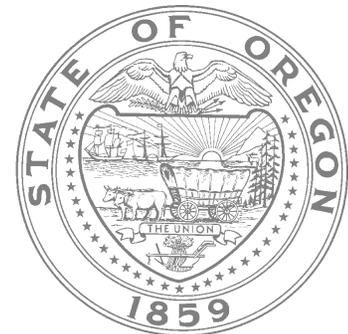


2000

Oregon Consumer Guide to Medicare Supplement Insurance and Managed Care Organizations (MCOs)



Free help and information

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

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

Call or write:

SHIBA

Oregon Insurance Division — 2

350 Winter St. NE, Room 440

Salem, OR 97301-3883

(503) 947-7984 or (800) 722-4134 (toll-free in Oregon)

Insurance complaints

Contact the Consumer Protection Section:

- If you have a question about insurance
- To file a complaint against an insurance company or agent

Call or write:

Consumer Protection Section

Oregon Insurance Division — 2

350 Winter St. NE, Room 440

Salem, OR 97301-3883

(503) 947-7984 or (800) 877-4894 (toll-free in Oregon)

Visit our Web site: www.cbs.state.or.us/ins.



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).



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This guide is a service of the Senior Health Insurance Benefits Assistance (SHIBA) program. SHIBA is part of the Insurance Division of the Oregon Department of Consumer & Business Services (DCBS).

The SHIBA program is a statewide network of trained volunteers who provide one-on-one assistance to Medicare beneficiaries. Its goal is to help people make better health insurance decisions by providing confidential and objective health insurance counseling. To locate a volunteer counselor, contact the [SHIBA sponsor](#) in your area (see Page 47). To contact a SHIBA field officer, request copies of SHIBA publications, or become a SHIBA volunteer, call (503) 947-7984 or (800) 722-4134 (toll-free in Oregon).

About this guide

Information in this guide was compiled through a survey of all companies authorized to sell Medicare supplement insurance and managed care plans in Oregon as of December 1999. If a company isn't listed in this guide, it may not be authorized to sell insurance in Oregon or did not respond to our survey.

Premium rates for Medicare supplement insurance are effective as of Jan. 1, 2000, and may be subject to change.

While we have made every effort to ensure the accuracy of this guide, errors occasionally occur. Also, because supplemental insurance and managed care may change during the year, we recommend that you call the insurance company to verify product information.

Medicare supplement insurance open enrollment

The open enrollment period for Medicare supplement plans begins when you first become enrolled in Medicare Part B and ends six months later. During the open enrollment period, all Medicare supplement insurers doing business in Oregon must accept any applicant for any plan included in this guide, unless otherwise noted.

Medicare disability enrollees

Open enrollment: Federal law extends the open enrollment period to six months after your 65th birthday if you have Medicare because of a disability. For example, if you became eligible for Medicare at age 50 because of a disabling condition, a Medicare supplement company cannot deny coverage if you apply within six months after your 65th birthday.

Premiums: Disabled Oregon Medicare beneficiaries younger than age 65 may not be charged higher premiums for Medicare supplement insurance than those age 65 with no disability.

Medicare + Choice open enrollment

Most Medicare + Choice plans in Oregon have ongoing open enrollments. If you apply and the plan's enrollment is closed, it may be that doctors in the area aren't accepting new patients or that the plan has met its legal enrollment limit.

Protecting the insurance-buying public

The Insurance Division's Consumer Protection Section provides the following services:

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

Medicare supplement insurance policies

Medicare supplement policy comparisons begin on Page 8.

These policies also are known as Medigap insurance.

There are 10 standard Medicare supplement insurance plans. Insurers may market one or more of the standard plans (A - J), making it easier for consumers to make comparisons.

Each company's policy information spans two pages and should be read from left to right across both pages.

Terms used in this guide

Attained age: This means your premium will increase as you grow older. Some companies increase premiums each year, while others may not raise rates for several years.

Issue age: This means your premium will be set at the age you are when you buy the policy and won't increase simply because you have a birthday.

Pre-ex: Pre-ex stands for "pre-existing condition," which is a condition for which you have received medical advice or treatment. The first number following pre-ex refers to the number of

Other resources

We have included a description of the 2000 Medicare program on Page 6.

Two free booklets also are available to help answer your questions about the Medicare program and supplemental health insurance. You can order the *2000 Medicare Handbook, Medicare & You* by calling (800) 633-4227. To get *Guide to Health Insurance for People with Medicare*, call (503) 947-7984 or (800) 722-4134.

Additional insurance publications are listed on Page 46.

months of your health history the company will review to determine what pre-existing conditions you have. The second number is the number of months for which the company will not cover any expense related to a pre-existing condition.

Pre-ex example: Pre-ex 6/3 means that if you received medical advice or treatment for a condition within the six months preceding the policy's effective date, the company will not cover that condition for the first three months the policy is in effect.

If you have met the pre-existing-condition waiting period on a previous policy, you will not have a new waiting period on a replacement policy.

G.I.: The letters "G.I." stand for "guaranteed issue." Companies offering guaranteed-issue policies will accept any applicant.

Medicare + Choice plans

Medicare + Choice managed-care plan comparisons begin on Page 26. Each company's plan information spans two pages and should be read from left to right across both pages.

There are three types of contracts for Medicare + Choice plans:

PSO contract: A provider sponsored organization (PSO) is a form of managed care that provides a wide variety of health care services in a limited geographic area to enrolled participants. The hospital and doctors that provide health services to Medicare beneficiaries also control the PSO and take on most of its financial risk.

Risk contract: Under a risk contract, enrollees must use plan providers only. If a member uses a doctor who is not a plan provider without obtaining prior approval, the member will have to pay all charges.

Cost contract: Under a cost contract, enrollees can use health care providers outside the plan. However, charges are subject to Medicare's payment limits.

10 Standard Medicare Supplement Benefit Plans

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

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		X	X	X	X	X	X	X	X	X
Part B deductible			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; the cost of a long hospital stay and blood are not covered by Medicare.

★ Prescription drug benefits:
 1 — \$250 deductible, 50% co-insurance up to \$1,250
 2 — \$250 deductible, 50% co-insurance up to \$3,000

You must have both Medicare A and B to join a Medicare managed care plan and usually both Medicare A and B to join a standardized Medicare supplement plan.

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

- Coverage for the Part A co-insurance amount (\$194 per day in 2000) for days 61 through 90 of hospitalization in each Medicare benefit period.
- Coverage for the Part A co-insurance amount (\$388 per day in 2000) for each of Medicare's 60 non-renewable 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 20 percent co-insurance amount (50 percent for mental health services) for Part B services after the \$100 annual deductible is met.

PLAN B includes the core benefits (see Plan A) plus:

- Coverage for the Medicare Part A inpatient hospital deductible (\$776 per benefit period in 2000).

PLAN C includes the core benefits (see Plan A) plus:

- Coverage for the Medicare Part A deductible (see Plan B).
- Coverage for the skilled nursing facility care co-insurance amount (\$97 per day for days 21 through 100 per benefit period in 2000).
- Coverage for the Medicare Part B deductible (\$100 per calendar year in 2000).
- Coverage for medically necessary emergency care in a foreign country.

PLAN D includes the core benefits (see 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 medically necessary emergency care in a foreign country.
- Coverage for at-home recovery. 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 (see 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 medically necessary emergency care in a foreign country.
- 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 (see 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 medically necessary emergency care in a foreign country.
- Coverage for 100 percent of Medicare Part B excess charges.*

PLAN G includes the core benefits (see 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 medically necessary emergency care in a foreign country.
- Coverage for at-home recovery (see Plan D).

PLAN H includes the Core Benefits (see 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 medically necessary emergency care in a foreign country.
- 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 (see 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 medically necessary emergency care in a foreign country.
- Coverage for at-home recovery (see Plan D).

PLAN J includes the core benefits (see 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 medically necessary emergency care in a foreign country.
- 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:

The Balanced Budget Act of 1997 created two additional Medigap standard policies with benefit packages the same as Plan F or Plan J, except that the policies have a high-deductible feature. The high-deductible amount is \$1,500 in 2000. 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.

* *An excess charge is a charge above Medicare’s approved amount that a doctor or other health care provider (who does not accept Medicare assignment) can charge for a covered service. Four plans (F, G, I, and J) pay part or all of the excess charge.*

Medicare Hospital Insurance (Part A)

Covered services per calendar year

Service	Benefit	Medicare pays	You pay
HOSPITALIZATION Semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.	First 60 days.	All but \$776 per benefit period. ⁽¹⁾	\$776 per benefit period.
	Days 61 to 90.	All but \$194 a day.	\$194 a day.
	Days 91 to 150.*	All but \$388 a day.	\$388 a day.
	Beyond 150 days.	Nothing.	All costs.
SKILLED NURSING FACILITY CARE After 3-day hospitalization in a facility approved by Medicare within 30 days of discharge. ⁽²⁾	First 20 days.	100% of approved amount.	Nothing.
	Additional 80 days.	All but \$97 a day.	Up to \$97 a day.
	Beyond 100 days.	Nothing.	All costs.
HOME HEALTH CARE Medically necessary skilled care.	Visits limited to part-time or intermittent nursing care.	100% of approved amount for services.	Nothing for services.
HOSPICE CARE 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.
BLOOD	Blood.	All but first 3 pints per calendar year.	First 3 pints.**

These figures are for 2000 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.

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

Medicare Medical Insurance (Part B)

Covered services per calendar year

Service	Benefit	Medicare pays	You pay
MEDICAL EXPENSE Physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, ambulance, etc.	Medicare pays for medical services in or out of the hospital.	<ul style="list-style-type: none"> • 80% of approved amount (after \$100 deductible). • 50% of approved charges for most outpatient mental health services. • \$1,500 annual limit for outpatient therapy (Medicare pays 80%). 	<ul style="list-style-type: none"> • \$100 deductible* plus 20% of balance of approved amount (plus any charge above approved amount).** • 50% of approved charges for most outpatient mental health services. • 20% of the approved amount.
CLINICAL LABORATORY SERVICES	Blood tests, biopsies, urinalysis, etc.	100% of approved amount.	Nothing for services.
HOME HEALTH CARE 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.
OUTPATIENT HOSPITAL TREATMENT Reasonable and necessary services.	Unlimited if medically necessary.	80% of billed amount (after \$100 deductible). Medicare payment is based on actual hospital cost.	20% of billed amount (after \$100 deductible).
BLOOD	Blood.	80% of approved amount (after \$100 deductible, starting with the fourth pint).	First 3 pints plus 20% of approved amount (after \$100 deductible).***

* Once you have had \$100 of expenses for covered services in 2000, the Part B deductible does not apply to any further covered services you receive for the rest of the year.

** YOU PAY FOR charges beyond the amount approved by Medicare unless the doctor or supplier agrees to accept Medicare's approved amount as the total charge for services rendered.

