Landscape of Plan
Options in
Colorado



Medicare Advantage Cost Plans and Demonstrations

1-800-MEDICARE TTY 1-877-486-2048 www.medicare.gov







Medicare Advantage, Cost Plans, and Demonstrations Landscape

What is the Landscape of Local Plans?

The Landscape of Local Plans lists all plans available in your area, providing important information on:

- Cost (premiums, deductibles and payments)
- Coverage (important issues around what and how drugs are covered)
- Convenience (pharmacy and mail-order options)

How to read the Medicare Advantage, Cost Plans, and Demonstrations Landscape

Medicare Advantage Plans (like an HMO or PPO), Cost Plans, and Demonstrations allow you to get your health care, including prescription drug coverage at a significantly lower cost through a network of doctors, hospitals, and pharmacies. To help you better understand this information, read on for a description of each column in the Landscape. **Please note**, a dash in the "Drug Premium" column means that plan does not offer prescription drug coverage.

DESCRIPTION

County: The county where the plan is available. To find a plan for you, start by finding your county.

Organization Name: The name of the company offering the Medicare drug plan. Some organizations offer more than one Medicare drug plan.

Plan Name: The name of the Medicare Advantage or other Medicare Health Plan.

Type of Medicare Health Plan

HMO: A type of health plan in which you generally must see doctors and hospitals on the plan's list (network) except in an emergency. You also need a referral to see a specialist.

Local PPO or Regional PPO: A type of health plan in which you pay less if you use doctors and hospitals on the plan's list (network). You can go to any doctor or hospital not on the plan's list, but it will usually cost more. You do not need a referral to see a specialist. A regional PPO has a larger service area than a local PPO.

Private Fee-for-Service: A type of health plan in which you can go to any doctor or hospital that accepts the terms of the plan's payment. You do not need a referral to see a specialist.

Cost Plan: A type of health plan in which you can use doctors and hospitals on the plan's list (network). However, unlike Medicare Advantage Plans, if you get services from a non-network provider, they are covered under the Original Medicare Plan. Coverage in Medicare Cost Plans can include prescription drug coverage. These plans don't provide free additional benefits or savings on your Medicare Part B or prescription drug coverage premiums. There are a limited number of Medicare Cost Plans. Some Medicare Cost Plans cannot accept new enrollment, please check with the plan for enrollment availability.

Demo Plan: These plans are special projects that test possible future improvements in Medicare coverage, costs, and quality of care.

Cost

Total Premium: The total amount you would pay the plan each month for your health care and prescription drug coverage.

Drug Premium: The amount of the total premium that goes toward the drug coverage portion of the Medicare Advantage or other Medicare Health Plan. This is not an additional amount you pay. A dash in the "Drug Premium" column means that plan does not offer prescription drug coverage.

Drug Deductible: The amount you pay before the drug plan begins to pay.

COVERAGE

Offers Variable Copayments (tiers): In plans that offer variable copayments, you will pay a fixed amount for each drug and this fixed amount may be different depending on the type of drug. For example, you may pay a lower copayment for generic medications compared to brand medications because generic medications may be on a lower formulary level (tier) than brand medications.

Type of Extra Coverage Offered in the Gap: All plans offer coverage until you hit a limit of \$2,250 in total drug costs. And all plans offer coverage when your out-of-pocket costs exceed \$3,600. Some plans offer coverage during the gap between \$2,250 in total costs and \$3,600 in out-of-pocket costs.

Generics Only: Plan covers generic drugs in coverage gap.

Generics and Brands: Plan covers generic and brand drugs in coverage gap.

Number of Top 100 Drugs on Formulary: How many of the most commonly used 100 drugs by people with Medicare the plan covers.

CONVENIENCE

Mail Order Offered: Whether you can get your drugs in the mail.

For more information about Medicare prescription drug coverage, visit www.medicare.gov on the web.

Technical Note: Medicare Advantage, Cost Plans, and Demonstrations Landscapes are large documents (most are in excess of 50 pages). We recommend you print just the county you are specifically interested in viewing. To print a single county:

- Open the state landscape file you wish to view/print
- Select the county you want to print by scrolling to the specific county page
- Choose File>Print
- In the Print Range area, choose Current Page
- Click the **OK** button

	Desc	ription			Cost			Coverage		Convenience
			Type of Medicare	Total Premium (Including Drug	Drug	Drug	Offers Variable Copayments	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics &	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name HumanaChoicePPO PPO H0623-	Health Plan	Premium)	Premium	Deductible	(Tiers)	brands)	Formulary	Offered
Adams	Humana Insurance Company	001	Local PPO	\$47.00	\$29.54	\$0	•	G	99	•
		Humana Gold Choice PFFS H1804-148 Humana Gold Choice PFFS	PFFS	\$49.00	\$12.58	\$250			99	•
		H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	Local HMO	\$0.00	\$0.00	\$0	•		74	
		Senior Advantage Gold MA-PD	Local HMO	\$88.00	\$14.50	\$0	•	G	74	
		Senior Advantage Silver MA-PD Part B	Local HMO	\$225.00	\$0.00	\$0	•		74	
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M	1876 Cost	\$0.00	-					
		RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - M	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - M	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - M	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - M	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Value Plan	Local HMO	\$0.00	\$0.00	\$250	•		82	•
		Secure Horizons Medical Plan	Local HMO	\$0.00	-					
		Secure Horizons Classic Plan	Local HMO	\$39.00	\$22.99	\$0	•		82	•
		Secure Horizons Classic Enhanced Plan	Local HMO	\$90.00	\$17.91	\$0	•		82	•
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
	United Healthcare Insurance Company	Evercare Plan CH No Rx	Local HMO	\$0.00	-					
		Evercare Plan CH	Local HMO	\$34.00	\$34.00	\$0	•		100	•
Alamosa	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•

