DHS Oregon Department of Human Services

Aging and People with Disabilities

Information Memorandum Transmittal

Kesha Baxter
Authorized signature

Number: APD-IM-13-012
Issue date: 2/28/2013

Topic: Other

Subject: Oregon's 2013 Medicare Advantage Plans

Applies to (check all that apply):

- ☐ All DHS employees
- ☒ Area Agencies on Aging
- ☒ Aging and People with Disabilities
- ☒ Children, Adults and Families
- ☐ County DD Program Managers
- ☒ County Mental Health Directors
- ☐ Health Services
- ☐ Other (please specify):

Message:
Recently, the Centers for Medicare and Medicaid Services (CMS) announced the 2013 Medicare Advantage and Medicare Advantage-Prescription Drug Plans (MA-PDs).

MA plans are offered by a private company that contracts with Medicare to provide beneficiaries with all their Medicare Part A and Part B benefits.

MA-PD plans are Medicare Advantage plans that offer Medicare Prescription Drug coverage along with Part A and Part B benefits in one plan. Medicare Advantage Plans are HMOs, PPOs, or Private Fee-for-Service Plans. When a client is enrolled in a Medicare Advantage Plan the Medicare services are paid through the plans, and are not paid through Original Medicare.

The 1st attached document is the“2013 MA-PDs” plan list. The MA-PDs are alphabetically arranged by county. MA-PDs Special Needs Plans (SNP) are highlighted in yellow.

The 2nd attached document is the CCO and affiliated Medicare Advantage plan list. The list also displays 2013 Medicare Advantage plan premiums amounts.

If you have any questions about this information, contact:

Contact(s):	Kesha Baxter		
Phone:	503-945-6082	**Fax:**	503-945-6066
Email:	Kesha.L.Baxter@state.or.us		

County	Organization Name	Plan Name	Contract ID	Plan ID	Plan Type	Special Needs Plan	Special Needs Plan Type	Part C Premium 2	Part D Basic Premium 3	Part D Premium Obligation with Full Premium Assistance 6
Baker	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Baker	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Benton	Health Net Life Insurance Company	Health Net Violet Option 1 (PPO)	H5520	002	Local PPO	No		$72.00	$27.00	$0.00
Benton	Health Net Life Insurance Company	Health Net Violet Option 2 (PPO)	H5520	005	Local PPO	No		$0.00	$0.00	$0.00
Benton	Health Net Life Insurance Company	Health Net Healthy Heart (PPO)	H5520	009	Local PPO	No		$123.80	$35.20	$0.00
Benton	Humana Insurance Company	Humana Prime Choice H6609-068 (PPO)	H6609	068	Local PPO	No		$31.90	$17.40	$12.70
Benton	Humana Insurance Company	Humana Prime Choice H6609-073 (PPO)	H6609	073	Local PPO	No		$174.20	$27.80	$0.00
Benton	Kaiser Permanente	Kaiser Permanente Senior Advantage (HMO)	H9003	001	HMO	No		$53.20	$24.10	$21.70
Benton	Kaiser Permanente	Kaiser Permanente Senior Advantage Basic (HMO)	H9003	006	HMO	No		$39.00	$0.00	$0.00
Benton	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Benton	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Benton	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Benton	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Benton	Samaritan Advantage Health Plan	Samaritan Advantage Premier Plan (HMO)	H3811	002	HMO	No		$79.20	$25.80	$0.00
Benton	Samaritan Advantage Health Plan	Samaritan Advantage Premier Plan Plus (HMO)	H3811	009	HMO	No		$78.30	$32.30	$24.40

Benton	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	H3805	007	HMO	No		$38.70	$10.30	$0.00
Benton	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	H3805	013	HMO	No		$0.00	$0.00	$0.00
Benton	Samaritan Advantage Health Plan	Samaritan Advantage Special Needs Plan (HMO SNP)	H3811	003	HMO	Yes	Dual-Eligible	$0.00	$37.40	$0.00
Clackamas	CareOregon Advantage	CareOregon Advantage Star (HMO-POS)	H5859	003	HMOPOS	No		$0.00	$37.50	$0.00
Clackamas	FamilyCare Health Plans, Inc.	MyPlan A (HMO)	H3818	003	HMO	No		$38.40	$35.60	$0.00
Clackamas	FamilyCare Health Plans, Inc.	MyPlan E (HMO)	H3818	014	HMO	No		$94.20	$34.50	$7.30
Clackamas	Health Net Health Plan of Oregon, Inc.	Health Net Ruby (HMO)	H6815	001	HMO	No		$6.80	$16.20	$0.00
Clackamas	Health Net Life Insurance Company	Health Net Violet Option 1 (PPO)	H5520	002	Local PPO	No		$72.00	$27.00	$0.00
Clackamas	Health Net Life Insurance Company	Health Net Violet Option 2 (PPO)	H5520	005	Local PPO	No		$0.00	$0.00	$0.00
Clackamas	Health Net Life Insurance Company	Health Net Healthy Heart (PPO)	H5520	009	Local PPO	No		$123.80	$35.20	$0.00
Clackamas	Humana Insurance Company	Humana Gold Choice H8145-093 (PFFS)	H8145	093	PFFS	No		$37.90	$25.90	$6.20
Clackamas	Humana Medical Plan, Inc.	Humana Gold Plus H1036-149 (HMO-POS)	H1036	149	HMOPOS	No		$28.00	$0.00	$0.00
Clackamas	Humana Medical Plan, Inc.	Humana Gold Plus H1036-153 (HMO)	H1036	153	HMO	No		$0.00	$0.00	$0.00
Clackamas	Kaiser Permanente	Kaiser Permanente Senior Advantage (HMO)	H9003	001	HMO	No		$53.20	$24.10	$21.70
Clackamas	Kaiser Permanente	Kaiser Permanente Senior Advantage Basic (HMO)	H9003	006	HMO	No		$39.00	$0.00	$0.00
Clackamas	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Clackamas	ODS Health Plan, Inc.	Legacy Health Medicare, powered by ODS (PPO)	H3813	005	Local PPO	No		$0.00	$63.00	$25.50
Clackamas	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80

Clackamas	Providence Health Plans	Providence Medicare Open + RX (PPO)	H5016	001	Local PPO	No		$118.60	$54.90	$31.90
Clackamas	Providence Health Plans	Providence Medicare Extra + RX (HMO)	H9047	001	HMO	No		$95.50	$37.50	$0.00
Clackamas	Providence Health Plans	Providence Medicare Extra Part B Only + RX (HMO)	H9047	013	HMO	No		$392.40	$49.30	$22.10
Clackamas	Providence Health Plans	Providence Medicare Choice + RX (HMO-POS)	H9047	024	HMOPOS	No		$22.40	$29.60	$0.00
Clackamas	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Clackamas	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Clackamas	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	H3805	001	HMO	No		$47.50	$7.50	$0.00
Clackamas	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	H3805	012	HMO	No		$0.00	$0.00	$0.00
Clackamas	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	H3812	001	Local PPO	No		$0.00	$0.00	$0.00
Clackamas	CareOregon Advantage	CareOregon Advantage Plus (HMO-POS SNP)	H5859	001	HMOPOS	Yes	Dual-Eligible	$0.00	$37.50	$0.00
Clackamas	FamilyCare Health Plans, Inc.	MyPlan C (HMO SNP)	H3818	002	HMO	Yes	Dual-Eligible	$0.00	$37.50	$0.00
Clackamas	Health Net Health Plan of Oregon, Inc.	Health Net Jade (HMO SNP)	H6815	002	HMO	Yes	Chronic or Disabling Condition	$0.00	$0.00	$0.00
Clackamas	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	H3812	005	Local PPO	Yes	Institutional	$0.00	$37.50	$0.00
Clatsop	CareOregon Advantage	CareOregon Advantage Star (HMO-POS)	H5859	003	HMOPOS	No		$0.00	$37.50	$0.00
Clatsop	FamilyCare Health Plans, Inc.	MyPlan A (HMO)	H3818	003	HMO	No		$38.40	$35.60	$0.00
Clatsop	FamilyCare Health Plans, Inc.	MyPlan E (HMO)	H3818	014	HMO	No		$94.20	$34.50	$7.30
Clatsop	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80