*** 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 necessarily all costs of medical services provided.

Medicare Supplement Insurance Companies

	Plan A	Plan B	Plan C	Plan D	Plan E
American Family Mutual Insurance Company 6000 American Parkway, Madison, WI 53783-0001 (608) 249-2111 <i>Pre-ex: None</i> <i>Attained age</i>	65: \$35.40/mo. \$424.80/yr. 70: \$39.17/mo. \$470.00/yr. 75: \$45.10/mo. \$541.20/yr. 80: \$52.47/mo. \$629.60/yr. 85: \$61.04/mo. \$732.40/yr. 90: \$67.77/mo. \$813.20/yr.		65: \$67.80/mo. \$813.60/yr. 70: \$75.34/mo. \$904.00/yr. 75: \$88.34/mo. \$1060.00/yr. 80: \$102.50/mo. \$1230.00/yr. 85: \$116.24/mo. \$1394.80/yr. 90: \$126.57/mo. \$1518.80/yr.		
American Republic Insurance Company 601 6th Ave. Des Moines, IA 50309 (800) 943-2121 <i>Pre-ex: None</i> <i>Attained age</i> <i>Premiums for ZIPs 976-979, other areas may vary.</i>	65: \$54.49/mo. \$625.60/yr. 70: \$65.54/mo. \$752.46/yr. 75: \$73.71/mo. \$846.26/yr. 84: \$88.07/mo. \$1011.13/yr.		65: \$103.04/mo. \$1183.00/yr. 70: \$119.91/mo. \$1376.69/yr. 75: \$132.74/mo. \$1523.99/yr. 84: \$155.35/mo. \$1783.57/yr.		
Bankers Life and Casualty Company 222 Merchandise Mart Plaza Chicago, IL 60654-2001 (800) 621-3724 <i>Pre-ex: None</i> <i>Attained age</i>	65: \$96.94/mo. \$1117.74/yr. 70: \$109.98/mo. \$1269.70/yr. 75: \$128.28/mo. \$1482.97/yr. 80+: \$151.81/mo. \$1757.11/yr.	65: \$99.97/mo. \$1153.08/yr. 70: \$117.91/mo. \$1362.10/yr. 75: \$142.25/mo. \$1645.73/yr. 80+: \$173.64/mo. \$2011.40/yr.	65: \$82.05/mo. \$944.28/yr. 70: \$96.64/mo. \$1114.35/yr. 75: \$116.81/mo. \$1349.33/yr. 80+: \$143.57/mo. \$1661.11/yr.	65: \$102.01/mo. \$1176.86/yr. 70: \$122.17/mo. \$1411.73/yr. 75: \$150.11/mo. \$1737.26/yr. 80+: \$187.40/mo. \$2171.76/yr.	65: \$98.92/mo. \$1140.86/yr. 70: \$117.42/mo. \$1356.43/yr. 75: \$142.51/mo. \$1648.68/yr. 80+: \$175.53/mo. \$2033.44/yr.

Rates shown are for December 1999. 2000 rates may be pending.

Medicare Supplement Insurance Companies

	Plan F	Plan G	Plan H	Plan I	Plan J
American Family Mutual Insurance Company (Continued)	65: \$76.97/mo. \$923.60/yr. 70: \$85.50/mo. \$1026.00/yr. 75: \$100.07/mo. \$1200.80/yr. 80: \$116.14/mo. \$1393.60/yr. 85: \$132.00/mo. \$1584.00/yr. 90: \$143.94./mo. \$1727.20/yr.				
American Republic Insurance Company (Continued)	65: \$90.28/mo. \$1036.50/yr. 70: \$106.51/mo. \$1222.84/yr. 75: \$117.86/mo. \$1353.15/yr. 84: \$138.52/mo. \$1590.35/yr.				
Bankers Life and Casualty Company (Continued)	65: \$82.69/mo. \$951.81/yr. 70: \$100.17/mo. \$1155.48/yr. 75: \$121.79/mo. \$1407.37/yr. 80+: \$148.73/mo. \$1721.22/yr.	65: \$85.22/mo. \$981.26/yr. 70: \$104.73/mo. \$1208.50/yr. 75: \$129.32/mo. \$1495.08/yr. 80+: \$160.71/mo. \$1860.75/yr.	65: \$549.26/mo. \$6387.76/yr. 70: \$653.13/mo. \$7597.90/yr. 75: \$788.73/mo. \$9177.74/yr. 80+: \$961.61/mo. \$1191.98/yr.	65: \$503.79/mo. \$5858.02/yr. 70: \$600.44/mo. \$6984.05/yr. 75: \$723.94/mo. \$8422.95/yr. 80+: \$880.17/mo. \$10243.11/yr.	

Medicare Supplement Insurance Companies

	Plan A	Plan B	Plan C	Plan D	Plan E
Celtic Life Insurance Company P.O. Box 46337 Madison, WI 53744-6337 (800) 766-2525 <i>Pre-ex: 6/6 Attained age</i>	65-69: \$60.18/mo. \$683.84/yr. 70-74: \$74.82/mo. \$850.27/yr. 75-79: \$85.29/mo. \$969.22/yr. 80-84: \$89.53/mo. \$1017.44/yr.	65-69: \$86.13/mo. \$978.71/yr. 70-74: \$107.13/mo. \$1217.36/yr. 75-79: \$123.08/mo. \$1398.61/yr. 80-84: \$132.65/mo. \$1507.39/yr.			
Combined Insurance Company of America 5050 N. Broadway Chicago, IL 60640 (800) 544-5531 <i>Pre-ex: None Issue age</i>	65: \$56.39/mo. \$626.53/yr. 66-70: \$59.26/mo. \$658.41/yr. 71-75: \$70.54/mo. \$783.82/yr. 76+: \$79.71/mo. \$885.72/yr.		65: \$92.76/mo. \$1030.72/yr. 66-70: \$98.29/mo. \$1092.12/yr. 71-75: \$116.99/mo. \$1299.84/yr. 76+: \$132.15/mo. \$1468.35/yr.		
Conseco Direct Life Insurance Company 399 Market St. Philadelphia, PA 19181 (800) 242-0807 <i>Pre-ex: None Attained age</i> <i>ZIP code areas 973-979 may be less.</i>	65-69: \$66.00/mo. \$792.00/yr. 70-74: \$77.91/mo. \$935.00/yr. 75-79: \$84.33/mo. \$1012.00/yr. 80-84: \$90.75/mo. \$1089.00/yr. 85+: \$91.66/mo. \$1100.00/yr.	65-69: \$76.08/mo. \$913.00/yr. 70-74: \$92.58/mo. \$1111.00/yr. 75-79: \$103.58/mo. \$1243.00/yr. 80-84: \$112.75/mo. \$1353.00/yr. 85+: \$115.50/mo. \$1386.00/yr.	65-69: \$88.00/mo. \$1056.00/yr. 70-74: \$108.16/mo. \$1298.00/yr. 75-79: \$125.58/mo. \$1507.00/yr. 80-84: \$136.58/mo. \$1639.00/yr. 85+: \$139.33/mo. \$1672.00/yr.	65-69: \$79.75/mo. \$957.00/yr. 70-74: \$100.83/mo. \$1210.00/yr. 75-79: \$120.08/mo. \$1441.00/yr. 80-84: \$131.99/mo. \$1584.00/yr. 85+: \$134.74/mo. \$1617.00/yr.	

Rates shown are for December 1999. 2000 rates may be pending.

	Plan F	Plan G	Plan H	Plan I	Plan J
Celtic Life Insurance Company (Continued)	65-69: \$108.96/mo. \$1238.19/yr. 70-74: \$135.60/mo. \$1540.88/yr. 75-79: \$156.18/mo. \$1774.72/yr. 80-84: \$168.77/mo. \$1917.88/yr.			65-69: \$166.42/mo. \$1891.09/yr. 70-74: \$206.82/mo. \$2350.25/yr. 75-79: \$235.93/mo. \$2681.07/yr. 80-84: \$249.30/mo. \$2833.01/yr.	
Combined Insurance Company of America (Continued)	65: \$118.23/mo. \$1313.63/yr. 66-70: \$124.65/mo. \$1384.99/yr. 71-75: \$148.38/mo. \$1648.68/yr. 76+: \$167.32/mo. \$1859.16/yr.				
Conseco Direct Life Insurance Company (Continued)	65-69: \$91.66/mo. \$1100.00/yr. 70-74: \$111.83/mo. \$1342.00/yr. 75-79: \$130.16/mo. \$1562.00/yr. 80-84: \$141.16/mo. \$1694.00/yr. 85+: \$143.91/mo. \$1727.00/yr.				

Medicare Supplement Insurance Companies

	Plan A	Plan B	Plan C	Plan D	Plan E
Continental General Insurance Company P.O. Box 247007 Omaha, NE 68124-7007 (800) 545-8905 <i>Pre-ex: None</i> <i>Issue age</i>	65: \$84.15/mo. \$990.00/yr. 70: \$90.19/mo. \$1061.00/yr. 75: \$96.39/mo. \$1134.00/yr. 80: \$101.07/mo. \$1189.00/yr. 85+: \$105.06/mo. \$1236.00/yr.		65: \$135.58/mo. \$1595.00/yr. 70: \$151.22/mo. \$1779.00/yr. 75: \$168.90/mo. \$1987.00/yr. 80: \$185.56/mo. \$2183.00/yr. 85+: \$201.03/mo. \$2365.00/yr.		
Equitable Life and Casualty Insurance Company 3 Triad Ctr., Ste. 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>	65: \$37.92/mo. \$455.00/yr. 66: \$39.34/mo. \$472.00/yr. 70: \$45.09/mo. \$541.00/yr. 75: \$50.34/mo. \$604.00/yr. 80+: \$52.00/mo. \$624.00/yr.	65: \$71.17/mo. \$854.00/yr. 66: \$73.67/mo. \$884.00/yr. 70: \$85.09/mo. \$1021.00/yr. 75: \$97.42/mo. \$1169.00/yr. 80+: \$103.75/mo. \$1245.00/yr.	65: \$82.25/mo. \$987.00/yr. 66: \$85.75/mo. \$1029.00/yr. 70: \$99.25/mo. \$1191.00/yr. 75: \$116.67/mo. \$1400.00/yr. 80+: \$128.67/mo. \$1544.00/yr.	65: \$64.34/mo. \$772.00/yr. 66: \$67.09/mo. \$805.00/yr. 70: \$79.17/mo. \$950.00/yr. 75: \$95.17/mo. \$1142.00/yr. 80+: \$106.67/mo. \$1280.00/yr.	65: \$67.42/mo. \$809.00/yr. 66: \$69.84/mo. \$838.00/yr. 70: \$81.67/mo. \$980.00/yr. 75: \$96.25/mo. \$1155.00/yr. 80+: \$105.59/mo. \$1267.00/yr.
Guarantee Trust Life Insurance Company 1275 Milwaukee Ave. Glenview, IL 60025 (800) 338-7452 <i>Pre-ex: None</i> <i>Attained age</i>	65: \$66.45/mo. \$791.00/yr. 70: \$78.25/mo. \$931.75/yr. 75: \$89.95/mo. \$1071.00/yr. 80: \$100.65/mo. \$1198.00/yr. 84: \$109.10/mo. \$1298.95/yr. 85+: \$116.70/mo. \$1389.25/yr.	65: \$100.45/mo. \$1195.70/yr. 70: \$117.80/mo. \$1402.40/yr. 75: \$134.90/mo. \$1605.90/yr. 80: \$150.90/mo. \$1796.70/yr. 84: \$163.60/mo. \$1947.75/yr. 85+: \$175.25/mo. \$2086.10/yr.	65: \$117.45/mo. \$1398.30/yr. 70: \$137.90/mo. \$1641.60/yr. 75: \$158.05/mo. \$1881.80/yr. 80: \$176.65/mo. \$2103.00/yr. 84: \$191.25/mo. \$2276.80/yr. 85+: \$205.20/mo. \$2442.70/yr.	65: \$106.55/mo. \$1268.40/yr. 70: \$125.15/mo. \$1490.05/yr. 75: \$143.55/mo. \$1708.85/yr. 80: \$160.50/mo. \$1910.50/yr. 84: \$173.70/mo. \$2067.80/yr. 85+: \$186.30/mo. \$2217.95/yr.	

Rates shown are for December 1999. 2000 rates may be pending.