	Desc	ription			Cost			Coverage		Convenience
			Type of Medicare	Total Premium (Including Drug	Drug	Drug	Offers Variable Copayments	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics &	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name RMHP Standard with Standard	Health Plan	Premium)	Premium	Deductible	(Tiers)	brands)	Formulary	Offered
		Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS RMHP Plus with Enhanced Drug	1876 Cost	\$112.00	-					
		Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200 HumanaChoicePPO PPO H0623-	PFFS	\$85.00	-					
Arapahoe	Humana Insurance Company	001	Local PPO	\$47.00	\$29.54	\$0	•	G	99	•
		Humana Gold Choice PFFS H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	Local HMO	\$0.00	\$0.00	\$0	•		74	
		Senior Advantage Gold MA-PD	Local HMO	\$88.00	\$14.50	\$0	•	G	74	
		Senior Advantage Silver MA-PD Part B	Local HMO	\$225.00	\$0.00	\$0	•		74	
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M	1876 Cost	\$0.00	-					
		RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - M RMHP AB Basic with Basic Drug	1876 Cost	\$22.00	-					
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - M	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - M RMHP Gold with Enhanced Drug	1876 Cost	\$127.00	-					
		Plan - M	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Value Plan	Local HMO	\$0.00	\$0.00	\$250	•		82	•
		Secure Horizons Medical Plan	Local HMO	\$0.00	-					
		Secure Horizons Classic Plan Secure Horizons Classic	Local HMO	\$39.00	\$22.99	\$0	•		82	•
		Enhanced Plan	Local HMO	\$90.00	\$17.91	\$0	•		82	•
	Sterling Option I United Healthcare Insurance	Sterling Option I	PFFS	\$9.00	-					
	Company	Evercare Plan CH No Rx	Local HMO	\$0.00	-					

	Desc	ription			Cost			Coverage		Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		Evercare Plan CH	Local HMO	\$34.00	\$34.00	\$0	•		100	•
Archuleta	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS	1876 Cost	\$112.00	-					
		RMHP Plus with Enhanced Drug Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3 SecureHorizons Direct Premier	PFFS	\$0.00	-					
		Plan 200	PFFS	\$85.00	-					
Baca	Humana Insurance Company	Humana Gold Choice PFFS H1804-148 Humana Gold Choice PFFS	PFFS	\$49.00	\$12.58	\$250			99	•
		H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
Bent	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan RMHP Standard with Standard	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	\$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
Boulder	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
		HumanaChoicePPO PPO H0623- 002	Local PPO	\$67.00	\$29.54	\$0	•	G	99	•

	Desc	ription			Cost			Coverage		Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Kaiser Permanente	Senior Advantage Silver MA-PD	Local HMO	\$0.00	\$0.00	\$0	•		74	
		Senior Advantage Gold MA-PD	Local HMO	\$88.00	\$14.50	\$0	•	G	74	
		Senior Advantage Silver MA-PD Part B	Local HMO	\$225.00	\$0.00	\$0	•		74	
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M	1876 Cost	\$0.00	-					
		RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - M	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - M	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - M	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - M	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Value Plan	Local HMO	\$0.00	\$0.00	\$250	•		82	•
		Secure Horizons Medical Plan	Local HMO	\$0.00	-					
		Secure Horizons Classic Plan	Local HMO	\$39.00	\$22.99	\$0	•		82	•
		Secure Horizons Classic Enhanced Plan	Local HMO	\$90.00	\$17.91	\$0	•		82	•
	Sterling Option I United Healthcare Insurance	Sterling Option I	PFFS	\$9.00	-					
	Company	Evercare Plan CH No Rx	Local HMO	\$0.00	-					
		Evercare Plan CH	Local HMO	\$34.00	\$34.00	\$0	•		100	•
Broomfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
		HumanaChoicePPO PPO H0623- 001	Local PPO	\$47.00	\$29.54	\$0	•	G	99	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	Local HMO	\$0.00	\$0.00	\$0	•		74	
		Senior Advantage Gold MA-PD Senior Advantage Silver MA-PD	Local HMO	\$88.00	\$14.50	\$0	•	G	74	
		Part B	Local HMO	\$225.00	\$0.00	\$0	•		74	
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M	1876 Cost	\$0.00	-					
		RMHP AB Basic Plan	1876 Cost	\$8.00	-					

