Landscape of Plan Options in

Georgia

MedicareRx
Prescription Drug Coverage

Medicare Advantage Cost Plans and Demonstrations

1-800-MEDICARE
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CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Advantage, Cost Plans, and Demonstrations Landscape

What is the Landscape of Local Plans?

The Landscape of Local Plans lists all plans available in your area, providing important information on:

- Cost (premiums, deductibles and payments)
- Coverage (important issues around what and how drugs are covered)
- Convenience (pharmacy and mail-order options)

How to read the Medicare Advantage, Cost Plans, and Demonstrations Landscape

Medicare Advantage Plans (like an HMO or PPO), Cost Plans, and Demonstrations allow you to get your health care, including prescription drug coverage at a significantly lower cost through a network of doctors, hospitals, and pharmacies. To help you better understand this information, read on for a description of each column in the Landscape. **Please note**, a dash in the "Drug Premium" column means that plan does not offer prescription drug coverage.

DESCRIPTION

County: The county where the plan is available. To find a plan for you, start by finding your county.

Organization Name: The name of the company offering the Medicare drug plan. Some organizations offer more than one Medicare drug plan.

Plan Name: The name of the Medicare Advantage or other Medicare Health Plan.

Type of Medicare Health Plan

HMO: A type of health plan in which you generally must see doctors and hospitals on the plan's list (network) except in an emergency. You also need a referral to see a specialist.

Local PPO or Regional PPO: A type of health plan in which you pay less if you use doctors and hospitals on the plan's list (network). You can go to any doctor or hospital not on the plan's list, but it will usually cost more. You do not need a referral to see a specialist. A regional PPO has a larger service area than a local PPO.

Private Fee-for-Service: A type of health plan in which you can go to any doctor or hospital that accepts the terms of the plan's payment. You do not need a referral to see a specialist.

Cost Plan: A type of health plan in which you can use doctors and hospitals on the plan's list (network). However, unlike Medicare Advantage Plans, if you get services from a non-network provider, they are covered under the Original Medicare Plan. Coverage in Medicare Cost Plans can include prescription drug coverage. These plans don't provide free additional benefits or savings on your Medicare Part B or prescription drug coverage premiums. There are a limited number of Medicare Cost Plans. Some Medicare Cost Plans cannot accept new enrollment, please check with the plan for enrollment availability.

Demo Plan: These plans are special projects that test possible future improvements in Medicare coverage, costs, and quality of care.

Cost

Total Premium: The total amount you would pay the plan each month for your health care and prescription drug coverage.

Drug Premium: The amount of the total premium that goes toward the drug coverage portion of the Medicare Advantage or other Medicare Health Plan. This is not an additional amount you pay. *A dash in the "Drug Premium" column means that plan does not offer prescription drug coverage.*

Drug Deductible: The amount you pay before the drug plan begins to pay.

COVERAGE

Offers Variable Copayments (tiers): In plans that offer variable copayments, you will pay a fixed amount for each drug and this fixed amount may be different depending on the type of drug. For example, you may pay a lower copayment for generic medications compared to brand medications because generic medications may be on a lower formulary level (tier) than brand medications.

Type of Extra Coverage Offered in the Gap: All plans offer coverage until you hit a limit of $2,250 in total drug costs. And all plans offer coverage when your out-of-pocket costs exceed $3,600. Some plans offer coverage during the gap between $2,250 in total costs and $3,600 in out-of-pocket costs.

Generics Only: Plan covers generic drugs in coverage gap.

Generics and Brands: Plan covers generic and brand drugs in coverage gap.

Number of Top 100 Drugs on Formulary: How many of the most commonly used 100 drugs by people with Medicare the plan covers.

CONVENIENCE

Mail Order Offered: Whether you can get your drugs in the mail.

For more information about Medicare prescription drug coverage, visit **www.medicare.gov** on the web.