	Plan F	Plan G	Plan H	Plan I	Plan J
Continental General Insurance Company (Continued)	65: \$148.92/mo. \$1752.00/yr. 70: \$164.22/mo. \$1932.00/yr. 75: \$181.14/mo. \$2131.00/yr. 80: \$196.86/mo. \$2316.00/yr. 85+: \$211.23/mo. \$2485.00/yr.	65: \$116.71/mo. \$1373.00/yr. 70: \$132.26/mo. \$1556.00/yr. 75: \$150.37/mo. \$1769.00/yr. 80: \$168.64/mo. \$1984.00/yr. 85+: \$184.62/mo. \$2172.00/yr.			
Equitable Life and Casualty Insurance Company (Continued)	65: \$89.17/mo. \$1070.00/yr. 66: \$92.67/mo. \$1112.00/yr. 70: \$107.84/mo. \$1294.00/yr. 75: \$127.17/mo. \$1526.00/yr. 80+: \$137.84/mo. \$1654.00/yr.	65: \$69.34/mo. \$832.00/yr. 66: \$72.09/mo. \$865.00/yr. 70: \$84.67/mo. \$1016.00/yr. 75: \$100.92/mo. \$1211.00/yr. 80+: \$113.84/mo. \$1366.00/yr.	65: \$129.00/mo. \$1548.00/yr. 66: \$132.00/mo. \$1584.00/yr. 70: \$146.59/mo. \$1759.00/yr. 75: \$165.84/mo. \$1990.00/yr. 80+: \$181.50/mo. \$2178.00/yr.	65: \$137.50/mo. \$1650.00/yr. 66: \$140.50/mo. \$1686.00/yr. 70: \$156.17/mo. \$1874.00/yr. 75: \$177.09/mo. \$2125.00/yr. 80+: \$194.42/mo. \$2333.00/yr.	65: \$157.34/mo. \$1888.00/yr. 66: \$160.09/mo. \$1921.00/yr. 70: \$177.09/mo. \$2125.00/yr. 75: \$199.92/mo. \$2399.00/yr. 80+: \$217.84/mo. \$2614.00/yr.
Guarantee Trust Life Insurance Company (Continued)	65: \$117.40/mo. \$1397.60/yr. 70: \$138.20/mo. \$1645.50/yr. 75: \$158.80/mo. \$1890.75/yr. 80: \$177.85/mo. \$2117.20/yr. 84: \$192.70/mo. \$2294.10/yr. 85+: \$206.00/mo. \$2452.20/yr.	65: \$113.75/mo. \$1354.05/yr. 70: \$133.60/mo. \$1590.30/yr. 75: \$153.00/mo. \$1821.15/yr. 80: \$171.10/mo. \$2037.15/yr. 84: \$185.40/mo. \$2207.25/yr. 85+: \$198.55/mo. \$2363.85/yr.			

Medicare Supplement Insurance Companies

	Plan A	Plan B	Plan C	Plan D	Plan E
Life Investors Insurance Company of America 520 Park Ave. Baltimore, MD 21201-4500 (800) 752-9797 <i>Pre-ex: 6/6 Attained age</i>	65: \$50.00/mo. \$600.00/yr. 70: \$61.00/mo. \$732.00/yr. 75+: \$94.00/mo. \$1128.00/yr.	65: \$74.00/mo. \$888.00/yr. 70: \$90.00/mo. \$1080.00/yr. 75+: \$138.00/mo. \$1656.00/yr.	65: \$92.00/mo. \$1104.00/yr. 70: \$113.00/mo. \$1356.00/yr. 75+: \$172.00/mo. \$2064.00/yr.	65: \$90.00/mo. \$1080.00/yr. 70: \$110.00/mo. \$1320.00/yr. 75+: \$166.00/mo. \$1992.00/yr.	65: \$92.00/mo. \$1104.00/yr. 70: \$112.00/mo. \$1344.00/yr. 75+: \$171.00/mo. \$2052.00/yr.
Medico Life Insurance Company 1515 S. 75th Omaha, NE 68124 (800) 228-6080 <i>Pre-ex: None Issue age</i>	65: \$61.49/mo. \$737.84/yr. 66-69: \$64.78/mo. \$777.40/yr. 70-72: \$70.76/mo. \$849.16/yr. 73-75: \$75.13/mo. \$901.60/yr. 76-79: \$77.74/mo. \$932.88/yr. 80+: \$80.04/mo. \$960.48/yr.		65: \$98.82/mo. \$1185.88/yr. 66-69: \$104.73/mo. \$1256.72/yr. 70-72: \$115.31/mo. \$1383.68/yr. 73-75: \$124.20/mo. \$1490.40/yr. 76-79: \$131.25/mo. \$1575.04/yr. 80+: \$139.30/mo. \$1671.64/yr.		
Monumental Life Insurance Company 520 Park Ave. Baltimore, MD 21201-4500 (800) 752-9797 <i>Pre-ex: 6/6 Attained age</i>	65: \$42.00/mo. \$504.00/yr. 70: \$58.00/mo. \$696.00/yr. 75: \$75.00/mo. \$900.00/yr. 80+: \$85.00/mo. \$1020.00/yr.	65: \$62.00/mo. \$744.00/yr. 70: \$86.00/mo. \$1032.00/yr. 75: \$113.00/mo. \$1356.00/yr. 80+: \$128.00/mo. \$1536.00/yr.	65: \$81.00/mo. \$972.00/yr. 70: \$112.00/mo. \$1344.00/yr. 75: \$148.00/mo. \$1776.00/yr. 80+: \$166.00/mo. \$1992.00/yr.	65: \$79.00/mo. \$948.00/yr. 70: \$109.00/mo. \$1308.00/yr. 75: \$144.00/mo. \$1728.00/yr. 80+: \$163.00/mo. \$1956.00/yr.	65: \$81.00/mo. \$972.00/yr. 70: \$113.00/mo. \$1356.00/yr. 75: \$149.00/mo. \$1788.00/yr. 80+: \$169.00/mo. \$2028.00/yr.

Medicare Supplement Insurance Companies

	Plan F	Plan G	Plan H	Plan I	Plan J
Life Investors Insurance Company of America (Continued)	65: \$105.00/mo. \$1260.00/yr. 70: \$129.00/mo. \$1548.00/yr. 75+: \$196.00/mo. \$2352.00/yr.	65: \$100.00/mo. \$1200.00/yr. 70: \$123.00/mo. \$1476.00/yr. 75+: \$186.00/mo. \$2232.00/yr.	65: \$163.00/mo. \$1956.00/yr. 70: \$199.00/mo. \$2388.00/yr. 75+: \$302.00/mo. \$3624.00/yr.	65: \$190.00/mo. \$2280.00/yr. 70: \$232.00/mo. \$2784.00/yr. 75+: \$356.00/mo. \$4272.00/yr.	65: \$317.00/mo. \$3804.00/yr. 70: \$386.00/mo. \$4632.00/yr. 75+: \$591.00/mo. \$7092.00/yr.
Medico Life Insurance Company (Continued)	65: \$108.10/mo. \$1297.20/yr. 66-69: \$114.39/mo. \$1372.64/yr. 70-72: \$125.81/mo. \$1509.72/yr. 73-75: \$135.01/mo. \$1620.12/yr. 76-79: \$142.99/mo. \$1707.52/yr. 80+: \$150.27/mo. \$1803.20/yr.	65: \$101.89/mo. \$1222.68/yr. 66-69: \$108.64/mo. \$1303.64/yr. 70-72: \$120.90/mo. \$1450.84/yr. 73-75: \$130.87/mo. \$1570.44/yr. 76-79: \$139.07/mo. \$1668.88/yr. 80+: \$148.04/mo. \$1776.52/yr.			
Monumental Life Insurance Company (Continued)	65: \$93.00/mo. \$1116.00/yr. 70: \$129.00/mo. \$1548.00/yr. 75: \$170.00/mo. \$2040.00/yr. 80+: \$192.00/mo. \$2304.00/yr.	65: \$90.00/mo. \$1080.00/yr. 70: \$123.00/mo. \$1476.00/yr. 75: \$162.00/mo. \$1944.00/yr. 80+: \$181.00/mo. \$2172.00/yr.	65: \$130.00/mo. \$1560.00/yr. 70: \$178.00/mo. \$2136.00/yr. 75: \$235.00/mo. \$2820.00/yr. 80+: \$266.00/mo. \$3192.00/yr.	65: \$151.00/mo. \$1812.00/yr. 70: \$208.00/mo. \$2496.00/yr. 75: \$276.00/mo. \$3312.00/yr. 80+: \$311.00/mo. \$3732.00/yr.	65: \$220.00/mo. \$2640.00/yr. 70: \$303.00/mo. \$3636.00/yr. 75: \$401.00/mo. \$4812.00/yr. 80+: \$452.00/mo. \$5424.00/yr.

Medicare Supplement Insurance Companies

	Plan A	Plan B	Plan C	Plan D	Plan E
Mutual of Omaha Insurance Company Mutual of Omaha Plaza Omaha, NE 68175 (800) 775-6000 <i>Pre-ex: 6/6 Attained age</i> <i>Premiums are for non-tobacco users.</i>	65: \$53.37/mo. \$640.49/yr. 70: \$63.31/mo. \$759.72/yr. 75: \$73.63/mo. \$883.54/yr. 80+: \$84.80/mo. \$1017.59/yr.		65: \$69.99/mo. \$839.90/yr. 70: \$83.01/mo. \$996.08/yr. 75: \$96.54/mo. \$1158.42/yr. 80+: \$111.16/mo. \$1333.92/yr.	65: \$61.88/mo. \$742.60/yr. 70: \$73.38/mo. \$880.61/yr. 75: \$85.36/mo. \$1024.27/yr. 80+: \$98.29/mo. \$1179.51/yr.	
Mutual Protective Insurance Company 1515 S. 75th Omaha, NE 68124 (800) 228-6080 <i>Pre-ex: None Issue age</i>	65: \$61.49/mo. \$737.84/yr. 66-69: \$64.78/mo. \$777.40/yr. 70-72: \$70.76/mo. \$849.16/yr. 73-75: \$75.13/mo. \$901.60/yr. 76-79: \$77.74/mo. \$932.88/yr. 80+: \$80.04/mo. \$960.48/yr.		65: \$98.82/mo. \$1185.88/yr. 66-69: \$104.73/mo. \$1256.72/yr. 70-72: \$115.31/mo. \$1383.68/yr. 73-75: \$124.20/mo. \$1490.40/yr. 76-79: \$131.25/mo. \$1575.04/yr. 80+: \$139.30/mo. \$1671.64/yr.		
National States Insurance Company 1830 Craig Park Court, Ste. 100 St Louis, MO 63146 (800) 868-6788 <i>Pre-ex: None Issue age</i>	65-67: \$67.34/mo. \$738.00/yr. 68-70: \$74.99/mo. \$823.00/yr. 71-75: \$77.87/mo. \$855.00/yr. 76-80: \$87.50/mo. \$962.00/yr. 80+: \$105.41/mo. \$1161.00/yr.	65-67: \$115.76/mo. \$1276.00/yr. 68-70: \$128.72/mo. \$1420.00/yr. 71-75: \$133.76/mo. \$1476.00/yr. 76-80: \$150.14/mo. \$1658.00/yr. 80+: \$181.01/mo. \$2001.00/yr.	65-67: \$156.35/mo. \$1727.00/yr. 68-70: \$173.54/mo. \$1918.00/yr. 71-75: \$180.56/mo. \$1996.00/yr. 76-80: \$202.61/mo. \$2241.00/yr. 80+: \$244.82/mo. \$2710.00/yr.		

