SORTED BY					PART D		MEMBER		MOOP
PLAN NO.	NAME	SVC AREA	DEDUCTIBLE	MO.PREM	PREM	WE PAY	PAYS	GAP COVERAGE	FOR A&B
H0609-028	AARP MEDICARE COMPLETE (HMO)	CLARK		$ -	$ -	$ -	$ -	MANY GENS/FEW BRANDS	$ 2,500
H2906-005	SENIOR CARE PLUS FREEDOM RX SELECT (PPO)	CARSON CITY		$ 203.00	$ 91.10	$ 20.56	$ 182.44	MANY GENERICS	$ 3,000
H2906-005	SENIOR CARE PLUS FREEDOM RX SELECT (PPO)	CHURCHILL		$ 203.00	$ 91.10	$ 20.56	$ 182.44	MANY GENERICS	$ 3,000
H2906-005	SENIOR CARE PLUS FREEDOM RX SELECT (PPO)	DOUGLAS		$ 203.00	$ 91.10	$ 20.56	$ 182.44	MANY GENERICS	$ 3,000
H2906-005	SENIOR CARE PLUS FREEDOM RX SELECT (PPO)	LYON		$ 203.00	$ 91.10	$ 20.56	$ 182.44	MANY GENERICS	$ 3,000
H2906-005	SENIOR CARE PLUS FREEDOM RX SELECT (PPO)	STOREY		$ 203.00	$ 91.10	$ 20.56	$ 182.44	MANY GENERICS	$ 3,000
H2906-006	SENIOR CARE PLUS FREEDOM RX ENHANCED(PPO)	CARSON CITY		$ 106.00	$ 65.20	$ 20.56	$ 85.44	MANY GENERICS	$ 3,400
H2906-006	SENIOR CARE PLUS FREEDOM RX ENHANCED(PPO)	CHURCHILL		$ 106.00	$ 65.20	$ 20.56	$ 85.44	MANY GENERICS	$ 3,400
H2906-006	SENIOR CARE PLUS FREEDOM RX ENHANCED(PPO)	DOUGLAS		$ 106.00	$ 65.20	$ 20.56	$ 85.44	MANY GENERICS	$ 3,400
H2906-006	SENIOR CARE PLUS FREEDOM RX ENHANCED(PPO)	LYON		$ 106.00	$ 65.20	$ 20.56	$ 85.44	MANY GENERICS	$ 3,400
H2906-006	SENIOR CARE PLUS FREEDOM RX ENHANCED(PPO)	STOREY		$ 106.00	$ 65.20	$ 20.56	$ 85.44	MANY GENERICS	$ 3,400
H2906-007	SENIOR CARE PLUS FREEDOM RX (PPO)	CARSON CITY		$ 40.00	$ 40.00	$ 20.56	$ 19.44	MANY GENERICS	$ 3,400
H2906-007	SENIOR CARE PLUS FREEDOM RX (PPO)	CHURCHILL		$ 40.00	$ 40.00	$ 20.56	$ 19.44	MANY GENERICS	$ 3,400
H2906-007	SENIOR CARE PLUS FREEDOM RX (PPO)	DOUGLAS		$ 40.00	$ 40.00	$ 20.56	$ 19.44	MANY GENERICS	$ 3,400
H2906-007	SENIOR CARE PLUS FREEDOM RX (PPO)	LYON		$ 40.00	$ 40.00	$ 20.56	$ 19.44	MANY GENERICS	$ 3,400
H2906-007	SENIOR CARE PLUS FREEDOM RX (PPO)	STOREY		$ 40.00	$ 40.00	$ 20.56	$ 19.44	MANY GENERICS	$ 3,400
H2906-008	SENIOR CARE PLUS FREEDOM BASIC (PPO)	CARSON CITY		$ -	NO RX COVERAGE AT ALL				$ 3,400
H2906-008	SENIOR CARE PLUS FREEDOM BASIC (PPO)	CHURCHILL		$ -	NO RX COVERAGE AT ALL				$ 3,400
H2906-008	SENIOR CARE PLUS FREEDOM BASIC (PPO)	DOUGLAS		$ -	NO RX COVERAGE AT ALL				$ 3,400
