



2012



Medicare Advantage Plan Landscape Data Summary

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Report Overview

Medicare Advantage Plan Landscape Data Summary

The objective of this report is to provide a nationwide perspective on important cost and benefit trends in the Medicare Advantage plan market. The goal of this report is to aggregate publically available data into a form that helps consumers identify important plan benefits and make informed decisions prior to selecting a Medicare Advantage plan.

The challenge for Medicare beneficiaries and their advisors is to choose a plan that fits their current needs, and that is flexible enough to cover unexpected costs in the coming year. The data provided in PlanPrescriber's Medicare Advantage Landscape Data Highlight report is a high-level national and state-by-state review of available Medicare Advantage plans, as provided by CMS through their Landscape Data files. Those files are available publically online at:

<https://www.cms.gov/PrescriptionDrugCovGenIn/>

About The Medicare Advantage (Medicare Part C) Program

The Medicare Advantage (Medicare Part C) program was created by law in 1997 and expanded to include prescription drug coverage in 2006. Medicare Advantage gives Medicare beneficiaries the option to receive their Medicare benefits from a private health insurance company, instead of through the original Medicare program (Parts A and B).

Medicare Advantage was originally known as "Medicare+Choice" or "Medicare Part C." Pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, "Medicare+Choice" plans became known as "Medicare Advantage" (MA) plans, in part due to the addition of prescription drug coverage to the majority of plans. Medicare Advantage plans that include prescription drug coverage are also sometimes referred to as Medicare Advantage Prescription Drug plans (MAPDs).

The Patient Protection and Affordable Care Act and Medicare Advantage

In 2010 the Patient Protection and Affordable Care Act (health reform) placed a mandatory maximum limit of \$6,700 on all out of pocket medical costs for Medicare Advantage plans, which is referred to as the **Maximum Out of Pocket** or **MOOP**. The MOOP does not include prescription drugs and monthly premiums. The Mandatory MOOP is \$6,700 but the Affordable Care Act allows for a "Voluntary MOOP" of up to \$3,400.

The Cost of Medicare Advantage - Monthly Premiums

Medicare Advantage Costs and Benefits

The Cost of Medicare Advantage - Monthly Premiums:

Medicare Advantage plans must provide all of a person's Part A (Hospital Insurance) and Part B (Medical Insurance) coverage. And, Medicare Advantage Plans may offer extra coverage, such as vision, hearing, dental, and/or health and wellness programs. And, most plans include Medicare prescription drug coverage (Part D).

In exchange for providing these services, Medicare pays the insurance company a fixed amount of money each month to provide these benefits. Some Medicare Advantage plans charge an additional fee, or "premium," each month to provide these services, some plans don't.

The insurers who offer Medicare Advantage benefits must follow rules set by Medicare. However, each Medicare Advantage plan can charge different out-of-pocket costs and have different rules for how care is provided. For example, they can determine whether or not you need a referral to see a specialist or if you have access to a specific network of doctors and hospitals. These rules can change from year to year.

The Maximum Out of Pocket (MOOP) Benefit – How it works:

- **Mandatory MOOP:** This refers to the dollar amount the Affordable Care Act sets as the highest limit for enrolled beneficiary in-network cost-sharing for Parts A and B services for the contract year.
- **Voluntary MOOP:** This refers to an amount lower than the mandatory MOOP established by the Affordable Care Act. Plans may voluntarily adopt this limit or a lower amount in exchange for increased flexibility in establishing cost sharing amounts for Parts A and B services.
- **Catastrophic MOOP:** This refers to the amount the Affordable Care Act sets as the highest limit charged by Local PPO Medicare Advantage plans (LPPOs) for the combined in-and out-of-network cost sharing for Parts A and B services for the contract year. The catastrophic MOOP amount is calculated as 1.5 times the mandatory or voluntary MOOP amount, as applicable to the plan.
- **CY 2012** refers to the 2012 Calendar Year.

