

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Baker	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Benton	Samaritan Advantage Health Plan	Samaritan Advantage Special	H3811	3	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Benton	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H3805	7	No		\$39.50	\$9.50	\$0.00	
Benton	Samaritan Advantage Health Plan	Samaritan Advantage Premier	H3811	2	No		\$84.50	\$14.50	\$0.00	
Benton	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Benton	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Benton	Health Net Medicare Advantage	Health Net Violet Option 1 (PPO)	H5520	2	No		\$73.50	\$25.50	\$0.00	
Benton	Health Net Medicare Advantage	Health Net Violet Option 2 (PPO)	H5520	5	No		\$0.00	\$0.00	\$0.00	
Benton	Health Net Medicare Advantage	Health Net Healthy Heart (PPO)	H5520	9	No		\$115.50	\$23.50	\$0.00	
Benton	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	6	No		\$46.40	\$0.60	\$0.00	All Generics
Benton	Samaritan Advantage Health Plan	Samaritan Advantage Premier	H3811	9	No		\$88.10	\$21.70	\$12.20	Many Generics
Benton	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	1	No		\$77.90	\$10.50	\$18.60	All Generics
Benton	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Clackamas	FamilyCare Health Plans, Inc.	PremierCare Select Rx (HMO SNP)	H3818	15	Yes	Chronic or Disabling	\$95.00	\$32.80	\$16.20	
Clackamas	FamilyCare Health Plans, Inc.	PremierCare Plus (HMO SNP)	H3818	2	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Clackamas	CareOregon Advantage	CareOregon Advantage Plus	H5859	1	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Clackamas	SecureHorizons by UnitedHealthcare	Evercare Plan IP (PPO SNP)	H3812	5	Yes	Institutional	\$0.00	\$28.90	\$0.00	
Clackamas	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H1286	4	No		\$0.00	\$0.00	\$0.00	

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Clackamas	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H3805	1	No		\$55.70	\$9.30	\$0.00	
Clackamas	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H3812	1	No		\$0.00	\$0.00	\$0.00	
Clackamas	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Clackamas	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Clackamas	FamilyCare Health Plans, Inc.	PremierCare Choice Rx (HMO)	H3818	3	No		\$8.70	\$35.30	\$0.00	
Clackamas	Health Net Medicare Advantage	Health Net Violet Option 1 (PPO)	H5520	2	No		\$73.50	\$25.50	\$0.00	
Clackamas	Health Net Medicare Advantage	Health Net Violet Option 2 (PPO)	H5520	5	No		\$0.00	\$0.00	\$0.00	
Clackamas	Health Net Medicare Advantage	Health Net Healthy Heart (PPO)	H5520	9	No		\$115.50	\$23.50	\$0.00	
Clackamas	CareOregon Advantage	CareOregon Advantage Star	H5859	3	No		\$0.00	\$35.30	\$0.00	
Clackamas	Health Net Medicare Advantage	Health Net Ruby (HMO)	H6815	1	No		\$34.40	\$24.60	\$0.00	
Clackamas	Humana Insurance Company	Humana Gold Choice H8145-093	H8145	93	No		\$44.40	\$22.60	\$0.00	Few Generics and Few Brands
Clackamas	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	6	No		\$46.40	\$0.60	\$0.00	All Generics
Clackamas	Providence Health Plans	Providence Medicare Extra +	H9047	1	No		\$92.70	\$35.30	\$0.00	
Clackamas	Providence Health Plans	Providence Medicare Choice +	H9047	24	No		\$37.10	\$33.90	\$0.00	
Clackamas	FamilyCare Health Plans, Inc.	PremierCare Advantage Rx	H3818	1	No		\$98.30	\$36.20	\$6.40	
Clackamas	FamilyCare Health Plans, Inc.	PremierCare Value Rx (HMO)	H3818	14	No		\$52.90	\$36.30	\$6.80	
Clackamas	Providence Health Plans	Providence Medicare Open +	H5016	1	No		\$95.70	\$51.30	\$16.00	
Clackamas	Providence Health Plans	Providence Medicare Extra	H9047	13	No		\$358.20	\$51.80	\$16.50	

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Clackamas	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	1	No		\$77.90	\$10.50	\$18.60	All Generics
