



# *Your 2014 Guide to* **MEDICARE PART D**

## Have you done your yearly Medicare Part D Plan review?



The Fall Open Enrollment Period, during which people with Medicare can make unrestricted changes to their coverage options, takes place every year from October 15th to December 7th. Whether you're approaching age 65 or already enrolled in Medicare you should take advantage of this opportunity to review your options and see whether you are enrolled in the most cost-effective plan for your needs. In most cases, this will probably be your only chance to change your health and drug coverage for next year.

Research shows that a large majority of Medicare beneficiaries could have saved hundreds of dollars last year by reviewing their prescription drug plan. In fact, during last year's enrollment period, 63% of the Medicare beneficiaries who came to LIFE Senior Services for help in reviewing their drug coverage options either enrolled in Part D for the first time or switched plans for the next year for an average savings of \$1,676 per person. Taking the time now to review all aspects of your coverage options could really pay off.

Most prescription drug plans change their costs and benefits every year and some even decide not to

participate in Medicare for the coming year. Making a careful comparison between the plan you have now and options available to you for next year is the only way to see if there is a better choice for you.

This annual Medicare Part D update, published by LIFE Senior Services, answers many frequently asked questions and can help you make sense of Medicare's prescription drug benefit. LIFE Senior Services is a name thousands of seniors and their families have trusted for 40 years. Since 2004, LIFE has provided education and one-on-one assistance to thousands of Medicare beneficiaries, helping them compare Medicare Part D plans and enroll in the one that best fits their individual needs. In partnership with the Oklahoma Insurance Department, LIFE's Medicare Assistance Program provides trusted services in northeast Oklahoma to Medicare beneficiaries, their representatives and those soon to be eligible for Medicare. As always, you can count on LIFE and LIFE's *Vintage Newsmagazine* to bring you up-to-date, unbiased information and assistance on Medicare Part D. Call the Medicare Assistance Program at LIFE Senior Services – (918) 664-9000 – we're here to help.

### ***What's Inside ...***

- A Review of the Basics
- Your Medicare Part D Coverage for 2014
- Are You Eligible for Extra Help with Medicare Part D Costs?
- Where to Get Help
- Medicare Prescription Drug Plans Available in Oklahoma
- Medicare Advantage Plans with Prescription Drug Coverage Available in Tulsa County



# A Review OF THE Basics

## What is Medicare Part D?

Medicare offers prescription drug coverage (Part D) to everyone with Medicare, regardless of income and resources, health status or current prescription expenses. Enrollment in Part D is voluntary but to get Medicare prescription drug coverage, you must join a plan run by a private insurance company. Each plan varies in cost and specific drugs covered.

## Why should I enroll in Medicare Part D?

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

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

No, enrollment in Part D is optional, not automatic. If you have prescription drug coverage based on your or your spouse's current or previous employment, your employer or union will notify you each year to let you know if your prescription drug coverage is creditable (coverage as good as or better than Medicare's). Keep the information you get. Contact your benefits administrator before making any changes to your coverage. If you do not have coverage as good as Medicare's, and you don't enroll in a Medicare prescription drug plan when you are first eligible, you may have to pay a premium penalty if you enroll later.

## How does Medicare Part D coverage work?

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

There are two ways to get Medicare prescription drug coverage:

1. **Medicare Prescription Drug Plans.** These plans (sometimes called "PDPs" or "stand-alone" drug plans) add drug coverage to Original Medicare and some Private Fee-for-Service (PFFS) plans that do not include the Medicare prescription drug benefit.

2. **Medicare Advantage Plans** (like an HMO or PPO) or other Medicare health plans that offer Medicare prescription drug coverage. You get all of your Part A and Part B coverage and prescription drug coverage (Part D), through these plans. Medicare Advantage Plans with prescription drug coverage are sometimes called "MA-PDs". You must have Part A and Part B to join a Medicare Advantage Plan.

**For more information about specific Medicare prescription drug plans available in Oklahoma and Medicare Advantage health plans with prescription drug coverage available in Tulsa County, refer to the charts at the end of this update.**

## Will all my drugs be covered?

Each plan has its own formulary (list) of the drugs that it covers. Plans may also have the following requirements that must be met before covering a particular drug:

- **Prior authorization** – You and/or your prescriber must contact the drug plan before you can fill certain prescriptions. Your prescriber may need to show that you have a medically-necessary need for that particular drug.
- **Quantity limits** – Limits the amount of drugs the plan will cover over a certain period of time.
- **Step therapy** – You must first try a certain less-expensive drug before you can move up a "step" to a more expensive drug.