Clatsop	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Clatsop	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Clatsop	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Clatsop	CareOregon Advantage	CareOregon Advantage Plus (HMO-POS SNP)	H5859	001	HMOPOS	Yes	Dual-Eligible	$0.00	$37.50	$0.00
Clatsop	FamilyCare Health Plans, Inc.	MyPlan C (HMO SNP)	H3818	002	HMO	Yes	Dual-Eligible	$0.00	$37.50	$0.00
Columbia	CareOregon Advantage	CareOregon Advantage Star (HMO-POS)	H5859	003	HMOPOS	No		$0.00	$37.50	$0.00
Columbia	Health Net Life Insurance Company	Health Net Violet Option 1 (PPO)	H5520	002	Local PPO	No		$72.00	$27.00	$0.00
Columbia	Health Net Life Insurance Company	Health Net Violet Option 2 (PPO)	H5520	005	Local PPO	No		$0.00	$0.00	$0.00
Columbia	Health Net Life Insurance Company	Health Net Healthy Heart (PPO)	H5520	009	Local PPO	No		$123.80	$35.20	$0.00
Columbia	Humana Insurance Company	Humana Prime Choice H6609-067 (PPO)	H6609	067	Local PPO	No		$38.40	$23.60	$0.00
Columbia	Humana Insurance Company	Humana Prime Choice H6609-073 (PPO)	H6609	073	Local PPO	No		$174.20	$27.80	$0.00
Columbia	Kaiser Permanente	Kaiser Permanente Senior Advantage (HMO)	H9003	001	HMO	No		$53.20	$24.10	$21.70
Columbia	Kaiser Permanente	Kaiser Permanente Senior Advantage Basic (HMO)	H9003	006	HMO	No		$39.00	$0.00	$0.00
Columbia	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Columbia	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Columbia	Providence Health Plans	Providence Medicare Extra + RX (HMO)	H9047	001	HMO	No		$95.50	$37.50	$0.00
Columbia	Providence Health Plans	Providence Medicare Extra Part B Only + RX (HMO)	H9047	013	HMO	No		$392.40	$49.30	$22.10

Columbia	Providence Health Plans	Providence Medicare Choice + RX (HMO-POS)	H9047	024	HMOPOS	No		$22.40	$29.60	$0.00
Columbia	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Columbia	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Columbia	CareOregon Advantage	CareOregon Advantage Plus (HMO-POS SNP)	H5859	001	HMOPOS	Yes	Dual-Eligible	$0.00	$37.50	$0.00
Coos	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Coos	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Coos	PacificSource Medicare	PacificSource Medicare Essentials Rx 19 (HMO)	H3864	019	HMO	No		$25.60	$29.40	$0.00
Coos	PacificSource Medicare	PacificSource Medicare Explorer Rx 7 (PPO)	H4754	007	Local PPO	No		$45.40	$34.60	$0.00
Coos	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Coos	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Crook	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Crook	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Crook	PacificSource Medicare	PacificSource Medicare Essentials Rx 6 (HMO)	H3864	006	HMO	No		$68.40	$30.60	$0.00
Crook	PacificSource Medicare	PacificSource Medicare Essentials Rx 14 (HMO)	H3864	014	HMO	No		$20.50	$34.50	$0.00
Crook	PacificSource Medicare	PacificSource Medicare Explorer Rx 1 (PPO)	H4754	001	Local PPO	No		$42.10	$36.90	$0.00
Curry	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Curry	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80

Curry	PacificSource Medicare	PacificSource Medicare Essentials Rx 19 (HMO)	H3864	019	HMO	No		$25.60	$29.40	$0.00
Curry	PacificSource Medicare	PacificSource Medicare Explorer Rx 7 (PPO)	H4754	007	Local PPO	No		$45.40	$34.60	$0.00
Curry	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Curry	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Deschutes	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Deschutes	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Deschutes	PacificSource Medicare	PacificSource Medicare Essentials Rx 6 (HMO)	H3864	006	HMO	No		$68.40	$30.60	$0.00
Deschutes	PacificSource Medicare	PacificSource Medicare Essentials Rx 14 (HMO)	H3864	014	HMO	No		$20.50	$34.50	$0.00
Deschutes	PacificSource Medicare	PacificSource Medicare Explorer Rx 1 (PPO)	H4754	001	Local PPO	No		$42.10	$36.90	$0.00
Douglas	ATRIO Health Plans	ATRIO Silver Rx (PPO)	H6743	003	Local PPO	No		$57.40	$21.90	$17.70
Douglas	ATRIO Health Plans	ATRIO Gold Rx (PPO)	H6743	004	Local PPO	No		$108.80	$24.00	$19.20
Douglas	ATRIO Health Plans	ATRIO Platinum Rx (PPO)	H6743	005	Local PPO	No		$131.60	$34.20	$26.20
Douglas	ATRIO Health Plans	ATRIO Bronze Rx (Umpqua) (PPO)	H6743	007	Local PPO	No		$0.00	$0.00	$0.00
Douglas	CareSource	CareSource Gold Plus Rx (HMO)	H3810	003	HMO	No		$113.30	$24.90	$0.00
Douglas	CareSource	CareSource Platinum Plus Rx (HMO-POS)	H3810	005	HMOPOS	No		$168.60	$33.60	$19.70
Douglas	CareSource	CareSource Silver Plus Rx (HMO)	H3810	007	HMO	No		$52.60	$30.90	$0.00
Douglas	CareSource	CareSource Bronze Rx (HMO)	H3810	019	HMO	No		$0.00	$37.40	$0.00
Douglas	Health Net Life Insurance Company	Health Net Violet Option 1 (PPO)	H5520	004	Local PPO	No		$81.90	$13.10	$0.00
Douglas	Health Net Life Insurance Company	Health Net Violet Option 2 (PPO)	H5520	006	Local PPO	No		$0.00	$0.00	$0.00

Douglas	Health Net Life Insurance Company	Health Net Healthy Heart (PPO)	H5520	010	Local PPO	No		$120.70	$18.30	$0.00
Douglas	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Douglas	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Douglas	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Douglas	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Douglas	ATRIO Health Plans	ATRIO Special Needs Plan (HMO SNP)	H3814	007	HMO	Yes	Dual-Eligible	$0.00	$37.50	$0.00
Douglas	CareSource	CareSource - SNP (HMO SNP)	H3810	002	HMO	Yes	Dual-Eligible	$0.00	$37.40	$0.00
Gilliam	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Gilliam	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Grant	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Grant	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Grant	PacificSource Medicare	PacificSource Medicare Essentials Rx 6 (HMO)	H3864	006	HMO	No		$68.40	$30.60	$0.00
Grant	PacificSource Medicare	PacificSource Medicare Essentials Rx 14 (HMO)	H3864	014	HMO	No		$20.50	$34.50	$0.00
Grant	PacificSource Medicare	PacificSource Medicare Explorer Rx 1 (PPO)	H4754	001	Local PPO	No		$42.10	$36.90	$0.00
Harney	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Harney	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Hood River	Health Net Life Insurance Company	Health Net Violet Option 1 (PPO)	H5520	002	Local PPO	No		$72.00	$27.00	$0.00