	Plan F	Plan G	Plan H	Plan I	Plan J
Mutual of Omaha Insurance Company (Continued)	65: \$70.91/mo. \$850.96/yr. 70: \$84.09/mo. \$1009.13/yr. 75: \$97.81/mo. \$1173.66/yr. 80+: \$112.63/mo. \$1351.56/yr.				
Mutual Protective Insurance Company (Continued)	65: \$108.10/mo. \$1297.20/yr. 66-69: \$114.39/mo. \$1372.64/yr. 70-72: \$125.81/mo. \$1509.72/yr. 73-75: \$135.01/mo. \$1620.12/yr. 76-79: \$142.29/mo. \$1707.52/yr. 80+: \$150.27/mo. \$1803.20/yr.	65: \$101.89/mo. \$1222.68/yr. 66-69: \$108.64/mo. \$1303.64/yr. 70-72: \$120.90/mo. \$1450.84/yr. 73-75: \$130.87/mo. \$1570.44/yr. 76-79: \$139.07/mo. \$1668.88/yr. 80+: \$148.04/mo. \$1776.52/yr.			
National States Insurance Company (Continued)	65-67: \$109.82/mo. \$1210.00/yr. 68-70: \$122.24/mo. \$1348.00/yr. 71-75: \$127.01/mo. \$1401.00/yr. 76-80: \$142.31/mo. \$1571.00/yr. 80+: \$172.19/mo. \$1903.00/yr.				

Medicare Supplement Insurance Companies

	Plan A	Plan B	Plan C	Plan D	Plan E
ODS Health Plans Senior Select 601 SW 2nd Ave. Portland, OR 97204 (503) 243-3948 (800) 578-1402 <i>Pre-ex: 6/6 Attained age</i>	65-69: \$58.40/mo. \$700.80/yr. 70-74: \$70.55/mo. \$846.60/yr. 75+: \$71.61/mo. \$859.32/yr.		65-69: \$91.53/mo. \$1098.36/yr. 70-74: \$110.57/mo. \$1326.84/yr. 75+: \$112.24/mo. \$1346.88/yr.		
Oxford Life Insurance Company 2721 North Central Ave Phoenix, AZ 85004-1172 (877) 469-3037 <i>Pre-ex: None Attained age</i>	65: \$57.50/mo. \$692.75/yr. 70: \$67.94/mo. \$818.55/yr. 75: \$75.21/mo. \$906.10/yr. 80: \$79.79/mo. \$961.35/yr. 85: \$84.57/mo. \$1022.55/yr.	65: \$74.43/mo. \$896.75/yr. 70: \$87.83/mo. \$1058.25/yr. 75: \$98.70/mo. \$1189.15/yr. 80: \$106.53/mo. \$1283.50/yr. 85: \$117.47/mo. \$1415.25/yr.	65: \$89.10/mo. \$1073.55/yr. 70: \$105.61/mo. \$1272.45/yr. 75: \$119.58/mo. \$1440.75/yr. 80: \$130.02/mo. \$1566.55/yr. 85: \$145.69/mo. \$1755.25/yr.	65: \$83.11/mo. \$1001.30/yr. 70: \$98.49/mo. \$1186.60/yr. 75: \$111.96/mo. \$1348.95/yr. 80: \$122.83/mo. \$1479.85/yr. 85: \$135.39/mo. \$1631.15/yr.	
Pacific Source Health Plans P.O. Box 7068 Eugene, OR 97401 (800) 624-6052 <i>Pre-ex: 6/6 Issue age</i> <i>Monthly premiums only.</i>	All ages: \$72.95/mo.				

	Plan F	Plan G	Plan H	Plan I	Plan J
ODS Health Plans' Senior Select (Continued) Note: ODS also offers a dental plan.	65-69: \$93.74/mo. \$1124.88/yr. 70-74: \$113.24/mo. \$1358.88/yr. 75+: \$114.95/mo. \$1379.40/yr.				Plan F with \$1,500 deductible option: 65-69: \$25.19/mo. \$302.28/yr. 70-74: \$30.43/mo. \$365.16/yr. 75+: \$30.89/mo. \$370.68/yr.
Oxford Life Insurance Company (Continued)	65: \$92.77/mo. \$1117.75/yr. 70: \$109.92/mo. \$1324.30/yr. 75: \$124.31/mo. \$1497.70/yr. 80: \$135.03/mo. \$1626.90/yr. 85: \$150.84/mo. \$1817.30/yr.			65: \$133.83/mo. \$1612.45/yr. 70: \$155.56/mo. \$1874.25/yr. 75: \$173.13/mo. \$2085.90/yr. 80: \$186.53/mo. \$2247.40/yr. 85: \$207.77/mo. \$2503.25/yr.	
Pacific Source Health Plans (Continued)					

Medicare Supplement Insurance Companies

	Plan A	Plan B	Plan C	Plan D	Plan E
Physicians Mutual Insurance Company 2600 Dodge St. Omaha, NE 68131-2671 (800) 228-9100 <i>Pre-ex: None</i> <i>Issue age</i>	All ages: \$81.20/mo. \$871.30/yr.	65: \$107.32/mo. \$1169.30/yr. 70: \$118.37/mo. \$1295.27/yr. 75: \$118.37/mo. \$1295.27/yr. 80: \$125.74/mo. \$1379.29/yr.	65: \$135.86/mo. \$1494.65/yr. 70: \$150.37/mo. \$1660.07/yr. 75: \$150.37/mo. \$1660.07/yr. 80: \$165.22/mo. \$1829.36/yr.		
Pioneer Life Insurance Company 11815 N. Pennsylvania St. Carmel, IN 46032-4943 (800) 759-7007 <i>Pre-ex: None</i> <i>Attained age</i> Premiums are higher for ZIPs 970-972.	65: \$50.47/mo. \$565.40/yr. 70: \$57.60/mo. \$646.80/yr. 75: \$66.95/mo. \$753.70/yr. 80+: \$79.35/mo. \$895.40/yr.	65: \$63.08/mo. \$709.50/yr. 70: \$74.43/mo. \$839.20/yr. 75: \$89.99/mo. \$1017.10/yr. 80+: \$109.96/mo. \$1245.30/yr.	65: \$97.22/mo. \$1099.70/yr. 70: \$115.19/mo. \$1316.50/yr. 75: \$140.67/mo. \$1596.20/yr. 80+: \$173.19/mo. \$1967.90/yr.	65: \$55.43/mo. \$622.00/yr. 70: \$66.42/mo. \$747.60/yr. 75: \$81.72/mo. \$922.50/yr. 80+: \$102.13/mo. \$1155.80/yr.	65: \$64.88/mo. \$730.00/yr. 70: \$77.05/mo. \$869.10/yr. 75: \$93.65/mo. \$1058.80/yr. 80+: \$114.83/mo. \$1300.90/yr.
Pyramid Life Insurance Company (The) 6201 Johnson Dr. Mission, KS 66202 (800) 777-1126 <i>Pre-ex: 6/6</i> <i>Attained age</i> Premiums are higher for ZIPs 970-972 and 974.	65: \$52.63/mo. \$612.00/yr. 70: \$65.73/mo. \$764.25/yr. 75: \$72.24/mo. \$840.00/yr. 80: \$76.63/mo. \$891.00/yr. 85: \$79.72/mo. \$927.00/yr.	65: \$68.89/mo. \$801.00/yr. 70: \$85.79/mo. \$997.50/yr. 75: \$95.72/mo. \$1113.00/yr. 80: \$103.65/mo. \$1205.25/yr. 85: \$110.04/mo. \$1279.50/yr.	65: \$87.78/mo. \$1020.75/yr. 70: \$109.52/mo. \$1273.50/yr. 75: \$121.78/mo. \$1416.00/yr. 80: \$131.13/mo. \$1524.75/yr. 85: \$138.35/mo. \$1608.75/yr.	65: \$68.95/mo. \$801.75/yr. 70: \$85.85/mo. \$998.25/yr. 75: \$95.91/mo. \$1115.25/yr. 80: \$103.97/mo. \$1209.00/yr. 85: \$110.55/mo. \$1285.50/yr.	

Medicare Supplement Insurance Companies

	Plan F	Plan G	Plan H	Plan I	Plan J
Physicians Mutual Insurance Company (Continued)	65: \$157.00/mo. \$1735.65/yr. 70: \$165.53/mo. \$1832.89/yr. 75: \$165.53/mo. \$1832.89/yr. 80: \$177.30/mo. \$1967.07/yr.				65: \$307.82/mo. \$3386.02/yr. 70: \$331.28/mo. \$3644.08/yr. 75: \$331.28/mo. \$3644.08/yr. 80: \$356.14/mo. \$3917.54/yr.
Pioneer Life Insurance Company (Continued) Note: Add a \$20 policy fee to the first premium payment.	65: \$86.19/mo. \$973.60/yr. 70: \$104.64/mo. \$1184.40/yr. 75: \$127.42/mo. \$1444.80/yr. 80+: \$155.73/mo. \$1768.30/yr.	65: \$66.96/mo. \$753.80/yr. 70: \$82.38/mo. \$930.10/yr. 75: \$101.90/mo. \$1153.10/yr. 80+: \$126.83/mo. \$1438.00/yr.		65: \$175.83/mo. \$1998.10/yr. 70: \$209.85/mo. \$2386.80/yr. 75: \$253.23/mo. \$2882.60/yr. 80+: \$308.02/mo. \$3508.80/yr.	
Pyramid Life Insurance Company (The) (Continued)	65: \$88.95/mo. \$1034.25/yr. 70: \$110.94/mo. \$1290.00/yr. 75: \$123.32/mo. \$1434.00/yr. 80: \$132.87/mo. \$1545.00/yr. 85: \$140.09/mo. \$1629.00/yr.	65: \$69.14/mo. \$804.00/yr. 70: \$86.04/mo. \$1000.50/yr. 75: \$96.17/mo. \$1118.25/yr. 80: \$104.30/mo. \$1212.75/yr. 85: \$111.00/mo. \$1290.75/yr.		Plan F with \$1,500 deductible option: 65: \$26.32/mo. \$306.00/yr. 70: \$29.86/mo. \$347.25/yr. 75: \$35.93/mo. \$417.75/yr. 80: \$40.25/mo. \$468.00/yr. 85: \$43.86/mo. \$510.00/yr.	Plan J with \$1,500 deductible option: 65: \$61.08/mo. \$710.25/yr. 70: \$71.34/mo. \$829.50/yr. 75: \$83.98/mo. \$976.50/yr. 80: \$92.36/mo. \$1074.00/yr. 85: \$98.69/mo. \$1147.50/yr.

Medicare Supplement Insurance Companies

	Plan A	Plan B	Plan C	Plan D	Plan E
<p>Regence Blue Cross Blue Shield of Oregon P.O. Box 1271 Portland, OR 97207 (800) 777-3168 <i>Pre-ex: 6/6 Attained age</i> <i>G.I. = A, C, F</i></p>	<p>65-69: \$75.20/mo. \$902.40/yr. 70+: \$85.70/mo. \$1028.40/yr.</p>		<p>65-69: \$89.30/mo. \$1071.60/yr. 70+: \$107.60/mo. \$1291.20/yr.</p>		
<p>Standard Life and Accident Insurance Company One Moody Plaza Galveston, TX 77550 (888)350-1488 <i>Pre-ex: None Attained age</i></p>	<p>65: \$52.12/mo. \$595.65/yr. 70: \$61.63/mo. \$704.33/yr. 75: \$70.41/mo. \$804.65/yr. 80+: \$78.18/mo. \$893.48/yr.</p>	<p>65: \$83.49/mo. \$954.19/yr. 70: \$98.63/mo. \$1127.24/yr. 75: \$112.72/mo. \$1288.28/yr. 80+: \$125.03/mo. \$1428.89/yr.</p>	<p>65: \$101.68/mo. \$1162.10/yr. 70: \$120.30/mo. \$1374.80/yr. 75: \$137.44/mo. \$1570.69/yr. 80+: \$152.47/mo. \$1742.54/yr.</p>		
<p>State Farm Mutual Automobile Insurance Company One State Farm Plaza Bloomington, IL 61710-0001 Contact a local State Farm agent <i>Pre-ex: None Attained age</i></p>	<p>65-69: \$48.18/mo. \$566.90/yr. 70-74: \$60.24/mo. \$708.70/yr. 75+: \$72.28/mo. \$850.40/yr.</p>		<p>65-69: \$72.68/mo. \$855.10/yr. 70-74: \$90.84/mo. \$1068.80/yr. 75+: \$109.02/mo. \$1282.60/yr.</p>		

	Plan F	Plan G	Plan H	Plan I	Plan J
Regence Blue Cross Blue Shield of Oregon (Continued)	65-69: \$95.00/mo. \$1140.00/yr. 70+: \$114.50/mo. \$1374.00/yr.			65-69: \$156.20/mo. \$1874.40/yr. 70+: \$185.30/mo. \$2223.60/yr.	
Standard Life and Accident Insurance Company (Continued)	65: \$96.44/mo. \$1102.17/yr. 70: \$113.98/mo. \$1302.66/yr. 75: \$130.27/mo. \$1488.75/yr. 80+: \$144.61/mo. \$1652.69/yr.				
State Farm Mutual Automobile Insurance Company (Continued)	65-69: \$83.58/mo. \$983.30/yr. 70-74: \$104.47/mo. \$1229.10/yr. 75+: \$125.37/mo. \$1475.00/yr.				

