medical Center Providence Newberg Hospital Providence Seaside Hospital Rogue Valley Medical Center (Medford) Sacred Heart General Hospital (Eugene) Salem Hospital Santiam Memorial Hospital (Stayton) Silverton Hospital Three Rivers Community Hospital (Grants Pass) Tillamook County General Hospital West Valley Hospital (Dallas) Willamette Valley Medical Center (McMinnville)
You Pay		You Pay	
Physician		\$15	Vision services
Outpatient surgery		\$50	For Medicare-covered exam
Emergency services*		\$50	Dental
Urgent care out of service area*		\$15	Hospital (Days 1-5)
Ambulance		\$50	Skilled nursing facility
Physical exam		100%	Home health care
Care outside U.S.A. Contact plan for details.			Mental health
Hearing exams		\$15	Inpatient (Days 1-5)
			Outpatient
			Prescription drugs
			Some discounts apply
Other		You Pay	You Pay
Diabetic self-monitoring .....		\$0	Prosthetic devices and medical supplies .....
Diabetic supplies .....		\$0	..... \$0
Durable medical equipment .....		\$20	Substance-abuse care, outpatient .....
Manual manipulation of spine .....		\$15	..... \$15-25
Other chiropractic .....		100%	Tests, X-rays, lab .....
Physical, speech, occupational therapy .....		\$0	..... \$0
Podiatry, Medicare covered.....		\$15	Most preventive services, including mammograms, Pap smears, pelvic exams, prostate and colorectal screening, bone mass; Medicare covered, office visit copayment may apply ....
			..... \$0

\* May be waived. Contact plan for details



**Preferred Choice Sixty-Five (Plus Plan)**

**Managed Care Organization/HMO Cost Plan**

Plan		Service Area	You Pay	Plan Hospitals
<b>Regence HMO Oregon</b> (800) 541-8981 P.O. Box 12625 Salem, OR 97309 www.or.regence.com		Benton, Clatsop, Curry, Douglas, Jackson, Josephine, Lane, Linn, Tillamook, Yamhill .....	Monthly     \$82	Albany General Hospital Ashland Community Hospital Columbia Memorial Hospital (Astoria) Cottage Grove Community Hospital Curry General Hospital (Gold Beach) Good Samaritan Hospital (Corvallis) Lebanon Community Hospital Lower Umpqua Hospital (Reedsport) McKenzie-Willamette Hospital (Springfield) Mercy Medical Center (Roseburg) Peace Harbor Hospital (Florence) PeaceHealth Cottage Grove Community Hospital Providence Medford Medical Center Providence Newberg Hospital Providence Seaside Hospital Rogue Valley Medical Center (Medford) Sacred Heart General Hospital (Eugene) Salem Hospital Santiam Memorial Hospital (Stayton) Silverton Hospital Southern Coos Hospital and health Center (Bandon) Three Rivers Community Hospital (Grants Pass) Tillamook County General Hospital West Valley Hospital (Dallas) Willamette Valley Medical Center (McMinnville)
You Pay		You Pay		
Physician	\$15	Vision services	\$15	
Outpatient surgery	\$50	Routine exam as medically necessary. Includes eyewear benefit, \$100 every two years.		
Emergency services*	\$50	Dental	100%	
Urgent care out of service area*	\$15	Hospital, days 1-5	\$40 per day	
Ambulance	\$50	Skilled nursing facility	\$0	
Physical exam, one per year	\$15	Home health care	\$0	
Care outside U.S.A. Contact plan for details.		Mental health		
Hearing exams, Medicare covered	\$15	Inpatient, days 1-5	\$40 per day	
		Outpatient	\$15	
		Prescription drugs	100%	
		Some discounts available		
Other	You Pay	You Pay		
Chiropractic services, Medicare-covered.....	\$15	Prosthetic devices, medical supplies .....	\$0	
Diabetic self-monitoring .....	\$0	Substance-abuse care, outpatient .....	\$15-25	
Diabetic supplies .....	\$0	Tests, X-rays, lab .....	\$0	
Durable medical equipment .....	20%	Most preventive services, including mammograms, Pap smears, pelvic exams, prostrate and colorectal screening, bone mass; Medicare-covered, office visit copayment may apply ....	\$0	
Physical, speech, occupational therapy .....	\$0			
Podiatry, Medicare covered.....	\$15			

