



Summary of Benefits

Your 2010 Advantage Freedom Plan



Medicare Part D Plans
Insured By Accendo Insurance Company

Accendo Insurance Company
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Introduction to the Summary of Benefits for Advantage Freedom Plan (PDP)

January 1, 2010 – December 31, 2010

Thank you for your interest in Advantage Freedom Plan by RxAmerica (PDP). Our plan is offered by Accendo Insurance Company/RxAmerica, 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 Advantage Freedom Plan by RxAmerica (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 Advantage Freedom Plan by RxAmerica. 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 Advantage Freedom Plan by RxAmerica (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where is Advantage Freedom Plan by RxAmerica (PDP) available?

The service area for this plan includes all 50 states and the District of Columbia. You must live in one of these areas to join this plan.

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?

Advantage Freedom Plan by RxAmerica (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?

Advantage Freedom Plan by RxAmerica (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. RxAmerica has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-payment or co-insurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescription drugs.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at www.Meds4Medicare.com. Our Customer Care number is listed at the end of this introduction.

What is a prescription drug formulary?

Advantage Freedom Plan by RxAmerica (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.Meds4Medicare.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 from your Medigap policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan cover. 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 the Advantage Freedom Plan by RxAmerica. 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 Advantage Freedom Plan by RxAmerica (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/TDD 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 prescription drug 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 the Advantage Freedom Plan by RxAmerica (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). Please see the attached Table 2 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 Advantage Freedom Plan by RxAmerica (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 1-800-429-

6686 to obtain a copy of the plan ratings for this plan. TTY users call 1-877-297-2184.

Please contact RxAmerica for more information about the Advantage Freedom Plan (PDP).

Visit us at www.Meds4Medicare.com or call us:

Customer Care Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,
from 8 a.m. to 8 p.m. (local time)

Current and prospective members should call toll-free (800)-429-6686

TTY users should call (877)-279-0371

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048

You can call 24 hours a day, seven days a week.

Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

Section II – Summary of Benefits

Benefit Category	Original Medicare	Advantage Freedom Plan by RxAmerica (PDP)
<p>Prescription Drugs</p>	<p>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.</p>	<p>Drugs Covered under Medicare Part D</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.meds4medicare.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service). <p>Please refer to the premium Table 1 after this section to find out the premium in this area.</p> <p>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).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Advantage Freedom Plan by RxAmerica (PDP) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>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 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.</p>

		<p>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.</p> <p>If you request a formulary exception for a drug and Accendo approves the exception, you will pay Tier 5 cost sharing for that drug.</p>
In Network		\$0 deductible
Initial Coverage		You pay the following until total yearly drug costs reach \$2,830
Retail Pharmacy		Value Generic
		<ul style="list-style-type: none"> - \$2.50 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy - \$7.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy - \$5 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy - \$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
		Generic
		<ul style="list-style-type: none"> - \$5 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy - \$15 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy - \$5 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy - \$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
		Preferred Brand
		<ul style="list-style-type: none"> - 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy - 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy - 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy - 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>

		<p>Specialty</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy - 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy
		<p>Non-Preferred</p> <ul style="list-style-type: none"> - 45% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy - 45% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy - 45% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy - 45% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
Long Term Care Pharmacy		<p>Value Generic</p>
		<ul style="list-style-type: none"> - \$5 copay for a one-month (31-day) supply of drugs in this tier
		<p>Generic</p>
		<ul style="list-style-type: none"> - \$5 copay for a one-month (31-day) supply of drugs in this tier
		<p>Preferred Brand</p>
		<ul style="list-style-type: none"> - 33% coinsurance for a one-month (31-day) supply of drugs in this tier
		<p>Specialty</p>
		<ul style="list-style-type: none"> - 33% coinsurance for a one-month (31-day) supply of drugs in this tier
		<p>Non Preferred</p>
		<ul style="list-style-type: none"> - 45% coinsurance for a one-month (31-day) supply of drugs in this tier
Mail Order		<p>Value Generic</p>
		<ul style="list-style-type: none"> - \$5 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. - \$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>

		<p>Generic</p> <ul style="list-style-type: none"> - \$10 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. - \$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Preferred Brand</p> <ul style="list-style-type: none"> - 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. - 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Specialty</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. - 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Non Preferred</p> <ul style="list-style-type: none"> - 45% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. - 45% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
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		After your yearly out-of-pocket drug costs reach \$ 4,550, you pay the greater of: <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.
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 Advantage Freedom Plan by RxAmerica (PDP).

