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	Pender	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	Pender	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	Pender	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	Pender	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	Pender	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	Pender	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	Pender	Humana Insurance Company	HumanaChoice R5826-063 (Regional PPO)	Regional PPO *	0.00					R5826	063	0	$ 3,000
North Carolina	Pender	Humana Insurance Company	HumanaChoice R5826-079 (Regional PPO)	Regional PPO	63.00	$325	Basic	No Gap Coverage	DS	R5826	079	0	$ 6,700