



A Medicare Approved Prescription Drug Plan

MedicareRx
Prescription Drug Coverage

2010 SUMMARY OF BENEFITS

Introduction To Summary Of Benefits

Thank you for your interest in *EnvisionRx Plus Gold* (PDP). Our plan is offered by Envision Insurance Company, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call *EnvisionRx Plus Gold* (PDP) and ask for the "Evidence of Coverage".

You Have Choices In Your Medicare Prescription Drug Coverage

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like *EnvisionRx Plus Gold* (PDP). Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How Can I Compare My Options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by *EnvisionRx Plus Gold* (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where Is *EnvisionRx Plus Gold* (PDP) Available?

The service area for this plan includes: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming. You must live in one of these areas to join this plan. Not available in Michigan.

Who Is Eligible To Join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage,

or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

Does My Plan Cover Medicare Part B Or Part D Drugs?

EnvisionRx Plus Gold (PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

Where Can I Get My Prescriptions?

EnvisionRx Plus Gold (PDP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at www.EnvisionRxPlus.com. Our customer service number is listed at the end of this introduction.

What Is A Prescription Drug Formulary?

EnvisionRx Plus Gold (PDP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.EnvisionRxPlus.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

What Should I Do If I Have Other Insurance In Addition To Medicare?

If you have a Medigap (Medicare Supplement Insurance) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your Medicare Prescription Drug Plan coverage. Your Issuer will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join *EnvisionRx Plus Gold* (PDP). Get this information before you decide to enroll in this plan.

How Can I Get Extra Help With My Prescription Drug Plan Costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join *EnvisionRx Plus Gold* (PDP), Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TTD users should call 1-877-486-2048.

What Are My Protections In This Plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the

plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

As a member of **EnvisionRx Plus Gold** (PDP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please see Appendix A for contact information.

What Is A Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact **EnvisionRx Plus Gold** (PDP) for more details.

Plan Ratings

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-866-250-2005 to obtain a copy of the plan ratings for this plan. TTY users call 866-763-9630.

Please call **EnvisionRx Plus** for more information about **EnvisionRx Plus Gold** (PDP).

Visit us at www.EnvisionRxPlus.com or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Open 24 Hours Eastern

Current and Prospective members should call toll-free (866)-250-2005. (TTY/TDD (866)-763-9630)

Current and Prospective members should call locally.

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats. If you have any questions about this plan’s benefits or costs, please contact **EnvisionRx Plus** for details.

2010 SUMMARY OF BENEFITS

| Benefit | Original Medicare | <i>EnvisionRx Plus Gold (PDP)</i> |
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| Prescription Drugs | Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage. | Drugs covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.EnvisionRxPlus.com on the web. |
| | | Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service). |
| | | Premiums range from \$26.00 to \$72.00. Please refer to the Premium Table after this section to find out the premium in your area. |
| | | The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel). |
| | | Total yearly drug costs are the total drug costs paid by both you and the plan. |
| | | The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. |
| | | Some drugs have quantity limits. |
| | | Your provider must get prior authorization from <i>EnvisionRx Plus Gold (PDP)</i> for certain drugs. |
| | | You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met |

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| | | by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov. |
| | | If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. |
| | | If you request a formulary exception for a drug and EnvisionRx Plus Gold (PDP) approves the exception, you will pay Tier 4 NonPreferred Brand cost-sharing for that drug. |
| | | In-Network \$150 yearly deductible. |
| | | Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830. |
| | | Retail Pharmacy Tier 1 Preferred Generic - \$4 copay for a one-month (30-day) supply of drugs in this tier - \$12 copay for a three-month (90-day) supply of drugs in this tier |
| | | Tier 2 NonPreferred Generics - \$30 copay for a one-month (30-day) supply of drugs in this tier - \$90 copay for a three-month (90-day) supply of drugs in this tier |
| | | Tier 3 Preferred Brand - \$25 copay for a one-month (30-day) supply of drugs in this tier - \$75 copay for a three-month (90-day) supply of drugs in this tier |
| | | Tier 4 NonPreferred Brand - 25% coinsurance for a one-month (30-day) supply of drugs in this tier - 25% coinsurance for a three-month (90-day) supply of drugs in this tier |