Clackamas	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Clatsop	FamilyCare Health Plans, Inc.	PremierCare Select Rx (HMO SNP)	H3818	15	Yes	Chronic or Disabling	\$95.00	\$32.80	\$16.20	
Clatsop	FamilyCare Health Plans, Inc.	PremierCare Plus (HMO SNP)	H3818	2	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Clatsop	CareOregon Advantage	CareOregon Advantage Plus	H5859	1	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Clatsop	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Clatsop	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Clatsop	FamilyCare Health Plans, Inc.	PremierCare Choice Rx (HMO)	H3818	3	No		\$8.70	\$35.30	\$0.00	
Clatsop	CareOregon Advantage	CareOregon Advantage Star	H5859	3	No		\$0.00	\$35.30	\$0.00	
Clatsop	FamilyCare Health Plans, Inc.	PremierCare Advantage Rx	H3818	1	No		\$98.30	\$36.20	\$6.40	
Clatsop	FamilyCare Health Plans, Inc.	PremierCare Value Rx (HMO)	H3818	14	No		\$52.90	\$36.30	\$6.80	
Clatsop	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Columbia	CareOregon Advantage	CareOregon Advantage Plus	H5859	1	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Columbia	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Columbia	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Columbia	Health Net Medicare Advantage	Health Net Violet Option 1 (PPO)	H5520	2	No		\$73.50	\$25.50	\$0.00	
Columbia	Health Net Medicare Advantage	Health Net Violet Option 2 (PPO)	H5520	5	No		\$0.00	\$0.00	\$0.00	
Columbia	Health Net Medicare Advantage	Health Net Healthy Heart (PPO)	H5520	9	No		\$115.50	\$23.50	\$0.00	

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Columbia	CareOregon Advantage	CareOregon Advantage Star	H5859	3	No		\$0.00	\$35.30	\$0.00	
Columbia	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	6	No		\$46.40	\$0.60	\$0.00	All Generics
Columbia	Providence Health Plans	Providence Medicare Extra +	H9047	1	No		\$92.70	\$35.30	\$0.00	
Columbia	Providence Health Plans	Providence Medicare Choice +	H9047	24	No		\$37.10	\$33.90	\$0.00	
Columbia	Providence Health Plans	Providence Medicare Extra	H9047	13	No		\$358.20	\$51.80	\$16.50	
Columbia	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	1	No		\$77.90	\$10.50	\$18.60	All Generics
Columbia	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Coos	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Coos	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Coos	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Crook	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Crook	Clear One Health Plans	Clear One Essentials + Rx	H3864	14	No		\$32.90	\$35.10	\$0.00	
Crook	Clear One Health Plans	Clear One Explorer + Rx Plan (PPO)	H4754	1	No		\$98.90	\$33.50	\$9.60	
Crook	Clear One Health Plans	Clear One Practical Value + Rx Plan	H3864	6	No		\$80.30	\$41.80	\$16.40	
Curry	CareSource	CareSource Gold Plus Rx (HMO)	H3810	3	No		\$103.00	\$24.80	\$0.00	
Curry	CareSource	CareSource Platinum Plus Rx	H3810	5	No		\$150.90	\$24.20	\$0.00	
Curry	CareSource	CareSource Silver Plus Rx (HMO)	H3810	7	No		\$58.70	\$12.50	\$0.00	
Curry	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Curry	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Curry	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Deschutes	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Deschutes	Clear One Health Plans	Clear One Essentials + Rx	H3864	14	No		\$32.90	\$35.10	\$0.00	
Deschutes	Clear One Health Plans	Clear One Explorer + Rx Plan (PPO)	H4754	1	No		\$98.90	\$33.50	\$9.60	
Deschutes	Clear One Health Plans	Clear One Practical Value + Rx Plan	H3864	6	No		\$80.30	\$41.80	\$16.40	
Deschutes	Clear One Health Plans	Clear One Premier Traditional + Rx	H3864	7	No		\$118.70	\$23.90	\$24.40	