Out-of-Network Initial Coverage		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>Value Generic</p> <p>- \$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Generic</p> <p>- \$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Preferred Brand</p> <p>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Specialty</p> <p>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Non Preferred</p> <p>- 45% 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 Advantage Freedom Plan by RxAmerica (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Advantage Freedom Plan by RxAmerica (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.
Out-of-Network Catastrophic Coverage		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: - A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or - 5% coinsurance.

Table 1: Monthly Premium Table

State or Region	Freedom Plan 2010 Premium
Alabama	\$48.60
Alaska	\$57.80
Arizona	\$43.40
Arkansas	\$47.00
California	\$49.40
Colorado	\$45.80
Connecticut	\$50.10
Delaware	\$40.60
Florida	\$45.90
Georgia	\$55.80
Hawaii	\$37.90
Idaho	\$49.70
Illinois	\$50.70
Indiana	\$49.20
Iowa	\$48.50
Kansas	\$40.20
Kentucky	\$49.20
Louisiana	\$46.10
Maine	\$40.40
Maryland	\$40.60
Massachusetts	\$50.10
Michigan	\$47.10
Minnesota	\$48.50
Mississippi	\$49.30
Missouri	\$46.70
Montana	\$48.50

State or Region	Freedom Plan 2010 Premium
Nebraska	\$48.50
Nevada	\$42.10
New Hampshire	\$40.40
New Jersey	\$47.40
New Mexico	\$39.90
New York	\$35.70
North Carolina	\$55.40
North Dakota	\$48.50
Ohio	\$45.10
Oklahoma	\$56.30
Oregon	\$56.50
Pennsylvania	\$49.00
Rhode Island	\$50.10
South Carolina	\$43.30
South Dakota	\$48.50
Tennessee	\$48.60
Texas	\$54.30
Utah	\$49.70
Vermont	\$50.10
Virginia	\$46.60
Washington	\$56.50
West Virginia	\$49.00
Wisconsin	\$50.00
Wyoming	\$48.50
District of Columbia	\$40.60

Table 2: Quality Improvement Organizations (QIO)

<u>State</u>	<u>Name</u>	<u>Address</u>	<u>City & State</u>	<u>Zip</u>	<u>Telephone</u>
AK	Mountain-Pacific Quality Health Foundation	4241 B Street, Suite 303	Anchorage, AK	99503	(888) 578-2547
AL	Alabama Quality Assurance Foundation	Two Perimeter Park South, Suite 200 W	Birmingham, AL	35243	(800) 760-3540
AR	Arkansas Foundation for Medical Care	401 West Capitol	Little Rock, AR	72201	(800) 272-5528
AZ	Health Services Advisory Group	1600 East Northern Ave., Ste.100	Phoenix, AZ	85020	602-264-6382
CA	Lumetra	700 N. Brand Boulevard Suite 410	Glendale, CA	91203	(800) 841-1602
CO	Colorado Foundation for Medical Care	23 Inverness Way East, Suite 100	Englewood, CO	80112	303-695-3300
CT	Qualidigm	100 Roscommon Drive	Middletown, CT	06457	860-632-2008
DC	Delmarva Foundation	9240 Centreville Road	Easton, Maryland	21601	202-293-9650
DE	Quality Insights of Delaware	Plaza III, 1847 Marsh Road	Wilmington, DE	19810	(302) 478-3600
FL	FMQAI	5201 W. Kennedy Boulevard, Suite 900	Tampa, FL	33609	800-844-0795
GA	Georgia Medical Care Foundation	1455 Lincoln Pkwy, Suite 800	Atlanta, GA	30346	404-982-0411
HI	Mountain-Pacific Quality Health Foundation	1360 S. Beretania, Suite 501	Honolulu, HI	96814	808-545-2550
IA	Iowa Foundation for Medical Care	6000 Westown Parkway	Des Moines, Iowa	50266	800-383-2856
ID	Qualis Health	720 Park Blvd., Ste. 120	Boise, ID	83712	800-488-1118
IL	Illinois Foundation for Quality Health Care (IFQHC)	2625 Butterfield Road, Suite 102E	Oak Brook, IL	60523	800-386-6431
IN	Health Care Excel, Incorporated	2901 Ohio Boulevard, Suite 112	Terre Haute, IN	47803	812-234-1499
KS	Kansas Foundation for Medical Care, Inc.	2947 SW Wanamaker Drive	Topeka, KS	66614	800-432-0407
KY	Health Care Excel of Kentucky, Incorporated	1951 Bishop Lane, Suite 300	Louisville, KY	40218	502-454-5112
LA	Louisiana Health Care Review, Inc. (LHCR)	8591 United Plaza Boulevard, Suite 270	Baton Rouge, LA	70809	225-926-6353
MA	MassPRO	235 Wyman Street	Waltham, MA	2451	781-890-0011
MD	Delmarva Foundation	9240 Centreville Road	Easton, Maryland	21601	410-822-0697
ME	Northeast Health Care Quality Foundation	15 Old Rollinsford Rd, Suite 302	Dover, New Hampshire	3820	800-772-0151
MI	Michigan Peer Review Organization	22670 Haggerty Road, Suite 100	Farmington Hills, MI	48335	248-465-7300
MN	Stratis Health	2901 Metro Drive, Suite 400	Bloomington, MN	55425	877-STRATIS