Hood River	Health Net Life Insurance Company	Health Net Violet Option 2 (PPO)	H5520	005	Local PPO	No		$0.00	$0.00	$0.00
Hood River	Health Net Life Insurance Company	Health Net Healthy Heart (PPO)	H5520	009	Local PPO	No		$123.80	$35.20	$0.00
Hood River	Humana Insurance Company	Humana Prime Choice H6609-067 (PPO)	H6609	067	Local PPO	No		$38.40	$23.60	$0.00
Hood River	Humana Insurance Company	Humana Prime Choice H6609-073 (PPO)	H6609	073	Local PPO	No		$174.20	$27.80	$0.00
Hood River	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Hood River	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Hood River	PacificSource Medicare	PacificSource Medicare Essentials Rx 6 (HMO)	H3864	006	HMO	No		$68.40	$30.60	$0.00
Hood River	PacificSource Medicare	PacificSource Medicare Essentials Rx 14 (HMO)	H3864	014	HMO	No		$20.50	$34.50	$0.00
Hood River	PacificSource Medicare	PacificSource Medicare Explorer Rx 1 (PPO)	H4754	001	Local PPO	No		$42.10	$36.90	$0.00
Hood River	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Hood River	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Jackson	CareOregon Advantage	CareOregon Advantage Star (HMO-POS)	H5859	003	HMOPOS	No		$0.00	$37.50	$0.00
Jackson	CareSource	CareSource Gold Plus Rx (HMO)	H3810	003	HMO	No		$113.30	$24.90	$0.00
Jackson	CareSource	CareSource Platinum Plus Rx (HMO-POS)	H3810	005	HMOPOS	No		$168.60	$33.60	$19.70
Jackson	CareSource	CareSource Silver Plus Rx (HMO)	H3810	007	HMO	No		$52.60	$30.90	$0.00
Jackson	CareSource	CareSource Bronze Rx (HMO)	H3810	019	HMO	No		$0.00	$37.40	$0.00
Jackson	Health Net Life Insurance Company	Health Net Violet Option 1 (PPO)	H5520	004	Local PPO	No		$81.90	$13.10	$0.00
Jackson	Health Net Life Insurance Company	Health Net Violet Option 2 (PPO)	H5520	006	Local PPO	No		$0.00	$0.00	$0.00

Jackson	Health Net Life Insurance Company	Health Net Healthy Heart (PPO)	H5520	010	Local PPO	No		$120.70	$18.30	$0.00
Jackson	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Jackson	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Jackson	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Jackson	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Jackson	CareOregon Advantage	CareOregon Advantage Plus (HMO-POS SNP)	H5859	001	HMOPOS	Yes	Dual-Eligible	$0.00	$37.50	$0.00
Jefferson	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Jefferson	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Jefferson	PacificSource Medicare	PacificSource Medicare Essentials Rx 6 (HMO)	H3864	006	HMO	No		$68.40	$30.60	$0.00
Jefferson	PacificSource Medicare	PacificSource Medicare Essentials Rx 14 (HMO)	H3864	014	HMO	No		$20.50	$34.50	$0.00
Jefferson	PacificSource Medicare	PacificSource Medicare Explorer Rx 1 (PPO)	H4754	001	Local PPO	No		$42.10	$36.90	$0.00
Josephine	CareOregon Advantage	CareOregon Advantage Star (HMO-POS)	H5859	003	HMOPOS	No		$0.00	$37.50	$0.00
Josephine	CareSource	CareSource Gold Plus Rx (HMO)	H3810	003	HMO	No		$113.30	$24.90	$0.00
Josephine	CareSource	CareSource Platinum Plus Rx (HMO-POS)	H3810	005	HMOPOS	No		$168.60	$33.60	$19.70
Josephine	CareSource	CareSource Silver Plus Rx (HMO)	H3810	007	HMO	No		$52.60	$30.90	$0.00
Josephine	CareSource	CareSource Bronze Rx (HMO)	H3810	019	HMO	No		$0.00	$37.40	$0.00
Josephine	Health Net Life Insurance Company	Health Net Violet Option 1 (PPO)	H5520	004	Local PPO	No		$81.90	$13.10	$0.00

Josephine	Health Net Life Insurance Company	Health Net Violet Option 2 (PPO)	H5520	006	Local PPO	No		$0.00	$0.00	$0.00
Josephine	Health Net Life Insurance Company	Health Net Healthy Heart (PPO)	H5520	010	Local PPO	No		$120.70	$18.30	$0.00
Josephine	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Josephine	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Josephine	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Josephine	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Josephine	CareOregon Advantage	CareOregon Advantage Plus (HMO-POS SNP)	H5859	001	HMOPOS	Yes	Dual-Eligible	$0.00	$37.50	$0.00
Josephine	CareSource	CareSource - SNP (HMO SNP)	H3810	002	HMO	Yes	Dual-Eligible	$0.00	$37.40	$0.00
Klamath	ATRIO Health Plans	ATRIO Bronze Rx (Basin) (PPO)	H6743	001	Local PPO	No		$14.40	$5.60	$0.00
Klamath	ATRIO Health Plans	ATRIO Silver Rx (PPO)	H6743	003	Local PPO	No		$57.40	$21.90	$17.70
Klamath	ATRIO Health Plans	ATRIO Gold Rx (PPO)	H6743	004	Local PPO	No		$108.80	$24.00	$19.20
Klamath	ATRIO Health Plans	ATRIO Platinum Rx (PPO)	H6743	005	Local PPO	No		$131.60	$34.20	$26.20
Klamath	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Klamath	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Klamath	PacificSource Medicare	PacificSource Medicare Essentials Rx 6 (HMO)	H3864	006	HMO	No		$68.40	$30.60	$0.00
Klamath	PacificSource Medicare	PacificSource Medicare Essentials Rx 14 (HMO)	H3864	014	HMO	No		$20.50	$34.50	$0.00
Klamath	PacificSource Medicare	PacificSource Medicare Explorer Rx 1 (PPO)	H4754	001	Local PPO	No		$42.10	$36.90	$0.00
Klamath	ATRIO Health Plans	ATRIO Special Needs Plan (HMO SNP)	H3814	007	HMO	Yes	Dual-Eligible	$0.00	$37.50	$0.00
Lake	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Lake	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80

Lake	PacificSource Medicare	PacificSource Medicare Essentials Rx 6 (HMO)	H3864	006	HMO	No		$68.40	$30.60	$0.00
Lake	PacificSource Medicare	PacificSource Medicare Essentials Rx 14 (HMO)	H3864	014	HMO	No		$20.50	$34.50	$0.00
Lake	PacificSource Medicare	PacificSource Medicare Explorer Rx 1 (PPO)	H4754	001	Local PPO	No		$42.10	$36.90	$0.00
Lane	Health Net Life Insurance Company	Health Net Violet Option 1 (PPO)	H5520	002	Local PPO	No		$72.00	$27.00	$0.00
Lane	Health Net Life Insurance Company	Health Net Violet Option 2 (PPO)	H5520	005	Local PPO	No		$0.00	$0.00	$0.00
Lane	Health Net Life Insurance Company	Health Net Healthy Heart (PPO)	H5520	009	Local PPO	No		$123.80	$35.20	$0.00
Lane	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Lane	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Lane	PacificSource Medicare	PacificSource Medicare Essentials Rx 15 (HMO)	H3864	015	HMO	No		$0.00	$0.00	$0.00
Lane	PacificSource Medicare	PacificSource Medicare Explorer Rx 4 (PPO)	H4754	004	Local PPO	No		$33.70	$39.30	$1.80
Lane	Providence Health Plans	Providence Medicare Extra + RX (HMO)	H9047	001	HMO	No		$95.50	$37.50	$0.00
Lane	Providence Health Plans	Providence Medicare Extra Part B Only + RX (HMO)	H9047	013	HMO	No		$392.40	$49.30	$22.10
Lane	Providence Health Plans	Providence Medicare Choice + RX (HMO-POS)	H9047	024	HMOPOS	No		$22.40	$29.60	$0.00
Lane	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Lane	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Lane	Trillium Advantage	Trillium Advantage Rx Smart (HMO)	H2174	008	HMO	No		$6.70	$42.30	$4.80
Lane	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	H3805	007	HMO	No		$38.70	$10.30	$0.00
Lane	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	H3812	001	Local PPO	No		$0.00	$0.00	$0.00