	Desc	ription			Cost			Coverage		Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	Organization Hamo			,		Doddollaid	(11010)	Diarido	1 Officially	Giloroa
		RMHP Standard Plan - M RMHP AB Basic with Basic Drug	1876 Cost	\$22.00	-					
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - M	1876 Cost	\$62.56	\$40.56	\$0			98	_
		Drug Plan - M	1676 COSt	Φ02.30	\$40.56	Φυ	•		90	•
		RMHP Gold Plan - M	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - M	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	Secure Horizons Medicare	i idil IVI	.570 0030			i i	•	5/5		•
	Advantage Plan	Secure Horizons Value Plan	Local HMO	\$0.00	\$0.00	\$250	•		82	•
		Secure Horizons Medical Plan	Local HMO	\$0.00	_					
		Secure Horizons Classic Plan Secure Horizons Classic	Local HMO	\$39.00	\$22.99	\$0	•		82	•
		Enhanced Plan	Local HMO	\$90.00	\$17.91	\$0	•		82	•
	United Healthcare Insurance	5 51 0111 5		40.00						
	Company	Evercare Plan CH No Rx	Local HMO	\$0.00	-					
		Evercare Plan CH	Local HMO	\$34.00	\$34.00	\$0	•		100	•
Chaffaa	Humana Inguranaa Camaanu	Humana Gold Choice PFFS H1804-061	DEEC	¢ 0.00	#0.00	¢0			99	
Chaffee	Humana Insurance Company	H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	_					
		RMHP AB Basic with Basic Drug	1876 COSt	\$30.00	-					
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
					\$.5.55	70	-			-
		RMHP Plus Plan - WS	1876 Cost	\$112.00	-					
		RMHP Plus with Enhanced Drug Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
					,	, ,				
	SecureHorizons Direct	SecureHorizons Direct Plan 2 SecureHorizons Direct Premier	PFFS	\$0.00	-					
		Plan 200	PFFS	\$85.00	-					
O.		Humana Gold Choice PFFS			046.70	# 0=0			6.5	
Cheyenne	Humana Insurance Company	H1804-148 Humana Gold Choice PFFS	PFFS	\$49.00	\$12.58	\$250			99	•
		H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Deals: Marintain Health Disc.	DALLE AD Desig Dies	4070 Cook	¢0.00						
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					

	Desc	ription			Cost			Coverage		Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	Organization Namo			,	T TOILIGATE	Doddotibio	(11010)	Dianas	1 Ormalary	0110100
		RMHP Standard Plan - FR RMHP AB Basic with Basic Drug	1876 Cost	\$22.00	-					
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard	4070 0	^	* 40 = 0					
		Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - FR	407C Cook	¢200.20	ф 7 2 20	\$0		G/B	98	
		Humana Gold Choice PFFS	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
Clear Creek	Humana Insurance Company	H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
		111004-003	1110	ψ04.00	Ψ20.77	ΨΟ			33	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	Local HMO	\$0.00	\$0.00	\$0	•		74	
		Senior Advantage Gold MA-PD	Local HMO	\$88.00	\$14.50	\$0	•	G	74	
		Senior Advantage Silver MA-PD								
		Part B	Local HMO	\$225.00	\$0.00	\$0	•		74	
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	_					
		RMHP AB Basic with Basic Drug	1070 COSt	ΨΖΖ.00	_					
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
					\$.5.55	70	-			-
		RMHP Gold Plan - FR RMHP Gold with Enhanced Drug	1876 Cost	\$127.00	-					
		Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	Ctarling Option !			#0.00						
	Sterling Option I	Sterling Option I Humana Gold Choice PFFS	PFFS	\$9.00	-					
Conejos	Humana Insurance Company	H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS	1876 Cost	\$112.00	-	70				

	Descr	iption			Cost			Coverage		Convenience
			Type of Medicare	Total Premium (Including Drug	Drug	Drug	Offers Variable Copayments	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics &	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name RMHP Plus with Enhanced Drug	Health Plan	Premium)	Premium	Deductible	(Tiers)	brands)	Formulary	Offered
		Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	\$25.00						
	Occure for Early Birest	SecureHorizons Direct Premier		·						
		Plan 200 Humana Gold Choice PFFS	PFFS	\$85.00	-					
Costilla	Humana Insurance Company	H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS	1876 Cost	\$112.00	-					
		RMHP Plus with Enhanced Drug Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	\$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
Crowley	Humana Insurance Company	Humana Gold Choice PFFS H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR	1876 Cost	\$127.00	_					
		RMHP Gold with Enhanced Drug Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
Custer	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					

	Desc	ription			Cost			Coverage		Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
•		RMHP Standard Plan - FR	1876 Cost	\$22.00			,	,	•	
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	- \$40.56	\$0	•		98	•
		RMHP Standard with Standard		000.50	Ø40.50	00			00	
		Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	\$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
Delta	Humana Insurance Company	Humana Gold Choice PFFS H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
	. Tamana moulanto company	Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS RMHP Plus with Enhanced Drug	1876 Cost	\$112.00	-					
		Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
Denver	Humana Insurance Company	HumanaChoicePPO PPO H0623- 001	Local PPO	\$47.00	\$29.54	\$0	•	G	99	•
		Humana Gold Choice PFFS H1804-148 Humana Gold Choice PFFS	PFFS	\$49.00	\$12.58	\$250			99	•
		H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	Local HMO	\$0.00	\$0.00	\$0	•		74	
		Senior Advantage Gold MA-PD Senior Advantage Silver MA-PD	Local HMO	\$88.00	\$14.50	\$0	•	G	74	
		Part B	Local HMO	\$225.00	\$0.00	\$0	•		74	
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M	1876 Cost	\$0.00	-					
		RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - M	1876 Cost	\$22.00	-					