MO	Primaris	200 North Keene Street	Columbia, MO	65201	800-735-6776
MS	Information & Quality Healthcare (IQH)	Renaissance Plc - Ste 504, 385B Highland Colony Pkwy	Ridgeland, MS	39157	601-957-1575
MT	Mountain-Pacific Quality Health Foundation	3404 Cooney Drive	Helena, MT	59602	800-497-8232
NC	The Carolinas Center for Medical Excellence	100 Regency Forest Drive, Suite 200	Cary, NC	27511	800-682-2650
ND	North Dakota Health Care Review	800 31st Ave SW	Minot, ND	58701	800-472- 2902
NE	CIMRO of Nebraska	1230 O Street, Suite 120	Lincoln, NE	68508	800-458-4262
NH	Northeast Health Care Quality Foundation	15 Old Rollinsford Rd, Suite 302	Dover, NH	3820	800-772-0151
NJ	Healthcare Quality Strategies	557 Cranbury Road, Suite 21	East Brunswick, NJ	8816	732-238-5570
NM	New Mexico Medical Review Association	Seagull Office Plaza, 5801 Osuna Road NE, Suite 200	Albuquerque, NM	87109	(800) 663-6351
NV	HealthInsight	500 So. Rancho Dr., Suite C-17	Las Vegas, NV	89106	702-385-9933
NY	IPRO	1979 Marcus Avenue	Lake Success, NY	11042	516-326-7767
OH	Ohio KePRO	Rock Run Center, Suite 100, 5700 Lombardo Ctr Dr	Seven Hills, OH	44131	800-589-7337
OK	Oklahoma Foundation for Medical Quality (OFMQ)	14000 Quail Springs Parkway, Suite 400	Oklahoma City, OK	73134	405-840-2891
OR	Oregon Medical Professional Review Organization	2020 SW Fourth Avenue, Suite 520	Portland, OR	97201	503-279-0100
PA	Quality Insights of Pennsylvania	2601 Market Place Street, Suite 320	Harrisburg, PA	17110	877-346-6180
RI	Quality Partners of Rhode Island	235 Promenade St. Suite 500	Providence, RI	02908	401-528-3200
SC	The Carolinas Center for Medical Excellence	246 Stoneridge Drive, Suite 200	Columbia, SC	29210	800-922-3089
SD	South Dakota Foundation for Medical Care	1323 S. Minnesota Ave	Sioux Falls, SD	57105	605-336-3505
TN	Center for Healthcare Quality	3175 Lenox Park Blvd., Suite 309	Memphis, TN	38115	800-528-2655
TX	TMF Health Quality Institute	5918 West Courtyard Drive, Bridgepoint I, Suite 300	Austin, TX	78730	800-725-9216
UT	HealthInsight	348 East 4500 South, Suite 300	Salt Lake City, UT	84107	801-892-0155
VA	Virginia Health Quality Center	4510 Cox Road, Suite 400	Glen Allen, VA	23060	804-289-5320

VT	Northeast Health Care Quality Foundation	15 Old Rollinsford Rd, Suite 302	Dover, NH	3820	800-772-0151
WA	Qualis Health	10700 Meridian N., Ste. 100	Seattle, WA	98133	800-949-7536
WI	MetaStar, Inc.	2909 Landmark Place	Madison, WI	53713	800-362-2320
WV	West Virginia Medical Institute	3001 Chesterfield Place	Charleston, WV	25304	(800) 642-8686 x266
WY	Mountain-Pacific Quality Health Foundation	2206 Dell Range Blvd., Suite G	Cheyenne, WY	82009	877-810-6248