Medicare Supplement Insurance Companies

	Plan A	Plan B	Plan C	Plan D	Plan E
State Mutual Insurance Company 1817 Eagle Dr. Woodstock, GA 30189-2307 (800) 736-4476 <i>Pre-ex: None Attained age</i>	65: \$40.86/mo. \$467.00/yr. 70: \$47.86/mo. \$574.00/yr. 75: \$55.83/mo. \$638.00/yr. 80: \$61.25/mo. \$700.00/yr. 85: \$64.66/mo. \$739.00/yr.	65: \$55.30/mo. \$632.00/yr. 70: \$65.63/mo. \$750.00/yr. 75: \$77.53/mo. \$886.00/yr. 80: \$86.71/mo. \$991.00/yr. 85: \$93.19/mo. \$1065.00/yr.	65: \$66.06/mo. \$755.00/yr. 70: \$76.65/mo. \$876.00/yr. 75: \$89.51/mo. \$1023.00/yr. 80: \$99.31/mo. \$1135.00/yr. 85: \$106.49/mo. \$1217.00/yr.	65: \$61.08/mo. \$698.00/yr. 70: \$72.63/mo. \$830.00/yr. 75: \$86.10/mo. \$984.00/yr. 80: \$96.25/mo. \$1100.00/yr. 85: \$103.60/mo. \$1184.00/yr.	
United American Insurance Company P.O. Box 8080 McKinney, TX 75070 (972) 529-5085 <i>Pre-ex: 6/2 Issue age</i>	65: \$63.00/mo. \$720.00/yr. 66-69: \$68.00/mo. \$770.00/yr. 70-74: \$74.00/mo. \$836.00/yr. 75-79: \$74.00/mo. \$843.00/yr. 80+: \$74.00/mo. \$843.00/yr.	65: \$99.00/mo. \$1122.00/yr. 66-69: \$105.00/mo. \$1193.00/yr. 70-74: \$115.00/mo. \$1308.00/yr. 75-79: \$120.00/mo. \$1368.00/yr. 80+: \$120.00/mo. \$1368.00/yr.	65: \$126.00/mo. \$1437.00/yr. 66-69: \$134.00/mo. \$1524.00/yr. 70-74: \$147.00/mo. \$1674.00/yr. 75-79: \$158.00/mo. \$1793.00/yr. 80+: \$162.00/mo. \$1843.00/yr.	65: \$99.00/mo. \$1127.00/yr. 66-69: \$106.00/mo. \$1200.00/yr. 70-74: \$117.00/mo. \$1329.00/yr. 75-79: \$126.00/mo. \$1428.00/yr. 80+: \$129.00/mo. \$1470.00/yr.	
United Healthcare Insurance Company AARP Healthcare Options P.O. Box 130 Montgomeryville, PA 18936-0130 (800) 523-5800 <i>Pre-ex: 3/3. Issue age. Discounts available for spouse. G.I. = A-G. Must be over age 50.</i>	65-67: \$77.50/mo. \$930.00/yr. 68+: \$85.25/mo. \$1023.00/yr.	65-67: \$84.00/mo. \$1008.00/yr. 68+: \$92.40/mo. \$1108.80/yr.	65-67: \$102.25/mo. \$1227.00/yr. 68+: \$112.47/mo. \$1349.64/yr.	65-67: \$84.75/mo. \$1017.00/yr. 68+: \$93.22/mo. \$1118.64/yr.	65-67: \$87.25/mo. \$1047.00/yr. 68+: \$95.97/mo. \$1151.64/yr.

Medicare Supplement Insurance Companies

	Plan F	Plan G	Plan H	Plan I	Plan J
State Mutual Insurance Company (Continued)	65: \$68.51/mo. \$783.00/yr. 70: \$79.54/mo. \$909.00/yr. 75: \$92.84/mo. \$1061.00/yr. 80: \$102.99/mo. \$1177.00/yr. 85: \$110.34/mo. \$1261.00/yr.				
United American Insurance Company (Continued)	65: \$127.00/mo. \$1448.00/yr. 66-69: \$135.00/mo. \$1536.00/yr. 70-74: \$149.00/mo. \$1690.00/yr. 75-79: \$159.00/mo. \$1811.00/yr. 80+: \$164.00/mo. \$1864.00/yr.	65: \$100.00/mo. \$1135.00/yr. 66-69: \$106.00/mo. \$1209.00/yr. 70-74: \$118.00/mo. \$1340.00/yr. 75-79: \$127.00/mo. \$1441.00/yr. 80+: \$131.00/mo. \$1484.00/yr.			
United Healthcare Insurance Company (Continued)	65-67: \$104.75/mo. \$1257.00/yr. 68+: \$115.22/mo. \$1382.64/yr.	65-67: \$94.50/mo. \$1134.00/yr. 68+: \$103.95/mo. \$1247.40/yr.	65-67: \$143.00/mo. \$1716.00/yr. 68+: \$157.30/mo. \$1887.60/yr.	65-67: \$144.00/mo. \$1728.00/yr. 68+: \$158.40/mo. \$1900.80/yr.	65-67: \$186.00/mo. \$2232.60/yr. 68+: \$204.60/mo. \$2455.20/yr.

Clear Choice Health Plans
(541) 385-5315, (888) 863-3637 or TTY: (800) 735-2900

Central Oregon Independent Health Services
2650 NE Courtney, Bend, OR 97701

Service	Benefit description	You pay	Service area
Hospitalization * You are covered for additional days in the hospital.	First 60 days.	Nothing.	Service area Crook, Deschutes, Grant, Harney, Hood River, Jefferson, Lake, Sherman, Wasco, and Wheeler counties, Northern Klamath in ZIP code areas: 97731, 97733, 97737. Type of contract Provider sponsor organization
	Days 61 to 90.	Nothing.	
	Days 91 to 150.	Nothing.	
	Beyond 150 days.*	Nothing.	
Skilled nursing facility care You do not need to be in the hospital for 3 consecutive days before going into a skilled nursing facility.	First 20 days.	Nothing.	
	Additional 80 days.	Nothing.	
	Beyond 100 days.	All costs.	
Home health care	Part-time skilled nursing, physical therapy, and other services.	Nothing — You must get approval from the plan before you receive home health visits.	
Hospice care	Medicare-approved hospice care.	You may pay limited costs for outpatient drugs and inpatient respite care.	
Inpatient mental health	Same coverage as hospital inpatient care, with 190-day lifetime limit in a psychiatric hospital.	Nothing per admission or per day to a plan hospital.	
Participating hospitals	Blue Mountain District Hospital (John Day), Central Oregon District Hospital (Redmond), Harney District Hospital (Burns), Lake District Hospital (Lakeview), Mid Columbia Medical Center (The Dalles), Mountain View Hospital (Madras), Pioneer Memorial Hospital (Prineville), Providence Hood River Hospital (Hood River), St. Charles Medical Center (Bend).		

Service	You pay	Service	You pay
Physician visits	\$10 per visit with your physician/specialist.	Services outside U.S.A.	Worldwide coverage for emergency care. You may have a copay. Contact plan for details.
Clinical laboratory services and X-ray	Nothing.		
Outpatient services	Nothing per outpatient hospital visit/outpatient rehabilitation visit.	Monthly premiums	\$49.50
Emergency services	\$50 waived if admitted to hospital.	Service	Plan information
Urgently needed services	\$10 at a facility out of plan's service area, waived if admitted to hospital.	Doctor choice	Most specialty care requires a referral except for your annual gynecological care. Contact plan for other exceptions.
Ambulance/transportation	\$50 for ambulance waived if admitted to hospital.	Other	<ul style="list-style-type: none"> • Podiatry — you pay \$10 per visit. • Occupational/physical therapist — covered. • Dental — you pay 100%. • Chiropractic: spinal manipulation for subluxation only — covered. • Wellness: <ul style="list-style-type: none"> Mammogram — covered Pap smear — covered Hepatitis B vaccine — covered Colorectal screening — covered. • You may be able to receive your basic health care services when you travel out of the area. Contact plan for details.
Prescription drugs	100% for most prescription drugs.		
Vision services	You have some coverage for glasses, contacts, and routine eye exams.		
Physical exams	\$10 per exam, one per year.		
Hearing exams and hearing aids	\$10 per exam. One exam per year. Plan pays \$250 for hearing aids every 2 years.		
Mental health therapy	\$10 per individual/group therapy session.		

First Choice Sixty-Five
(800) 541-8981

Regence HMO Oregon
P.O. Box 12625, Salem, OR 97309 — P.O. Box 1271, Portland OR 97207-1271

Service	Benefit description	You pay	Service area Clackamas, Columbia, Marion, Multnomah, Polk, and Washington counties. Type of contract Risk contract
Hospitalization * You are covered for additional days in the hospital.	First 60 days.	Nothing.	
	Days 61 to 90.	Nothing.	
	Days 91 to 150.	Nothing.	
	Beyond 150 days.*	Nothing.	
Skilled nursing facility care You do not need to be in the hospital for 3 consecutive days before going into a skilled nursing facility.	First 20 days.	Nothing.	
	Additional 80 days.	Nothing.	
	Beyond 100 days.	All costs.	
Home health care	Part-time skilled nursing, physical therapy, and other services.	Nothing — You must get approval from the plan before you receive home health visits.	
Hospice care	Medicare-approved hospice care.	You may pay limited costs for outpatient drugs and inpatient respite care.	
Inpatient mental health	Same coverage as hospital inpatient care, with 190-day lifetime limit in a psychiatric hospital.	Nothing per admission or per day to a plan hospital.	
Participating hospitals	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 (Salem), Santiam Memorial Hospital (Stayton), Silverton Hospital (Silverton), Southwest Washington Medical Center (Vancouver, WA), Tuality Community Hospital (Hillsboro), Tuality Healthcare (Forest Grove), Valley Community Hospital (Dallas), Willamette Falls Hospital (Oregon City).		

Service	You pay	Service	You pay
Physician visits	\$10 per visit with your physician/specialist.	Services outside U.S.A.	You may be able to receive emergency and/or urgently needed care when you travel out of the country. Contact plan for details.
Clinical laboratory services and X-ray	Nothing.		
Outpatient services	Nothing per outpatient hospital visit/ outpatient rehabilitation visit.	Monthly premiums	Clackamas, Columbia, Multnomah, and Washington counties — \$39.50; Marion and Polk counties — \$49.
Emergency services	\$50 waived if admitted to hospital.	Service	Plan information
Urgently needed services	\$10 at a facility out of plan's service area.	Doctor choice	You need a referral to see a specialist, except for your annual gynecological visit.
Ambulance/ transportation	\$25 per ambulance ride.	Other	<ul style="list-style-type: none"> • Podiatry — same as Medicare. • Occupational/physical therapist — covered. • Dental — you pay 100%. • Chiropractic — same as Medicare. • Wellness: <ul style="list-style-type: none"> Mammogram — covered Pap smear — covered Hepatitis B vaccine — covered Colorectal screening — covered. • You may be able to receive your basic health care services when you travel out of the area. Contact plan for details.
Prescription drugs	100% for most prescription drugs.		
Vision services	You have some coverage for glasses, contacts, and routine eye exams.		
Physical exams	\$10 per exam. One per year.		
Hearing exams and hearing aids	\$10 for diagnostic hearing exams.		
Mental health therapy	\$10 per visit for visits 1-6, \$25 per visit thereafter.		

