

2012 Medicare Advantage, and Cost Plans

Data as of September 8, 2011. Includes all 2012 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.

Notes: Data are subject to change as contracts are finalized. For 2012, enhanced alternative plans may offer additional gap coverage which is calculated as the percentage of "generic" formulary products with coverage above and beyond the 2012 standard "generic" coverage gap cost-sharing benefit and/or the percentage of "brand" formulary products covered in addition to the coverage gap discount for applicable drugs. Additional gap coverage levels are determined separately for formulary generic and brand products and are described as follows: "All": 100% of formulary drugs are covered through the gap, "Many": ≥65% to <100% of formulary drugs are covered through the gap, "Some": ≥10% to <65 % of formulary drugs are covered through the gap, "Few": >0% to <10% of formulary drugs are covered through the gap (and must also be >15 products covered through the gap), "No Gap

* 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

State	County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Type of Additional Coverage Offered in the Gap	Drug Benefit Type Detail	Contract ID	Plan ID	In-network MOOP Amount **
North Carolina	Transylvania	AMERICA'S 1ST CHOICE INSURANCE COMPANY OF NC, INC	Presidential (PFFS)	PFFS *	\$0.00					H0979	021	\$3,400
North Carolina	Transylvania	AMERICA'S 1ST CHOICE INSURANCE COMPANY OF NC, INC	Presidential Plus (PFFS)	PFFS	\$0.00	\$0	Enhanced	No Gap Coverage	EA	H0979	022	\$3,400
North Carolina	Transylvania	Humana Insurance Company	HumanaChoice H3405-007 (PPO)	Local PPO	\$21.00	\$0	Enhanced	Few Generics and Few Brands	EA	H3405	007	\$3,900
North Carolina	Transylvania	Humana Insurance Company	HumanaChoice R5826-003 (Regional PPO)	Regional PPO	\$69.00	\$0	Enhanced	Few Generics and Few Brands	EA	R5826	003	\$5,900
North Carolina	Transylvania	Humana Insurance Company	HumanaChoice R5826-063 (Regional PPO)	Regional PPO *	\$0.00					R5826	063	\$3,400
North Carolina	Transylvania	Humana Insurance Company	HumanaChoice R5826-079 (Regional PPO)	Regional PPO	\$58.00	\$320	Basic	No Gap Coverage	DS	R5826	079	\$5,900
North Carolina	Transylvania	Sterling Life Insurance Company	WindsorSterling Gold Access Plan (PFFS)	PFFS	\$75.00	\$50	Basic	No Gap Coverage	BA	H5006	017	\$4,000
North Carolina	Transylvania	Sterling Life Insurance Company	WindsorSterling Silver Access Plan (PFFS)	PFFS *	\$49.00					H5006	018	\$4,000
North Carolina	Transylvania	UnitedHealthcare	AARP MedicareComplete Plus (HMO-POS)	Local HMO	\$0.00	\$0	Enhanced	No Gap Coverage	EA	H3456	025	\$4,750
North Carolina	Transylvania	Universal American Corp.	Today's Options Premier 200 (PFFS)	PFFS *	\$95.00					H5421	209	\$3,250
North Carolina	Transylvania	Universal American Corp.	Today's Options Premier 400 (PFFS)	PFFS *	\$60.00					H5421	049	\$6,700
North Carolina	Transylvania	Universal American Corp.	Today's Options Premier Plus 250A (PFFS)	PFFS	\$139.00	\$0	Enhanced	No Gap Coverage	EA	H5421	067	\$3,250
North Carolina	Transylvania	Universal American Corp.	Today's Options Premier Plus 450D (PFFS)	PFFS	\$82.00	\$50	Basic	No Gap Coverage	BA	H5421	073	\$6,700
North Carolina	Transylvania	UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.	Any, Any, Any Gold (PFFS)	PFFS	\$0.00	\$0	Enhanced	No Gap Coverage	EA	H5820	002	\$6,700
North Carolina	Transylvania	UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.	Any, Any, Any Gold MA Only (PFFS)	PFFS *	\$0.00					H5820	026	\$6,700