Douglas	ATRIO MyAdvantage	ATRIO MyAdvantage SNP	H3814	7	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Douglas	CareSource	CareSource - SNP (HMO SNP)	H3810	2	Yes	Dual-Eligible	\$30.90	\$65.10	\$29.80	
Douglas	CareSource	CareSource Gold Plus Rx (HMO)	H3810	3	No		\$103.00	\$24.80	\$0.00	
Douglas	CareSource	CareSource Platinum Plus Rx	H3810	5	No		\$150.90	\$24.20	\$0.00	
Douglas	CareSource	CareSource Silver Plus Rx (HMO)	H3810	7	No		\$58.70	\$12.50	\$0.00	
Douglas	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Douglas	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Douglas	Health Net Medicare Advantage	Health Net Violet Option 1 (PPO)	H5520	4	No		\$63.60	\$21.40	\$0.00	
Douglas	Health Net Medicare Advantage	Health Net Violet Option 2 (PPO)	H5520	6	No		\$0.00	\$0.00	\$0.00	
Douglas	Health Net Medicare Advantage	Health Net Healthy Heart (PPO)	H5520	10	No		\$105.30	\$17.70	\$0.00	
Douglas	ATRIO MyAdvantage	ATRIO Bronze Rx (PPO)	H6743	1	No		\$0.00	\$0.00	\$0.00	

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Douglas	ATRIO MyAdvantage	ATRIO Silver Rx (PPO)	H6743	3	No		\$32.20	\$15.50	\$18.30	
Douglas	ATRIO MyAdvantage	ATRIO Gold Rx (PPO)	H6743	4	No		\$88.60	\$23.70	\$20.70	
Douglas	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Douglas	ATRIO MyAdvantage	ATRIO Platinum Rx (PPO)	H6743	5	No		\$106.70	\$27.10	\$28.20	
Gilliam	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Grant	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Grant	Clear One Health Plans	Clear One Essentials + Rx	H3864	14	No		\$32.90	\$35.10	\$0.00	
Grant	Clear One Health Plans	Clear One Practical Value + Rx Plan	H3864	6	No		\$80.30	\$41.80	\$16.40	
Grant	Clear One Health Plans	Clear One Premier Traditional + Rx	H3864	7	No		\$118.70	\$23.90	\$24.40	
Harney	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Hood River	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Hood River	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Hood River	Clear One Health Plans	Clear One Essentials + Rx	H3864	14	No		\$32.90	\$35.10	\$0.00	
Hood River	Health Net Medicare Advantage	Health Net Violet Option 1 (PPO)	H5520	2	No		\$73.50	\$25.50	\$0.00	
Hood River	Health Net Medicare Advantage	Health Net Violet Option 2 (PPO)	H5520	5	No		\$0.00	\$0.00	\$0.00	
Hood River	Health Net Medicare Advantage	Health Net Healthy Heart (PPO)	H5520	9	No		\$115.50	\$23.50	\$0.00	
Hood River	Clear One Health Plans	Clear One Practical Value + Rx Plan	H3864	6	No		\$80.30	\$41.80	\$16.40	
Hood River	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Hood River	Clear One Health Plans	Clear One Premier Traditional + Rx	H3864	7	No		\$118.70	\$23.90	\$24.40	
Jackson	CareOregon Advantage	CareOregon Advantage Plus	H5859	1	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Jackson	CareSource	CareSource - SNP (HMO SNP)	H3810	2	Yes	Dual-Eligible	\$30.90	\$65.10	\$29.80	
Jackson	CareSource	CareSource Gold Plus Rx (HMO)	H3810	3	No		\$103.00	\$24.80	\$0.00	
Jackson	CareSource	CareSource Platinum Plus Rx	H3810	5	No		\$150.90	\$24.20	\$0.00	
Jackson	CareSource	CareSource Silver Plus Rx (HMO)	H3810	7	No		\$58.70	\$12.50	\$0.00	
Jackson	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Jackson	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Jackson	Health Net Medicare Advantage	Health Net Violet Option 1 (PPO)	H5520	4	No		\$63.60	\$21.40	\$0.00	
Jackson	Health Net Medicare Advantage	Health Net Violet Option 2 (PPO)	H5520	6	No		\$0.00	\$0.00	\$0.00	
Jackson	Health Net Medicare Advantage	Health Net Healthy Heart (PPO)	H5520	10	No		\$105.30	\$17.70	\$0.00	
Jackson	CareOregon Advantage	CareOregon Advantage Star	H5859	3	No		\$0.00	\$35.30	\$0.00	
Jackson	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Jefferson	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Jefferson	Clear One Health Plans	Clear One Essentials + Rx	H3864	14	No		\$32.90	\$35.10	\$0.00	