Lane	Trillium Advantage	Trillium Advantage TLC ISNP (HMO SNP)	H2174	003	HMO	Yes	Institutional	$0.00	$34.00	$0.00
Lane	Trillium Advantage	Trillium Advantage TLC Community ISNP (HMO SNP)	H2174	005	HMO	Yes	Institutional	$0.00	$34.00	$0.00
Lane	Trillium Advantage	Trillium Advantage Dual (HMO SNP)	H2174	001	HMO	Yes	Dual-Eligible	$0.00	$33.50	$0.00
Lane	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	H3812	005	Local PPO	Yes	Institutional	$0.00	$37.50	$0.00
Lincoln	Humana Insurance Company	Humana Prime Choice H6609-068 (PPO)	H6609	068	Local PPO	No		$31.90	$17.40	$12.70
Lincoln	Humana Insurance Company	Humana Prime Choice H6609-073 (PPO)	H6609	073	Local PPO	No		$174.20	$27.80	$0.00
Lincoln	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Lincoln	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Lincoln	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Lincoln	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Lincoln	Samaritan Advantage Health Plan	Samaritan Advantage Premier Plan (HMO)	H3811	002	HMO	No		$79.20	$25.80	$0.00
Lincoln	Samaritan Advantage Health Plan	Samaritan Advantage Premier Plan Plus (HMO)	H3811	009	HMO	No		$78.30	$32.30	$24.40
Lincoln	Samaritan Advantage Health Plan	Samaritan Advantage Special Needs Plan (HMO SNP)	H3811	003	HMO	Yes	Dual-Eligible	$0.00	$37.40	$0.00
Linn	Health Net Life Insurance Company	Health Net Violet Option 1 (PPO)	H5520	002	Local PPO	No		$72.00	$27.00	$0.00
Linn	Health Net Life Insurance Company	Health Net Violet Option 2 (PPO)	H5520	005	Local PPO	No		$0.00	$0.00	$0.00
Linn	Health Net Life Insurance Company	Health Net Healthy Heart (PPO)	H5520	009	Local PPO	No		$123.80	$35.20	$0.00
Linn	Humana Insurance Company	Humana Prime Choice H6609-068 (PPO)	H6609	068	Local PPO	No		$31.90	$17.40	$12.70
Linn	Humana Insurance Company	Humana Prime Choice H6609-073 (PPO)	H6609	073	Local PPO	No		$174.20	$27.80	$0.00

Linn	Kaiser Permanente	Kaiser Permanente Senior Advantage (HMO)	H9003	001	HMO	No		$53.20	$24.10	$21.70
Linn	Kaiser Permanente	Kaiser Permanente Senior Advantage Basic (HMO)	H9003	006	HMO	No		$39.00	$0.00	$0.00
Linn	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Linn	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Linn	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Linn	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Linn	Samaritan Advantage Health Plan	Samaritan Advantage Premier Plan (HMO)	H3811	002	HMO	No		$79.20	$25.80	$0.00
Linn	Samaritan Advantage Health Plan	Samaritan Advantage Premier Plan Plus (HMO)	H3811	009	HMO	No		$78.30	$32.30	$24.40
Linn	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	H3805	007	HMO	No		$38.70	$10.30	$0.00
Linn	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	H3805	013	HMO	No		$0.00	$0.00	$0.00
Linn	Samaritan Advantage Health Plan	Samaritan Advantage Special Needs Plan (HMO SNP)	H3811	003	HMO	Yes	Dual-Eligible	$0.00	$37.40	$0.00
Malheur	Humana Insurance Company	Humana Prime Choice H6609-009 (PPO)	H6609	009	Local PPO	No		$39.00	$3.00	$0.00
Malheur	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Malheur	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Marion	ATRIO Health Plans	ATRIO Gold Rx (Willamette) (PPO)	H7006	001	Local PPO	No		$84.00	$28.70	$0.00
Marion	ATRIO Health Plans	ATRIO Silver Rx (Willamette) (PPO)	H7006	003	Local PPO	No		$49.40	$31.60	$0.00
Marion	CareOregon Advantage	CareOregon Advantage Star (HMO-POS)	H5859	003	HMOPOS	No		$0.00	$37.50	$0.00
Marion	Health Net Health Plan of Oregon, Inc.	Health Net Ruby (HMO)	H6815	001	HMO	No		$6.80	$16.20	$0.00

Marion	Health Net Life Insurance Company	Health Net Violet Option 1 (PPO)	H5520	002	Local PPO	No		$72.00	$27.00	$0.00
Marion	Health Net Life Insurance Company	Health Net Violet Option 2 (PPO)	H5520	005	Local PPO	No		$0.00	$0.00	$0.00
Marion	Health Net Life Insurance Company	Health Net Healthy Heart (PPO)	H5520	009	Local PPO	No		$123.80	$35.20	$0.00
Marion	Kaiser Permanente	Kaiser Permanente Senior Advantage (HMO)	H9003	001	HMO	No		$53.20	$24.10	$21.70
Marion	Kaiser Permanente	Kaiser Permanente Senior Advantage Basic (HMO)	H9003	006	HMO	No		$39.00	$0.00	$0.00
Marion	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Marion	ODS Health Plan, Inc.	Salem Health Medicare, powered by ODS (PPO)	H3813	004	Local PPO	No		$6.40	$63.60	$26.10
Marion	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Marion	Providence Health Plans	Providence Medicare Open + RX (PPO)	H5016	001	Local PPO	No		$118.60	$54.90	$31.90
Marion	Providence Health Plans	Providence Medicare Extra + RX (HMO)	H9047	001	HMO	No		$95.50	$37.50	$0.00
Marion	Providence Health Plans	Providence Medicare Extra Part B Only + RX (HMO)	H9047	013	HMO	No		$392.40	$49.30	$22.10
Marion	Providence Health Plans	Providence Medicare Choice + RX (HMO-POS)	H9047	024	HMOPOS	No		$22.40	$29.60	$0.00
Marion	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Marion	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Marion	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	H3805	001	HMO	No		$47.50	$7.50	$0.00
Marion	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	H3805	012	HMO	No		$0.00	$0.00	$0.00
Marion	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	H3812	001	Local PPO	No		$0.00	$0.00	$0.00
Marion	ATRIO Health Plans	ATRIO Special Needs Plan (Willamette) (HMO SNP)	H5995	001	HMO	Yes	Dual-Eligible	$0.00	$37.40	$0.00

Marion	CareOregon Advantage	CareOregon Advantage Plus (HMO-POS SNP)	H5859	001	HMOPOS	Yes	Dual-Eligible	$0.00	$37.50	$0.00
Marion	Health Net Health Plan of Oregon, Inc.	Health Net Jade (HMO SNP)	H6815	002	HMO	Yes	Chronic or Disabling Condition	$0.00	$0.00	$0.00
Morrow	FamilyCare Health Plans, Inc.	MyPlan A (HMO)	H3818	003	HMO	No		$38.40	$35.60	$0.00
Morrow	FamilyCare Health Plans, Inc.	MyPlan E (HMO)	H3818	014	HMO	No		$94.20	$34.50	$7.30
Morrow	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Morrow	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Morrow	FamilyCare Health Plans, Inc.	MyPlan C (HMO SNP)	H3818	002	HMO	Yes	Dual-Eligible	$0.00	$37.50	$0.00
Multnomah	CareOregon Advantage	CareOregon Advantage Star (HMO-POS)	H5859	003	HMOPOS	No		$0.00	$37.50	$0.00
Multnomah	FamilyCare Health Plans, Inc.	MyPlan A (HMO)	H3818	003	HMO	No		$38.40	$35.60	$0.00
Multnomah	FamilyCare Health Plans, Inc.	MyPlan E (HMO)	H3818	014	HMO	No		$94.20	$34.50	$7.30
Multnomah	Health Net Health Plan of Oregon, Inc.	Health Net Ruby (HMO)	H6815	001	HMO	No		$6.80	$16.20	$0.00
Multnomah	Health Net Life Insurance Company	Health Net Violet Option 1 (PPO)	H5520	002	Local PPO	No		$72.00	$27.00	$0.00
Multnomah	Health Net Life Insurance Company	Health Net Violet Option 2 (PPO)	H5520	005	Local PPO	No		$0.00	$0.00	$0.00
Multnomah	Health Net Life Insurance Company	Health Net Healthy Heart (PPO)	H5520	009	Local PPO	No		$123.80	$35.20	$0.00
Multnomah	Humana Insurance Company	Humana Prime Choice H6609-067 (PPO)	H6609	067	Local PPO	No		$38.40	$23.60	$0.00
Multnomah	Humana Insurance Company	Humana Gold Choice H8145-093 (PFFS)	H8145	093	PFFS	No		$37.90	$25.90	$6.20
Multnomah	Humana Medical Plan, Inc.	Humana Gold Plus H1036-149 (HMO-POS)	H1036	149	HMOPOS	No		$28.00	$0.00	$0.00
Multnomah	Humana Medical Plan, Inc.	Humana Gold Plus H1036-153 (HMO)	H1036	153	HMO	No		$0.00	$0.00	$0.00

