

2013 Medicare Advantage, and Cost Plans

Data as of September 4, 2012. Includes 2013 approved contracts/plans. PACE, Special Needs Plans, Part B Only Plans, Medicare/Medicaid 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 2013, enhanced alternative plans may offer additional gap coverage which is calculated as the percentage of "generic" formulary products with coverage above and beyond the 2013 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 Coverage": 0% of formulary drugs are covered through the gap (or ≤15 products covered through the gap). A label of "All Formulary Drugs" is applied for plans that cover 100% of "generic" and 100% of "brand" products (either by covering all formulary drug products in the gap or by having no initial coverage limit).

\* 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 | Segment ID | In-network MOOP Amount ** |
|----------------|----------|----------------------------------------------|------------------------------------------|------------------------------|----------------------------------------------------|------------------------|-------------------|------------------------------------------------|--------------------------|-------------|---------|------------|---------------------------|
| North Carolina | Franklin | Blue Cross and Blue Shield of North Carolina | Blue Medicare PPO Enhanced (PPO)         | Local PPO                    | 47.20                                              | \$0                    | Enhanced          | No Gap Coverage                                | EA                       | H3404       | 001     | 0          | \$ 3,400                  |
| North Carolina | Franklin | Blue Cross and Blue Shield of North Carolina | Blue Medicare PPO Enhanced Freedom (PPO) | Local PPO                    | 109.60                                             | \$0                    | Enhanced          | Some Generics and Few Brands                   | EA                       | H3404       | 002     | 0          | \$ 3,400                  |
| North Carolina | Franklin | Humana Insurance Company                     | HumanaChoice H3405-001 (PPO)             | Local PPO                    | 31.00                                              | \$0                    | Enhanced          | Few Generics and Few Brands                    | EA                       | H3405       | 001     | 0          | \$ 5,900                  |
| North Carolina | Franklin | Blue Cross and Blue Shield of North Carolina | Blue Medicare HMO Enhanced (HMO)         | Local HMO                    | 16.40                                              | \$0                    | Enhanced          | Some Generics and Few Brands                   | EA                       | H3449       | 005     | 0          | \$ 3,400                  |
| North Carolina | Franklin | Blue Cross and Blue Shield of North Carolina | Blue Medicare HMO Medical Only (HMO)     | Local HMO *                  | 0.00                                               |                        |                   |                                                |                          | H3449       | 012     | 0          | \$ 2,500                  |
| North Carolina | Franklin | Blue Cross and Blue Shield of North Carolina | Blue Medicare HMO Standard (HMO)         | Local HMO                    | 0.00                                               | \$0                    | Enhanced          | No Gap Coverage                                | EA                       | H3449       | 013     | 0          | \$ 3,400                  |
| North Carolina | Franklin | Coventry Health Care                         | Advantra Gold (PPO)                      | Local PPO                    | 0.00                                               | \$0                    | Enhanced          | No Gap Coverage                                | EA                       | H9847       | 001     | 0          | \$ 3,950                  |
| North Carolina | Franklin | Humana Insurance Company                     | HumanaChoice R5826-003 (Regional PPO)    | Regional PPO                 | 75.00                                              | \$0                    | Enhanced          | Few Generics and Few Brands                    | EA                       | R5826       | 003     | 0          | \$ 6,200                  |
| North Carolina | Franklin | Humana Insurance Company                     | HumanaChoice R5826-063 (Regional PPO)    | Regional PPO *               | 0.00                                               |                        |                   |                                                |                          | R5826       | 063     | 0          | \$ 3,000                  |
| North Carolina | Franklin | Humana Insurance Company                     | HumanaChoice R5826-079 (Regional PPO)    | Regional PPO                 | 63.00                                              | \$325                  | Basic             | No Gap Coverage                                | DS                       | R5826       | 079     | 0          | \$ 6,700                  |