CY 2012 Voluntary and Mandatory MOOP Amounts By Plan Type	Voluntary	Mandatory
HMO	\$3,400	\$6,700
HMO POS	\$3,400 In-network	\$6,700 In-network
Local PPO	\$3,400 In-network and \$5,100 Catastrophic*	\$6,700 In-network and \$10,000 Catastrophic*
Regional PPO**	\$3,400 In-network and \$5,100 Catastrophic*	\$6,700 In-network and \$10,000 Catastrophic*
PFFS (full network)	\$3,400 In- and out-of-network	\$6,700 In- and out-of-network
PFFS (partial network)	\$3,400 In- and out-of-network	\$6,700 In- and out-of-network
PFFS (non-network)	\$3,400	\$6,700

*Catastrophic MOOP is inclusive of in- and out-of-network Parts A and B services.

The Prescription Drug Benefit – How it works

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 created a new voluntary prescription drug benefit that can be accessed through the Medicare Part D program. Medicare eligible individuals can access the Part D benefit by enrolling in a private prescription drug plan (PDPs) or private Medicare Advantage prescription drug (MAPD) plan.

Enhanced Drug Benefits versus Standard Drug Benefits

Plans must offer either “standard coverage” or alternative coverage with actuarially equivalent benefits. They may also offer enhanced benefits. All plans are required to meet certain minimum requirements, including those related to beneficiary protections. However, there are significant differences among plans in terms of benefit design, drugs included on plan formularies (i.e., list of covered drugs), cost-sharing applicable for particular drugs, and monthly premiums.

Standard Drug Coverage

Medicare describes standard prescription drug coverage as:

- Deductible paid by the beneficiary
- 75% of costs paid by the plan and 25% paid by the beneficiary up to the initial coverage limit.
- 100% of costs paid by the beneficiary up to the catastrophic threshold.
- All costs paid by the Medicare Part D program over the “catastrophic” threshold or trigger except for nominal beneficiary cost-sharing.

Enhanced Drug Coverage

Medicare Advantage plans also have the option to offer enhanced coverage in excess of the value of standard coverage. Enhanced coverage would include basic coverage as well as supplemental benefits, such as additional coverage for those who reach the coverage gap (coverage of some generic drugs, for example) and/or other changes to the cost-sharing mechanisms that increase the plans actuarial value.

Report Methodology

PlanPrescriber.com 2012 Medicare Advantage Plan Landscape Data Summary

Data in the report is based on an analysis of the 2011 and 2012 public use Medicare Advantage Landscape Source Files provided by the Centers for Medicare and Medicaid Services (CMS). CMS publishes information about all available Medicare Advantage plans throughout the country once per year, prior to the Medicare Annual Enrollment Period, which runs from October 15, through December 7, 2012.

PlanPrescriber's analysis of the Landscape Source Files looks at three key attributes of Medicare Advantage plans and tracks how each has changed over the past two years, following the implementation of the Patient Protection and Affordable Care Act (ACA) - health care reform.

This report summarizes the basic information provided in this landscape report including monthly premiums, Maximum Out of Pocket (MOOP) limits and prescription drug benefits available for Medicare Advantage plans in 49 states, the District of Columbia and Puerto Rico. Medicare Advantage plan data for the state of Alaska is not available in the public use files.

Medicare Advantage Plans Available

In 2012 there were a total of 43,329 Medicare Advantage plans listed in the Landscape data as available throughout the United States, an increase from the 39,514 plans available in 2011. Plans are available on a county-by-county basis, which means the same plan may be offered numerous times throughout the same state¹.

Data Highlights

- **Average Premiums:** In 2012 the average monthly premium for a Medicare Advantage plan was \$57.56, up from \$48.33 in 2011.
- **Average MOOP:** In 2012 the average out-of-pocket maximum for a Medicare Advantage plan was \$4,516 up from \$4,376 in 2011.
- **Enhanced Drug Benefits:** The average monthly premium for a Medicare Advantage plan with an enhanced drug benefit was \$65.78, up from \$59.86 in 2011.