Jefferson	Clear One Health Plans	Clear One Practical Value + Rx Plan	H3864	6	No		\$80.30	\$41.80	\$16.40	
Jefferson	Clear One Health Plans	Clear One Premier Traditional + Rx	H3864	7	No		\$118.70	\$23.90	\$24.40	
Josephine	CareOregon Advantage	CareOregon Advantage Plus	H5859	1	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Josephine	CareSource	CareSource - SNP (HMO SNP)	H3810	2	Yes	Dual-Eligible	\$30.90	\$65.10	\$29.80	
Josephine	CareSource	CareSource Gold Plus Rx (HMO)	H3810	3	No		\$103.00	\$24.80	\$0.00	
Josephine	CareSource	CareSource Platinum Plus Rx	H3810	5	No		\$150.90	\$24.20	\$0.00	
Josephine	CareSource	CareSource Silver Plus Rx (HMO)	H3810	7	No		\$58.70	\$12.50	\$0.00	
Josephine	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Josephine	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Josephine	Health Net Medicare Advantage	Health Net Violet Option 1 (PPO)	H5520	4	No		\$63.60	\$21.40	\$0.00	
Josephine	Health Net Medicare Advantage	Health Net Violet Option 2 (PPO)	H5520	6	No		\$0.00	\$0.00	\$0.00	
Josephine	Health Net Medicare Advantage	Health Net Healthy Heart (PPO)	H5520	10	No		\$105.30	\$17.70	\$0.00	
Josephine	CareOregon Advantage	CareOregon Advantage Star	H5859	3	No		\$0.00	\$35.30	\$0.00	
Josephine	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Klamath	ATRIO MyAdvantage	ATRIO MyAdvantage SNP	H3814	7	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Klamath	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Klamath	Clear One Health Plans	Clear One Essentials + Rx	H3864	14	No		\$32.90	\$35.10	\$0.00	
Klamath	ATRIO MyAdvantage	ATRIO Bronze Rx (PPO)	H6743	1	No		\$0.00	\$0.00	\$0.00	
Klamath	Clear One Health Plans	Clear One Practical Value + Rx Plan	H3864	6	No		\$80.30	\$41.80	\$16.40	
Klamath	ATRIO MyAdvantage	ATRIO Silver Rx (PPO)	H6743	3	No		\$32.20	\$15.50	\$18.30	
Klamath	ATRIO MyAdvantage	ATRIO Gold Rx (PPO)	H6743	4	No		\$88.60	\$23.70	\$20.70	

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Klamath	Clear One Health Plans	Clear One Premier Traditional + Rx	H3864	7	No		\$118.70	\$23.90	\$24.40	
Klamath	ATRIO MyAdvantage	ATRIO Platinum Rx (PPO)	H6743	5	No		\$106.70	\$27.10	\$28.20	
Lake	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Lake	Clear One Health Plans	Clear One Essentials + Rx	H3864	14	No		\$32.90	\$35.10	\$0.00	
Lake	Clear One Health Plans	Clear One Practical Value + Rx Plan	H3864	6	No		\$80.30	\$41.80	\$16.40	
Lake	Clear One Health Plans	Clear One Premier Traditional + Rx	H3864	7	No		\$118.70	\$23.90	\$24.40	
Lane	Trillium Advantage	Trillium Advantage Dual (HMO SNP)	H2174	1	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Lane	Trillium Advantage	Trillium Advantage TLC ISNP (HMO)	H2174	3	Yes	Institutional	\$0.00	\$35.30	\$0.00	
Lane	Trillium Advantage	Trillium Advantage TLC Community	H2174	5	Yes	Institutional	\$0.00	\$35.30	\$0.00	
Lane	SecureHorizons by UnitedHealthcare	Evercare Plan IP (PPO SNP)	H3812	5	Yes	Institutional	\$0.00	\$28.90	\$0.00	
Lane	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H3805	7	No		\$39.50	\$9.50	\$0.00	
Lane	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H3812	1	No		\$0.00	\$0.00	\$0.00	
Lane	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Lane	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Lane	Health Net Medicare Advantage	Health Net Violet Option 1 (PPO)	H5520	2	No		\$73.50	\$25.50	\$0.00	
Lane	Health Net Medicare Advantage	Health Net Violet Option 2 (PPO)	H5520	5	No		\$0.00	\$0.00	\$0.00	
Lane	Health Net Medicare Advantage	Health Net Healthy Heart (PPO)	H5520	9	No		\$115.50	\$23.50	\$0.00	
Lane	Providence Health Plans	Providence Medicare Extra +	H9047	1	No		\$92.70	\$35.30	\$0.00	

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Lane	Providence Health Plans	Providence Medicare Choice +	H9047	24	No		\$37.10	\$33.90	\$0.00	