## When may I enroll in Medicare Part D or make changes to my Medicare coverage?

You can join, switch or drop a Medicare Advantage Plan or a Medicare Drug Plan:

- **When you first become eligible for Medicare**, during the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.
- **If you get Medicare due to a disability**, during the 7-month period that begins 3 months before your 25th month of disability and ends 3 months after your 25th month of disability.

- **During the fall Open Enrollment Period between October 15th and December 7th.** Your coverage will begin on January 1st, as long as the plan gets your request by December 7th.
- **Anytime, if you qualify for Extra Help paying your Part D costs.**

### Will I be able to make any changes to my coverage after December 7th?

#### Special Enrollment Periods

In most cases, you must stay enrolled in your plan for the calendar year starting the date your coverage begins. However, in certain situations like the following, you may be able to make changes at other times:

- You move out of your plan's service area
- You live in an institution (like a nursing home)
- You lose other creditable coverage

#### Medicare Advantage Disenrollment Period

Between January 1st and February 14th of each year, you can leave your Medicare Advantage Plan and switch to Original Medicare. You will also have until February 14th to join a Medicare Prescription Drug Plan to add drug coverage. Your coverage will begin the first day of the month after the plan gets your enrollment form. During this period, you can't do the following:

- Switch from Original Medicare to a Medicare Advantage Plan.
- Switch from one Medicare Advantage Plan to another.
- Switch from one Medicare Prescription Drug Plan to another.

#### 5-Star Special Enrollment Period

You can switch to a 5-star Medicare Advantage Plan or a 5-star Medicare Prescription Drug Plan at any time during the year. The overall plan star ratings are available at [www.medicare.gov/find-a-plan](http://www.medicare.gov/find-a-plan). You can only join a 5-star plan if one is available in your area and you can only use this special enrollment period one time each year.

#### What happens after I enroll in a plan?

If you enroll in a stand-alone Medicare drug plan, the plan provider will mail information to you, including a card to use when you get your prescriptions filled. If you enroll in a Medicare Advantage plan, you will receive a card to use for hospital and medical services and when filling your prescriptions at the pharmacy.

#### How do I fill a prescription if I haven't yet received my new membership card?

You should get a welcome package with your membership card within five weeks after the plan gets your completed application. If you need to go to the pharmacy before your membership card arrives, you can use any of the following as proof of membership:

- A letter from the plan that includes your membership information. You should get this letter within 2 weeks after the plan gets your completed application.
- An enrollment confirmation number that you got from the plan, the plan name and phone number.
- A temporary card that you may be able to print from [www.MyMedicare.gov](http://www.MyMedicare.gov).

If you don't have any of the items listed above, your pharmacist may be able to get your drug plan information if you provide your Medicare number or the last four digits of your Social Security number. If your pharmacist can't get your drug plan information, you may have to pay out-of-pocket for your prescriptions. **If you do, save the receipts and contact your plan – you may be able to get back some of the cost or have the amount credited toward your out-of-pocket costs.**

NOTE: Every month that you fill a prescription, your drug plan mails you an Explanation of Benefits (EOB) notice. This notice gives you a summary of your prescription drug claims and all of the costs, the plan's

costs and yours. Review your notice and check it for mistakes. Contact your plan if you have questions or find mistakes.

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

Your actual drug plan costs will vary depending on the following:

- The prescriptions you use and whether your plan covers them
- The plan you choose
- Whether you go to a pharmacy in your plan's network
- Whether your drugs are on your plan's formulary
- Whether you get Extra Help paying your Part D costs

**Monthly Premium** - This is the monthly cost you pay for your Part D coverage. Premiums for stand-alone drug plans vary by plan from \$12.60 to \$142.30 in 2014. You may choose to have the premium deducted from your monthly Social Security check.

NOTE: A small group - fewer than 5% of all people with Medicare - may pay a higher monthly premium for Part D coverage based on their income.

