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 benefi

*** 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 **
Guilford	Aetna Medicare	Aetna Medicare Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H5521	052	$ 4,500
Guilford	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	$0.00	$185.00	Enhanced	No	EA	H5521	081	$ 4,950
Guilford	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
Guilford	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	Local HMO *	$0.00					H3449	012	$ 6,700
Guilford	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
Guilford	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
Guilford	Cigna-Healthspring	Cigna-HealthSpring Preferred (HMO)	Local HMO	$0.00	$200.00	Enhanced	No	EA	H9725	001	$ 5,300
Guilford	Coventry Health Care	Advantra Gold (PPO)	Local PPO	$39.00	$0.00	Enhanced	No	EA	H1608	025	$ 4,200
Guilford	HealthTeam Advantage	HealthTeam Advantage Plan I (PPO)	Local PPO	$0.00	$0.00	Enhanced	Yes	EA	H9808	004	$ 3,400
Guilford	HealthTeam Advantage	HealthTeam Advantage Plan II (PPO)	Local PPO	$57.00	$0.00	Enhanced	Yes	EA	H9808	005	$ 3,100
Guilford	Humana Insurance Company	HumanaChoice H6609-125 (PPO)	Local PPO	$49.00	$360.00	Enhanced	Yes	EA	H6609	125	$ 4,900
Guilford	Humana Insurance Company	HumanaChoice R5826-063 (Regional PPO)	Regional PPO *	$0.00					R5826	063	$ 4,900
Guilford	Humana Insurance Company	HumanaChoice R5826-079 (Regional PPO)	Regional PPO	$78.00	$360.00	Enhanced	Yes	EA	R5826	079	$ 6,700
Guilford	Humana Medical Plan, Inc.	Humana Gold Plus H1036-138 (HMO)	Local HMO	$0.00	$300.00	Enhanced	Yes	EA	H1036	138	$ 5,500
Guilford	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	Local PPO	$50.00	$165.00	Enhanced	No	EA	H2228	018	$ 4,500
Guilford	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	Local HMO *	$0.00					H5253	040	$ 4,900
Guilford	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	Local HMO	$35.00	$175.00	Enhanced	No	EA	H5253	037	$ 4,900
Guilford	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	Local HMO	$0.00	$170.00	Enhanced	No	EA	H5253	038	$ 6,700