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| | | Tier 5 Specialty - 25% coinsurance for a one-month (30-day) supply of drugs in this tier |
| | | Long Term Care Pharmacy Tier 1 Preferred Generic - \$4 copay for a one-month (31-day) supply of drugs in this tier |
| | | Tier 2 NonPreferred Generics - \$30 copay for a one-month (31-day) supply of drugs in this tier |
| | | Tier 3 Preferred Brand - \$25 copay for a one-month (31-day) supply of drugs in this tier |
| | | Tier 4 NonPreferred Brand - 25% coinsurance for a one-month (31-day) supply of drugs in this tier |
| | | Tier 5 Specialty - 25% coinsurance for a one-month (31-day) supply of drugs in this tier |
| | | Mail Order Tier 1 Preferred Generic - \$12 copay for a three-month (90-day) supply of drugs in this tier |
| | | Tier 2 NonPreferred Generics - \$90 copay for a three-month (90-day) supply of drugs in this tier |
| | | Tier 3 Preferred Brand - \$75 copay for a three-month (90-day) supply of drugs in this tier |
| | | Tier 4 NonPreferred Brand - 25% coinsurance for a three-month (90-day) supply of drugs in this tier |
| | | Tier 5 Specialty - 25% coinsurance for a one-month (30-day) supply of drugs in this tier |
| | | Coverage Gap After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550. |
| | | Catastrophic Coverage |

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| | | <p>After your yearly out-of-pocket drug costs reach \$ 4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or - 5% coinsurance. |
| | | <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from <i>EnvisionRx Plus Gold</i> (PDP).</p> |
| | | <p>Out-of-Network Initial Coverage After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Tier 1 Preferred Generic</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (30-day) supply of drugs in this tier |
| | | <p>Tier 2 NonPreferred Generics</p> <ul style="list-style-type: none"> - \$30 copay for a one-month (30-day) supply of drugs in this tier |
| | | <p>Tier 3 Preferred Brand</p> <ul style="list-style-type: none"> - \$25 copay for a one-month (30-day) supply of drugs in this tier |
| | | <p>Tier 4 NonPreferred Brand</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier |
| | | <p>Tier 5 Specialty</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier |
| | | <p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by <i>EnvisionRx Plus Gold</i></p> |

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| | | (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to EnvisionRx Plus Gold (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. |
| | | <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$ 4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or - 5% coinsurance. |

| 2010 Monthly Premium Chart | | | | | |
|----------------------------|-----------|----------------|-----------|----------------|-----------|
| STATE | Gold Plan | STATE | Gold Plan | STATE | Gold Plan |
| Alabama | \$62.60 | Kentucky | \$64.10 | Ohio | \$56.70 |
| Alaska | \$55.30 | Louisiana | \$43.30 | Oklahoma | \$38.60 |
| Arizona | \$49.80 | Maine | \$48.00 | Oregon | \$57.30 |
| Arkansas | \$45.90 | Maryland | \$44.10 | Pennsylvania | \$54.80 |
| California | \$72.00 | Massachusetts | \$63.40 | Rhode Island | \$63.40 |
| Colorado | \$43.80 | Minnesota | \$50.00 | South Carolina | \$54.00 |
| Connecticut | \$63.40 | Mississippi | \$44.40 | South Dakota | \$50.00 |
| Delaware | \$44.10 | Missouri | \$56.00 | Tennessee | \$62.60 |
| District of Columbia | \$44.10 | Montana | \$50.00 | Texas | \$63.40 |
| Florida | \$63.70 | Nebraska | \$50.00 | Utah | \$50.80 |
| Georgia | \$57.70 | Nevada | \$45.00 | Vermont | \$63.40 |
| Hawaii | \$26.00 | New Hampshire | \$48.00 | Virginia | \$56.30 |
| Idaho | \$50.80 | New Jersey | \$55.10 | Washington | \$57.30 |
| Illinois | \$59.70 | New Mexico | \$35.40 | West Virginia | \$54.80 |
| Indiana | \$64.10 | New York | \$51.10 | Wisconsin | \$43.80 |
| Iowa | \$50.00 | North Carolina | \$65.40 | Wyoming | \$50.00 |
| Kansas | \$50.90 | North Dakota | \$50.00 | | |