Lane	Trillium Advantage	Trillium Advantage Rx (HMO)	H2174	2	No		\$88.40	\$46.60	\$11.30	Many Generics
Lane	Providence Health Plans	Providence Medicare Extra	H9047	13	No		\$358.20	\$51.80	\$16.50	
Lane	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Lincoln	Samaritan Advantage Health Plan	Samaritan Advantage Premier	H3811	2	No		\$84.50	\$14.50	\$0.00	
Lincoln	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Lincoln	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Lincoln	Samaritan Advantage Health Plan	Samaritan Advantage Premier	H3811	9	No		\$88.10	\$21.70	\$12.20	Many Generics
Lincoln	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Linn	Samaritan Advantage Health Plan	Samaritan Advantage Special	H3811	3	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Linn	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H3805	7	No		\$39.50	\$9.50	\$0.00	
Linn	Samaritan Advantage Health Plan	Samaritan Advantage Premier	H3811	2	No		\$84.50	\$14.50	\$0.00	
Linn	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Linn	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Linn	Health Net Medicare Advantage	Health Net Violet Option 1 (PPO)	H5520	2	No		\$73.50	\$25.50	\$0.00	
Linn	Health Net Medicare Advantage	Health Net Violet Option 2 (PPO)	H5520	5	No		\$0.00	\$0.00	\$0.00	
Linn	Health Net Medicare Advantage	Health Net Healthy Heart (PPO)	H5520	9	No		\$115.50	\$23.50	\$0.00	
Linn	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	6	No		\$46.40	\$0.60	\$0.00	All Generics

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Linn	Samaritan Advantage Health Plan	Samaritan Advantage Premier	H3811	9	No		\$88.10	\$21.70	\$12.20	Many Generics
Linn	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	1	No		\$77.90	\$10.50	\$18.60	All Generics
Linn	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Malheur	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Marion	CareOregon Advantage	CareOregon Advantage Plus	H5859	1	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Marion	Marion Polk Community Health Plan Advantage,	Marion Polk Community Health	H5995	1	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Marion	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H1286	4	No		\$0.00	\$0.00	\$0.00	
Marion	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H3805	1	No		\$55.70	\$9.30	\$0.00	
Marion	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H3812	1	No		\$0.00	\$0.00	\$0.00	
Marion	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Marion	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Marion	Health Net Medicare Advantage	Health Net Violet Option 1 (PPO)	H5520	2	No		\$73.50	\$25.50	\$0.00	
Marion	Health Net Medicare Advantage	Health Net Violet Option 2 (PPO)	H5520	5	No		\$0.00	\$0.00	\$0.00	
Marion	Health Net Medicare Advantage	Health Net Healthy Heart (PPO)	H5520	9	No		\$115.50	\$23.50	\$0.00	
Marion	CareOregon Advantage	CareOregon Advantage Star	H5859	3	No		\$0.00	\$35.30	\$0.00	
Marion	Marion Polk Community Health Plan Advantage,	Physicians Choice Preferred + Rx	H7006	1	No		\$68.20	\$21.80	\$0.00	
Marion	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	6	No		\$46.40	\$0.60	\$0.00	All Generics
Marion	Providence Health Plans	Providence Medicare Extra +	H9047	1	No		\$92.70	\$35.30	\$0.00	

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Marion	Providence Health Plans	Providence Medicare Choice +	H9047	24	No		\$37.10	\$33.90	\$0.00	
Marion	Providence Health Plans	Providence Medicare Extra	H9047	13	No		\$358.20	\$51.80	\$16.50	
Marion	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	1	No		\$77.90	\$10.50	\$18.60	All Generics
Marion	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Morrow	FamilyCare Health Plans, Inc.	PremierCare Select Rx (HMO SNP)	H3818	15	Yes	Chronic or Disabling	\$95.00	\$32.80	\$16.20	