Medicare Advantage Plans with \$0 Monthly Premiums

Among the 43,329 plans available in 2012, 14,297 plans (33%) are offered at a cost of \$0 above what a Medicare beneficiary already pays for Medicare Part B. By comparison, 13,821 plans (35%) were available with a \$0 monthly premium in 2011. In 2012 there were \$0 premium plans available in 49 states, the District of Columbia and Puerto Rico, although plans with \$0 monthly premiums may not be available in every county.

Medicare Advantage Plans excluding those with \$0 Monthly Premiums

Among the 29,032 (67%) plans available in 2012 that have a monthly premium, the average was \$86 per month, or \$1,032 per year. By comparison, among the 25,693 plans available in 2011 that had a monthly premium, the average cost was \$74 a month, or \$888 per year.

Average Maximum Out of Pocket (MOOP) Limit for Medicare Advantage Plans with \$0 Monthly Premiums

The Patient Protection and Affordable Care Act (health reform) placed a mandatory maximum limit of \$6,700 on all out of pocket medical costs for Medicare Advantage plans, which is referred to as the “**Maximum Out of Pocket**” or **MOOP**. The MOOP does not include prescription drugs and monthly premiums. The Mandatory MOOP is \$6,700 but the Affordable Care Act allows for a “Voluntary MOOP” of \$3,400 or less.

The Landscape data found that, on average, Medicare Advantage plans with \$0 monthly premiums had a MOOP of \$4,752. Of the 43,329 plans available nationwide, 5,975 (14%) had \$0 monthly premiums and a MOOP of \$3,400, or less.

Average Maximum Out of Pocket (MOOP) Limit for Medicare Advantage Plans with Monthly Premiums

Plans that did require beneficiaries to pay a monthly premium had an average MOOP of \$4,397. Of the 43,329 plans available nationwide, 14,099 (33%) with some sort of a monthly premium had a maximum out of pocket of \$3,400 or less.

Medicare Advantage Plans with Prescription Drug Benefits

At a minimum, insurers that offer the Medicare Part D benefit must offer “standard coverage” or alternative coverage with actuarially equivalent benefits. They may also offer enhanced benefits.

Among the 43,329 plans listed in the 2012 landscape file, 30,040 Medicare Advantage plans listed the type of Medicare Part D prescription drug benefit they provided as either “standard” or “enhanced.” Among these 30,040 plans 22,217 (74%) provided an enhanced prescription drug benefit, while 7,823 (26%) provided a basic drug benefit.

By comparison, among the 39,514 plans listed in the 2011 landscape file, 26,794 Medicare Advantage plans listed the type of Medicare Part D prescription drug benefit they provided as either “standard” or “enhanced.” Among these 26,794 plans 20,199 (75%) provided an enhanced prescription drug benefit, while 6,595 (25%) provided a basic drug benefit.

Monthly Premiums for Medicare Advantage Plans with Enhanced Drug Benefits

The average monthly premium for a Medicare Advantage plan with an enhanced drug benefit in 2012 was \$65.78, compared to \$59.86 in 2011. On average, plans with a standard drug benefit cost \$78.47 in 2012, up from \$65.23 in 2011.

Average prices for plans with enhanced drug benefits are lower, on average, than those with standard benefits, which may seem counter-intuitive to some readers. However, this price variation may occur for several reasons; In some cases plans may simply provide better benefits at a lower price; plans with standard drug benefits may offer benefits not listed in the landscape file, such as dental or vision care; plans with standard drug benefits may be available in areas that are more expensive for geographic reasons - available in cities versus rural areas, or vice-versa.

Average Maximum Out of Pocket (MOOP) Limit for \$0 Medicare Advantage Plans with Enhanced Drug Benefits

For those 22,217 Medicare Advantage plans that provided an enhanced prescription drug benefit in 2012, the average MOOP was \$4,308, which is down slightly from \$4,388 in 2011. By comparison, the average MOOP for plans with a basic prescription drug benefit was \$5,126 in 2012, up from \$4,737 in 2011.