Appendix A

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| <p style="text-align: center;">Alabama</p> <p>Alabama Quality Assurance Foundation 2 Perimeter Park South Ste 200 West Birmingham, AL 35243 Phone: (800) 760-3540</p> | <p style="text-align: center;">Colorado</p> <p>Colorado Foundation for Medical Care 23 Inverness Way East Ste 100 Englewood, CO 80112 Phone: (800) 950-8250 TTY: (303) 695-3350</p> | <p style="text-align: center;">Hawaii</p> <p>Mountain-Pacific Quality Health Foundation 1360 S. Beretania St, Ste 501 Honolulu, HI 96814 Phone: (800) 524-6550</p> | <p style="text-align: center;">Kansas</p> <p>Kansas Foundation for Medical Care 2947 S.W. Wanamaker Dr Topeka, KS 66614 Phone: (800) 432-0770</p> |
| <p style="text-align: center;">Alaska</p> <p>Mountain-Pacific Quality Health 4241 B St, Ste 303 Anchorage, AK 99503 Phone: (877) 561-3202</p> | <p style="text-align: center;">Connecticut</p> <p>Qualidigm 1111 Cromwell Ave, Ste 201 Rocky Hill, CT 06067 Phone: (800) 553-7590</p> | <p style="text-align: center;">Idaho</p> <p>Mountain-Pacific Quality Health 720 Park Blvd, Ste 120 Boise, ID 83712 Phone: (800) 488-1118</p> | <p style="text-align: center;">Kentucky</p> <p>Health Care Excel, Inc. 9300 Shelbyville Rd., Ste 600 Louisville, KY 40222 Phone: (800) 288-1499</p> |
| <p style="text-align: center;">Arizona</p> <p>Health Services Advisory Group, Inc. 1600 E. Northern Ave, Ste. 100 Phoenix, AZ 85020 Phone: (800) 359-9909</p> | <p style="text-align: center;">Delaware</p> <p>Quality Insights of Delaware Baynard Bldg, Ste 100 3411 Silverside Rd Wilmington, DE 19810 Phone: (866) 475-9669</p> | <p style="text-align: center;">Illinois</p> <p>Illinois Foundation for Quality Health Care 711 Jorie Blvd Ste 301 Oakbrook, IL 60523 Phone: (800) 386-6431</p> | <p style="text-align: center;">Louisiana</p> <p>Louisiana Health Care Review 8591 United Plaza Blvd, Ste 270 Baton Rouge, LA 70809 Phone: (800) 433-4958</p> |
| <p style="text-align: center;">Arkansas</p> <p>Arkansas Foundation for Medical Care 2201 Brooken Hill Dr Fort Smith, AR 72908 Phone: (800) 272-5528</p> | <p style="text-align: center;">Florida</p> <p>Florida Medical Quality Assurance 5201 W Kennedy Blvd Ste 900 Tampa, FL 33609 Phone: (800) 844-0795</p> | <p style="text-align: center;">Indiana</p> <p>Health Care Excel, Inc. 2629 Waterfront Parkway East Dr, Ste 200 Indianapolis, IN 46214 Phone: (317) 347-4500</p> | <p style="text-align: center;">Maine</p> <p>Northeast Health Care Quality Foundation 15 Old Rollinsford Rd, Ste 302 Dover, ME 03820 Phone: (800) 772-0151</p> |
| <p style="text-align: center;">California</p> <p>Health Services Advisory Group 5201 W Kennedy Blvd Ste 900 Tampa, CA 33609 Phone: (800) 841-1602 TTY: (800) 881-5980</p> | <p style="text-align: center;">Georgia</p> <p>Georgia Medical Care Foundation 1455 Lincoln Parkway, Ste 800 Atlanta, GA 30346 Phone: (800) 982-0411</p> | <p style="text-align: center;">Iowa</p> <p>Iowa Foundation For Medical Care 1776 West Lakes Parkway West Des Moines, IO 50266 Phone: (800) 383-2856</p> | <p style="text-align: center;">Maryland</p> <p>Delmarva Foundation for Medical Care, Inc. 9240 Centreville Rd Easton, MD 21601 Phone: (800) 492-5811</p> |
| <p style="text-align: center;">Massachusetts</p> <p>MassPRO 245 Winter St Waltham, MA 02451</p> | <p style="text-align: center;">Nebraska</p> <p>Cimro of Nebraska 1230 O St, Ste 120 Lincoln, NE 68508</p> | <p style="text-align: center;">North Carolina</p> <p>Medical Review of North Carolina 100 Regency Forest Dr</p> | <p style="text-align: center;">Rhode Island</p> <p>Rhode Island Quality Partners, Inc. 235 Promenade St.</p> |