H2906-008	SENIOR CARE PLUS FREEDOM BASIC (PPO)	LYON		$ -	NO RX COVERAGE AT ALL				$ 3,400
H2906-008	SENIOR CARE PLUS FREEDOM BASIC (PPO)	STOREY		$ -	NO RX COVERAGE AT ALL				$ 3,400
H2931-002	SENIOR DIMENSIONS SOUTHERN NEVADA (HMO)	CLARK		$ -	$ -	$ -	$ -	SOME GENERICS	$ 2,500
H2931-002	SENIOR DIMENSIONS SOUTHERN NEVADA (HMO)	NYE		$ -	$ -	$ -	$ -	SOME GENERICS	$ 2,500
H2931-004	SENIOR DIMENSIONS GREATER NEVADA (HMO)	ESMERALDA	$240.00	$ 32.00	$ 18.00	$ 18.00	$ 14.00	NO GAP COVERAGE	$ 4,900
H2931-004	SENIOR DIMENSIONS GREATER NEVADA (HMO)	LYON	$240.00	$ 32.00	$ 18.00	$ 18.00	$ 14.00	NO GAP COVERAGE	$ 4,900
H2931-004	SENIOR DIMENSIONS GREATER NEVADA (HMO)	MINERAL	$240.00	$ 32.00	$ 18.00	$ 18.00	$ 14.00	NO GAP COVERAGE	$ 5,400
H2931-004	SENIOR DIMENSIONS GREATER NEVADA (HMO)	WASHOE	$240.00	$ 32.00	$ 18.00	$ 18.00	$ 14.00	SOME GEN/SOME BRAND	$ 4,900
H2949-012	HUMANA GOLD PLUS (HMO)	CLARK		$ -	$ -	$ -	$ -	SOME GENS/FEW BRANDS	$ 2,500
H2949-012	HUMANA GOLD PLUS (HMO)	NYE		$ -	$ -	$ -	$ -	SOME GENS/FEW BRANDS	$ 2,500
H2949-013	HUMANA GOLD PLUS (HMO-SNP)	CLARK		$ -	$ -	$ -	$ -	SOME GENS/FEW BRANDS	TBD
H2949-013	HUMANA GOLD PLUS (HMO-SNP)	NYE		$ -	$ -	$ -	$ -	SOME GENS/FEW BRANDS	TBD
H2949-014	HUMANA GOLD PLUS (HMO-SNP)	CLARK		$ -	$ -	$ -	$ -	FEW GENS/FEW BRANDS	TBD
H2949-014	HUMANA GOLD PLUS (HMO-SNP)	NYE		$ -	$ -	$ -	$ -	FEW GENS/FEW BRANDS	TBD
H2949-018	HUMANA KIDNEY CARE (HMO)	CLARK		$ 23.90	$ 23.90	$ 23.90	$ -	NO GAP COVERAGE	TBD
H2949-018	HUMANA KIDNEY CARE (HMO SNP)	NYE		$ 23.90	$ 23.90	$ 20.56	$ 3.34	NO GAP COVERAGE	TBD
H2960-004	SENIOR CARE PLUS VALUE RX ENHANCED (HMO)	WASHOE		$ 40.00	$ 40.00	$ 20.56	$ 19.44	MANY GENERICS	$ 3,400
H2960-009	SENIOR CARE PLUS VALUE RX BASIC(HMO)	WASHOE			NO RX COVERAGE AT ALL				$ 3,400
H2960-012	SENIOR CARE PLUS VALUE RX (HMO)	WASHOE		$ -	$ -	$ -	$ -	NO GAP COVERAGE	$ 3,400
H2960-018	SENIOR CARE PLUS VALUE RX SELECT (HMO)	WASHOE		$ 168.00	$ 99.40	$ 20.56	$ 147.44	MANY GENERICS	$ 3,000
H3931-094	AETNA MEDICARE SELECT (PPO)	CLARK	$350.00	$ -	$ -	$ -	$ -	NO GAP COVERAGE	$ 4,500
H3931-115	AETNA MEDICARE PLATINUM (HMO)	WASHOE	$350.00	$ -	$ -	$ -	$ -	SOME GEN/SOME BRAND	$ 3,900

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PLAN NO.	NAME	SVC AREA	DEDUCTIBLE	MO.PREM	PREM	WE PAY	PAYS	GAP COVERAGE	FOR A&B