Multnomah	Kaiser Permanente	Kaiser Permanente Senior Advantage (HMO)	H9003	001	HMO	No		$53.20	$24.10	$21.70
Multnomah	Kaiser Permanente	Kaiser Permanente Senior Advantage Basic (HMO)	H9003	006	HMO	No		$39.00	$0.00	$0.00
Multnomah	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Multnomah	ODS Health Plan, Inc.	Legacy Health Medicare, powered by ODS (PPO)	H3813	005	Local PPO	No		$0.00	$63.00	$25.50
Multnomah	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Multnomah	Providence ElderPlace Portland	Providence ElderPlace Portland (dual) (PACE)	H3809	001	National PACE	No			$120.10	$82.60
Multnomah	Providence ElderPlace Portland	Providence ElderPlace Portland (pvt pay) (PACE)	H3809	002	National PACE	No			$88.70	$422.80
Multnomah	Providence Health Plans	Providence Medicare Open + RX (PPO)	H5016	001	Local PPO	No		$118.60	$54.90	$31.90
Multnomah	Providence Health Plans	Providence Medicare Extra + RX (HMO)	H9047	001	HMO	No		$95.50	$37.50	$0.00
Multnomah	Providence Health Plans	Providence Medicare Extra Part B Only + RX (HMO)	H9047	013	HMO	No		$392.40	$49.30	$22.10
Multnomah	Providence Health Plans	Providence Medicare Choice + RX (HMO-POS)	H9047	024	HMOPOS	No		$22.40	$29.60	$0.00
Multnomah	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Multnomah	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Multnomah	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	H3805	001	HMO	No		$47.50	$7.50	$0.00
Multnomah	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	H3805	012	HMO	No		$0.00	$0.00	$0.00
Multnomah	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	H3812	001	Local PPO	No		$0.00	$0.00	$0.00
Multnomah	CareOregon Advantage	CareOregon Advantage Plus (HMO-POS SNP)	H5859	001	HMOPOS	Yes	Dual-Eligible	$0.00	$37.50	$0.00
Multnomah	FamilyCare Health Plans, Inc.	MyPlan C (HMO SNP)	H3818	002	HMO	Yes	Dual-Eligible	$0.00	$37.50	$0.00

Multnomah	Health Net Health Plan of Oregon, Inc.	Health Net Jade (HMO SNP)	H6815	002	HMO	Yes	Chronic or Disabling Condition	$0.00	$0.00	$0.00
Multnomah	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	H3812	005	Local PPO	Yes	Institutional	$0.00	$37.50	$0.00
Polk	ATRIO Health Plans	ATRIO Gold Rx (Willamette) (PPO)	H7006	001	Local PPO	No		$84.00	$28.70	$0.00
Polk	ATRIO Health Plans	ATRIO Silver Rx (Willamette) (PPO)	H7006	003	Local PPO	No		$49.40	$31.60	$0.00
Polk	CareOregon Advantage	CareOregon Advantage Star (HMO-POS)	H5859	003	HMOPOS	No		$0.00	$37.50	$0.00
Polk	Health Net Health Plan of Oregon, Inc.	Health Net Ruby (HMO)	H6815	001	HMO	No		$6.80	$16.20	$0.00
Polk	Health Net Life Insurance Company	Health Net Violet Option 1 (PPO)	H5520	002	Local PPO	No		$72.00	$27.00	$0.00
Polk	Health Net Life Insurance Company	Health Net Violet Option 2 (PPO)	H5520	005	Local PPO	No		$0.00	$0.00	$0.00
Polk	Health Net Life Insurance Company	Health Net Healthy Heart (PPO)	H5520	009	Local PPO	No		$123.80	$35.20	$0.00
Polk	Humana Insurance Company	Humana Prime Choice H6609-068 (PPO)	H6609	068	Local PPO	No		$31.90	$17.40	$12.70
Polk	Humana Insurance Company	Humana Prime Choice H6609-073 (PPO)	H6609	073	Local PPO	No		$174.20	$27.80	$0.00
Polk	Kaiser Permanente	Kaiser Permanente Senior Advantage (HMO)	H9003	001	HMO	No		$53.20	$24.10	$21.70
Polk	Kaiser Permanente	Kaiser Permanente Senior Advantage Basic (HMO)	H9003	006	HMO	No		$39.00	$0.00	$0.00
Polk	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Polk	ODS Health Plan, Inc.	Salem Health Medicare, powered by ODS (PPO)	H3813	004	Local PPO	No		$6.40	$63.60	$26.10
Polk	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80

Polk	Providence Health Plans	Providence Medicare Open + RX (PPO)	H5016	001	Local PPO	No		$118.60	$54.90	$31.90
Polk	Providence Health Plans	Providence Medicare Extra + RX (HMO)	H9047	001	HMO	No		$95.50	$37.50	$0.00
Polk	Providence Health Plans	Providence Medicare Extra Part B Only + RX (HMO)	H9047	013	HMO	No		$392.40	$49.30	$22.10
Polk	Providence Health Plans	Providence Medicare Choice + RX (HMO-POS)	H9047	024	HMOPOS	No		$22.40	$29.60	$0.00
Polk	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Polk	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Polk	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	H3805	001	HMO	No		$47.50	$7.50	$0.00
Polk	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	H3805	012	HMO	No		$0.00	$0.00	$0.00
Polk	ATRIO Health Plans	ATRIO Special Needs Plan (Willamette) (HMO SNP)	H5995	001	HMO	Yes	Dual-Eligible	$0.00	$37.40	$0.00
Polk	CareOregon Advantage	CareOregon Advantage Plus (HMO-POS SNP)	H5859	001	HMOPOS	Yes	Dual-Eligible	$0.00	$37.50	$0.00
Polk	Health Net Health Plan of Oregon, Inc.	Health Net Jade (HMO SNP)	H6815	002	HMO	Yes	Chronic or Disabling Condition	$0.00	$0.00	$0.00
Sherman	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Sherman	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Sherman	PacificSource Medicare	PacificSource Medicare Essentials Rx 6 (HMO)	H3864	006	HMO	No		$68.40	$30.60	$0.00
Sherman	PacificSource Medicare	PacificSource Medicare Essentials Rx 14 (HMO)	H3864	014	HMO	No		$20.50	$34.50	$0.00
Sherman	PacificSource Medicare	PacificSource Medicare Explorer Rx 1 (PPO)	H4754	001	Local PPO	No		$42.10	$36.90	$0.00
Tillamook	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Tillamook	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80

Tillamook	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Tillamook	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Umatilla	FamilyCare Health Plans, Inc.	MyPlan A (HMO)	H3818	003	HMO	No		$38.40	$35.60	$0.00
Umatilla	FamilyCare Health Plans, Inc.	MyPlan E (HMO)	H3818	014	HMO	No		$94.20	$34.50	$7.30
Umatilla	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Umatilla	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Umatilla	FamilyCare Health Plans, Inc.	MyPlan C (HMO SNP)	H3818	002	HMO	Yes	Dual-Eligible	$0.00	$37.50	$0.00
Union	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Union	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Wallowa	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Wallowa	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Wasco	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Wasco	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Wasco	PacificSource Medicare	PacificSource Medicare Essentials Rx 6 (HMO)	H3864	006	HMO	No		$68.40	$30.60	$0.00
Wasco	PacificSource Medicare	PacificSource Medicare Essentials Rx 14 (HMO)	H3864	014	HMO	No		$20.50	$34.50	$0.00
Wasco	PacificSource Medicare	PacificSource Medicare Explorer Rx 1 (PPO)	H4754	001	Local PPO	No		$42.10	$36.90	$0.00
Wasco	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Wasco	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Washington	CareOregon Advantage	CareOregon Advantage Star (HMO-POS)	H5859	003	HMOPOS	No		$0.00	$37.50	$0.00
Washington	FamilyCare Health Plans, Inc.	MyPlan A (HMO)	H3818	003	HMO	No		$38.40	$35.60	$0.00
Washington	FamilyCare Health Plans, Inc.	MyPlan E (HMO)	H3818	014	HMO	No		$94.20	$34.50	$7.30

