Alabama Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
AUTAUGA	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Advantage Plus 2	•						$12.00	$12.00	•			•	•		86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	VIVA Medicare Plus	VIVA Medicare Plus Select	•						$0.00	-								
		VIVA Medicare Plus Rx	•						$0.00	$0.00			•	•			95	
BALDWIN	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Plus 1	•						$0.00	$0.00	•			•	•		86	•
		Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	United HealthCare of Alabama, Inc.	UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Plus Rx	•						$17.04	$17.04	•			•			97	•
BARBOUR	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BIBB	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Plus 1	•						$0.00	$0.00	•			•	•		86	•
		Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			$53.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United Healthcare Insurance Company	UnitedHealthcare Medicare Comp Choice Rx		•					$20.00	$0.00	•			•			97	•
	United HealthCare of Alabama, Inc.	UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Plus Rx	•						$17.04	$17.04	•			•			97	•
BLOUNT	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Plus 1	•						$0.00	$0.00	•			•	•		86	•
		Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			$53.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	United Healthcare Insurance Company	UnitedHealthcare Medicare Comp Choice Rx		•					$20.00	$0.00	•			•			97	•
	United HealthCare of Alabama, Inc.	UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Plus Rx	•						$17.04	$17.04	•			•			97	•
	VIVA Medicare Plus	VIVA Medicare Plus Select	•						$0.00	-								
		VIVA Medicare Plus Rx	•						$0.00	$0.00			•	•			95	
BULLOCK	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	VIVA Medicare Plus	VIVA Medicare Plus Select	•						$0.00	-								
		VIVA Medicare Plus Rx	•						$0.00	$0.00			•	•			95	

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BUTLER	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Advantage Plus 2	•						$12.00	$12.00	•			•	•		86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
CALHOUN	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Advantage Plus 2	•						$12.00	$12.00	•			•	•		86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
CHAMBERS	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
CHEROKEE	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Advantage Plus 2	•						$12.00	$12.00	•			•	•		86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CHILTON	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Plus 1	•						$0.00	$0.00	•			•	•		86	•
		Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			$53.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	United Healthcare Insurance Company	UnitedHealthcare Medicare Comp Choice Rx		•					$20.00	$0.00	•			•			97	•
	United HealthCare of Alabama, Inc.	UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Plus Rx	•						$17.04	$17.04	•			•			97	•
	VIVA Medicare Plus	VIVA Medicare Plus Select	•						$0.00	-								
		VIVA Medicare Plus Rx	•						$0.00	$0.00			•	•			95	
CHOCTAW	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
CLARKE	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
CLAY	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
CLEBURNE	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
COFFEE	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								

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COLBERT	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
CONECUH	Healthspring of Alabama, Inc.	Seniors First Advantage Plus 1	•						$0.00	$0.00	•			•	•		86	•
		Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
COOSA	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			$53.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
COVINGTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
CRENSHAW	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	VIVA Medicare Plus	VIVA Medicare Plus Select	•						$0.00	-								
		VIVA Medicare Plus Rx	•						$0.00	$0.00			•	•			95	
CULLMAN	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Advantage Plus 2	•						$12.00	$12.00	•			•	•		86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
DALE	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
DALLAS	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			$53.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•

Alabama Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DE KALB	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
ELMORE	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Advantage Plus 2	•						$12.00	$12.00	•			•	•		86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United HealthCare of Alabama, Inc.	UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Plus Rx	•						$17.04	$17.04	•			•			97	•
	VIVA Medicare Plus	VIVA Medicare Plus Select	•						$0.00	-								
		VIVA Medicare Plus Rx	•						$0.00	$0.00			•	•			95	
ESCAMBIA	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
ETOWAH	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Plus 1	•						$0.00	$0.00	•			•	•		86	•
		Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•

Alabama Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
FAYETTE	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
FRANKLIN	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Advantage Plus 2	•						$12.00	$12.00	•			•	•		86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
GENEVA	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
GREENE	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
HALE	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
HENRY	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
HOUSTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
JACKSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•

Alabama Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	**Organization Name**	**Plan Name**	**HMO**	**Local PPO**	**Regional PPO**	**Private Fee-for-Service**	**Cost Plan**	**Demo Plan**	**Beneficiary Total Premium*** (Including Drug Premium)	**Beneficiary Drug Premium***	Zero	Reduced	Standard ($250)	**Includes Tiered Copay-ments for Drugs**	Generics Only	Generics and Brands	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
JEFFERSON	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Plus 1	•						$0.00	$0.00	•			•	•		86	•
		Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			$53.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	United Healthcare Insurance Company	UnitedHealthcare Medicare Comp Choice Rx		•					$20.00	$0.00	•			•			97	•
	United HealthCare of Alabama, Inc.	UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Plus Rx	•						$17.04	$17.04	•			•			97	•
		Evercare Plan IH	•						$31.68	$31.68	•			•			97	•
	VIVA Medicare Plus	VIVA Medicare Plus Select	•						$0.00	-								
		VIVA Medicare Plus Rx	•						$0.00	$0.00			•	•			95	
LAMAR	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
LAUDERDALE	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
LAWRENCE	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
LEE	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								