\* May be waived. Contact plan for details

**Providence Medicare Extra (Plan 1)**

**Managed Care Organization/HMO Risk Plan**

Plan	Service Area	You Pay	Plan Hospitals
<b>Providence Health Plan</b> (800) 988-0088 or (503) 574-5000 TTY: (888) 244-6642 or (503) 574-8702 P.O. Box 5548 Portland, OR 97228 www.providence.org/healthplans	Clackamas, Columbia, Multnomah, Washington, Yamhill ..... \$86 Lane, Marion, Polk ..... \$89	Monthly	Cottage Grove Community Hospital McKenzie-Willamette Hospital (Springfield) Peace Harbor Hospital (Florence) Providence Milwaukie Hospital Providence Newberg Hospital Providence Portland Medical Center Providence St. Vincent Medical Center (Portland) Sacred Heart Medical Center (Eugene) Salem Hospital Santiam Memorial Hospital (Stayton) Silverton Hospital Tuality Forest Grove Hospital Tuality Community Hospital (Hillsboro) West Valley Hospital (Dallas) Willamette Falls Hospital (Oregon City) Willamette Valley Medical Center (McMinnville)
		You Pay	
Physician	Mental health	\$15	“Providence Advantage” program discounts on eyewear, hearing aids, and prescriptions. Dental option available with separate premium.
Outpatient surgery	Inpatient	\$0	
Emergency services*	Outpatient	\$50	
Urgent care out of service area*	Prescription drugs, most	\$25	
Ambulance		\$50	
Physical exam		\$15	
Care outside U.S.A. Emergency/urgently needed care. Contact plan for details.	<b>Other</b>	<b>You Pay</b>	
Hearing exams, Medicare covered	Diabetic self-monitoring training ...	\$15	
Vision services, routine exam	Diabetic supplies .....	\$15	
Dental	Durable medical equipment .....	100%	
Hospital	Foot care, medically necessary .....	\$250	
Maximum out-of-pocket per calendar year	Immunizations .....	\$500	
Skilled nursing facility	Manual manipulation of spine .....	\$0	
Home health care	Other chiropractic .....	\$0	
	Preventive services, Medicare-covered.....	\$0	
	Physical, speech, occupational therapy .....	\$15	
	Prosthetic devices, medical supplies .....	\$0	
	Tests, X-rays, lab.....	\$0	

\* May be waived. Contact plan for details

**Providence Medicare Extra (Plan 2)**

**Managed Care Organization/HMO Risk Plan**

Plan		Service Area	You Pay	Plan Hospitals
<b>Providence Health Plan</b> (800) 988-0088 or (503) 574-5000 TTY (888) 244-6642 or (503) 574-8702 P.O. Box 5548 Portland, OR 97228 www.providence.org/healthplans		Clackamas, Columbia, Lane, Marion, Multnomah, Polk, Washington, Yamhill .....	Monthly  \$56	Cottage Grove Community Hospital McKenzie-Willamette Hospital (Springfield) Peace Harbor Hospital (Florence) Providence Milwaukie Hospital Providence Newberg Hospital Providence Portland Medical Center Providence St. Vincent Medical Center (Portland) Sacred Heart Medical Center (Eugene) Salem Hospital Santiam Memorial Hospital (Stayton) Silverton Hospital Tuality Forest Grove Hospital Tuality Community Hospital (Hillsboro) West Valley Hospital (Dallas) Willamette Falls Hospital (Oregon City) Willamette Valley Medical Center (McMinnville)
You Pay		You Pay		
Physician	\$20	Mental health		
Outpatient surgery	10%	Inpatient	\$325	
Emergency services*	\$50	Outpatient	\$20	
Urgent care out of service area*	\$25	Prescription drugs, most	100%	
Ambulance	\$50	Other You Pay		
Physical exam	\$20	Diabetes self-monitoring training ..	\$20	
Care outside U.S.A. Emergency/urgently needed care. Contact the plan for details.		Diabetic supplies .....	10%	
Hearing exams, Medicare covered	\$20	Durable medical equipment .....	10%	
Vision services	\$20	Foot care, medically necessary .....	\$20	
Routine exam.		Immunizations .....	\$0	
Dental	100%	Manual manipulation of spine .....	\$20	
Hospital	\$325	Other chiropractic .....	100%	
Home health care	10%	Physical, speech, occupational therapy .....	\$20	
Skilled nursing facility	\$0	Prosthetic devices, medical supplies .....	10%	
Maximum out-of-pocket per calendar year	\$2,500	Preventive services, .....	10%	
		Medicare-covered .....	10%	
		Substance-abuse care, outpatient ...	\$20	
		Tests, X-rays, lab .....	10%	