Washington	Health Net Health Plan of Oregon, Inc.	Health Net Ruby (HMO)	H6815	001	HMO	No		$6.80	$16.20	$0.00
Washington	Health Net Life Insurance Company	Health Net Violet Option 1 (PPO)	H5520	002	Local PPO	No		$72.00	$27.00	$0.00
Washington	Health Net Life Insurance Company	Health Net Violet Option 2 (PPO)	H5520	005	Local PPO	No		$0.00	$0.00	$0.00
Washington	Health Net Life Insurance Company	Health Net Healthy Heart (PPO)	H5520	009	Local PPO	No		$123.80	$35.20	$0.00
Washington	Humana Insurance Company	Humana Prime Choice H6609-067 (PPO)	H6609	067	Local PPO	No		$38.40	$23.60	$0.00
Washington	Humana Insurance Company	Humana Gold Choice H8145-093 (PFFS)	H8145	093	PFFS	No		$37.90	$25.90	$6.20
Washington	Humana Medical Plan, Inc.	Humana Gold Plus H1036-149 (HMO-POS)	H1036	149	HMOPOS	No		$28.00	$0.00	$0.00
Washington	Humana Medical Plan, Inc.	Humana Gold Plus H1036-153 (HMO)	H1036	153	HMO	No		$0.00	$0.00	$0.00
Washington	Kaiser Permanente	Kaiser Permanente Senior Advantage (HMO)	H9003	001	HMO	No		$53.20	$24.10	$21.70
Washington	Kaiser Permanente	Kaiser Permanente Senior Advantage Basic (HMO)	H9003	006	HMO	No		$39.00	$0.00	$0.00
Washington	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Washington	ODS Health Plan, Inc.	Legacy Health Medicare, powered by ODS (PPO)	H3813	005	Local PPO	No		$0.00	$63.00	$25.50
Washington	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Washington	Providence Health Plans	Providence Medicare Open + RX (PPO)	H5016	001	Local PPO	No		$118.60	$54.90	$31.90
Washington	Providence Health Plans	Providence Medicare Extra + RX (HMO)	H9047	001	HMO	No		$95.50	$37.50	$0.00
Washington	Providence Health Plans	Providence Medicare Extra Part B Only + RX (HMO)	H9047	013	HMO	No		$392.40	$49.30	$22.10
Washington	Providence Health Plans	Providence Medicare Choice + RX (HMO-POS)	H9047	024	HMOPOS	No		$22.40	$29.60	$0.00

Washington	Regence BlueCross BlueShield of Oregon		H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Washington	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Washington	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	H3805	001	HMO	No		$47.50	$7.50	$0.00
Washington	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	H3805	012	HMO	No		$0.00	$0.00	$0.00
Washington	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	H3812	001	Local PPO	No		$0.00	$0.00	$0.00
Washington	CareOregon Advantage	CareOregon Advantage Plus (HMO-POS SNP)	H5859	001	HMOPOS	Yes	Dual-Eligible	$0.00	$37.50	$0.00
Washington	FamilyCare Health Plans, Inc.	MyPlan C (HMO SNP)	H3818	002	HMO	Yes	Dual-Eligible	$0.00	$37.50	$0.00
Washington	Health Net Health Plan of Oregon, Inc.	Health Net Jade (HMO SNP)	H6815	002	HMO	Yes	Chronic or Disabling Condition	$0.00	$0.00	$0.00
Washington	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	H3812	005	Local PPO	Yes	Institutional	$0.00	$37.50	$0.00
Wheeler	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Wheeler	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Wheeler	PacificSource Medicare	PacificSource Medicare Essentials Rx 6 (HMO)	H3864	006	HMO	No		$68.40	$30.60	$0.00
Wheeler	PacificSource Medicare	PacificSource Medicare Essentials Rx 14 (HMO)	H3864	014	HMO	No		$20.50	$34.50	$0.00
Wheeler	PacificSource Medicare	PacificSource Medicare Explorer Rx 1 (PPO)	H4754	001	Local PPO	No		$42.10	$36.90	$0.00
Yamhill	Health Net Health Plan of Oregon, Inc.	Health Net Ruby (HMO)	H6815	001	HMO	No		$6.80	$16.20	$0.00
Yamhill	Health Net Life Insurance Company	Health Net Violet Option 1 (PPO)	H5520	002	Local PPO	No		$72.00	$27.00	$0.00
Yamhill	Health Net Life Insurance Company	Health Net Violet Option 2 (PPO)	H5520	005	Local PPO	No		$0.00	$0.00	$0.00

Yamhill	Health Net Life Insurance Company	Health Net Healthy Heart (PPO)	H5520	009	Local PPO	No		$123.80	$35.20	$0.00
Yamhill	Kaiser Permanente	Kaiser Permanente Senior Advantage (HMO)	H9003	001	HMO	No		$53.20	$24.10	$21.70
Yamhill	Kaiser Permanente	Kaiser Permanente Senior Advantage Basic (HMO)	H9003	006	HMO	No		$39.00	$0.00	$0.00
Yamhill	ODS Health Plan, Inc.	ODS Advantage PPORX Select (PPO)	H3813	003	Local PPO	No		$72.70	$66.30	$28.80
Yamhill	ODS Health Plan, Inc.	ODS Advantage PPORX (PPO)	H3813	006	Local PPO	No		$1.70	$66.30	$28.80
Yamhill	Providence Health Plans	Providence Medicare Open + RX (PPO)	H5016	001	Local PPO	No		$118.60	$54.90	$31.90
Yamhill	Providence Health Plans	Providence Medicare Extra + RX (HMO)	H9047	001	HMO	No		$95.50	$37.50	$0.00
Yamhill	Providence Health Plans	Providence Medicare Extra Part B Only + RX (HMO)	H9047	013	HMO	No		$392.40	$49.30	$22.10
Yamhill	Providence Health Plans	Providence Medicare Choice + RX (HMO-POS)	H9047	024	HMOPOS	No		$22.40	$29.60	$0.00
Yamhill	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Classic (PPO)	H3817	002	Local PPO	No		$21.70	$31.30	$0.00
Yamhill	Regence BlueCross BlueShield of Oregon	Regence MedAdvantage + Rx Enhanced (PPO)	H3817	003	Local PPO	No		$86.90	$33.80	$22.30
Yamhill	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	H3812	001	Local PPO	No		$0.00	$0.00	$0.00
Yamhill	Health Net Health Plan of Oregon, Inc.	Health Net Jade (HMO SNP)	H6815	002	HMO	Yes	Chronic or Disabling Condition	$0.00	$0.00	$0.00

