2016 Medicare Advantage Special Needs Plans

Data as of September 9, 2015. Includes all 2016 approved contracts/plans. Employer sponsored plans (800 series) are excluded. Plans under sanction are not shown.

Notes: Data are subject to change. All contracts for 2016 have been 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.

* Your premium may be lower depending on your eligibility for medical assistance. Call your plan for details.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Consolidated Premium* (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Contract ID	Plan ID
Polk	Cigna-Healthspring	Cigna-HealthSpring TotalCare (HMO SNP)	Local HMO	Dual-Eligible	$31.10	$360.00	Basic	No	H9725	003
Polk	Gateway Health Medicare Assured	Gateway Health Medicare Assured Diamond (HMO SNP)	Local HMO	Dual-Eligible	$31.10	$360.00	Basic	No	H9190	007
Polk	Gateway Health Medicare Assured	Gateway Health Medicare Assured Gold (HMO SNP)	Local HMO	Chronic or Disabling Condition	$59.00	$360.00	Enhanced	No	H9190	009
Polk	Gateway Health Medicare Assured	Gateway Health Medicare Assured Platinum (HMO SNP)	Local HMO	Chronic or Disabling Condition	$97.00	$250.00	Enhanced	No	H9190	010
Polk	Gateway Health Medicare Assured	Gateway Health Medicare Assured Ruby (HMO SNP)	Local HMO	Dual-Eligible	$31.10	$360.00	Basic	No	H9190	008
Randolph	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-168 (HMO SNP)	Local HMO	Dual-Eligible	$31.00	$190.00	Basic	No	H1036	168
Randolph	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS SNP)	Local HMO	Institutional	$22.80	$80.00	Basic	No	H5253	043
Randolph	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO	Dual-Eligible	$18.00	$360.00	Basic	No	H5253	041
Randolph	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	Institutional	$31.10	$360.00	Basic	No	H5253	042
Rockingham	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-168 (HMO SNP)	Local HMO	Dual-Eligible	$31.00	$190.00	Basic	No	H1036	168
Rockingham	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS SNP)	Local HMO	Institutional	$22.80	$80.00	Basic	No	H5253	043
Rockingham	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO	Dual-Eligible	$18.00	$360.00	Basic	No	H5253	041
Rockingham	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	Institutional	$31.10	$360.00	Basic	No	H5253	042
Rowan	Cigna-Healthspring	Cigna-HealthSpring TotalCare (HMO SNP)	Local HMO	Dual-Eligible	$31.10	$360.00	Basic	No	H9725	003
Rowan	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes and Heart (HMO SNP)	Local HMO	Chronic or Disabling Condition	$19.00	$360.00	Enhanced	Yes	H1036	184
Rowan	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-167 (HMO SNP)	Local HMO	Dual-Eligible	$31.00	$190.00	Basic	No	H1036	167
Rowan	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS SNP)	Local HMO	Institutional	$22.80	$80.00	Basic	No	H5253	043
Rowan	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO	Dual-Eligible	$18.00	$360.00	Basic	No	H5253	041
Rowan	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	Institutional	$31.10	$360.00	Basic	No	H5253	042
Sampson	Gateway Health Medicare Assured	Gateway Health Medicare Assured Diamond (HMO SNP)	Local HMO	Dual-Eligible	$31.10	$360.00	Basic	No	H9190	007
Sampson	Gateway Health Medicare Assured	Gateway Health Medicare Assured Gold (HMO SNP)	Local HMO	Chronic or Disabling Condition	$59.00	$360.00	Enhanced	No	H9190	009
Sampson	Gateway Health Medicare Assured	Gateway Health Medicare Assured Platinum (HMO SNP)	Local HMO	Chronic or Disabling Condition	$97.00	$250.00	Enhanced	No	H9190	010
Sampson	Gateway Health Medicare Assured	Gateway Health Medicare Assured Ruby (HMO SNP)	Local HMO	Dual-Eligible	$31.10	$360.00	Basic	No	H9190	008
Sampson	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS SNP)	Local HMO	Institutional	$22.80	$80.00	Basic	No	H5253	043
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