“Providence Advantage” program discounts on eyewear, hearing aids, and prescriptions. Dental option available with separate premium.

\* May be waived. Contact plan for details

**Secure Horizons (Standard Plan, Northern) Managed Care Organization/HMO Risk Plan**

Plan	Service Area	You Pay	Plan Hospitals
<b>PacifiCare of Oregon/ Secure Horizons</b> (800) 393-0985 TTY (800) 786-7387 5 Centerpoint Drive, Suite 600 Lake Oswego, OR 97035 www.securehorizons.com	Clackamas, Marion, Multnomah, Polk, Washington .....	Monthly  \$50	Adventist Health/Adventist Medical Center (Portland) Good Samaritan Hospital (Corvallis) Legacy Emanuel Hospital and Health Center (Portland) Legacy Good Samaritan (Portland) Legacy Meridian Park Hospital (Tualatin) Legacy Mount Hood Medical Center (Gresham) McKenzie-Willamette Hospital (Springfield) Providence Milwaukie Hospital Providence Portland Medical Center Providence St. Vincent Medical Center (Portland) Sacred Heart General Hospital (Eugene) Salem Hospital Willamette Falls Hospital (Oregon City)
You Pay	You Pay	You Pay	You Pay
Physician, primary \$10 Specialist \$20 <hr/> Outpatient surgery \$100 <hr/> Emergency services \$50 Worldwide coverage <hr/> Urgent care out of \$50 service area <hr/> Ambulance \$50 <hr/> Physical exam, one per year \$10 <hr/> Hearing exams, Medicare covered \$15 Discounts available. <hr/> Vision services, routine exam Primary \$10 Specialist \$20 Discounts available.	Skilled nursing facility Days 1-20 \$0 <hr/> Home health care \$0 <hr/> Mental health Inpatient, days 0-60 \$840 Outpatient, per visit \$20 <hr/> Prescription drugs 100% Outpatient injectables 20% Discount pharmacy benefit available.	Other Diabetes self-monitoring training .... \$0 Diabetic supplies ..... 20% Durable medical equipment ..... 20% Foot care, medically necessary .....\$10-15 Manual manipulation of spine ..... \$0 Other chiropractic ..... 100%	Physical, speech, occupational therapy ..... \$10 Preventive services, Medicare-covered..... \$0 Prosthetic devices and medical supplies ..... 20% Tests, X-rays, lab..... \$0 Lab ..... \$0
Hospital Inpatient, days 1-8 \$100 per day Days 9+ \$0 Outpatient, each covered service \$100			