First Choice Sixty-Five (Premier)

(800) 541-8981

Regence HMO Oregon

P.O. Box 12625, Salem, OR 97309 — P.O. Box 1271, Portland OR 97207-1271

Service	Benefit description	You pay	Service area
Hospitalization * You are covered for additional days in the hospital.	First 60 days.	Nothing.	Clackamas, Columbia, Marion, Multnomah, Polk, and Washington counties. Type of contract Risk contract
	Days 61 to 90.	Nothing.	
	Days 91 to 150.	Nothing.	
	Beyond 150 days.*	Nothing.	
Skilled nursing facility care You do not need to be in the hospital for 3 consecutive days before going into a skilled nursing facility.	First 20 days.	Nothing.	
	Additional 80 days.	Nothing.	
	Beyond 100 days.	All costs.	
Home health care	Part-time skilled nursing, physical therapy, and other services.	Nothing — You must get approval from the plan before you receive home health visits.	
Hospice care	Medicare-approved hospice care.	You may pay limited costs for outpatient drugs and inpatient respite care.	
Inpatient mental health	Same coverage as hospital inpatient care, with 190-day lifetime limit in a psychiatric hospital.	Nothing per admission or per day to a plan hospital.	
Participating hospitals	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 (Salem), Santiam Memorial Hospital (Stayton), Silverton Hospital (Silverton), Southwest Washington Medical Center (Vancouver, WA), Tuality Community Hospital (Hillsboro), Tuality Healthcare (Forest Grove), Valley Community Hospital (Dallas), Willamette Falls Hospital (Oregon City).		

Service	You pay	Service	You pay
Physician visits	\$10 for each visit with your physician/specialist.	Services outside U.S.A.	You may be able to receive emergency and/or urgently needed care when you travel out of the country. Contact plan for details.
Clinical laboratory services and X-ray	Nothing.		
Outpatient services	Nothing per outpatient hospital visit/ outpatient rehabilitation visit.	Monthly premiums	\$123
Emergency services	\$50 waived if admitted to hospital.	Service	Plan information
Urgently needed services	\$10 at a facility out of plan's service area.	Doctor choice	You need a referral to see a specialist, except for your annual gynecological visit.
Ambulance/ transportation	\$25 per ambulance ride.	Other	<ul style="list-style-type: none"> • Podiatry — same as Medicare. • Occupational/physical therapist — covered. • Dental — you pay \$15 per exam, unlimited preventive exams. Some added coverage. • Chiropractic — you pay \$15 per visit, 12 visits per year. Some added coverage. • Wellness: Mammogram — covered Pap smear — covered Hepatitis B vaccine — covered Colorectal screening — covered You have extra coverage. • You may be able to receive your basic health care services when you travel out of the area. Contact plan for details.
Prescription drugs	You pay 50% per prescription. Maximum annual benefit — \$600 per year. There is a monthly limit for prescription drugs.		
Vision services	You have some coverage for glasses, contacts, and routine eye exams.		
Physical exams	\$10 per exam. One per year.		
Hearing exams and hearing aids	\$10 for diagnostic hearing exams. Some coverage for hearing aids.		
Mental health therapy	\$10 - \$25 per session.		

Kaiser Permanente Senior Advantage
 (800) 813-2000 or (503) 813-2000

Kaiser Permanente Northwest
 500 NE Multnomah, Suite 100, Portland, OR 97232

Service	Benefit description	You pay	Service area
Hospitalization * You are covered for additional days in the hospital.	First 60 days.	Nothing.	Columbia, Multnomah, Polk, Washington, and Yamhill counties and portions of Benton, Clackamas, Clatsop, Hood River, Linn, and Marion counties in Oregon. Clark County and portions of Cowlitz, Lewis, and Wahkiakum counties in Washington. Type of contract Risk contract
	Days 61 to 90.	Nothing.	
	Days 91 to 150.	Nothing.	
	Beyond 150 days.*	Nothing.	
Skilled nursing facility care You do not need to be in the hospital for 3 consecutive days before going into a skilled nursing facility.	First 20 days.	Nothing.	
	Additional 80 days.	Nothing.	
	Beyond 100 days.	All costs.	
Home health care	Part-time skilled nursing, physical therapy, and other services.	Nothing — You must get approval from the plan before you receive home health visits.	
Hospice care	Medicare-approved hospice care.	You may pay limited costs for outpatient drugs and inpatient respite care.	
Inpatient mental health	Same coverage as hospital inpatient care, with 190-day lifetime limit in a psychiatric hospital.	Nothing per admission or per day to a plan hospital.	
Participating hospitals	Kaiser Sunnyside Medical Center (Clackamas), Legacy Emanuel Hospital (Portland)*, Oregon Health Sciences University (Portland)*, Providence Portland Medical Center (Portland)*, Providence St. Vincent Hospital and Medical Center (Portland), Salem Hospital (Salem), Southwest Washington Medical Center (Vancouver, WA). St. John Medical Center (Longview, WA). * For limited services		

Service	You pay	Service	You pay
Physician visits	\$10 per visit with your physician/specialist.	Services outside U.S.A.	You may be able to receive emergency and/or urgently needed care when you travel out of the country. Contact plan for details.
Clinical laboratory services and X-ray	Nothing.		
Outpatient services	\$10 per outpatient hospital visit/ outpatient rehabilitation visit.	Monthly premiums	\$81
Emergency services	\$25.	Service	Plan information
Urgently needed services	\$10 at a facility out of plan's service area.	Doctor choice	You need a referral to see a specialist.
Ambulance/ transportation	\$25 per ambulance ride.	Other	<ul style="list-style-type: none"> • Podiatry — same as Medicare. • Occupational/physical therapist — \$10 per visit. • Dental — you pay 100%. • Chiropractic — same as Medicare. • Wellness: <ul style="list-style-type: none"> Mammogram — covered Pap smear — \$10 Hepatitis B vaccine — covered Colorectal screening — \$10 Extra wellness programs available. • You may be able to receive your basic health care services when you travel out of the area. Contact plan for details.
Prescription drugs	70%, with a \$50 maximum per prescription, unlimited benefits. Must use plan-approved drugs. Mail order available.		
Vision services	\$10 per exam. You have a \$50 credit towards glasses or contacts purchased at a Kaiser optical shop.		
Physical exams	\$10 per exam. Unlimited number of physical exams per year.		
Hearing exams and hearing aids	\$10 per exam. Unlimited exams per year. No coverage for hearing aids.		
Mental health therapy	\$10 per session.		

Kaiser Permanente Senior Advantage II
 (800) 813-2000 or (503) 813-2000

Kaiser Permanente Northwest
 500 NE Multnomah, Suite 100, Portland, OR 97232

Service	Benefit description	You pay	Service area Multnomah, and Washington counties and selected ZIP codes in Clackamas and Clark counties. Type of contract Risk contract
Hospitalization * You are covered for additional days in the hospital.	First 60 days.	Nothing.	
	Days 61 to 90.	Nothing.	
	Days 91 to 150.	Nothing.	
	Beyond 150 days.*	Nothing.	
Skilled nursing facility care You do not need to be in the hospital for 3 consecutive days before going into a skilled nursing facility.	First 20 days.	Nothing.	
	Additional 80 days.	Nothing.	
	Beyond 100 days.	All costs.	
Home health care	Part-time skilled nursing, physical therapy, and other services.	Nothing — You must get approval from the plan before you receive home health visits.	
Hospice care	Medicare-approved hospice care.	You may pay limited costs for outpatient drugs and inpatient respite care.	
Inpatient mental health	Same coverage as hospital inpatient care, with 190-day lifetime limit in a psychiatric hospital.	Nothing per admission or per day to a plan hospital.	
Participating hospitals	Kaiser Sunnyside Medical Center (Clackamas), Legacy Emanuel Hospital (Portland)*, Oregon Health Sciences University (Portland)*, Providence Portland Medical Center (Portland)*, Providence St. Vincent Hospital and Medical Center (Portland), Salem Hospital (Salem), Southwest Washington Medical Center (Vancouver, WA). St. John Medical Center (Longview, WA). *For limited services		

Service	You pay	Service	You pay
Physician visits	\$10 per visit with your physician/specialist.	Services outside U.S.A.	You may be able to receive emergency and/or urgently needed care when you travel out of the country. Contact plan for details.
Clinical laboratory services and X-ray	Nothing.		
Outpatient services	\$10 per outpatient hospital visit/ outpatient rehabilitation visit.	Monthly premiums	\$176
Emergency services	\$25.	Service	Plan information
Urgently needed services	\$25 at a facility out of plan's service area.	Doctor choice	You need a referral to see a specialist.
Ambulance/ transportation	\$25 per ambulance ride, some additional benefits.	Other	<ul style="list-style-type: none"> • Podiatry — 20% per visit, unlimited visits. • Occupational/physical therapist — \$10 per visit. • Dental — some coverage, contact plan for details. • Chiropractic — same as Medicare. • Wellness: <ul style="list-style-type: none"> Mammogram — covered Pap smear — \$10 Hepatitis B vaccine — covered Colorectal screening — \$10 Extra wellness programs available. • Chronic care and other — You must be nursing home certifiable by state criteria in order to receive the "other services." Contact plan for details.
Prescription drugs	\$10 per prescription, with unlimited benefits, must use plan approved drugs.		
Vision services	\$10 per routine eye exam. You have a \$123 credit toward purchase of glasses. Contact plan for details.		
Physical exams	\$10 per exam. Unlimited number of physical exams per year.		
Hearing exams and hearing aids	\$10 per exam. Unlimited exams per year. You are covered for up to 1 hearing aid per 2 years. You pay 50% per hearing aid.		
Mental health therapy	\$10 per session.		

Preferred Choice Sixty-Five (Basic Plan)

(800) 541-8981

P.O. Box 12625, Salem, OR 97309 — P.O. Box 1271, Portland OR 97207-1271

Regence HMO Oregon

Service	Benefit description	You pay	Service area Benton, Clatsop, Curry, Douglas, Jackson, Josephine, Lane, Linn, Tillamook, and Yamhill counties. Type of contract Cost contract
Hospitalization	First 60 days.	Nothing.	
	Days 61 to 90.	Nothing.	
	Days 91 to 150.	Nothing.	
	Beyond 150 days.	Nothing.	
Skilled nursing facility care You do not need to be in the hospital for 3 consecutive days before going into a skilled nursing facility.	First 20 days.	Nothing.	
	Additional 80 days.	Nothing.	
	Beyond 100 days.	All costs.	
Home health care	Part-time skilled nursing, physical therapy, and other services.	Nothing — You must get approval from the plan before you receive home health visits.	
Hospice care	Medicare-approved hospice care.	You may pay limited costs for outpatient drugs and inpatient respite care.	
Inpatient mental health	Same coverage as hospital inpatient care, with 190-day lifetime limit in a psychiatric hospital.	Nothing per admission or per day to a plan hospital.	
Participating hospitals	Albany General Hospital (Albany), Ashland Community Hospital (Ashland), Columbia Memorial Hospital (Astoria), Cottage Grove Hospital (Cottage Grove), Good Samaritan Hospital (Corvallis), Lebanon Community Hospital (Lebanon), Lower Umpqua Hospital (Reedsport), McKenzie Willamette Hospital (Springfield), Mercy Medical Center (Roseburg), Peace Harbor Hospital (Florence), Providence Hospital & Medical Center (Medford), Providence Newberg Hospital (Newberg), Providence Seaside Hospital (Seaside), Rogue Valley Medical Center (Medford), Sacred Heart General Hospital (Eugene), Three Rivers North Campus (Grants Pass), Three Rivers South Campus (Grants Pass), Tillamook County General Hospital (Tillamook), Willamette Valley Medical Center (McMinnville).		