County	Coordinated Care Affiliated Plan	Medicare Advantage Organization Name	Medicare Advantage Plan Name	Contract ID	Plan ID	Organization Type	Plan Type	Special Needs Plan	Part D Premium Obligation with Full Premium Assistance
Benton	InterCommunity Health Network CCO	Samaritan Advantage Health Plan	Samaritan Advantage Premier Plan (HMO)	H3811	2	Local CCP	HMO	No	$0.00
Benton	InterCommunity Health Network CCO	Samaritan Advantage Health Plan	Samaritan Advantage Special Needs Plan (HMO SNP)	H3811	3	Local CCP	HMO	Yes	$0.00
Benton	InterCommunity Health Network CCO	Samaritan Advantage Health Plan	Samaritan Advantage Premier Plan Plus (HMO)	H3811	9	Local CCP	HMO	No	$24.40
Clackamas	Family Care Inc. CCO	FamilyCare Health Plans, Inc.	MyPlan C (HMO SNP)	H3818	2	Local CCP	HMO	Yes	$0.00
Clackamas	Family Care Inc. CCO	FamilyCare Health Plans, Inc.	MyPlan A (HMO)	H3818	3	Local CCP	HMO	No	$0.00
Clackamas	Family Care Inc. CCO	FamilyCare Health Plans, Inc.	MyPlan E (HMO)	H3818	14	Local CCP	HMO	No	$7.30
Clackamas	Health Share Of Oregon CCO	CareOregon Advantage	CareOregon Advantage Plus (HMO-POS SNP)	H5859	1	Local CCP	HMOPOS	Yes	$0.00
Clackamas	Health Share Of Oregon CCO	CareOregon Advantage	CareOregon Advantage Star (HMO-POS)	H5859	3	Local CCP	HMOPOS	No	$0.00
Clackamas	Health Share Of Oregon CCO	Kaiser Permanente	Kaiser Permanente Senior Advantage (HMO)	H9003	1	Local CCP	HMO	No	$21.70
Clackamas	Health Share Of Oregon CCO	Kaiser Permanente	Kaiser Permanente Senior Advantage Basic (HMO)	H9003	6	Local CCP	HMO	No	$0.00
Clackamas	Health Share Of Oregon CCO	Providence Health Plans	Providence Medicare Open + RX (PPO)	H5016	1	Local CCP	Local PPO	No	$31.90

Clackamas	Health Share Of Oregon CCO	Providence Health Plans	Providence Medicare Extra + RX (HMO)	H9047	1	Local CCP	HMO	No	$0.00
Clackamas	Health Share Of Oregon CCO	Providence Health Plans	Providence Medicare Extra Part B Only + RX (HMO)	H9047	13	Local CCP	HMO	No	$22.10
Clackamas	Health Share Of Oregon CCO	Providence Health Plans	Providence Medicare Choice + RX (HMO-POS)	H9047	24	Local CCP	HMOPOS	No	$0.00
Clatsop	Columbia Pacific CCO	CareOregon Advantage	CareOregon Advantage Plus (HMO-POS SNP)	H5859	1	Local CCP	HMOPOS	Yes	$0.00
Clatsop	Columbia Pacific CCO	CareOregon Advantage	CareOregon Advantage Star HMO-POS)	H5859	3	Local CCP	HMOPOS	No	$0.00
Columbia	Columbia Pacific CCO	CareOregon Advantage	CareOregon Advantage Plus (HMO-POS SNP)	H5859	1	Local CCP	HMOPOS	Yes	$0.00
Columbia	Columbia Pacific CCO	CareOregon Advantage	CareOregon Advantage Star (HMO-POS)	H5859	3	Local CCP	HMOPOS	No	$0.00
Crook	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Essentials Rx 6 (HMO)	H3864	6	Local CCP	HMO	No	$0.00
Crook	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Essentials Rx 14 (HMO)	H3864	14	Local CCP	HMO	No	$0.00
Crook	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Explorer Rx 1 (PPO)	H4754	1	Local CCP	Local PPO	No	$0.00
Deschutes	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Essentials Rx 6 (HMO)	H3864	6	Local CCP	HMO	No	$0.00
Deschutes	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Essentials Rx 14 (HMO)	H3864	14	Local CCP	HMO	No	$0.00
Deschutes	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Explorer Rx 1 (PPO)	H4754	1	Local CCP	Local PPO	No	$0.00

Douglas *(Partial)	All Care Health Plan CCO	ATRIO Health Plans	ATRIO Silver Rx (PPO)	H6743	3	Local CCP	Local PPO	No	$17.70
Douglas *(Partial)	All Care Health Plan CCO	ATRIO Health Plans	ATRIO Gold Rx (PPO)	H6743	4	Local CCP	Local PPO	No	$19.20
Douglas *(Partial)	All Care Health Plan CCO	ATRIO Health Plans	ATRIO Platinum Rx (PPO)	H6743	5	Local CCP	Local PPO	No	$26.20
Douglas *(Partial)	All Care Health Plan CCO	ATRIO Health Plans...	ATRIO Special Needs Plan (HMO SNP)	H3814	7	Local CCP	HMO	Yes	$0.00
Douglas *(Partial)	Umpqua Health Alliance CCO	ATRIO Health Plans	ATRIO Bronze Rx (Umpqua) (PPO)	H6743	7	Local CCP	Local PPO	No	$0.00
Hood River	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Essentials Rx 6 (HMO)	H3864	6	Local CCP	HMO	No	$0.00
Hood River	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Essentials Rx 14 (HMO)	H3864	14	Local CCP	HMO	No	$0.00
Hood River	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Explorer Rx 1 (PPO)	H4754	1	Local CCP	Local PPO	No	$0.00
Jackson	All Care Health Plan CCO	CareSource	CareSource Gold Plus Rx (HMO)	H3810	3	Local CCP	HMO	No	$0.00
Jackson	All Care Health Plan CCO	CareSource	CareSource Platinum Plus Rx (HMO-POS)	H3810	5	Local CCP	HMOPOS	No	$19.70
Jackson	All Care Health Plan CCO	CareSource	CareSource Silver Plus Rx (HMO)	H3810	7	Local CCP	HMO	No	$0.00
Jackson	All Care Health Plan CCO	CareSource	CareSource Bronze Rx (HMO)	H3810	19	Local CCP	HMO	No	$0.00
Jackson	Jackson Care Connect CCO	CareOregon Advantage	CareOregon Advantage Plus (HMO-POS SNP)	H5859	1	Local CCP	HMOPOS	Yes	$0.00
Jackson	Jackson Care Connect CCO	CareOregon Advantage	CareOregon Advantage Star (HMO-POS)	H5859	3	Local CCP	HMOPOS	No	$0.00
Jefferson	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Essentials Rx 6 (HMO)	H3864	6	Local CCP	HMO	No	$0.00

Jefferson	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Essentials Rx 14 (HMO)	H3864	14	Local CCP	HMO	No	$0.00
Jefferson	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Explorer Rx 1 (PPO)	H4754	1	Local CCP	Local PPO	No	$0.00
Josephine	All Care Health Plan CCO	CareSource	CareSource - SNP (HMO SNP)	H3810	2	Local CCP	HMO	Yes	$0.00
Josephine	All Care Health Plan CCO	CareSource	CareSource Gold Plus Rx (HMO)	H3810	3	Local CCP	HMO	No	$0.00
Josephine	All Care Health Plan CCO	CareSource	CareSource Platinum Plus Rx (HMO-POS)	H3810	5	Local CCP	HMOPOS	No	$19.70
Josephine	All Care Health Plan CCO	CareSource	CareSource Silver Plus Rx (HMO)	H3810	7	Local CCP	HMO	No	$0.00
Josephine	All Care Health Plan CCO	CareSource	CareSource Bronze Rx (HMO)	H3810	19	Local CCP	HMO	No	$0.00
Josephine	Primary Health of Josephine CCO	CareOregon Advantage	CareOregon Advantage Plus (HMO-POS SNP)	H5859	001	Local CCP	HMOPOS	Yes	$0.00
Josephine	Primary Health of Josephine CCO	CareOregon Advantage	CareOregon Advantage Star (HMO-POS)	H5859	003	Local CCP	HMOPOS	No	$0.00
Klamath	Cascade Health Alliance CCO	ATRIO Health Plans	ATRIO Special Needs Plan (HMO SNP)	H3814	007	Local CCP	HMO	Yes	$0.00
Klamath	Cascade Health Alliance CCO	ATRIO Health Plans	ATRIO Bronze Rx (Basin) (PPO)	H6743	001	Local CCP	Local PPO	No	$0.00
Klamath	Cascade Health Alliance CCO	ATRIO Health Plans	ATRIO Silver Rx (PPO)	H6743	003	Local CCP	Local PPO	No	$17.70
Klamath	Cascade Health Alliance CCO	ATRIO Health Plans	ATRIO Gold Rx (PPO)	H6743	004	Local CCP	Local PPO	No	$19.20
Klamath	Cascade Health Alliance CCO	ATRIO Health Plans	ATRIO Platinum Rx (PPO)	H6743	005	Local CCP	Local PPO	No	$26.20
Klamath	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Essentials Rx 6 (HMO)	H3864	6	Local CCP	HMO	No	$0.00