Morrow	FamilyCare Health Plans, Inc.	PremierCare Plus (HMO SNP)	H3818	2	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Morrow	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Morrow	FamilyCare Health Plans, Inc.	PremierCare Choice Rx (HMO)	H3818	3	No		\$8.70	\$35.30	\$0.00	
Morrow	FamilyCare Health Plans, Inc.	PremierCare Advantage Rx	H3818	1	No		\$98.30	\$36.20	\$6.40	
Morrow	FamilyCare Health Plans, Inc.	PremierCare Value Rx (HMO)	H3818	14	No		\$52.90	\$36.30	\$6.80	
Multnomah	FamilyCare Health Plans, Inc.	PremierCare Select Rx (HMO SNP)	H3818	15	Yes	Chronic or Disabling	\$95.00	\$32.80	\$16.20	
Multnomah	FamilyCare Health Plans, Inc.	PremierCare Plus (HMO SNP)	H3818	2	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Multnomah	CareOregon Advantage	CareOregon Advantage Plus	H5859	1	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Multnomah	SecureHorizons by UnitedHealthcare	Evercare Plan IP (PPO SNP)	H3812	5	Yes	Institutional	\$0.00	\$28.90	\$0.00	
Multnomah	Humana Medical Plan, Inc.	Humana Gold Plus H1036-149 (HMO-	H1036	149	No		\$17.00	\$0.00	\$0.00	Few Generics and Few Brands
Multnomah	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H1286	4	No		\$0.00	\$0.00	\$0.00	
Multnomah	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H3805	1	No		\$55.70	\$9.30	\$0.00	
Multnomah	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H3812	1	No		\$0.00	\$0.00	\$0.00	

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Multnomah	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Multnomah	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Multnomah	FamilyCare Health Plans, Inc.	PremierCare Choice Rx (HMO)	H3818	3	No		\$8.70	\$35.30	\$0.00	
Multnomah	Health Net Medicare Advantage	Health Net Violet Option 1 (PPO)	H5520	2	No		\$73.50	\$25.50	\$0.00	
Multnomah	Health Net Medicare Advantage	Health Net Violet Option 2 (PPO)	H5520	5	No		\$0.00	\$0.00	\$0.00	
Multnomah	Health Net Medicare Advantage	Health Net Healthy Heart (PPO)	H5520	9	No		\$115.50	\$23.50	\$0.00	
Multnomah	CareOregon Advantage	CareOregon Advantage Star	H5859	3	No		\$0.00	\$35.30	\$0.00	
Multnomah	Humana Insurance Company	HumanaChoice H6609-015 (PPO)	H6609	15	No		\$52.00	\$0.00	\$0.00	Few Generics and Few Brands
Multnomah	Humana Insurance Company	HumanaChoice H6609-016 (PPO)	H6609	16	No		\$37.00	\$0.00	\$0.00	Few Generics and Few Brands
Multnomah	Health Net Medicare Advantage	Health Net Ruby (HMO)	H6815	1	No		\$34.40	\$24.60	\$0.00	
Multnomah	Humana Insurance Company	Humana Gold Choice H8145-093	H8145	93	No		\$44.40	\$22.60	\$0.00	Few Generics and Few Brands
Multnomah	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	6	No		\$46.40	\$0.60	\$0.00	All Generics
Multnomah	Providence Health Plans	Providence Medicare Extra +	H9047	1	No		\$92.70	\$35.30	\$0.00	
Multnomah	Providence Health Plans	Providence Medicare Choice +	H9047	24	No		\$37.10	\$33.90	\$0.00	
Multnomah	FamilyCare Health Plans, Inc.	PremierCare Advantage Rx	H3818	1	No		\$98.30	\$36.20	\$6.40	
Multnomah	FamilyCare Health Plans, Inc.	PremierCare Value Rx (HMO)	H3818	14	No		\$52.90	\$36.30	\$6.80	
Multnomah	Providence Health Plans	Providence Medicare Open +	H5016	1	No		\$95.70	\$51.30	\$16.00	
Multnomah	Providence Health Plans	Providence Medicare Extra	H9047	13	No		\$358.20	\$51.80	\$16.50	

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Multnomah	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	1	No		\$77.90	\$10.50	\$18.60	All Generics
Multnomah	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Multnomah	Providence ElderPlace Portland	Providence ElderPlace	H3809	1	No			\$135.50	\$100.20	
Multnomah	Providence ElderPlace Portland	Providence ElderPlace	H3809	2	No			\$83.20	\$415.60	