Service	You pay	Service	You pay
Physician visits	\$3 per visit with your physician/specialist.	Services outside U.S.A.	In general, services outside of the United States are not covered.
Clinical laboratory services and X-ray	Nothing.		
Outpatient services	Nothing per outpatient hospital visit/ outpatient rehabilitation visit.	Monthly premiums	Benton, Clatsop, Curry, Douglas, Lane, Linn, and Tillamook \$50. Jackson, Josephine, and Yamhill \$45.
Emergency services	\$50 waived if admitted to hospital.	Service	Plan information
Urgently needed services	\$3 at a facility out of plan's service area, waived if admitted to hospital.	Doctor choice	You need a referral to see a specialist, except for your annual gynecological visit.
Ambulance/transportation	\$25 per ambulance ride. Coverage for some non-emergency transportation.	Other	<ul style="list-style-type: none"> • Podiatry — same as Medicare. • Occupational/physical therapist — covered. • Dental — you pay 100%. • Chiropractic — same as Medicare • Wellness: <ul style="list-style-type: none"> Mammogram — covered Pap smear — covered Hepatitis B vaccine — covered Colorectal screening — covered.
Prescription drugs	100% for most prescription drugs.		
Vision services	Routine services not covered. You are covered for diagnostic and therapeutic eye services.		
Physical exams	100%.		
Hearing exams and hearing aids	100% for routine hearing exams and hearing aids. \$3 for diagnostic hearing exams.		
Mental health therapy	\$10 - \$25 per session.		

Preferred Choice Sixty-Five (Plus Plan)

(800) 541-8981

P.O. Box 12625, Salem, OR 97309 — P.O. Box 1271, Portland OR 97207-1271

Regence HMO Oregon

Service	Benefit description	You pay	Service area
Hospitalization * You are covered for additional days in the hospital.	First 60 days.	Nothing.	Benton, Clatsop, Curry, Douglas, Jackson, Josephine, Lane, Linn, Tillamook and Yamhill counties. Type of contract Cost contract
	Days 61 to 90.	Nothing.	
	Days 91 to 150.	Nothing.	
	Beyond 150 days.*	Nothing.	
Skilled nursing facility care You do not need to be in the hospital for 3 consecutive days before going into a skilled nursing facility.	First 20 days.	Nothing.	
	Additional 80 days.	Nothing.	
	Beyond 100 days.	All costs.	
Home health care	Part-time skilled nursing, physical therapy, and other services.	Nothing — You must get approval from the plan before you receive home health visits.	
Hospice care	Medicare-approved hospice care.	You may pay limited costs for outpatient drugs and inpatient respite care.	
Inpatient mental health	Same coverage as hospital inpatient care, with 190-day lifetime limit in a psychiatric hospital.	Nothing per admission or per day to a plan hospital.	
Participating hospitals	Albany General Hospital (Albany), Ashland Community Hospital (Ashland), Columbia Memorial Hospital (Astoria), Cottage Grove Hospital (Cottage Grove), Good Samaritan Hospital (Corvallis), Lebanon Community Hospital (Lebanon), Lower Umpqua Hospital (Reedsport), McKenzie Willamette Hospital (Springfield), Mercy Medical Center (Roseburg), Peace Harbor Hospital (Florence), Providence Hospital & Medical Center (Medford), Providence Newberg Hospital (Newberg), Providence Seaside Hospital (Seaside), Rogue Valley Medical Center (Medford), Sacred Heart General Hospital (Eugene), Three Rivers North Campus (Grants Pass), Three Rivers South Campus (Grants Pass), Tillamook County General Hospital (Tillamook), Willamette Valley Medical Center (McMinnville).		

Service	You pay	Service	You pay
Physician visits	\$3 per visit with your physician/specialist.	Services outside U.S.A.	You may be able to receive emergency and/or urgently needed care when you travel out of the country. Contact plan for details.
Clinical laboratory services and X-ray	Nothing.		
Outpatient services	Nothing per outpatient hospital visit/ outpatient rehabilitation visit.		
Emergency services	\$50 waived if admitted to hospital.		
Urgently needed services	\$3 at a facility out of plan's service area, waived if admitted to hospital.		
Ambulance/ transportation	\$25 per ambulance ride. You are covered for some non-emergency transportation to a plan approved location.	Monthly premiums	Benton, Clatsop, Curry, Douglas, Lane, Linn, and Tillamook counties \$60. Jackson, Josephine, and Yamhill counties \$55.
Prescription drugs	100% for most prescription drugs.	Service	Plan information
Vision services	You have some coverage for glasses, contacts, and routine eye exams.	Doctor choice	You need a referral to see a specialist, except for your annual gynecological visit.
Physical exams	\$3 per exam. One per year.	Other	<ul style="list-style-type: none"> • Podiatry — same as Medicare. • Occupational/physical therapist — covered. • Dental — you pay 100%. • Chiropractic — same as Medicare. • Wellness: <ul style="list-style-type: none"> Mammogram — covered Pap smear — covered Hepatitis B vaccine — covered Colorectal screening — covered
Hearing exams and hearing aids	100% for routine hearing exams and hearing aids, \$3 for diagnostic hearing exams.		
Mental health therapy	\$10 - \$25 per session.		

Providence Medicare Extra

(800) 603-2340 or (503) 574-8000
 TTY (888) 224-6642 or TTY (503) 574-8702

Providence Health Plan

3601 SW Murray Blvd., Beaverton, OR 97005

Service	Benefit description	You pay	Service area
Hospitalization * You are covered for additional days in the hospital.	First 60 days.	Nothing.	Benton, Clackamas, Clatsop, Columbia, Jackson, Josephine, Lane, Linn, Marion, Multnomah, North Tillamook, Polk, Washington, and Yamhill counties in Oregon. Cowlitz, Lewis, Pacific, and Wahkiakum counties in Washington. Type of contract Risk contract
	Days 61 to 90.	Nothing.	
	Days 91 to 150.	Nothing.	
	Beyond 150 days.*	Nothing.	
Skilled nursing facility care You do not need to be in the hospital for 3 consecutive days before going into a skilled nursing facility.	First 20 days.	Nothing.	
	Additional 80 days.	Nothing.	
	Beyond 100 days.	All costs.	
Home health care	Part-time skilled nursing, physical therapy, and other services.	Nothing.	
Hospice care	Medicare-approved hospice care.	You may pay limited costs for outpatient drugs and inpatient respite care.	
Inpatient mental health	Same coverage as hospital inpatient care, with 190-day lifetime limit in a psychiatric hospital.	Nothing per admission or per day to a plan hospital.	
Participating hospitals	Albany General Hospital (Albany), Ashland Community Hospital (Ashland), Columbia Memorial Hospital (Astoria), Cottage Grove Hospital (Cottage Grove), Good Samaritan Hospital (Corvallis), Lebanon Community Hospital (Lebanon), McKenzie Willamette Hospital (Springfield), Ocean Beach Hospital (Ilwaco, WA), Peace Harbor (Florence), Providence Medford (Medford), Providence Milwaukie, (Milwaukie), Providence Newberg (Newberg), Providence Portland (Portland), Providence St. Vincent (Portland), Providence Seaside, (Seaside), Rogue Valley Medical Center (Medford), Sacred Heart (Eugene), St. John's Medical Center (Longview, WA), Salem Hospital (Salem), Santiam Memorial (Stayton), Silverton Hospital (Silverton), Three Rivers Community (Grants Pass), Tuality Forest Grove (Forest Grove), Tuality Community (Hillsboro), Valley Community (Dallas), Willamette Falls (Oregon City), Willamette Valley Medical Center (McMinnville).		

Service	You pay	Service	You pay
Physician visits	\$10 per visit with your physician/specialist.	Services outside U.S.A.	You may be able to receive emergency and/or urgently needed care when you travel out of the country. Contact plan for details.
Clinical laboratory services and X-ray	Nothing.		
Outpatient services	Nothing per outpatient hospital visit.	Monthly premiums	Oregon: Clackamas, Multnomah, Washington, and Yamhill counties \$35; Benton, Lane, Linn, Marion, and Polk counties \$59; Jackson, and Josephine counties \$69; Clatsop, Columbia, and North Tillamook counties \$83. Washington: Cowlitz, Lewis, Pacific, and Wahkiakum counties \$89.
Emergency services	\$50 waived if admitted to hospital within 24 hours for same condition.		
Urgently needed services	\$25 waived if admitted to hospital within 24 hours for same condition.		
Ambulance/ transportation	Nothing for ambulance service.		
Prescription drugs	100% for most prescription drugs.		
Vision services	\$10 for routine eye exam. \$150 allowance every 24 months for glasses or contacts.	Service	Plan information
Physical exams	\$10 per exam. One per year.	Doctor choice	May need a referral to see a specialist. Contact plan for details.
Hearing exams and hearing aids	100% for routine hearing exams and hearing aids, 20% for diagnostic hearing exams.	Other	<ul style="list-style-type: none"> • Podiatry — same as Medicare. • Occupational/physical therapist — you pay \$10 per visit. • Dental — you pay 100%. • Chiropractic — same as Medicare. • Wellness: <ul style="list-style-type: none"> Mammogram — covered Pap smear — covered Hepatitis B vaccine — covered Colorectal screening — covered • Extra wellness programs available. • 24-hr. medical-advice nurse.
Mental health therapy	\$10 per session.		

Secure Horizons
(800) 728-0060

PacifiCare of Oregon
5 Centerpointe Drive, Suite 600, Lake Oswego, OR 97035

Service	Benefit description	You pay	Service area Benton, Clackamas, Columbia, Lane, Linn, Marion, Multnomah, Polk, and Washington counties in Oregon. Clark County in Washington. Type of contract Risk contract
Hospitalization * You are covered for additional days in the hospital.	First 60 days.	Nothing.	
	Days 61 to 90.	Nothing.	
	Days 91 to 150.	Nothing.	
	Beyond 150 days.*	Nothing.	
Skilled nursing facility care You do not need to be in the hospital for 3 consecutive days before going into a skilled nursing facility.	First 20 days.	Nothing.	
	Additional 80 days.	Nothing.	
	Beyond 100 days.	All costs.	
Home health care	Part-time skilled nursing, physical therapy, and other services.	Nothing — You must get approval from the plan before you receive home health visits.	
Hospice care	Medicare-approved hospice care.	Nothing.	
Inpatient mental health	Same coverage as hospital inpatient care, with 190-day lifetime limit in a psychiatric hospital.	Nothing for each hospital stay.	
Participating hospitals	Albany General Hospital (Albany), Emanuel Hospital and Medical Center (Portland), Good Samaritan (Corvallis), Good Samaritan (Portland), Legacy Mt. Hood Medical Center (Gresham), McKenzie-Willamette (Springfield), Meridian Park (Tualatin), Oregon Health Sciences University (Portland), Portland Adventist (Portland), Providence (Milwaukie), Providence Medical Center (Portland), St. Vincent (Portland), Salem Hospital (Salem), Willamette Falls (Oregon City).		