Medicare Advantage Plans Available Nationally in 2012	Average Medicare Advantage Premium 2012	Percent of Plans Available with \$0 Monthly Premiums	Average Out-of-Pocket Maximum 2012
43,329	\$57.56	33%	\$4,516

National and State-Level Medicare Advantage Plan 2012 Data

Nationally Available Medicare Advantage Plans 2012	Average Premium 2012	Plans with \$0 Premium 2012	Average Premium (excluding \$0 premium plans)	Average MOOP 2012	Avg. Premium Plans with Enhanced Drug Benefits*	Avg. MOOP Plans with Enhanced Drug Benefits*
43,329 Plans	\$57.56	14,297 (33%)	\$86	\$4,516	\$66	\$4,522
State Level Data						
Alabama	\$43.27	217 (47%)	\$81.29	\$4,381	\$55.55	\$4,437
Arizona	\$55.30	82 (47%)	\$103.54	\$5,471	\$55.28	\$5,211
Arkansas	\$43.37	396 (39%)	\$70.80	\$5,209	\$48.09	\$5,394
California	\$46.30	174 (42%)	\$80.29	\$4,367	\$39.24	\$4,272
Colorado	\$63.56	149 (16%)	\$75.36	\$5,078	\$90.35	\$5,017
Connecticut	\$40.66	65 (60%)	\$100.73	\$5,086	\$47.66	\$5,040
Delaware	\$38.67	6 (67%)	\$116.00	\$6,700	\$38.67	\$6,700
Florida	\$17.99	1036 (78%)	\$82.92	\$4,875	\$16.94	\$4,909
Georgia	\$41.39	929 (39%)	\$67.87	\$5,174	\$36.41	\$5,226
Hawaii	\$43.80	32 (44%)	\$78.84	\$3,996	\$23.47	\$3,914
Idaho	\$70.63	40 (9%)	\$77.89	\$3,579	\$97.58	\$3,513
Illinois	\$63.05	292 (28%)	\$87.80	\$3,968	\$68.51	\$3,992
Indiana	\$58.09	306 (26%)	\$78.28	\$4,796	\$64.60	\$4,775
Iowa	\$41.29	278 (40%)	\$68.81	\$4,106	\$33.22	\$3,925
Kansas	\$63.82	323 (26%)	\$86.39	\$4,893	\$77.48	\$4,883
Kentucky	\$58.63	332 (24%)	\$76.69	\$4,896	\$63.24	\$4,921
Louisiana	\$29.20	282 (45%)	\$53.63	\$5,335	\$33.29	\$5,543
Maine	\$39.11	41 (29%)	\$54.99	\$4,304	\$50.64	\$4,158
Maryland	\$42.21	88 (42%)	\$72.16	\$5,453	\$56.95	\$5,750
Massachusetts	\$84.57	16 (8%)	\$92.30	\$3,760	\$89.16	\$3,833
Michigan	\$85.51	183 (15%)	\$100.91	\$4,559	\$114.59	\$4,614
Minnesota	\$113.70	61 (2%)	\$116.38	\$3,434	\$148.50	\$3,380
Mississippi	\$47.84	291 (33%)	\$70.92	\$4,946	\$60.06	\$5,220
Missouri	\$45.91	507 (33%)	\$68.39	\$5,024	\$44.48	\$5,115
Montana	\$60.06	65 (14%)	\$69.96	\$4,704	\$78.46	\$4,429