**Yearly Deductible** – This is the amount you pay before your drug plan begins to pay its share of your covered drugs. You may be required to pay up to a \$310 deductible in 2014 before your plan begins to cover your prescription drug costs. Some drug plans don't have a deductible. If you enroll in a no-deductible plan, coverage begins with your first prescription of the year.

**Copayments or Coinsurance** – This is the amount you have to pay for each prescription after the deductible (if the plan has one). In some plans, the copayment (a set amount) or coinsurance (a percentage of the cost) is the same for any prescription. Most Medicare drug plans place drugs into different "tiers" on their formularies (list of covered drugs). Drugs in each tier have a different cost. For example, a drug in a lower tier will generally cost you less than a drug in a higher tier.

**Coverage Gap** – Most Medicare drug plans have a coverage gap (also called the "donut hole"). However, not everyone will enter the gap. In 2014 the coverage gap works as follows:

- The coverage gap begins after you and your Medicare drug plan together have spent \$2,850 on covered drugs. Once you reach this point there is a temporary limit on what the drug plan will cover for drugs.
- During the coverage gap, you get a 52.5% discount on covered brand name drugs and pay 72% of the plan's cost for covered generic drugs until you reach the end of the coverage gap.
- You remain in the coverage gap until you and your Medicare drug plan together have paid about \$6,455. Your true out-of-pocket costs will be \$4,550.
- Items that count toward you getting out of the coverage gap include your yearly deductible, coinsurance and copayments, the discount you get on brand-name drugs and what you pay in the coverage gap.
- The drug plan premium and what you pay for drugs that aren't covered don't count toward getting you out of the coverage gap.
- Some Medicare drug plans offer additional coverage during the gap but many only cover generics and they may charge a higher monthly premium.
- The percentage you save in the coverage gap will increase each year until the gap closes in 2020.

**Catastrophic Coverage** - Once you get out of the coverage gap, you automatically get "catastrophic coverage". Catastrophic coverage assures that you only pay a small coinsurance amount or copayment (e.g. 5% or no more than \$6.35) for covered drugs for the rest of the year.

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



# Your Medicare Part D Coverage for 2014

Your Medicare Part D plan changes every year. The changes might be small and insignificant or they might affect your ability to afford your prescription medications. To make sure that your plan still covers your medications and that you are getting the best coverage for your money, it's important to review your Part D coverage each year during the Fall Open Enrollment Period – October 15th to December 7th. You can switch plans, drop your coverage or enroll in coverage during this time.

## Why should I review my Medicare prescription drug coverage each year?

- Your current plan may not be available in 2014. If your Part D plan or your Medicare Advantage Plan isn't available in 2014, you should have already received a letter from the plan provider telling you so.
- Your current plan's formulary, benefits and/or plan costs may be changing. You should have already received your plan's "Annual Notice of Changes" describing changes to your plan's benefits, formulary and changes to your monthly premium, annual deductible and copayments.
- There may be a different plan that better meets your needs.

## What factors should I consider when comparing or selecting a plan for 2014?

**Type of drug plan.** If you want to continue to receive your health benefits through Original Medicare, or if you have a Medicare fee-for-service plan that doesn't include prescription drug coverage, choose a stand-alone prescription drug plan. If you want a plan that combines your Medicare hospital and medical benefits (Part A and Part B) with Medicare coverage for prescription drugs (Part D) into one plan, choose a Medicare Advantage Plan (Part C).

**Formulary.** Each plan has a list of drugs that it covers called a formulary. You'll want to be sure to select a plan that covers most, if not all, of the prescription drugs you are taking. Some drugs on the plan's formulary have special rules for filling the prescription.

**Cost.** The monthly premiums, deductibles and your share of the costs of your prescriptions (copayment and/or coinsurance) will vary with each plan and by each drug. When comparing premiums, don't just look at the lowest premium. You may want to pay more to get more of your drugs covered.

**Convenience.** If you have a pharmacy preference, check to make sure your pharmacy is in the plan's network. Some plans will allow you to get your prescriptions through the mail. If you spend part of the year in another state, make sure the plan will also cover that state.