	Desc	ription			Cost			Coverage		Convenience
			Type of Medicare	Total Premium (Including Drug	Drug	Drug	Offers Variable Copayments	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics &	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name RMHP AB Basic with Basic Drug	Health Plan	Premium)	Premium	Deductible	(Tiers)	brands)	Formulary	Offered
		Plan RMHP Standard with Standard	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		Drug Plan - M	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - M	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - M	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Value Plan	Local HMO	\$0.00	\$0.00	\$250	•		82	•
		Secure Horizons Medical Plan	Local HMO	\$0.00	-					
		Secure Horizons Classic Plan Secure Horizons Classic	Local HMO	\$39.00	\$22.99	\$0	•		82	•
		Enhanced Plan	Local HMO	\$90.00	\$17.91	\$0	•		82	•
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
	United Healthcare Insurance Company	Evercare Plan CH No Rx	Local HMO	\$0.00	-					
		Evercare Plan CH	Local HMO	\$34.00	\$34.00	\$0	•		100	•
Dolores	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS RMHP AB Basic with Basic Drug	1876 Cost	\$30.00	-					
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS	1876 Cost	\$112.00	-					
		RMHP Plus with Enhanced Drug Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2 SecureHorizons Direct Premier	PFFS	\$0.00	-					
		Plan 200 HumanaChoicePPO PPO H0623-	PFFS	\$85.00	-					
Douglas	Humana Insurance Company	001 Humana Gold Choice PFFS	Local PPO	\$47.00	\$29.54	\$0	•	G	99	•
		H1804-148 Humana Gold Choice PFFS	PFFS	\$49.00	\$12.58	\$250			99	•
		H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	Local HMO	\$0.00	\$0.00	\$0	•		74	

	Desc	ription			Cost			Coverage		Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		Senior Advantage Gold MA-PD	Local HMO	\$88.00	\$14.50	\$0	•	G	74	
		Senior Advantage Gold MA-PD Senior Advantage Silver MA-PD	Local HIVIO	\$66.00	\$14.50	ΨΟ	•	G	74	
		Part B	Local HMO	\$225.00	\$0.00	\$0	•		74	
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M	1876 Cost	\$0.00	-					
		RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - M	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - M	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - M	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - M	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Value Plan	Local HMO	\$0.00	\$0.00	\$250	•		82	•
		Secure Horizons Medical Plan	Local HMO	\$0.00	-					
		Secure Horizons Classic Plan	Local HMO	\$39.00	\$22.99	\$0	•		82	•
		Secure Horizons Classic Enhanced Plan	Local HMO	\$90.00	\$17.91	\$0	•		82	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3 SecureHorizons Direct Premier	PFFS	\$0.00	-					
		Plan 200	PFFS	\$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
	United Healthcare Insurance Company	Evercare Plan CH No Rx	Local HMO	\$0.00	-					
		Evercare Plan CH	Local HMO	\$34.00	\$34.00	\$0	•		100	•
Eagle	Humana Insurance Company	Humana Gold Choice PFFS H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•

	Desc	ription			Cost			Coverage		Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		RMHP Plus Plan - WS	1876 Cost	\$112.00	_					
		RMHP Plus with Enhanced Drug Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
El Paso	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
ETT d30	Tramana modrance company	HumanaChoicePPO PPO H0623- 003	Local PPO	\$53.00	\$29.54	\$0	•	G	99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	Local HMO	\$0.00	-					
		Secure Horizons Classic Plan	Local HMO	\$30.00	\$14.43	\$0	•		82	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
	United Healthcare Insurance Company	Evercare Plan CH No Rx	Local HMO	\$0.00	-					
		Evercare Plan CH	Local HMO	\$34.00	\$34.00	\$0	•		100	•
Elbert	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	Local HMO	\$0.00	\$0.00	\$0	•		74	
		Senior Advantage Gold MA-PD	Local HMO	\$88.00	\$14.50	\$0	•	G	74	
		Senior Advantage Silver MA-PD Part B	Local HMO	\$225.00	\$0.00	\$0	•		74	
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					

	Desc	ription			Cost			Coverage		Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	o.g			,			(1.0.0)	214.140)		0.10.00
		RMHP Standard Plan - FR RMHP AB Basic with Basic Drug Plan	1876 Cost 1876 Cost	\$22.00 \$48.56	- \$40.56	\$0	•		98	•
		RMHP Standard with Standard			,	·				
		Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
	Sterling Option I	Sterling Option I Humana Gold Choice PFFS	PFFS	\$9.00	-					
Fremont	Humana Insurance Company	H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-	**				
		RMHP Gold with Enhanced Drug Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	Local HMO	\$60.00	\$14.43	\$0	•		82	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
Garfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-148 Humana Gold Choice PFFS	PFFS	\$49.00	\$12.58	\$250			99	•
		H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•