Nationally Available Medicare Advantage Plans 2012	Average Premium 2012	Plans with \$0 Premium 2012	Average Premium (excluding \$0 premium plans)	Average MOOP 2012	Avg. Premium Plans with Enhanced Drug Benefits*	Avg. MOOP Plans with Enhanced Drug Benefits*
Nebraska	\$62.56	180 (28%)	\$87.20	\$4,904	\$78.52	\$4,741
Nevada	\$54.63	70 (51%)	\$110.87	\$4,955	\$41.18	\$4,713
New Hampshire	\$49.17	7 (13%)	\$56.82	\$5,603	\$84.29	\$5,752
New Jersey	\$58.88	112 (45%)	\$106.67	\$6,574	\$77.67	\$6,521
New Mexico	\$41.98	76 (31%)	\$60.75	\$3,656	\$52.79	\$3,792
New York	\$48.44	541 (38%)	\$78.16	\$4,116	\$59.17	\$4,065
North Carolina	\$37.26	543 (39%)	\$60.84	\$4,479	\$43.54	\$4,593
North Dakota	\$105.41	109 (15%)	\$123.45	\$4,085	\$149.95	\$3,795
Ohio	\$42.46	563 (44%)	\$76.42	\$4,455	\$49.89	\$4,295
Oklahoma	\$58.24	333 (32%)	\$86.27	\$4,830	\$65.57	\$4,710
Oregon	\$77.77	32 (8%)	\$84.44	\$3,241	\$90.53	\$3,288
Pennsylvania	\$61.36	550 (31%)	\$88.31	\$4,345	\$71.06	\$4,445
Puerto Rico	\$7.72	2028 (87%)	\$57.93	\$4,568	\$10.07	\$4,635
Rhode Island	\$67.13	15 (38%)	\$107.40	\$3,919	\$100.40	\$3,958
South Carolina	\$42.93	226 (39%)	\$70.34	\$5,121	\$48.04	\$5,104
South Dakota	\$107.26	101 (11%)	\$120.78	\$3,836	\$136.46	\$3,675
Tennessee	\$45.66	502 (40%)	\$75.59	\$4,266	\$56.68	\$4,442
Texas	\$74.29	1014 (27%)	\$101.17	\$4,493	\$86.92	\$4,564
Utah	\$37.58	84 (45%)	\$68.53	\$4,320	\$42.36	\$4,502
Vermont	\$45.30	28 (25%)	\$60.40	\$5,775	\$74.05	\$6,010
Virginia	\$42.48	451 (31%)	\$61.41	\$4,923	\$51.39	\$5,035
Washington	\$73.19	65 (15%)	\$85.77	\$3,310	\$88.86	\$3,275
Washington D.C.	\$31.69	8 (62%)	\$82.40	\$5,431	\$43.50	\$5,875
West Virginia	\$64.83	192 (26%)	\$88.18	\$4,385	\$87.97	\$4,433
Wisconsin	\$78.05	245 (21%)	\$98.83	\$3,648	\$92.65	\$3,787
Wyoming	\$44.09	31 (46%)	\$82.06	\$4,774	\$48.00	\$4,040