Alabama Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LIMESTONE	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
LOWNDES	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Advantage Plus 2	•						$12.00	$12.00	•			•	•		86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			$53.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United HealthCare of Alabama, Inc.	UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Plus Rx	•						$17.04	$17.04	•			•			97	•
	VIVA Medicare Plus	VIVA Medicare Plus Select	•						$0.00	-								
		VIVA Medicare Plus Rx	•						$0.00	$0.00			•	•			95	
MACON	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	United HealthCare of Alabama, Inc.	UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Plus Rx	•						$17.04	$17.04	•			•			97	•
	VIVA Medicare Plus	VIVA Medicare Plus Select	•						$0.00	-								
		VIVA Medicare Plus Rx	•						$0.00	$0.00			•	•			95	
MADISON	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
MARENGO	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•

Alabama Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MARION	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Advantage Plus 2	•						$12.00	$12.00	•			•	•		86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
MARSHALL	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
MOBILE	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Plus 1	•						$0.00	$0.00	•			•	•		86	•
		Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	United HealthCare of Alabama, Inc.	UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Plus Rx	•						$17.04	$17.04	•			•			97	•
		Evercare Plan IH	•						$31.68	$31.68	•			•			97	•
MONROE	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Advantage Plus 2	•						$12.00	$12.00	•			•	•		86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•

Alabama Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	**Organization Name**	**Plan Name**	**HMO**	**Local PPO**	**Regional PPO**	**Private Fee-for-Service**	**Cost Plan**	**Demo Plan**	**Beneficiary Total Premium*** (Including Drug Premium)	**Beneficiary Drug Premium***	Zero	Reduced	Standard ($250)	**Includes Tiered Copay-ments for Drugs**	Generics Only	Generics and Brands	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
MONTGOMERY	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Advantage Plus 2	•						$12.00	$12.00	•			•	•		86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United HealthCare of Alabama, Inc.	UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Plus Rx	•						$17.04	$17.04	•			•			97	•
	VIVA Medicare Plus	VIVA Medicare Plus Select	•						$0.00	-								
		VIVA Medicare Plus Rx	•						$0.00	$0.00			•	•			95	
MORGAN	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
PERRY	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			$53.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
PICKENS	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
PIKE	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	VIVA Medicare Plus	VIVA Medicare Plus Select	•						$0.00	-								
		VIVA Medicare Plus Rx	•						$0.00	$0.00			•	•			95	

Alabama Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
RANDOLPH	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
RUSSELL	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			$0.00	$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United HealthCare of Alabama, Inc.	UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Plus Rx	•						$17.04	$17.04	•			•			97	•
SHELBY	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Plus 1	•						$0.00	$0.00	•			•	•		86	•
		Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			$53.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
	United Healthcare Insurance Company	UnitedHealthcare Medicare Comp Choice Rx		•					$20.00	$0.00	•			•			97	•
	United HealthCare of Alabama, Inc.	UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Plus Rx	•						$17.04	$17.04	•			•			97	•
	VIVA Medicare Plus	VIVA Medicare Plus Select	•						$0.00	-								
		VIVA Medicare Plus Rx	•						$0.00	$0.00			•	•			95	

Alabama Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ST. CLAIR	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Plus 1	•						$0.00	$0.00	•			•	•		86	•
		Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			$53.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	United Healthcare Insurance Company	UnitedHealthcare Medicare Comp Choice Rx		•					$20.00	$0.00	•			•			97	•
	United HealthCare of Alabama, Inc.	UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Plus Rx	•						$17.04	$17.04	•			•			97	•
	VIVA Medicare Plus	VIVA Medicare Plus Select	•						$0.00	-								
		VIVA Medicare Plus Rx	•						$0.00	$0.00			•	•			95	
SUMTER	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
TALLADEGA	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Advantage Plus 2	•						$12.00	$12.00	•			•	•		86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
TALLAPOOSA	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
TUSCALOOSA	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•

Alabama Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WALKER	Blue Cross Blue Shield of Alabama	Blue Advantage Option I		•					$0.00	-								
		Blue Advantage Option VI		•					$18.47	$18.47			•				89	•
		Blue Advantage Option II		•					$38.00	$16.22	•			•			89	•
		Blue Advantage Option III		•					$43.00	-								
		Blue Advantage Option IV		•					$59.00	$16.22	•			•			89	•
		Blue Advantage Option V		•					$73.00	$29.57	•			•	•		89	•
	Healthspring of Alabama, Inc.	Seniors First Advantage Plus 1	•						$0.00	$0.00	•			•	•		86	•
		Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	United Healthcare Insurance Company	UnitedHealthcare Medicare Comp Choice Rx		•					$20.00	$0.00	•			•			97	•
	United HealthCare of Alabama, Inc.	UnitedHealthcare Medicare Complete Rx	•						$0.00	$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete	•						$0.00	-								
		UnitedHealthcare Medicare Complete Plus Rx	•						$17.04	$17.04	•			•			97	•
WASHINGTON	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
WILCOX	Healthspring of Alabama, Inc.	Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
		Seniors First Advantage Plus 3	•						$29.00	$29.00	•			•	•		86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			$53.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
WINSTON	Healthspring of Alabama, Inc.	Seniors First Advantage Plus 1	•						$0.00	$0.00	•			•	•		86	•
		Seniors First Advantage Care	•						$0.00	-								
		Seniors First Special Care	•						$0.00	$0.00			•				86	•
		Seniors First Total Care	•						$18.17	$18.17			•				86	•
		Seniors First Basic Care	•						$21.00	$21.00			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			$83.00	$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				$104.00	$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				$114.00	$29.28	•			•			97	•