

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 ** |
|---------|--|--|------------------------------|--|------------------------|-------------------|--|--------------------------|-------------|---------|---------------------------|
| Lincoln | Blue Cross and Blue Shield of North Carolina | Blue Medicare HMO Medical Only (HMO) | Local HMO * | \$0.00 | | | | | H3449 | 012 | \$ 6,700 |
| Lincoln | 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 |
| Lincoln | Cigna-Healthspring | Cigna-HealthSpring Preferred (HMO) | Local HMO | \$0.00 | \$200.00 | Enhanced | No | EA | H9725 | 001 | \$ 5,300 |
| Lincoln | Gateway Health Medicare Assured | Gateway Health Medicare Assured Prime (HMO) | Local HMO | \$96.00 | \$250.00 | Enhanced | No | EA | H9190 | 012 | \$ 6,700 |
| Lincoln | Gateway Health Medicare Assured | Gateway Health Medicare Assured Select (HMO) | Local HMO | \$0.00 | \$360.00 | Basic | No | BA | H9190 | 020 | \$ 6,700 |
| Lincoln | Humana Insurance Company | Humana Gold Choice H8145-063 (PFFS) | PFFS | \$71.00 | \$360.00 | Enhanced | Yes | EA | H8145 | 063 | N/A |
| Lincoln | Humana Insurance Company | HumanaChoice H6609-125 (PPO) | Local PPO | \$49.00 | \$360.00 | Enhanced | Yes | EA | H6609 | 125 | \$ 4,900 |
| Lincoln | Humana Insurance Company | HumanaChoice R5826-063 (Regional PPO) | Regional PPO * | \$0.00 | | | | | R5826 | 063 | \$ 4,900 |
| Lincoln | Humana Insurance Company | HumanaChoice R5826-079 (Regional PPO) | Regional PPO | \$78.00 | \$360.00 | Enhanced | Yes | EA | R5826 | 079 | \$ 6,700 |
| Lincoln | Humana Medical Plan, Inc. | Humana Gold Plus H1036-137 (HMO) | Local HMO | \$19.00 | \$360.00 | Enhanced | Yes | EA | H1036 | 137 | \$ 6,700 |
| Lincoln | UnitedHealthcare | AARP MedicareComplete Essential (HMO) | Local HMO * | \$0.00 | | | | | H5253 | 040 | \$ 4,900 |
| Lincoln | UnitedHealthcare | AARP MedicareComplete Plan 1 (HMO) | Local HMO | \$35.00 | \$175.00 | Enhanced | No | EA | H5253 | 037 | \$ 4,900 |
| Lincoln | UnitedHealthcare | AARP MedicareComplete Plan 2 (HMO) | Local HMO | \$0.00 | \$170.00 | Enhanced | No | EA | H5253 | 038 | \$ 6,700 |