Service	You pay	Service	You pay
Physician visits	\$10 for each visit with your physician/specialist.	Services outside U.S.A.	Worldwide coverage provided. \$50 for each visit to emergency room or urgent care facility.
Clinical laboratory services and X-ray	Nothing.		
Outpatient services	Nothing per outpatient hospital visit, \$10 per outpatient rehabilitation visit.	Monthly premiums	Oregon: Greater Portland area \$42, Marion and Polk counties \$50, Linn and Benton counties \$73, and Lane county \$56. Washington: Clark county \$58.
Emergency services	\$50 copayment waived if admitted to hospital.		
Urgently needed services	\$50 at a facility out of plan's service area, waived if admitted to hospital.		
Ambulance/transportation	\$25 per ambulance ride.	Service	Plan information
Prescription drugs	100% for most prescription drugs. Discount programs available.	Doctor choice	You need a referral to see a specialist, except for your annual gynecological visit.
Vision services	\$10 for routine eye exams. You have some coverage for lenses, frames, and contacts.	Other information	<ul style="list-style-type: none"> • Podiatry — same as Medicare. • Occupational/physical therapist — you pay \$10 per visit. • Dental — you pay 100%. Discounts available. • Chiropractic — same as Medicare. Discounts available. • Wellness: <ul style="list-style-type: none"> Mammogram — covered. Pap smear — you pay nothing. Pelvic exam — you pay \$10. Hepatitis B vaccine — you pay \$10. Colorectal screening — you pay \$10. • Extra wellness programs available.
Physical exams	\$10 per exam. One per year.		
Hearing exams and hearing aids	\$10 per exam. One exam per year. Discount program available for hearing aids.		
Mental health therapy	\$20 per visit.		

Activities of daily living: Daily activities such as getting out of bed, walking, going to the toilet, bathing, dressing, eating, and taking medications.

Acute: A medical condition is considered acute when it begins suddenly and does not last very long – the opposite of chronic. A broken hip is often considered to be an acute condition, whereas arthritis is a chronic condition.

Age at issue: Either the age of a person at the time of the application for insurance or age on the effective date of an insurance plan. Premiums are based on age.

Assignment: Assignment means a doctor or other health care provider accepts the Medicare-approved amount as the total charge. Under assignment, Medicare pays 80 percent of the approved charge and the beneficiary pays 20 percent co-insurance. The beneficiary is not responsible for any excess charges.

Benefit period: The period of time for which benefits are payable.

Chronic: A medical condition that lasts for a long time or frequently recurs; the opposite of acute.

Co-insurance or copayment: The amount (usually a percent) of a covered expense that an individual is required to pay.

Conditionally renewable: The right to renew a policy as long as the insurance company insures other people in the same state with the same policy form.

Custodial care: The level of care required to assist an individual in the activities of daily living. This care helps meet personal needs and can be provided by persons without professional licenses or extensive training.

Deductible: A predetermined amount of money to be paid by the insured individual before the insurance policy or Medicare begins paying for covered expenses.

Diagnosis-related groups: Categories of medical services used by Medicare in setting rates under the Prospective Payment System.

Effective date: The date the policy begins. This date is used to determine when eligible coverage begins.

Elimination period: See waiting period.

Excess charge: The difference between a doctor's or other health care provider's actual charge and the Medicare-approved amount. The maximum amount doctors and other providers who don't accept assignment can charge for a covered service is 15 percent above Medicare's approved payment amount. The excess charge would be an additional cost to the beneficiary above the 20 percent co-insurance payment. (See *assignment*.)

Exclusion or limitation. A specific service, expense, condition, or situation not covered by an insurance plan.

Guaranteed renewable: The right to keep an insurance policy by paying the required premium.

Health maintenance organization (HMO): An organization that provides a wide variety of health care services in a limited geographic area to enrolled participants.

Home health care: A wide variety of skilled nursing care and supportive services for individuals who do not need institutional care. The services are available through intermittent visits and may include nursing care, physical therapy, speech and hearing therapy, occupational therapy, social services, and some other support services.

Indemnity benefit: A fixed dollar amount paid to an individual for a covered service, without regard to the actual cost.

Intermediate care: Less intensive care than skilled nursing care. The definition may vary from policy to policy. It usually includes assistance with activities of daily living with the availability of an on-duty registered nurse.

Lifetime maximum: The maximum total benefits that an insurance policy will pay.

Long-term care: A wide range of routine and complex services designed to provide maintenance, preventive, rehabilitative, and supportive services to individuals with conditions that impair their ability to function independently.

Managed care organization (MCO): An organization that provides a wide variety of health care services in a limited geographic area to enrolled participants.

Maximum benefit: The limit to what an insurance policy will cover or pay for a covered service in a benefit period.

Medically necessary: Reasonable and necessary services for diagnosis or treatment as generally accepted by health care professionals. The exact definition may vary from policy to policy.

Medicare + Choice: New health care options created by the federal *Balanced Budget Act of 1997*.

Option: Additional coverages or benefits that may be purchased and added to a policy.

Pre-existing condition: A medical condition or problem diagnosed, treated, or needing treatment prior to the purchase of an insurance policy. Your application for insurance will ask about pre-existing conditions and medical history. Make sure your application is completed correctly. Pre-existing conditions may be excluded for a specified period of time, as stated in the policy. New laws may limit pre-existing condition exclusions. Check with your SHIBA program, (800) 722-4134, toll-free, to see how this may affect you.

Premium waiver: Some insurance plans do not require that premiums be paid while benefits are being paid. When the benefits stop, premium payments resume.

Prospective Payment System: The system used by Medicare to pay medical bills. Under this system, Medicare pays hospitals a predetermined rate based on the categories of the Diagnosis Related Groups. Federal laws require hospitals to accept the prospective payment rate as payment in full, so you don't have to make up the difference if the cost of your care is higher than the rates.

Respite care: Respite care provides a needed break to assure that care will continue to be of high quality. Respite care can mean admitting the patient to a hospital or other institution or sending caregivers into the patient's home for a specified time. Respite care allows caregivers personal business and relaxation time. Full or part-time caregivers can become emotionally and physically exhausted.

Rider, endorsement, or waiver: An attachment to an insurance policy that modifies the coverage in some way.

Skilled nursing care: Medically necessary care that can be provided only by, or under the supervision of, skilled, licensed medical professionals such as registered nurses or professional therapists. All skilled services require a physician's order. Medicare's definition is often different than the definitions used in Medicare supplement and long-term care (nursing home) insurance policies.

Underwriting: Many companies ask health-related questions to help determine an applicant's insurability. When a company reviews a person's health history and physical condition to decide if that person is an acceptable risk, the company is underwriting.

Usual and customary or reasonable charges: The fee most commonly charged by physicians or providers for a particular service, treatment, or supply. This fee may vary from area to area throughout the state.

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

Insurance publications:

You can request a free copy of these and other Insurance Division publications or view them on our Web site:

www.cbs.state.or.us/ins

- *Your Medicare Health Plan Choices* — A guide to health-care options.
- *Guide to Health Insurance for People with Medicare* — A publication of the Health Care Financing Administration and the National Association of Insurance Commissioners.
- *Long-term Care Insurance Companies & Consumer Tips* — A guide to understanding and comparing insurance that pays for long-term care. A listing of companies approved to sell long-term care insurance in Oregon.
- *Oregon Insurance Complaints*
A ranking of companies in five lines of insurance. A complete guide to exploring information about insurance.
- *Oregon Insurance Complaints: Part Two* — A cross-tabulation by type and disposition. Make your \$25 check payable to Department of Consumer & Business Services.
- *Consumer Guide to Auto Insurance*
A comparison of auto insurance premiums for major insurers doing business in Oregon plus tips on how to save money on auto insurance.
- *Guide to Homeowner and Tenant Insurance*
A comparison of homeowner and tenant premiums for major insurers doing business in Oregon plus tips on how to save money on insurance.

To order publications, please call (503) 947-7984 or (888) 877-4894, toll-free, or write to:

Publications

Oregon Insurance Division — 1
350 Winter St. NE, Room 440
Salem, Oregon 97301-3883

E-mail: dcbs.insmail@state.or.us

Before you buy:

- Do the premiums and the benefits fit your needs and your budget?
- Does the company have a strong service record? (See *Oregon Insurance Complaints*.)
- Do you understand the pre-existing-condition limitations of the policy?
- Do you live in the plan's territory?
- Is the policy approved in Oregon?

Before you change plans:

- Make sure you really are making a change for the better and get as much information as possible from the prospective supplement insurer or Medicare + Choice plan.
- Make sure you have been accepted and a policy actually has been issued to you before you cancel the old plan.
- Make sure all the information on your application is completely accurate.
- If you are considering a Medicare + Choice plan, is your doctor participating?

For more information:

If you have questions, please call or write:

SHIBA

Oregon Insurance Division — 2
350 Winter St. NE, Room 440
Salem, Oregon 97301-3883

Phone: (800) 722-4134 (toll-free in Oregon)

E-mail: dcbs.insmail@state.or.us

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

County	Name of sponsor	Telephone
Baker	Community Connection of NE Oregon	(541) 523-6591
Benton	Benton County RSVP	(541) 753-9197
	Corvallis Senior Ctr.	(541) 766-6959
Clackamas	Clackamas County Social Service Program — RSVP	(503) 655-8846
Clatsop	North Coast Senior Services (msg.)	(503) 861-3919
Coos	Coos County RSVP	(541) 888-7332
	St. Catherines (9 a.m. - noon)	(541) 756-1202
Crook	Central Oregon Council on Aging	(541) 447-1177
Curry	Curry County RSVP	
	Chetco Senior Center	(541) 469-6822
	Gold Beach	(541) 247-7506
Deschutes	Central Oregon Council on Aging	(541) 548-8817
Douglas	Douglas County RSVP	(541) 440-3640
Gilliam	Providence Hood River Memorial Hospital	(541) 386-3911
	or (800) 955-3911	
	Hood River County Senior Center	(541) 386-2060
Hood River	Providence Hood River Memorial Hospital	(541) 386-3911
	or (800) 955-3911	
	Hood River County Senior Center	(541) 386-2060
Jackson	Rogue Valley Manor Community Services RSVP	(541) 779-5257
Jefferson	Central Oregon Council on Aging	(541) 475-6494
Josephine	Josephine County RSVP	(541) 955-5547
Klamath	Klamath Basin Senior Citizens Council	(541) 883-7171
Lake	Klamath Basin Senior Citizens Council	(541) 883-7171
Lane	Campbell Senior Center	(541) 682-5318
	Willamalane	(541) 736-4444
Lincoln	Lincoln County RSVP	(541) 574-2684

County	Name of sponsor	Telephone
Linn	Linn County RSVP	(541) 917-4476
	Albany Senior Center	(541) 917-7760
	Lebanon Senior Center	(541) 451-7481
Marion	Mid-Willamette Valley Senior Services	(503) 304-3400
	Woodburn	(503) 981-5138
Morrow	CAPECO/RSVP of Eastern Oregon	(800) 752-1139
	or (541) 276-1926	
Multnomah	Multnomah County Aging & Disability Services Department	(503) 248-3646
Polk	Mid-Willamette Valley Senior Services	(503) 623-2301
Sherman	Providence Hood River Memorial Hospital	(541) 386-3911
	or (800) 955-3911	
	Hood River County Senior Center	(541) 386-2060
Tillamook	North Coast Senior Services & Tillamook County Hospital	(503) 842-4444
Umatilla	CAPECO/RSVP of Eastern Oregon	(800) 752-1139
	or (541) 276-1926	
Union	Community Connection of NE Oregon	(541) 963-7532
Wallowa	Community Connection of NE Oregon	(541) 426-3840
Wasco	Providence Hood River Memorial Hospital	(541) 386-3911
	or (800) 955-3911	
	Hood River County Senior Center	(541) 386-2060
	The Dalles Senior Center	(541) 296-4788
Washington	Department of Aging (msg.)	(503) 640-3489, ext. 252
Wheeler	Providence Hood River Memorial Hospital	(541) 386-3911
	or (800) 955-3911	
	Hood River County Senior Center	(541) 386-2060
Yamhill	Mid-Willamette Valley Senior Services	(503) 472-9441



Insurance Division — 2

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