## How do I compare stand-alone Prescription Drug Plans?

You need to compare plans according to the drugs you take. It's the specific drugs you take (and not the amount of the premiums or

deductibles) that most determines what you will spend out-of-pocket under any plan. The most effective way to make a comparison is by visiting Medicare's website ([www.medicare.gov](http://www.medicare.gov)) and selecting the online tool, "Find health & drug plans". When you enter your list of medications, you'll be able to review a list of Part D plans in your area. Plans will be listed according to coverage and price, so it's easy to see which drug plans offer the best coverage for the money. You will also be able to compare quality summary ratings for plans from the previous year and even see if a plan had a low overall quality rating for the past three years.

You can also contact Medicare at 1-800-MEDICARE [(800) 633-4227] and ask a customer service representative to do a similar search.

Contact the Medicare Assistance Program at LIFE Senior Services at (918) 664-9000 or toll-free at (866) 664-9009, for help comparing, selecting, and enrolling in a stand-alone Medicare prescription drug plan.

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

Since private companies run the Medicare Advantage Plans, costs will vary. To ensure that you get your best deal next year you should carefully compare the plans available in your area. You can compare plans by visiting Medicare's website ([www.medicare.gov](http://www.medicare.gov)) and selecting the online tool, "Find health & drug plans". This search tool will give you a "snapshot" of the quality of care and services some plans and providers give. Find out more about the quality of care and services by doing the following:

- Ask what your plan or provider does to ensure and improve the quality of care and services. Every plan and health care provider should have someone you can talk to about quality.
- Ask your doctor or other health care provider what he or she thinks about the quality of care or services the plan or other providers give.

## Does Medicare have rules that cover the marketing and selling of health and drug plans?

Yes, Medicare plans must follow certain rules when marketing their plans and getting your enrollment information. Generally, no one should call you or come to your home uninvited to get you to join a Medicare plan. They can't ask you for credit card or banking information over the phone or via email, unless you are already a member of that plan. These rules are designed to protect Medicare beneficiaries from deceptive or high-pressure marketing tactics by private insurance companies and their representatives.

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

# Are You Eligible for Extra Help with Medicare Part D Costs?

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

If you have limited income and limited resources, you might qualify for help to pay for some health care and prescription drug costs. Extra Help is a federal program to help people with limited income and resources pay for the plan's monthly premium, annual deductible and prescription copayments, including costs in the "donut hole" (the coverage gap). The amount of help you will receive is based on your income and resources. Some Medicare beneficiaries automatically qualify for this assistance.

## Who automatically qualifies for the Extra Help?

- You automatically qualify for the Extra Help if you have Medicare and:
- You have full Medicaid coverage
  - You get help from your state Medicaid program paying your Part B premiums (in a Medicare Savings Program)
  - You receive Supplemental Security Income (SSI) benefits

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

If you meet the income and resource limits listed in the chart on this page, you should apply for the Extra Help or Low-Income Subsidy – unless you have already received a letter from Medicare telling you that you automatically qualify for this assistance. To apply for the Extra Help, you must complete an application through Social Security. If you need help completing the application, contact:

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

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

Income includes money from work, Social Security, retirement benefits, alimony, Workers' Compensation, rental property, etc. Resources such as bank accounts, investments, cash value of life insurance and real estate (not including your home) count toward the limit. Your home, the land it stands on, your cars, burial plots or personal possessions do not count toward the limit. The resource limit automatically includes \$1,500 per person for funeral or burial expenses.

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

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

## I receive the Extra Help. What happens in 2014?

Beginning January 1, 2014, your co-pay will either be \$1.20 or \$2.55 for generic drugs and either \$3.60 or \$6.35 for brand name drugs covered by your plan. If your medications have changed, or you are taking medications not covered by your plan, you should review your plan options to make sure you are getting the best coverage you can.

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

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

## 2013 Yearly Income and Resource Limits to Qualify for the Extra Help

	Income Limit *	Resource Limit
<b>Single</b> (includes divorced and widowed individuals)	\$1,436.25/month or \$17,235/year	\$13,300
<b>Married</b> (living with spouse)	\$1,938.75/month or \$23,265/year	\$26,580

**Income and Resource Limits may change in early 2014.**

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



## Where To Get Help

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

- Medicare Assistance Program at LIFE Senior Services – (918) 664-9000 or toll-free at (866) 664-9009 in northeastern Oklahoma.
- Medicare Assistance Program in Oklahoma City for other areas statewide at (800) 763-2828.