## Secure Horizons (Standard Plan, Southern) Managed Care Organization/HMO Risk Plan

Plan	Service Area	You Pay	Plan Hospitals
<b>PacifiCare of Oregon/ Secure Horizons</b> (800) 393-0985 TTY (800) 786-7387 5 Centerpoint Drive, Suite 600 Lake Oswego, OR 97035 www.securehorizons.com	Benton, Lane, Linn .....	Monthly \$45	Good Samaritan Hospital (Corvallis) McKenzie-Willamette Hospital (Springfield) Peace Harbor Hospital (Florence) Sacred Heart General Hospital (Eugene)
You Pay		You Pay	
Physician, primary	\$15	Skilled nursing facility	
Specialist	\$25	Days 1-10	\$0
Outpatient surgery	\$200	Days 11-20	\$25
Emergency services	\$50	Home health care	\$0
Worldwide coverage		Mental health	
Urgent care out of service area	\$50	Inpatient, days 0-60	\$840
Ambulance	\$50	Outpatient, per visit	\$20
Physical exam, one per year	\$15	Prescription drugs	100%
Hearing exams, Medicare covered	\$25	Outpatient injectables	20%
Discounts available.		Discount pharmacy benefit available.	
Vision services, routine exam			
Primary	\$15		
Specialist	\$25		
Discounts available.			
Dental	100%	Other	
Emergency, Medicare covered	\$25	You Pay	
Hospital		You Pay	
Inpatient, days 1-4	\$200 per day	Diabetes self-monitoring training ....	\$0
Days 5+	\$0	Diabetic supplies .....	20%
Outpatient, each covered service	\$200	Durable medical equipment .....	20%
		Foot care, medically necessary .....	\$15-25
		Manual manipulation of spine .....	\$25
		Other chiropractic .....	100%
		Physical, speech, occupational therapy .....	\$10
		Preventive services, Medicare-covered .....	\$0
		Prosthetic devices and medical supplies .....	20%
		Tests, X-rays, lab .....	\$0
		Lab .....	\$0

# Sterling Option I

# Private Fee-for-Service Plan

Plan	Service Area	You Pay	Plan Hospitals
<b>Sterling Life Insurance Co.</b> (888) 858-8551 P.O. Box 1917 Bellingham, WA 98227 www.sterlingplans.com	Benton, Clackamas, Clatsop, Columbia, Hood River, Lane, Lincoln, Linn, Marion, Morrow, Multnomah, Polk, Tillamook, Umatilla, Washington, Yamhill ..... \$68	Monthly	No network of hospitals. Open access to providers. Providers must accept plan terms, conditions, and payment rate.
You Pay	You Pay	You Pay	
<b>Physician</b> Primary-care visit \$15 Specialist visit \$30 <hr/> Outpatient surgery 15% <hr/> Emergency services* \$50 <hr/> Urgent care out of service area* \$15-30 <hr/> Ambulance \$100 <hr/> Routine physical exam \$0 One a year, \$150 maximum benefit. <hr/> Care outside U.S.A. \$250 You pay an annual deductible of \$250 and 20% of billed charges covered by Medicare. Maximum annual benefit \$25,000 for emergency and urgently needed services only. <hr/> Hearing exams — diagnostic \$30 Routine, one per year, \$100 maximum benefit \$0 <hr/> Vision services — diagnostic \$30 Routine, one per year, \$100 maximum benefit \$0 <hr/> Dental 100%	<b>Hospital</b> Days 1-5, per day, per admission \$100 (Pre-notification required or penalty applies. Contact plan for details.) <hr/> <b>Skilled nursing facility</b> Days 1-10, per day \$0 Days 11-100, per day \$25 Three-day prior hospital stay required.	<b>Home health care</b> 25% <hr/> <b>Mental health</b> 190-day lifetime maximum Inpatient (Pre-notification required or penalty applies. Contact plan for details.) Days 1-5, per day, per admission \$100 Outpatient 50% <hr/> Prescription drugs, most 100%	
Other	You Pay	You Pay	
* May be waived. Contact plan for details.	Outpatient blood and components 15% Diabetic self-monitoring ..... \$0 Diabetic supplies ..... 40% Durable medical equipment ..... 40% If you do not notify the plan of an equipment or device purchase over \$750, you will have to pay 70% of the billed charges. Foot care, medically necessary ..... \$30 Manual manipulation of spine ..... \$15 Preventive services, Medicare-covered.....\$15-30 Physical, speech, or occupational therapy ..... 15%	Prosthetic devices, medical supplies ..... 40% If you do not notify the plan of an equipment or device purchase over \$750, you will have to pay 70% of the billed charges. Renal dialysis ..... 15% Substance-abuse care, outpatient ..... 50% Tests, X-rays, lab ..... 0-15% “Value added” program available for discounts on dental, eye, hearing, podiatry, chiropractic, prescriptions, and other services. Separate premium applies.	

