New Jersey Medicare Advantage and Cost Prescription Drug Plans

*The beneficiary drug premium covers prescription drugs only. Medicare Advantage plans also cover Medicare medical and hospital benefits, and supplemental benefits. Plan premiums vary for these benefits. Beneficiaries generally are responsible for the Part B premium.

Includes contracts/plans approved as of September 25, 2005. The data does not reflect information for Plans offering Part B only services, some demonstrations, PACE organizations, employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

Organization Name	Plan Name	Percent Beneficiaries with Access to Plan in State	Beneficiary Drug Premium *	Type of Medicare Advantage Plan				Cost Plans	Drug Deductible			Includes Tiered Copay-ments for Drugs	Type of Additional Coverage Offered in Coverage Gap		Mail Order Offered	Number of Top 100 Drugs on Formulary
				HMO	Local PPO	Regional PPO	Private Fee-for-Service		Zero	Reduced	Standard ($250)		Generics Only	Generics and Brands		
Aetna Health, Inc.	Aetna Golden Medicare Select Plan	36%	$0.00	•							•	•			•	82
	Aetna Golden Medicare Basic Plan	4%	$0.00	•					•			•			•	82
	Aetna Golden Medicare Basic Plan	14%	$0.00	•					•			•			•	82
	Aetna Golden Medicare Value Plan	17%	$0.00	•					•			•			•	82
	Aetna Golden Medicare Value Plan	29%	$0.00	•					•			•	•		•	82
	Aetna Golden Medicare Standard Plan w/Rx	17%	$30.00	•					•			•	•		•	82
	Aetna Golden Medicare Standard Plan w/Rx	29%	$30.00	•					•			•	•		•	82
	Aetna Golden Medicare Standard Plan w/Rx	7%	$32.25	•							•	•			•	82
	Aetna Golden Medicare Metro Standard Plan	4%	$35.00	•					•			•	•		•	82
	Aetna Golden Medicare Standard Plan	14%	$35.00	•					•			•	•		•	82
	Aetna Golden Medicare Premier Plan	14%	$58.95	•					•			•	•		•	95
	Aetna Golden Medicare Premier Plan	29%	$58.95	•					•			•	•		•	95
	Aetna Golden Medicare Premier Plan	4%	$58.95	•					•			•	•		•	95
	Aetna Golden Medicare Premier Plan	17%	$58.95	•					•			•	•		•	95
Aetna Life Insurance Company	Aetna Golden Choice Metro Value Plan	4%	$32.25		•						•	•			•	82
	Aetna Golden Choice Regional Plan	100%	$32.25			•					•	•			•	82
	Aetna Golden Choice Standard Plan	22%	$32.25		•						•	•			•	82
	Aetna Golden Choice Standard Plan	17%	$32.25		•						•	•			•	82
	Aetna Golden Choice Standard Plan	29%	$32.25		•						•	•			•	82
	Aetna Golden Choice Value Plan	14%	$32.25		•						•	•			•	82
	Aetna Golden Choice Metro Standard Plan	4%	$43.21		•				•			•	•		•	82
	Aetna Golden Choice Premier Plan	22%	$43.21		•				•			•	•		•	82
	Aetna Golden Choice Standard Plan	14%	$43.21		•				•			•	•		•	82
	Aetna Golden Choice Premier Plan	29%	$58.95		•				•			•	•		•	95
	Aetna Golden Choice Premier Plan	4%	$58.95		•				•			•	•		•	95
	Aetna Golden Choice Premier Plan	17%	$58.95		•				•			•	•		•	95
	Aetna Golden Choice Premier Plan	14%	$58.95		•				•			•	•		•	95
AmeriChoice Personal Care Plus	AmeriChoice Personal Care Plus	25%	$15.82	•							•					78
AmeriHealth 65	AmeriHealth 65 Plus Rx Option II	17%	$26.20	•					•			•			•	93
Evercare Choice	Evercare Plan IH	44%	$28.56	•					•			•			•	96
Horizon Healthcare of New Jersey, Inc.	Medicare Value Plus	100%	$0.00	•							•	•			•	94
	Medicare Blue Plus	100%	$29.64	•							•	•			•	94
Oxford Health Plans (NJ), Inc.	Oxford Medicare Advantage Balance	41%	$0.00	•					•			•			•	96
	Oxford Medicare Advantage Balance	25%	$0.00	•					•			•			•	96
	Oxford Medicare Advantage Signature	41%	$0.00	•					•			•			•	96