### Additional Resources:

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

# 2014 Medicare Part D Stand-Alone Prescription Drug Plans Available in Oklahoma

Information is current as of September 3, 2013. Includes all contracts/plans regardless of 2014 approval status. Plans under sanction are not shown. For additional information or assistance in selecting a plan, contact Medicare at (800) 633-4227 or the Medicare Assistance Program at LIFE Senior Services at (918) 664-9000 or toll-free at (866) 664-9009.

Organization Name	Plan Name	Plan ID	Phone Number	Benefit Type	Monthly Drug Premium	Annual Drug Deductible	Type of Extra Coverage Offered in the Gap
Aetna Medicare	Aetna CVS/ pharmacy Prescription Drug Plan	S5810-057	(800) 832-2640	Basic	\$28.40	\$310	No Gap Coverage
	Aetna Medicare Rx Premier	S5810-193	(800) 832-2640	Enhanced	\$142.30	\$0	Few Generics
Cigna Medicare Rx	Cigna Medicare Rx Secure	S5617-113	(800) 735-1459	Basic	\$26.60	\$310	No Gap Coverage
	Cigna Medicare Rx Secure-Xtra	S5617-268	(800) 735-1459	Enhanced	\$65.10	\$0	No Gap Coverage
	Cigna Medicare Rx Secure-Max	S5617-236	(800) 735-1459	Enhanced	\$127.40	\$0	Many Generics, Some Brands
Cigna- HealthSpring	Cigna- HealthSpring Rx -Reg 23	S5932-022	(877) 357-1685	Basic	\$30.70	\$310	No Gap Coverage
EnvisionRx Plus	EnvisionRxPlus Silver	S7694-023	(866) 250-2005	Basic	\$32.30	\$310	No Gap Coverage
Express Scripts Medicare	Express Scripts Medicare - Value	S5660-125	(866) 477-5704	Basic	\$39.10	\$310	No Gap Coverage
	Express Scripts Medicare - Choice	S5660-214	(866) 477-5704	Enhanced	\$49.50	\$0	No Gap Coverage
First Health Part D	First Health Part D Value Plus	S5768-146	(855) 893-4696	Enhanced	\$46.20	\$0	No Gap Coverage
	First Health Part D Essentials	S5768-160	(855) 893-4696	Basic	\$46.70	\$310	No Gap Coverage
	First Health Part D Premier Plus	S5670-126	(855) 893-4696	Enhanced	\$107.80	\$0	Some Generics, Some Brands
HealthMarkets Medicare	HealthMarkets Value Rx	S0128-024	(888) 625-5531	Basic	\$29.80	\$310	No Gap Coverage

Organization Name	Plan Name	Plan ID	Phone Number	Benefit Type	Monthly Drug Premium	Annual Drug Deductible	Type of Extra Coverage Offered in the Gap
HISC - Blue Cross Blue Shield of Oklahoma	Blue Cross MedicareRx Basic	S5715-015	(877) 213-1817	Basic	\$26.40	\$310	No Gap Coverage
	Blue Cross MedicareRx Value	S5715-010	(877) 213-1817	Enhanced	\$43.40	\$275	No Gap Coverage
	Blue Cross MedicareRx Plus	S5715-011	(877) 213-1817	Enhanced	\$104.40	\$0	Many Generics, Some Brands
Humana Insurance Company	Humana Walmart Rx Plan	S5884-169	(800) 706-0872	Enhanced	\$12.60	\$310	No Gap Coverage
	Humana Preferred Rx Plan	S5884-144	(800) 706-0872	Basic	\$22.80	\$310	No Gap Coverage
	Humana Enhanced	S5884-021	(800) 706-0872	Enhanced	\$46.70	\$0	Few Brands
Stonebridge Life Insurance Company	Transamerica MedicareRx Classic	S9579-022	(877) 527-1958	Basic	\$48.30	\$310	No Gap Coverage
	Transamerica MedicareRx Choice	S9579-055	(877) 527-1958	Enhanced	\$58.40	\$0	No Gap Coverage
Symphonix Health	Symphonix Value Rx	S0522-040	(855) 355-2280	Basic	\$29.50	\$310	No Gap Coverage
UniCare	MedicareRx Rewards Standard	S5960-129	(877) 541-7382	Basic	\$46.70	\$310	No Gap Coverage
United American Insurance Company	United American - Select	S5755-094	(877) 723-1662	Basic	\$29.80	\$310	No Gap Coverage
	United American - Enhanced	S5755-026	(877) 723-1662	Enhanced	\$73.50	\$60	No Gap Coverage
UnitedHealthcare	AARP MedicareRx Saver Plus	S5921-368	(866) 679-3282	Basic	\$23.50	\$310	No Gap Coverage
	AARP MedicareRx Preferred	S5820-022	(888) 867-5564	Enhanced	\$47.70	\$0	No Gap Coverage
	AARP MedicareRx Enhanced	S5921-235	(888) 867-5564	Enhanced	\$105.60	\$0	Some Generics, Some Brands
WellCare	WellCare Classic	S5967-160	(888) 293-5151	Basic	\$19.30	\$0	No Gap Coverage
	WellCare Extra	S5967-194	(888) 293-5151	Enhanced	\$58.60	\$0	No Gap Coverage
Windsor Rx	Windsor Rx	S4802-014	(888) 900-4307	Basic	\$32.30	\$310	No Gap Coverage