	Desc	ription			Cost			Coverage		Convenience
Quarte	Ourselies News	Diam Name	Type of Medicare	Total Premium (Including Drug	Drug	Drug	Offers Variable Copayments	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics &	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name RMHP Standard with Standard	Health Plan	Premium)	Premium	Deductible	(Tiers)	brands)	Formulary	Offered
		Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS RMHP Plus with Enhanced Drug	1876 Cost	\$112.00	-					
		Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
Gilpin	Humana Insurance Company	Humana Gold Choice PFFS H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	Local HMO	\$0.00	\$0.00	\$0	•		74	
		Senior Advantage Gold MA-PD	Local HMO	\$88.00	\$14.50	\$0	•	G	74	
		Senior Advantage Silver MA-PD Part B	Local HMO	\$225.00	\$0.00	\$0	•		74	
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR RMHP AB Basic with Basic Drug	1876 Cost	\$22.00	-					
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR RMHP Gold with Enhanced Drug	1876 Cost	\$127.00	-					
		Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1 SecureHorizons Direct Premier	PFFS	\$0.00	-					
		Plan 200	PFFS	\$85.00	-					
	Sterling Option I	Sterling Option I Humana Gold Choice PFFS	PFFS	\$9.00	-					
Grand	Humana Insurance Company	H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS RMHP AB Basic with Basic Drug	1876 Cost	\$30.00	-					
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•

	Desc	ription			Cost			Coverage		Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	O. gamzanon ramo			,		200000000	(1.0.0)	2.4.740)	· cimanal y	0.10.00
		RMHP Plus Plan - WS RMHP Plus with Enhanced Drug	1876 Cost	\$112.00	-					
		Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
		Humana Gold Choice PFFS	1070 0001	ψ100.00	ψ1 0.00	ΨΟ		0/2	- 00	
Gunnison	Humana Insurance Company	H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
Hinsdale	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard	1070 0031	Ψ+0.50	Ψ+0.50	ΨΟ	•		30	•
		Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS	1876 Cost	\$112.00	-					
		RMHP Plus with Enhanced Drug Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
Huerfano	Humana Insurance Company	Humana Gold Choice PFFS H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	1					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug	1876 Cost	¢40 E6	¢40 56	¢ ∩	_		00	_
		Plan RMHP Standard with Standard	10/6 COSt	\$48.56	\$40.56	\$0	•		98	•
		Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	\$25.00	-					

	Desc	ription			Cost			Coverage		Convenience
			Type of Medicare	Total Premium (Including Drug	Drug	Drug	Offers Variable Copayments	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics &	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name SecureHorizons Direct Premier	Health Plan	Premium)	Premium	Deductible	(Tiers)	brands)	Formulary	Offered
		Plan 100	PFFS	\$95.00	-					
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	_					
	Troony mountain rouni.	RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug	107C Cook	¢40.50	¢40.50	¢0			00	
		Plan RMHP Standard with Standard	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS RMHP Plus with Enhanced Drug	1876 Cost	\$112.00	-					
		Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	
		HumanaChoicePPO PPO H0623-					-			-
Jefferson	Humana Insurance Company	001 Humana Gold Choice PFFS	Local PPO	\$47.00	\$29.54	\$0	•	G	99	•
		H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	Local HMO	\$0.00	\$0.00	\$0	•		74	
		Senior Advantage Gold MA-PD Senior Advantage Silver MA-PD	Local HMO	\$88.00	\$14.50	\$0	•	G	74	
		Part B	Local HMO	\$225.00	\$0.00	\$0	•		74	
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M	1876 Cost	\$0.00	-					
		RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - M	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0			98	•
		RMHP Standard with Standard Drug Plan - M	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
			1070 0081	ψυΖ.υυ	ψ40.00	Ψυ	•		90	-
		RMHP Gold Plan - M RMHP Gold with Enhanced Drug	1876 Cost	\$127.00	-					
	Coouro Horizono Madicara	Plan - M	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Value Plan	Local HMO	\$0.00	\$0.00	\$250	•		82	•
		Secure Horizons Medical Plan	Local HMO	\$0.00	-					
		Secure Horizons Classic Plan	Local HMO	\$39.00	\$22.99	\$0	•		82	•

	Desc	ription			Cost			Coverage		Convenience
			Type of Medicare	Total Premium (Including Drug	Drug	Drug	Offers Variable Copayments	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics &	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name Secure Horizons Classic	Health Plan	Premium)	Premium	Deductible	(Tiers)	brands)	Formulary	Offered
		Enhanced Plan	Local HMO	\$90.00	\$17.91	\$0	•		82	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	\$25.00	-					
		SecureHorizons Direct Premier	DEEO	Фог оо						
		Plan 200	PFFS	\$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
	United Healthcare Insurance Company	Evercare Plan CH No Rx	Local HMO	\$0.00	-					
		Evercare Plan CH	Local HMO	\$34.00	\$34.00	\$0	•		100	•
Kiowa	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR RMHP Gold with Enhanced Drug	1876 Cost	\$127.00	-					
		Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200 Humana Gold Choice PFFS	PFFS	\$85.00	-					
Kit Carson	Humana Insurance Company	H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-					