H4346-001	CAREMORE VALUE PLUS (HMO)	CLARK		$ -	$ -	$ -	$ -	MANY GENERICS	$ 2,500
H4346-005	CAREMORE BREATHE (HMO-SNP)	CLARK		$ -	$ -	$ -	$ -	MANY GENS/FEW BRANDS	TBD
H4346-006	CAREMORE DIABETES (HMO-SNP)	CLARK		$ -	$ -	$ -	$ -	MANY GENS/FEW BRANDS	TBD
H4346-008	CAREMORE HEART (HMO-SNP)	CLARK		$ -	$ -	$ -	$ -	MANY GENS/FEW BRANDS	TBD
H4346-009	CAREMORE STARTSMART PLUS (HMO)	CLARK		$ -	$ -	$ -	$ -	NO GAP COVERAGE	TBD
H4346-010	CAREMORE TOUCH (HMO SNP)	CLARK		$ -	$ -	$ -	$ -	MANY GEN/FEW BRANDS	TBD
H4346-011	CAREMORE CONNECT PLUS (HMO)	CLARK	$400.00	$ 27.00	$ 27.00	$ -	$ 27.00	TIER 1 TBD	$ 6,700
H5521-022	AETNA MEDICARE SELECT (PPO)	CLARK		$ 88.00	$ 61.80	$ -	$ 88.00	FEW GENERICS	$ 4,500
H5521-055	AETNA MEDICARE CHOICE (PPO)	CLARK		$ 35.00	$ 19.40	$ -	$ 35.00	NO GAP COVERAGE	$ 6,000
H5521-130	AETNA MEDICARE PLATINUM (PPO)	WASHOE		$ 85.00	$ 10.60	$ -	$ 85.00	SOME GEN/SOME BRAND	$ 3,000
H5945-001	PROMINENCE VALUE (HMO)	CARSON CITY		$ -	$ -	$ -	$ -	SOME GEN/SOME BRAND	$ 3,400
H5945-001	PROMINENCE VALUE (HMO)	DOUGLAS		$ -	$ -	$ -	$ -	SOME GEN/SOME BRAND	$ 3,400
H5945-001	PROMINENCE VALUE (HMO)	LYON		$ -	$ -	$ -	$ -	SOME GEN/SOME BRAND	$ 3,400
H5945-001	PROMINENCE VALUE (HMO)	STOREY		$ -	$ -	$ -	$ -	SOME GEN/SOME BRAND	$ 3,400
H5945-002	PROMINENCE VALUE (HMO)	WASHOE		$ -	$ -	$ -	$ -	SOME GEN/SOME BRAND	$ 3,400
H5945-003	PROMINENCE VALUE (HMO)	WASHOE		$ -	NO RX COVERAGE AT ALL				$ 3,400
H5945-004	PROMINENCE PRIME (HMO)	CARSON CITY		$ -	NO RX COVERAGE AT ALL				$ 3,400
H5945-004	PROMINENCE VALUE (HMO)	DOUGLAS		$ -	NO RX COVERAGE AT ALL				$ 3,400
H5945-004	PROMINENCE VALUE (HMO)	LYON		$ -	NO RX COVERAGE AT ALL				$ 3,400
H5945-004	PROMINENCE VALUE (HMO)	STOREY		$ -	NO RX COVERAGE AT ALL				$ 3,400
H6609-129	HUMANA CHOICE (PPO)	CLARK	$225.00	$ 142.00	$ 41.70	$ 20.56	$ 121.44	FEW GENS/FEW BRANDS	$ 6,700
H6609-130	HUMANA CHOICE (PPO)	CLARK	$225.00	$ 47.00	$ -	$ -	$ 47.00	NO GAP COVERGAE	$ 6,700
H6609-131	HUMANA CHOICE H6609-131 (PPO)	WASHOE	$225.00	$ 82.00	$ 19.80	$ 19.80	$ 62.20	FEW GENS/FEW BRANDS	$ 6,700
H6909-132	HUMANA CHOICE H6609-132 (PPO)	WASHOE	$400.00	$ 52.00	$ 26.00	$ 20.56	$ 24.44	NO GAP COVERAGE	$ 6,700