Klamath	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Essentials Rx 14 (HMO)	H3864	14	Local CCP	HMO	No	$0.00
Klamath	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Explorer Rx 1 (PPO)	H4754	1	Local CCP	Local PPO	No	$0.00
Lane	Trillium Community Health Plan	Trillium Advantage	Trillium Advantage Dual (HMO SNP)	H2174	1	Local CCP	HMO	Yes	$0.00
Lane	Trillium Community Health PlanCCO	Trillium Advantage	Trillium Advantage TLC ISNP (HMO SNP)	H2174	3	Local CCP	HMO	Yes	$0.00
Lane	Trillium Community Health PlanCCO	Trillium Advantage	Trillium Advantage TLC Community ISNP (HMO SNP)	H2174	5	Local CCP	HMO	Yes	$0.00
Lane	Trillium Community Health PlanCCO	Trillium Advantage	Trillium Advantage Rx Smart (HMO)	H2174	8	Local CCP	HMO	No	$4.80
Lincoln	InterCommunity Health Network CCO	Samaritan Advantage Health Plan	Samaritan Advantage Premier Plan (HMO)	H3811	2	Local CCP	HMO	No	$0.00
Lincoln	InterCommunity Health Network CCO	Samaritan Advantage Health Plan	Samaritan Advantage Special Needs Plan (HMO SNP)	H3811	3	Local CCP	HMO	Yes	$0.00
Lincoln	InterCommunity Health Network CCO	Samaritan Advantage Health Plan	Samaritan Advantage Premier Plan Plus (HMO)	H3811	9	Local CCP	HMO	No	$24.40
Linn	InterCommunity Health Network CCO	Samaritan Advantage Health Plan	Samaritan Advantage Premier Plan (HMO)	H3811	2	Local CCP	HMO	No	$0.00
Linn	InterCommunity Health Network CCO	Samaritan Advantage Health Plan	Samaritan Advantage Special Needs Plan (HMO SNP)	H3811	3	Local CCP	HMO	Yes	$0.00
Linn	InterCommunity Health Network CCO	Samaritan Advantage Health Plan	Samaritan Advantage Premier Plan Plus (HMO)	H3811	9	Local CCP	HMO	No	$24.40

Marion	Williamette Valley Community CCO	ATRIO Health Plans	ATRIO Special Needs Plan (Willamette) (HMO SNP)	H5995	1	Local CCP	HMO	Yes	$0.00
Marion	Williamette Valley Community CCO	ATRIO Health Plans	ATRIO Gold Rx (Willamette) (PPO)	H7006	1	Local CCP	Local PPO	No	$0.00
Marion	Williamette Valley Community CCO	ATRIO Health Plans	ATRIO Silver Rx (Willamette) (PPO)	H7006	3	Local CCP	Local PPO	No	$0.00
Multnomah	Family Care Inc. CCO	FamilyCare Health Plans, Inc.	MyPlan C (HMO SNP)	H3818	2	Local CCP	HMO	Yes	$0.00
Multnomah	Family Care Inc. CCO	FamilyCare Health Plans, Inc.	MyPlan A (HMO)	H3818	3	Local CCP	HMO	No	$0.00
Multnomah	Family Care Inc. CCO	FamilyCare Health Plans, Inc.	MyPlan E (HMO)	H3818	14	Local CCP	HMO	No	$7.30
Multnomah	Health Share Of Oregon CCO	CareOregon Advantage	CareOregon Advantage Plus (HMO-POS SNP)	H5859	1	Local CCP	HMOPOS	Yes	$0.00
Multnomah	Health Share Of Oregon CCO	CareOregon Advantage	CareOregon Advantage Star (HMO-POS)	H5859	3	Local CCP	HMOPOS	No	$0.00
Multnomah	Health Share Of Oregon CCO	Kaiser Permanente	Kaiser Permanente Senior Advantage (HMO)	H9003	1	Local CCP	HMO	No	$21.70
Multnomah	Health Share Of Oregon CCO	Kaiser Permanente	Kaiser Permanente Senior Advantage Basic (HMO)	H9003	6	Local CCP	HMO	No	$0.00
Multnomah	Health Share Of Oregon CCO	Providence ElderPlace Portland	Providence ElderPlace Portland (dual) (PACE)	H3809	1	National PACE	National PACE	No	$82.60
Multnomah	Health Share Of Oregon CCO	Providence ElderPlace Portland	Providence ElderPlace Portland (pvt pay) (PACE)	H3809	2	National PACE	National PACE	No	$422.80
Multnomah	Health Share Of Oregon CCO	Providence Health Plans	Providence Medicare Open + RX (PPO)	H5016	1	Local CCP	Local PPO	No	$31.90
Multnomah	Health Share Of Oregon CCO	Providence Health Plans	Providence Medicare Extra + RX (HMO)	H9047	1	Local CCP	HMO	No	$0.00

Multnomah	Health Share Of Oregon CCO	Providence Health Plans	Providence Medicare Extra Part B Only + RX (HMO)	H9047	13	Local CCP	HMO	No	$22.10
Multnomah	Health Share Of Oregon CCO	Providence Health Plans	Providence Medicare Choice + RX (HMO-POS)	H9047	24	Local CCP	HMOPOS	No	$0.00
Polk	Williamette Valley Community CCO	ATRIO Health Plans	ATRIO Special Needs Plan (Willamette) (HMO SNP)	H5995	1	Local CCP	HMO	Yes	$0.00
Polk	Williamette Valley Community CCO	ATRIO Health Plans	ATRIO Gold Rx (Willamette) (PPO)	H7006	1	Local CCP	Local PPO	No	$0.00
Polk	Williamette Valley Community CCO	ATRIO Health Plans	ATRIO Silver Rx (Willamette) (PPO)	H7006	3	Local CCP	Local PPO	No	$0.00
Wasco	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Essentials Rx 6 (HMO)	H3864	6	Local CCP	HMO	No	$0.00
Wasco	PacificSource Community Solutions CCO	PacificSource Medicare	PacificSource Medicare Essentials Rx 14 (HMO)	H3864	14	Local CCP	HMO	No	$0.00
Washington	Family Care Inc. CCO	FamilyCare Health Plans, Inc.	MyPlan C (HMO SNP)	H3818	2	Local CCP	HMO	Yes	$0.00
Washington	Family Care Inc. CCO	FamilyCare Health Plans, Inc.	MyPlan A (HMO)	H3818	3	Local CCP	HMO	No	$0.00
Washington	Family Care Inc. CCO	FamilyCare Health Plans, Inc.	MyPlan E (HMO)	H3818	14	Local CCP	HMO	No	$7.30
Washington	Health Share Of Oregon CCO	CareOregon Advantage	CareOregon Advantage Plus (HMO-POS SNP)	H5859	1	Local CCP	HMOPOS	Yes	$0.00
Washington	Health Share Of Oregon CCO	CareOregon Advantage	CareOregon Advantage Star (HMO-POS)	H5859	3	Local CCP	HMOPOS	No	$0.00
Washington *(Partial)	Health Share Of Oregon CCO	Providence Health Plans	Providence Medicare Extra + RX (HMO)	H9047	1	Local CCP	HMO	No	$0.00

Washington *(Partial)	Health Share Of Oregon CCO	Providence Health Plans	Providence Medicare Extra Part B Only + RX (HMO)	H9047	13	Local CCP	HMO	No	$22.10
Washington *(Partial)	Health Share Of Oregon CCO	Providence Health Plans	Providence Medicare Choice + RX (HMO-POS)	H9047	24	Local CCP	HMOPOS	No	$0.00