	Desc	ription			Cost			Coverage		Convenience
			Type of Medicare	Total Premium (Including Drug	Drug	Drug	Offers Variable Copayments	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics &	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name RMHP Gold with Enhanced Drug	Health Plan	Premium)	Premium	Deductible	(Tiers)	brands)	Formulary	Offered
		Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
La Plata	Humana Insurance Company	Humana Gold Choice PFFS H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
La i iata	Transarance company	Humana Gold Choice PFFS	1110	φ+3.00	Ψ12.00	Ψ200			33	
		H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS	1876 Cost	\$112.00	-					
		RMHP Plus with Enhanced Drug Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
Lake	Humana Ingurance Company	Humana Gold Choice PFFS H1804-148	PFFS	\$49.00	\$12.58	\$250		G/B	99	
Lake	Humana Insurance Company	Humana Gold Choice PFFS			•					•
		H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
			1876 COSt	\$70.50	φ40.50	φυ	•		90	•
		RMHP Plus Plan - WS RMHP Plus with Enhanced Drug	1876 Cost	\$112.00	-					
		Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
Larimer	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	Local HMO	\$0.00	\$0.00	\$0	•		74	
								6		
		Senior Advantage Gold MA-PD Senior Advantage Silver MA-PD	Local HMO	\$88.00	\$14.50	\$0	•	G	74	
		Part B	Local HMO	\$225.00	\$0.00	\$0	•		74	
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	-					

	Desc	ription			Cost			Coverage		Convenience
			Type of Medicare	Total Premium (Including Drug	Drug	Drug	Offers Variable Copayments	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics &	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name RMHP AB Basic with Basic Drug	Health Plan	Premium)	Premium	Deductible	(Tiers)	brands)	Formulary	Offered
		Plan RMHP Standard with Standard	1876 Cost 1876 Cost	\$48.56 \$62.56	\$40.56 \$40.56	\$0 \$0	•		98 98	•
		Drug Plan - FR			Φ40.36	ΦΟ	•		90	•
		RMHP Gold Plan - FR RMHP Gold with Enhanced Drug	1876 Cost	\$127.00	-	40		0/5		
	Secure Horizons Medicare	Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	Advantage Plan	Secure Horizons Classic Plan	Local HMO	\$39.00	\$22.61	\$0	•		82	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	\$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	\$95.00	-					
	Sterling Option I	Sterling Option I Humana Gold Choice PFFS	PFFS	\$9.00	-					
Las Animas	Humana Insurance Company	H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1 SecureHorizons Direct Premier	PFFS	\$0.00	-					
		Plan 200	PFFS	\$85.00	-					
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-148 Humana Gold Choice PFFS	PFFS	\$49.00	\$12.58	\$250			99	•
		H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•

	Desc	ription			Cost			Coverage		Convenience
			Type of Medicare	Total Premium (Including Drug	Drug	Drug	Offers Variable Copayments	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics &	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name RMHP Standard with Standard	Health Plan	Premium)	Premium	Deductible	(Tiers)	brands)	Formulary	Offered
		Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
					,	, ,				
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - FR	1070 Cook	#200 20	Ф 7 2.20	\$0		G/B	98	
		Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	\$0.00	-					
		SecureHorizons Direct Premier								
		Plan 200	PFFS	\$85.00	-					
Lamon	Humana Inguranaa Camaanu	Humana Gold Choice PFFS	PFFS	CO. OO	ФО ОО	C O			00	
Logan	Humana Insurance Company	H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		DMID Ctondord Dlon - ED	1070 Cook	#22.00						
		RMHP Standard Plan - FR RMHP AB Basic with Basic Drug	1876 Cost	\$22.00	-					
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard			,	, ,				
		Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		DMUD Cold Diox - ED	4070 Cook	¢407.00						
		RMHP Gold Plan - FR RMHP Gold with Enhanced Drug	1876 Cost	\$127.00	-					
		Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
				,						
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	\$25.00	-					
		SecureHorizons Direct Premier	DEEC	ФОE ОО						
		Plan 100 Humana Gold Choice PFFS	PFFS	\$95.00	-					
Mesa	Humana Insurance Company	H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
			_	***	******	, ,				
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		DMID Thrifty Diam MC	1070 Cook	¢47.00						
		RMHP Thrifty Plan - WS	1876 Cost	\$17.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug								
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard	1976 Cast	₽ 70.50	¢40.50	# 0	_		00	
-	+	Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS	1876 Cost	\$112.00	-					
		RMHP Plus with Enhanced Drug		,						
		Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
	Secure Horizons Medicare	Cooura Harimana Olasaia Dia	Lacallina	#0.00	#0.00	*			00	
	Advantage Plan	Secure Horizons Classic Plan	Local HMO	\$0.00	\$0.00	\$0	•		82	•