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

# 2014 Medicare Advantage Plans WITH Medicare Prescription Drug Coverage

## (Tulsa County/Tulsa Metro Area)

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

*\* Information is current as of September 3, 2013. Includes all contracts/plans regardless of 2014 approval status.*

Organization Name	Plan Name	Type of Medicare Health Plan	Contract ID	Phone Number	Drug Benefit Type	Monthly Consolidated Premium (Includes Part C & D)	Annual Drug Deductible	Type of Extra Coverage Offered in the Gap
CommunityCare Senior Health Plan	Senior Health Plan Silver Plus	Local HMO	H3755-005	(800) 642-8065	Enhanced	\$0	\$0	No Gap Coverage
	Senior Health Plan Platinum	Local HMO	H3755-001	(800) 642-8065	Enhanced	\$41.00	\$0	No Gap Coverage
	Senior Health Plan Platinum Plus	Local HMO	H3755-004	(800) 642-8065	Enhanced	\$110.00	\$0	No Gap Coverage
COVENTRY HEALTH CARE	Coventry Freedom	Local PPO	H5509-017	(855) 893-1446	Enhanced	\$33.50	\$0	No Gap Coverage
GLOBALHEALTH MEDICARE	GlobalHealth Medicare Option 2	Local HMO	H0435-002	(877) 280-5774	Enhanced	\$47.00	\$150	No Gap Coverage
	GlobalHealth Medicare Option 3	Local HMO	H0435-003	(877) 280-5774	Enhanced	\$99.00	\$0	No Gap Coverage
Humana Insurance Company	HumanaChoice	Local PPO	H8644-005	(800) 833-2364	Enhanced	\$52.00	\$275	Few Generics
	HumanaChoice	Local PPO	H8644-003	(800) 833-2364	Enhanced	\$68.00	\$0	Few Generics, Few Brands
	Humana Gold Choice	PFFS	H8145-001	(800) 833-2364	Basic	\$162.00	\$125	No Gap Coverage
	HumanaChoice	Regional PPO	R5826-013	(800) 833-2364	Basic	\$167.00	\$310	No Gap Coverage
Lovelace Medicare Plan	Lovelace Medicare Plan Value	Local HMO	H6801-002	(800) 262-3757	Enhanced	\$0	\$0	Many Generics
UnitedHealthcare	AARP MedicareComplete SecureHorizons Plan 1	Local HMO	H3749-004	(800) 547-5514	Enhanced	\$55.00	\$0	No Gap Coverage
	AARP MedicareComplete SecureHorizons Plan 2	Local HMO	H3749-017	(800) 547-5514	Enhanced	\$0	\$0	No Gap Coverage
Universal American Corp.	Today's Options Advantage Plus	Local PPO	H5378-016	(866) 422-1967	Enhanced	\$80.00	\$0	No Gap Coverage
	Today's Options Premier Plus	PFFS	H6169-036	(866) 418-1923	Enhanced	\$95.00	\$0	No Gap Coverage

\* HMO - Health Maintenance Organization Plans  
 \* PFFS - Private Fee-for-Service Plans  
 \* PPO - Preferred Provider Organization Plans

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