Polk	CareOregon Advantage	CareOregon Advantage Plus	H5859	1	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Polk	Marion Polk Community Health Plan Advantage,	Marion Polk Community Health	H5995	1	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Polk	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H3805	1	No		\$55.70	\$9.30	\$0.00	
Polk	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Polk	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Polk	Health Net Medicare Advantage	Health Net Violet Option 1 (PPO)	H5520	2	No		\$73.50	\$25.50	\$0.00	
Polk	Health Net Medicare Advantage	Health Net Violet Option 2 (PPO)	H5520	5	No		\$0.00	\$0.00	\$0.00	
Polk	Health Net Medicare Advantage	Health Net Healthy Heart (PPO)	H5520	9	No		\$115.50	\$23.50	\$0.00	
Polk	CareOregon Advantage	CareOregon Advantage Star	H5859	3	No		\$0.00	\$35.30	\$0.00	
Polk	Marion Polk Community Health Plan Advantage,	Physicians Choice Preferred + Rx	H7006	1	No		\$68.20	\$21.80	\$0.00	
Polk	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	6	No		\$46.40	\$0.60	\$0.00	All Generics
Polk	Providence Health Plans	Providence Medicare Extra +	H9047	1	No		\$92.70	\$35.30	\$0.00	
Polk	Providence Health Plans	Providence Medicare Choice +	H9047	24	No		\$37.10	\$33.90	\$0.00	
Polk	Providence Health Plans	Providence Medicare Extra	H9047	13	No		\$358.20	\$51.80	\$16.50	

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Polk	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	1	No		\$77.90	\$10.50	\$18.60	All Generics
Polk	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Sherman	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Sherman	Clear One Health Plans	Clear One Essentials + Rx	H3864	14	No		\$32.90	\$35.10	\$0.00	
Sherman	Clear One Health Plans	Clear One Practical Value + Rx Plan	H3864	6	No		\$80.30	\$41.80	\$16.40	
Sherman	Clear One Health Plans	Clear One Premier Traditional + Rx	H3864	7	No		\$118.70	\$23.90	\$24.40	
Tillamook	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Tillamook	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Tillamook	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Umatilla	FamilyCare Health Plans, Inc.	PremierCare Select Rx (HMO SNP)	H3818	15	Yes	Chronic or Disabling	\$95.00	\$32.80	\$16.20	
Umatilla	FamilyCare Health Plans, Inc.	PremierCare Plus (HMO SNP)	H3818	2	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Umatilla	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Umatilla	FamilyCare Health Plans, Inc.	PremierCare Choice Rx (HMO)	H3818	3	No		\$8.70	\$35.30	\$0.00	
Umatilla	FamilyCare Health Plans, Inc.	PremierCare Advantage Rx	H3818	1	No		\$98.30	\$36.20	\$6.40	
Umatilla	FamilyCare Health Plans, Inc.	PremierCare Value Rx (HMO)	H3818	14	No		\$52.90	\$36.30	\$6.80	
Union	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Wallowa	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Wasco	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Wasco	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Wasco	Clear One Health Plans	Clear One Essentials + Rx	H3864	14	No		\$32.90	\$35.10	\$0.00	
Wasco	Clear One Health Plans	Clear One Practical Value + Rx Plan	H3864	6	No		\$80.30	\$41.80	\$16.40	
Wasco	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Wasco	Clear One Health Plans	Clear One Premier Traditional + Rx	H3864	7	No		\$118.70	\$23.90	\$24.40	
Washington	FamilyCare Health Plans, Inc.	PremierCare Select Rx (HMO SNP)	H3818	15	Yes	Chronic or Disabling	\$95.00	\$32.80	\$16.20	
Washington	FamilyCare Health Plans, Inc.	PremierCare Plus (HMO SNP)	H3818	2	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Washington	CareOregon Advantage	CareOregon Advantage Plus	H5859	1	Yes	Dual-Eligible	\$0.00	\$35.30	\$0.00	
Washington	SecureHorizons by UnitedHealthcare	Evercare Plan IP (PPO SNP)	H3812	5	Yes	Institutional	\$0.00	\$28.90	\$0.00	
Washington	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H1286	4	No		\$0.00	\$0.00	\$0.00	