## Medicare-covered drugs include:

- Some antigens, which are used to produce a response from the body's immune system to fight infections and illnesses
- Injectable osteoporosis drugs
- Erythropoietin (by injection) for people with end-stage renal disease who need this drug to treat anemia
- Hemophilia clotting factors
- Injectable drugs administered by a licensed medical practitioner
- Immunosuppressive drugs
- Oral cancer drugs
- Oral anti-nausea drugs if you are getting Medicare-covered oral cancer drugs

A SHIBA volunteer can help you find a discount program and assist you with the paperwork. See Page 64 for the number of your local SHIBA office.

## About the new discount card

Medicare's new prescription-drug discount card will be available by June 1, 2004. This card will provide discounts of 10-50 percent on your total drug costs, with savings of up to 25 percent or more on individual prescriptions. See Page 10.

For more information, go to Medicare's Web site, [www.medicare.gov](http://www.medicare.gov), and click on "Prescription Drug Assistance," or call (800) MEDICARE [(800) 633-4227].

## Ways to cover the cost of other prescription drugs:

- **Oregon Senior Prescription Drug Assistance Program.** For more information, call (503) 945-6530 or visit [www.omap.hr.state.or.us](http://www.omap.hr.state.or.us) on the Web.
- **Medicaid.** A health-assistance program based on needs and income. For eligibility, call your local office of Seniors and People with Disabilities, or (800) 232-3020.
- **Veterans Administration.** For information call the VA Health Benefits Service Center, (877) 222-VETS, toll-free.
- **Tricare for Life** for military retirees and their dependents. For eligibility information, call the Department of Defense, (800) 538-9552.
- **Medigap plans H, I, and J.** For details, contact the insurer, or see the company pages in this guide.
- **Some Medicare Advantage plans.** For details, call the plan's customer service office, or refer to the company page in this guide.
- **Pharmacy discount cards.** Ask your pharmacist for information. Also, always ask for the lowest retail price on the drug you are purchasing.
- **Drug manufacturers' discount programs or prescription-assistance programs.** Most have income eligibility requirements. Ask your doctor for details.

## Insurance publications

You can request a free copy of these and other publications or view them on one of the Web sites listed.

## Federal publications

- *Medicare & You* — Handbook published by The Centers for Medicare & Medicaid Services (CMS).
- *Choosing a Medigap Policy* — Published by CMS, this guide has easy steps to help you buy Medicare-supplement insurance.
- *A Shopper's Guide to Long-Term Care Insurance* — A guide published by the National Association of Insurance Commissioners (NAIC) to help you decide which, if any, LTC policy to buy.
- *Choosing Long-Term Care* — Published by CMS
- *Medicare Coverage of Kidney Dialysis and Transplant Services* — Published by CMS for people with kidney failure.
- *Medicare and Other Health Benefits: Your Guide to Who Pays First* — An explanation of how Medicare works with other types of insurance.

### To order federal publications:

- Call:  
Medicare (CMS), (800) 633-4227  
[(800) MEDICARE]
- Visit the Web site: [www.medicare.gov](http://www.medicare.gov)

## Oregon Insurance Division publications

- *Your Medicare Health Plan Choices* — A guide to health-care options including Medicare, Medicare supplements and Medicare Advantage plans.
- *Long-Term Care Insurance Companies & Consumer Tips* — A listing of companies approved to sell long-term care insurance in Oregon; tips for consumers.
- *Consumer Guide to Health Insurance* — Oregon Insurance Division overview of health-care rights and insurance.
- *Oregon Insurance Complaints* — A ranking of companies based on complaints to the Oregon Insurance Division.
- *Free Help with Medicare and Other Health Insurance* — An overview of how SHIBA volunteers can help and information on becoming a SHIBA volunteer.