Appendix A

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| Phone: (800) 252-5533 | Phone: (800) 458-4262 TTY: (800) 325-0778 | Ste 200 Cary, NC 27518 Phone: (800) 682-2650 TTY: (800) 735-2962 | Ste 500, Box 18 Providence, RI 02908 Phone: (800) 662-5028 |
| Michigan Michigan Peer Review Organization 22670 Haggerty Rd, Ste 100 Farmington Hills, MI 48335 Phone: (800) 365-5899 | Nevada HealthInsight 6830 W. Oquendo Rd, Ste 102 Las Vegas, NV 89118 Phone: (800) 247-3004 | North Dakota North Dakota Health Care Review, Inc. 800 31st Ave, SW Minot, ND 58701 Phone: (888) 472-2902 | South Carolina Carolina Center for Medical Excellence 246 Stoneridge Dr Ste 200 Columbia, SC 29210 Phone: (800) 922-3089 TTY: (800) 735-8583 |
| Minnesota Stratis Health 2901 Metro Dr, Ste 400 Bloomington, MN 55425 Phone: (800) 444-3423 | New Hampshire Northeast Health Care Quality Foundation 15 Old Rollinsford Rd, Ste 302 Dover, NH 03820 Phone: (800) 772-0151 | Ohio Ohio KePRO, Inc. Rock Run Center, 5700 Lombardo Center Dr, Ste 100 Seven Hills, OH 44131 Phone: (800) 589-7337 TTY: (877) 486-2048 | South Dakota South Dakota Foundation for Medical Care, Inc. 2600 West 49th St, Ste 300 Sioux Falls, SD 57117 Phone: (800) 658-2285 |
| Mississippi Information and Quality Healthcare 385 B Highland Colony Parkway, Ste 504 Ridgeland, MS 39157 Phone: (800) 844-0600 TTY: (800) 627-3529 | New Jersey Health Care Quality Strategies 557 Cranbury Rd, Ste 21 East Brunswick, NJ 07960 Phone: (800) 624-4557 TTY: (800) 752-8420 | Oklahoma Oklahoma Foundation for Medical Quality, Inc. 14000 Quail Springs Pkwy, Ste 400 Oklahoma City, OK 73134 Phone: (405) 840-2891 | Tennessee Foundation for Medical Care, Inc. of the Mid South 3175 Lenox Park Blvd, Ste 309 Memphis, TN 38115 Phone: (800) 489-4633 |
| Missouri Primaris 200 North Keene St Columbia, MO 65201 Phone: (800) 735-6776 | New Mexico New Mexico Medical Review Association 5801 Osuna Rd NW Ste 200 Albuquerque, NM 87109 Phone: (800) 663-6351 | Oregon Acumentra Health 2020 SW Fourth Ave, Ste 520 Portland, OR 97201 Phone: (503) 279-0100 | Texas TMF Health Quality Institute Bridgepoint I, Ste 300 5918 West Courtyard Dr Austin, TX 78730 Phone: (866) 439-5863 |
| Montana Mountain-Pacific Quality | New York Island Peer Review | Pennsylvania Quality Insights of | Utah HealthInsight |

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| <p>Health Foundation 3404 Cooney Dr Helena, MT 59602 Phone: (800) 497-8232 TTY: (800) 735-2966</p> | <p>Organization - IPRO 1979 Marcus Ave Lake Success, NY 11042 Phone: (800) 331-7767 TTY: (516) 326-6182</p> | <p>Pennsylvania 2601 Market Place St. Ste 320 Harrisburg, PA 17110 Phone: (877) 346-6180</p> | <p>348 E 4500 South, Ste 300 Salt Lake City, UT 84107 Phone: (801) 892-0155</p> |
| <p style="text-align: center;">Vermont</p> <p>Northeast Health Care Quality Foundation 15 Old Rollinsford Rd, Ste 302 Dover, VT 03820 Phone: (800) 772-0151</p> | <p style="text-align: center;">Washington</p> <p>Mountain-Pacific Quality Health 10700 Meridian N., Ste 100 Seattle, WA 98133 Phone: (800) 949-7536</p> | <p style="text-align: center;">West Virginia</p> <p>West Virginia Medical Institute, Inc. 3001 Chesterfield Place Charleston, WV 25304 Phone: (800) 642-8686</p> | <p style="text-align: center;">Wyoming</p> <p>Mountain-Pacific Quality Health Foundation PO Box 2242 Glenrock, WY 82637 Phone: (877) 810-6248</p> |
| <p style="text-align: center;">Virginia</p> <p>Virginia Health Quality Center 9830 Mayland Dr, Ste J Richmond, VA 23233 Phone: (800) 545-3814</p> | <p style="text-align: center;">Washington D.C.</p> <p>Delmarva Foundation for Medical Care, Inc. 2175 K St, NW Ste 250 Washington, DC 20037 Phone: (800) 937-3362</p> | <p style="text-align: center;">Wisconsin</p> <p>MetaStar, Inc. 2909 Landmark Place Madison, WI 53713 Phone: (800) 362-2320</p> | |