	Desc	ription			Cost			Coverage		Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
	g			,			(11010)	,	,	0 33 0 3 0 3
		Secure Horizons Medical Plan Secure Horizons Classic	Local HMO	\$0.00	-					
		Enhanced Plan	Local HMO	\$42.00	\$23.00	\$0	•	G	82	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	\$0.00	_					
	Scould Ionzons Bired	SecureHorizons Direct Premier Plan 100	PFFS	\$95.00	_					
Mineral	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
					Ψ10.00	Ψΰ			- 00	
		RMHP Plus Plan - WS RMHP Plus with Enhanced Drug	1876 Cost	\$112.00	-					
		Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
Moffat	Humana Insurance Company	Humana Gold Choice PFFS H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
	- Tourist of the state of the s	Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
	INOUNY INIOUTHAITH HEARTH FIAITS									
		RMHP Standard Plan - WS RMHP AB Basic with Basic Drug	1876 Cost	\$30.00	-					
		Plan RMHP Standard with Standard	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS	1876 Cost	\$112.00	-					
		RMHP Plus with Enhanced Drug Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
Montezuma	Humana Insurance Company	Humana Gold Choice PFFS H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
	and Company	Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					

	Desc	ription			Cost			Coverage		Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
	- Crgamzanien ramie			,			(**************************************	2.022,	,	
		RMHP Standard Plan - WS RMHP AB Basic with Basic Drug	1876 Cost	\$30.00	-					
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard								
		Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS	1876 Cost	\$112.00	-					
		RMHP Plus with Enhanced Drug	1976 Coot	¢405.20	¢72.20	¢ 0		G/B	00	_
		Plan - WS Humana Gold Choice PFFS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
Montrose	Humana Insurance Company	H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	_					
		RMHP AB Basic with Basic Drug	1070 Cost	ψ30.00	-					
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS	1876 Cost	\$112.00	_					
		RMHP Plus with Enhanced Drug Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
		Humana Gold Choice PFFS		\$100.00	ψ. σ.σσ	Ψ		5,2		
Morgan	Humana Insurance Company	H1804-148 Humana Gold Choice PFFS	PFFS	\$49.00	\$12.58	\$250			99	•
		H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug	40=0	0.15 ===	0.15 ==	A -				
		Plan RMHP Standard with Standard	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
Otero	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-	70				

	Desc	ription			Cost			Coverage		Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	_					
		RMHP Standard Plan - FR RMHP AB Basic with Basic Drug	1876 Cost	\$22.00	-					
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
Ouray	Humana Insurance Company	Humana Gold Choice PFFS H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS	1876 Cost	\$112.00	-					
		RMHP Plus with Enhanced Drug Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
Park	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	Local HMO	\$0.00	\$0.00	\$0	•		74	
		Senior Advantage Gold MA-PD	Local HMO	\$88.00	\$14.50	\$0	•	G	74	
		Senior Advantage Silver MA-PD Part B	Local HMO	\$225.00	\$0.00	\$0	•		74	
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•

	Desc	ription			Cost			Coverage		Convenience
0	Ourselies News	Diam Name	Type of Medicare Health Plan	Total Premium (Including Drug	Drug	Drug Deductible	Offers Variable Copayments	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics &	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name RMHP Standard with Standard		Premium)	Premium		(Tiers)	brands)	Formulary	Offered
		Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR RMHP Gold with Enhanced Drug	1876 Cost	\$127.00	-					
		Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1 SecureHorizons Direct Premier	PFFS	\$0.00	-					
		Plan 200	PFFS	\$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Phillips	Humana Insurance Company	Humana Gold Choice PFFS H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR RMHP AB Basic with Basic Drug	1876 Cost	\$22.00	-					
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR RMHP Gold with Enhanced Drug	1876 Cost	\$127.00	-					
		Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4 SecureHorizons Direct Premier	PFFS	\$25.00	-					
		Plan 100 Humana Gold Choice PFFS	PFFS	\$95.00	-					
Pitkin	Humana Insurance Company	H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS RMHP AB Basic with Basic Drug	1876 Cost	\$30.00	-					
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS	1876 Cost	\$112.00	-					

	Desc	ription			Cost			Coverage		Convenience
Country	Organization Name	Dian Nama	Type of Medicare	Total Premium (Including Drug	Drug	Drug Deductible	Offers Variable Copayments	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics &	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name RMHP Plus with Enhanced Drug	Health Plan	Premium)	Premium	Deductible	(Tiers)	brands)	Formulary	Offered
		Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
Prowers	Humana Insurance Company	Humana Gold Choice PFFS H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
1 TOWCIS	Tramana modranee company	Humana Gold Choice PFFS	1110	Ψ+3.00	Ψ12.00	Ψ200			33	
		H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
Pueblo	Humana Insurance Company	Humana Gold Choice PFFS H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR RMHP Gold with Enhanced Drug	1876 Cost	\$127.00	-					
		Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	Secure Horizons Medicare									
	Advantage Plan	Secure Horizons Classic Plan	Local HMO	\$50.00	\$14.74	\$250	•		82	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4 SecureHorizons Direct Premier	PFFS	\$25.00	-					
		Plan 100	PFFS	\$95.00	-					
	Sterling Option I United Healthcare Insurance	Sterling Option I	PFFS	\$9.00	-					
	Company	Evercare Plan CH No Rx	Local HMO	\$0.00	-					