### To order Oregon publications:

- Call:  
Oregon Insurance Division, (503) 947-7984  
or toll-free in Oregon (888) 877-4894  
or  
Senior Health Insurance Benefits Assistance (SHIBA), (503) 947-7979 or toll-free in Oregon (800) 722-4134
- Write:  
Oregon Insurance Division  
P.O. Box 14480  
Salem, OR 97309-0405
- E-Mail: [shiba.ins@state.or.us](mailto:shiba.ins@state.or.us)
- Visit our Web sites: [www.oregonshiba.org](http://www.oregonshiba.org)  
[www.oregoninsurance.org](http://www.oregoninsurance.org)



## SHIBA sponsors (where you can call for one-on-one assistance)

**Baker County**  
Community Connection  
of NE Oregon  
(541) 523-6591

**Benton County**  
[www.linnbenton.edu/  
rsvp](http://www.linnbenton.edu/rsvp)  
[www.bentoncountytshiba.org](http://www.bentoncountytshiba.org)

Chintimini/Corvallis  
Senior Center  
(541) 766-6959

**Clackamas County**  
[www.co.clackamas.or.us](http://www.co.clackamas.or.us)  
Clackamas County Social  
Service Program – RSVP  
(503) 655-8266

**Clatsop County**  
MWVSS — Tillamook  
(503) 842-9700

**Columbia County**  
Scappoose Senior Center  
(503) 543-2047

**Coos County**  
Coos County RSVP  
(541) 888-7332

**Crook County**  
Central Oregon  
Council on Aging  
(541) 447-1177

**Curry County**  
Curry County RSVP  
(541) 247-3280

**Deschutes County**  
Central Oregon  
Council on Aging  
(541) 504-0392

**Douglas County**  
Douglas County RSVP  
(541) 440-3600

**Gilliam County**  
(see Hood River and  
Wasco counties)

**Grant County**  
SHIBA Central Office  
(800) 722-4134

**Harney County**  
Harney County  
Senior Center  
(541) 573-6024  
(Provides services  
similar to SHIBA)

**Hood River County**  
Hood River Valley  
Adult Center  
(541) 386-2060

**Jackson County**  
[www.retirement.org/  
rvmcs](http://www.retirement.org/rvmcs)  
Rogue Valley Manor  
Community Services  
RSVP  
(541) 494-5056

**Jefferson County**  
Central Oregon  
Council on Aging  
(541) 504-0392

**Josephine County**  
[www.rsvpjoco.org](http://www.rsvpjoco.org)  
**E-mail: [rsvpjoco@  
charterinternet.com](mailto:rsvpjoco@charterinternet.com)**  
Josephine County RSVP  
(541) 955-5547

**Klamath County**  
Klamath Basin Senior  
Citizens Council  
(541) 883-7171, ext. 10

**Lake County**  
Lake County Senior  
Services  
(541) 947-4966

**Lane County**  
[www.lanecountylegal.com/  
services.org](http://www.lanecountylegal.com/services.org)  
Campbell Senior Center  
(541) 682-5318

Willamalane  
(541) 736-4444

**Lincoln County**  
Lincoln County RSVP  
(541) 574-2684

**Linn County**  
[www.linnbenton.edu/  
rsvp](http://www.linnbenton.edu/rsvp)  
Linn County RSVP  
(541) 917-4476

**Malheur County**  
SHIBA Central Office  
(800) 722-4134

**Marion County**  
Mid-Willamette Valley  
Senior Services  
(503) 304-3400  
Woodburn  
(503) 981-5138

**Morrow County**  
SHIBA Central Office  
Toll-free: (800) 722-4134

**Multnomah County**  
[www.co.multnomah.or.  
us/ads](http://www.co.multnomah.or.us/ads)  
Aging & Disability  
Services Department  
(503) 988-3646

**Polk County**  
Mid-Willamette Valley  
Senior Services  
(503) 623-2301

**Sherman County**  
(see Hood River and  
Wasco counties)

**Tillamook County**  
MWVSS — Tillamook  
(503) 842-9700

**Umatilla County**  
SHIBA Central Office  
Toll-free: (800) 722-4134

**Union County**  
Community Connection  
of NE Oregon  
(541) 963-7532

**Wallowa County**  
Community Connection  
of NE Oregon  
(541) 426-3840

**Wasco County**  
The Dalles Senior Center  
(541) 296-4788

**Washington County**  
Department of Aging &  
Veterans' Services  
(503) 640-3489,  
ext. 2252 (message)

**Wheeler County**  
(see Hood River and  
Wasco counties)

**Yamhill County**  
Mid-Willamette Valley  
Senior Services  
(503) 472-9441