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 **
Yancey	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
Yancey	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	Local HMO *	$0.00					H3449	012	$ 6,700
Yancey	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
Yancey	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
Yancey	Gateway Health Medicare Assured	Gateway Health Medicare Assured Prime (HMO)	Local HMO	$96.00	$250.00	Enhanced	No	EA	H9190	012	$ 6,700
Yancey	Gateway Health Medicare Assured	Gateway Health Medicare Assured Select (HMO)	Local HMO	$0.00	$360.00	Basic	No	BA	H9190	020	$ 6,700
Yancey	Humana Insurance Company	Humana Gold Choice H8145-063 (PFFS)	PFFS	$71.00	$360.00	Enhanced	Yes	EA	H8145	063	N/A
Yancey	Humana Insurance Company	HumanaChoice H6609-125 (PPO)	Local PPO	$49.00	$360.00	Enhanced	Yes	EA	H6609	125	$ 4,900
Yancey	Humana Insurance Company	HumanaChoice R5826-063 (Regional PPO)	Regional PPO *	$0.00					R5826	063	$ 4,900
Yancey	Humana Insurance Company	HumanaChoice R5826-079 (Regional PPO)	Regional PPO	$78.00	$360.00	Enhanced	Yes	EA	R5826	079	$ 6,700