	Description							Convenience		
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		Evercare Plan CH	Local HMO	\$34.00	\$34.00	\$0	•		100	•
Rio Blanco	Humana Insurance Company	Humana Gold Choice PFFS H1804-148 Humana Gold Choice PFFS	PFFS	\$49.00	\$12.58	\$250			99	•
		H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS RMHP AB Basic with Basic Drug	1876 Cost	\$30.00	-					
		Plan RMHP Standard with Standard	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS RMHP Plus with Enhanced Drug	1876 Cost	\$112.00	-					
		Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
Rio Grande	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug Plan RMHP Standard with Standard	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS RMHP Plus with Enhanced Drug	1876 Cost	\$112.00	-					
		Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3 SecureHorizons Direct Premier	PFFS	\$0.00	-					
		Plan 200	PFFS	\$85.00	-					
Routt	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2 SecureHorizons Direct Premier	PFFS	\$0.00	-					
		Plan 200 Humana Gold Choice PFFS	PFFS	\$85.00	-					
Saguache	Humana Insurance Company	H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					

Description					Cost			Coverage		Convenience
2	Oursing tion Name	Diam Name	Type of Medicare	Total Premium (Including Drug	Drug	Drug	Offers Variable Copayments	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics &	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name RMHP AB Basic with Basic Drug	Health Plan	Premium)	Premium	Deductible	(Tiers)	brands)	Formulary	Offered
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS	1876 Cost	\$112.00	-					
		RMHP Plus with Enhanced Drug Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
San Juan	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS	1876 Cost	\$112.00	-					
		RMHP Plus with Enhanced Drug Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
San Miguel	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS	1876 Cost	\$30.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS	1876 Cost	\$112.00	-					
		RMHP Plus with Enhanced Drug Plan - WS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					

Description					Cost				Convenience	
			Type of Medicare	Total Premium (Including Drug	Drug	Drug	Offers Variable Copayments	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics &	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name Humana Gold Choice PFFS	Health Plan	Premium)	Premium	Deductible	(Tiers)	brands)	Formulary	Offered
Sedgwick	Humana Insurance Company	H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR RMHP AB Basic with Basic Drug	1876 Cost	\$22.00	-					
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
Summit	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Standard Plan - WS RMHP AB Basic with Basic Drug	1876 Cost	\$30.00	-					
		Plan RMHP Standard with Standard	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		Drug Plan - WS	1876 Cost	\$70.56	\$40.56	\$0	•		98	•
		RMHP Plus Plan - WS RMHP Plus with Enhanced Drug	1876 Cost	\$112.00	-					
		Plan - WS Humana Gold Choice PFFS	1876 Cost	\$185.39	\$73.39	\$0	•	G/B	98	•
Teller	Humana Insurance Company	H1804-061 HumanaChoicePPO PPO H0623-	PFFS	\$0.00	\$0.00	\$0	•		99	•
		003	Local PPO	\$53.00	\$29.54	\$0	•	G	99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR RMHP AB Basic with Basic Drug	1876 Cost	\$22.00	-					
		Plan RMHP Standard with Standard	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-					

	Description				Cost			Coverage		Convenience
			Type of Medicare	Total Premium (Including Drug	Drug	Drug	Offers Variable Copayments	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics &	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name RMHP Gold with Enhanced Drug	Health Plan	Premium)	Premium	Deductible	(Tiers)	brands)	Formulary	Offered
		Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	Local HMO	\$0.00	-					
		Secure Horizons Classic Plan	Local HMO	\$30.00	\$14.43	\$0	•		82	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	\$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR RMHP AB Basic with Basic Drug	1876 Cost	\$22.00	-					
		Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR RMHP Gold with Enhanced Drug	1876 Cost	\$127.00	-					
		Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
Weld	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	PFFS	\$0.00	\$0.00	\$0	•		99	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	Local HMO	\$0.00	\$0.00	\$0	•		74	
		Senior Advantage Gold MA-PD	Local HMO	\$88.00	\$14.50	\$0	•	G	74	
		Senior Advantage Silver MA-PD Part B	Local HMO	\$225.00	\$0.00	\$0	•		74	
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•

Description					Cost			Convenience		
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
	United Healthcare Insurance Company	Evercare Plan CH No Rx	Local HMO	\$0.00	-					
		Evercare Plan CH	Local HMO	\$34.00	\$34.00	\$0	•		100	•
Yuma	Humana Insurance Company	Humana Gold Choice PFFS H1804-148	PFFS	\$49.00	\$12.58	\$250			99	•
		Humana Gold Choice PFFS H1804-063	PFFS	\$54.00	\$20.77	\$0	•		99	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	1876 Cost	\$8.00	-					
		RMHP Thrifty Plan - FR	1876 Cost	\$17.00	-					
		RMHP Standard Plan - FR	1876 Cost	\$22.00	-					
		RMHP AB Basic with Basic Drug Plan	1876 Cost	\$48.56	\$40.56	\$0	•		98	•
		RMHP Standard with Standard Drug Plan - FR	1876 Cost	\$62.56	\$40.56	\$0	•		98	•
		RMHP Gold Plan - FR	1876 Cost	\$127.00	-					
		RMHP Gold with Enhanced Drug Plan - FR	1876 Cost	\$200.39	\$73.39	\$0	•	G/B	98	•