Washington	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H3805	1	No		\$55.70	\$9.30	\$0.00	
Washington	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H3812	1	No		\$0.00	\$0.00	\$0.00	
Washington	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Washington	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Washington	FamilyCare Health Plans, Inc.	PremierCare Choice Rx (HMO)	H3818	3	No		\$8.70	\$35.30	\$0.00	
Washington	Health Net Medicare Advantage	Health Net Violet Option 1 (PPO)	H5520	2	No		\$73.50	\$25.50	\$0.00	
Washington	Health Net Medicare Advantage	Health Net Violet Option 2 (PPO)	H5520	5	No		\$0.00	\$0.00	\$0.00	
Washington	Health Net Medicare Advantage	Health Net Healthy Heart (PPO)	H5520	9	No		\$115.50	\$23.50	\$0.00	

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Washington	CareOregon Advantage	CareOregon Advantage Star	H5859	3	No		\$0.00	\$35.30	\$0.00	
Washington	Health Net Medicare Advantage	Health Net Ruby (HMO)	H6815	1	No		\$34.40	\$24.60	\$0.00	
Washington	Humana Insurance Company	Humana Gold Choice H8145-093	H8145	93	No		\$44.40	\$22.60	\$0.00	Few Generics and Few Brands
Washington	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	6	No		\$46.40	\$0.60	\$0.00	All Generics
Washington	Providence Health Plans	Providence Medicare Extra +	H9047	1	No		\$92.70	\$35.30	\$0.00	
Washington	Providence Health Plans	Providence Medicare Choice +	H9047	24	No		\$37.10	\$33.90	\$0.00	
Washington	FamilyCare Health Plans, Inc.	PremierCare Advantage Rx	H3818	1	No		\$98.30	\$36.20	\$6.40	
Washington	FamilyCare Health Plans, Inc.	PremierCare Value Rx (HMO)	H3818	14	No		\$52.90	\$36.30	\$6.80	
Washington	Providence Health Plans	Providence Medicare Open +	H5016	1	No		\$95.70	\$51.30	\$16.00	
Washington	Providence Health Plans	Providence Medicare Extra	H9047	13	No		\$358.20	\$51.80	\$16.50	
Washington	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	1	No		\$77.90	\$10.50	\$18.60	All Generics
Washington	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics
Wheeler	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	
Wheeler	Clear One Health Plans	Clear One Essentials + Rx	H3864	14	No		\$32.90	\$35.10	\$0.00	
Wheeler	Clear One Health Plans	Clear One Practical Value + Rx Plan	H3864	6	No		\$80.30	\$41.80	\$16.40	
Wheeler	Clear One Health Plans	Clear One Premier Traditional + Rx	H3864	7	No		\$118.70	\$23.90	\$24.40	
Yamhill	SecureHorizons by UnitedHealthcare	AARP MedicareComplete	H3812	1	No		\$0.00	\$0.00	\$0.00	
Yamhill	ODS Health Plan, Inc.	ODS Advantage PPORX Select	H3813	3	No		\$94.30	\$33.00	\$0.00	

County	Organization Name	Plan Name	Contract ID	Plan ID	Special Needs Plan	Special Needs Plan Type	Part C Premium	Part D Basic Premium	Part D Premium Obligation with Full Premium	Type of Extra Coverage in the Gap
Yamhill	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	2	No		\$48.80	\$31.20	\$0.00	
Yamhill	Health Net Medicare Advantage	Health Net Violet Option 1 (PPO)	H5520	2	No		\$73.50	\$25.50	\$0.00	
Yamhill	Health Net Medicare Advantage	Health Net Violet Option 2 (PPO)	H5520	5	No		\$0.00	\$0.00	\$0.00	
Yamhill	Health Net Medicare Advantage	Health Net Healthy Heart (PPO)	H5520	9	No		\$115.50	\$23.50	\$0.00	
Yamhill	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	6	No		\$46.40	\$0.60	\$0.00	All Generics
Yamhill	Providence Health Plans	Providence Medicare Extra +	H9047	1	No		\$92.70	\$35.30	\$0.00	
Yamhill	Providence Health Plans	Providence Medicare Choice +	H9047	24	No		\$37.10	\$33.90	\$0.00	
Yamhill	Providence Health Plans	Providence Medicare Extra	H9047	13	No		\$358.20	\$51.80	\$16.50	
Yamhill	Kaiser Permanente	Kaiser Permanente Senior Advantage	H9003	1	No		\$77.90	\$10.50	\$18.60	All Generics
Yamhill	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage +	H3817	3	No		\$75.30	\$30.80	\$20.90	Many Generics