

## 2016 Medicare Advantage, and Cost Plans

Data as of September 9, 2015. Includes 2016 approved contracts/plans. PACE, Special Needs Plans, Part B Only Plans, and Employer sponsored plans (800 series) are excluded. Plans under sanction are not shown. Medicare/Medicaid plans are shown in a separate Landscape file.

Notes: Data are subject to change as contracts are finalized. For 2016, enhanced alternative plans may offer additional cost sharing reductions in the gap on a sub-set of the formulary drugs, beyond the standard Part D benefit.

\* Indicates plan does not offer Part D drug coverage.

\*\* MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services. N/A is defined as Not Applicable

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Drug Benefit Type Detail	Contract ID	Plan ID	In-network MOOP Amount **
Alexander	Aetna Medicare	Aetna Medicare Connect Plus (PPO)	Local PPO	\$188.00	\$0.00	Enhanced	Yes	EA	H5521	052	\$ 4,500
Alexander	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$0.00	\$185.00	Enhanced	No	EA	H5521	081	\$ 4,950
Alexander	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	Local HMO	\$64.70	\$0.00	Enhanced	Yes	EA	H3449	005	\$ 3,950
Alexander	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	Local HMO *	\$0.00					H3449	012	\$ 6,700
Alexander	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Standard (HMO)	Local HMO	\$38.40	\$0.00	Enhanced	No	EA	H3449	013	\$ 4,700
Alexander	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$71.50	\$0.00	Enhanced	No	EA	H3404	001	\$ 4,500
Alexander	Cigna-Healthspring	Cigna-HealthSpring Preferred (HMO)	Local HMO	\$0.00	\$200.00	Enhanced	No	EA	H9725	001	\$ 5,300
Alexander	Coventry Health Care	Advantra Gold (PPO)	Local PPO	\$39.00	\$0.00	Enhanced	No	EA	H1608	025	\$ 4,200
Alexander	Gateway Health Medicare Assured	Gateway Health Medicare Assured Prime (HMO)	Local HMO	\$96.00	\$250.00	Enhanced	No	EA	H9190	012	\$ 6,700
Alexander	Gateway Health Medicare Assured	Gateway Health Medicare Assured Select (HMO)	Local HMO	\$0.00	\$360.00	Basic	No	BA	H9190	020	\$ 6,700
Alexander	Humana Insurance Company	Humana Gold Choice H8145-063 (PFFS)	PFFS	\$71.00	\$360.00	Enhanced	Yes	EA	H8145	063	N/A
Alexander	Humana Insurance Company	HumanaChoice H6609-125 (PPO)	Local PPO	\$49.00	\$360.00	Enhanced	Yes	EA	H6609	125	\$ 4,900
Alexander	Humana Insurance Company	HumanaChoice R5826-063 (Regional PPO)	Regional PPO *	\$0.00					R5826	063	\$ 4,900
Alexander	Humana Insurance Company	HumanaChoice R5826-079 (Regional PPO)	Regional PPO	\$78.00	\$360.00	Enhanced	Yes	EA	R5826	079	\$ 6,700
Alexander	Humana Medical Plan, Inc.	Humana Gold Plus H1036-137 (HMO)	Local HMO	\$19.00	\$360.00	Enhanced	Yes	EA	H1036	137	\$ 6,700