National and State-Level Medicare Advantage Plan 2011 Data

Nationally Available Medicare Advantage Plans 2011	Average Premium 2011	Plans with \$0 Premium 2011	Average Premium (excluding \$0 premium plans)	Average MOOP 2011	Avg. Premium Plans with Enhanced Drug Benefits*	Avg. MOOP Plans with Enhanced Drug Benefits*
39,514 Plans	\$48.33	13,821 (34%)	\$74	\$4,376	\$66	\$4,474
State Level Data						
Alabama	\$44.36	205 (45%)	\$81.29	\$4,381	\$55.55	\$4,437
Arizona	\$52.55	70 (48%)	\$103.54	\$5,471	\$55.28	\$5,211
Arkansas	\$35.77	362 (39%)	\$70.80	\$5,209	\$48.09	\$5,394
California	\$14.67	248 (75%)	\$80.29	\$4,367	\$39.24	\$4,272
Colorado	\$67.62	123 (14%)	\$75.36	\$5,078	\$90.35	\$5,017
Connecticut	\$40.58	66 (62%)	\$100.73	\$5,086	\$47.66	\$5,040
Delaware	\$48.50	3 (50%)	\$116.00	\$6,700	\$38.67	\$6,700
Florida	\$21.35	965 (66%)	\$82.92	\$4,875	\$16.94	\$4,909
Georgia	\$31.08	953 (37%)	\$67.87	\$5,174	\$36.41	\$5,226
Hawaii	\$41.57	31 (44%)	\$78.84	\$3,996	\$23.47	\$3,914
Idaho	\$62.66	34 (9%)	\$77.89	\$3,579	\$97.58	\$3,513
Illinois	\$67.14	165 (20%)	\$87.80	\$3,968	\$68.51	\$3,992
Indiana	\$51.80	270 (30%)	\$78.28	\$4,796	\$64.60	\$4,775
Iowa	\$32.53	286 (37%)	\$68.81	\$4,106	\$33.22	\$3,925
Kansas	\$43.89	306 (36%)	\$86.39	\$4,893	\$77.48	\$4,883
Kentucky	\$37.40	321 (27%)	\$76.69	\$4,896	\$63.24	\$4,921
Louisiana	\$25.45	290 (46%)	\$53.63	\$5,335	\$33.29	\$5,543
Maine	\$25.31	23 (40%)	\$54.99	\$4,304	\$50.64	\$4,158
Maryland	\$33.23	87 (60%)	\$72.16	\$5,453	\$56.95	\$5,750
Massachusetts	\$88.49	25 (15%)	\$92.30	\$3,760	\$89.16	\$3,833
Michigan	\$80.95	132 (13%)	\$100.91	\$4,559	\$114.59	\$4,614
Minnesota	\$108.30	61 (3%)	\$116.38	\$3,434	\$148.50	\$3,380
Mississippi	\$30.61	310 (38%)	\$70.92	\$4,946	\$60.06	\$5,220
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Montana	\$42.38	62 (16%)	\$69.96	\$4,704	\$78.46	\$4,429

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North Carolina	\$36.95	656 (44%)	\$60.84	\$4,479	\$43.54	\$4,593
North Dakota	\$69.07	130 (16%)	\$123.45	\$4,085	\$149.95	\$3,795
Ohio	\$42.83	527(42%)	\$76.42	\$4,455	\$49.89	\$4,295
Oklahoma	\$44.00	199 (33%)	\$86.27	\$4,830	\$65.57	\$4,710
Oregon	\$85.37	18 (5%)	\$84.44	\$3,241	\$90.53	\$3,288
Pennsylvania	\$64.82	557 (34%)	\$88.31	\$4,345	\$71.06	\$4,445
Puerto Rico	\$5.11	1851 (89%)	\$57.93	\$4,568	\$10.07	\$4,635
Rhode Island	\$69.17	16 (44%)	\$107.40	\$3,919	\$100.40	\$3,958
South Carolina	\$42.92	176 (37%)	\$70.34	\$5,121	\$48.04	\$5,104
South Dakota	\$76.02	213 (17%)	\$120.78	\$3,836	\$136.46	\$3,675
Tennessee	\$50.33	410 (31%)	\$75.59	\$4,266	\$56.68	\$4,442
Texas	\$48.31	1072 (34%)	\$101.17	\$4,493	\$86.92	\$4,564
Utah	\$35.81	82 (47%)	\$68.53	\$4,320	\$42.36	\$4,502
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Virginia	\$29.30	621 (41%)	\$61.41	\$4,923	\$51.39	\$5,035
Washington	\$74.51	54 (14%)	\$85.77	\$3,310	\$88.86	\$3,275
Washington D.C.	\$40.13	4 (50%)	\$82.40	\$5,431	\$43.50	\$5,875
West Virginia	\$62.46	181 (26%)	\$88.18	\$4,385	\$87.97	\$4,433
Wisconsin	\$79.44	156 (16%)	\$98.83	\$3,648	\$92.65	\$3,787
Wyoming	\$51.70	33 (24%)	\$82.06	\$4,774	\$48.00	\$4,040

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