Technical Note: Medicare Advantage, Cost Plans, and Demonstrations Landscapes are large documents (most are in excess of 50 pages). We recommend you print just the county you are specifically interested in viewing. To print a single county:

- Open the state landscape file you wish to view/print
- Select the county you want to print by scrolling to the specific county page
- Choose **File>Print**
- In the Print Range area, choose **Current Page**
- Click the **OK** button

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
Appling	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Atkinson	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Bacon	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
Baker	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Baldwin	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Banks	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Barrow	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Bartow	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Ben Hill	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Berrien	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Bibb	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Bleckley	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Brantley	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Brooks	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Bryan	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•

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County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice - Option I	Local PPO	$40.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option I	Local PPO	$76.00	$35.69	$0	•		99	•
		InStil InChoice - Option II	Local PPO	$87.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
		InStil InChoice - Option II	Local PPO	$130.00	$43.31	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Bulloch	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Burke	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice - Option I	Local PPO	$22.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option I	Local PPO	$58.00	$35.73	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option II	Local PPO	$70.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
		InStil InChoice - Option II	Local PPO	$113.00	$43.38	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Butts	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Calhoun	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Camden	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Candler	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Carroll	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InCare	PFFS	$0.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Catoosa	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Charlton	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Chatham	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice - Option I	Local PPO	$40.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option I	Local PPO	$76.00	$35.69	$0	•		99	•
		InStil InChoice - Option II	Local PPO	$87.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
		InStil InChoice - Option II	Local PPO	$130.00	$43.31	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Chattahoochee	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	Instil Health Insurance Company	InStil InChoice - Option I	Local PPO	$0.00	$0.00	$0	•		99	•
		InStil InCare	PFFS	$0.00	-					
		InStil InChoice - Option II	Local PPO	$11.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option II	Local PPO	$53.00	$41.64	$0	•	G	99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
Chattooga	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Cherokee	Blue Cross Blue Shield Healthcare Plan of Georgia	BlueValue Secure	Local HMO	$32.00	$22.36	$0	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001	Local PPO	$28.00	$10.01	$0	•	G	99	•
		HumanaChoicePPO PPO H5214-003	Local PPO	$33.12	$33.12	$0	•		99	•
		Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage	Local HMO	$35.00	$0.00	$0	•		72	
		Kaiser Permanente Senior Advantage B Only	Local HMO	$370.29	$16.65	$0	•		72	
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
Clarke	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	Instil Health Insurance Company	InStil InChoice - Option I	Local PPO	$0.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice - Option I	Local PPO	$36.00	$36.00	$0	•		99	•
		InStil InChoice - Option II	Local PPO	$47.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option II	Local PPO	$90.00	$43.16	$0	•	G	99	•
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Clay	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Clayton	Blue Cross Blue Shield Healthcare Plan of Georgia	BlueValue Secure	Local HMO	$32.00	$22.36	$0	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001	Local PPO	$28.00	$10.01	$0	•	G	99	•
		HumanaChoicePPO PPO H5214-003	Local PPO	$33.12	$33.12	$0	•		99	•
		Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage	Local HMO	$35.00	$0.00	$0	•		72	
		Kaiser Permanente Senior Advantage B Only	Local HMO	$370.29	$16.65	$0	•		72	
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Clinch	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Cobb	Blue Cross Blue Shield Healthcare Plan of Georgia	BlueValue Secure	Local HMO	$32.00	$22.36	$0	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001	Local PPO	$28.00	$10.01	$0	•	G	99	•
		HumanaChoicePPO PPO H5214-003	Local PPO	$33.12	$33.12	$0	•		99	•
		Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage	Local HMO	$35.00	$0.00	$0	•		72	
		Kaiser Permanente Senior Advantage B Only	Local HMO	$370.29	$16.65	$0	•		72	
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Coffee	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Colquitt	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Columbia	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice - Option I	Local PPO	$22.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option I	Local PPO	$58.00	$35.73	$0	•		99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option II	Local PPO	$70.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
		InStil InChoice - Option II	Local PPO	$113.00	$43.38	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
	United Healthcare Of Georgia, Inc.	UnitedHealthcare Medicare Complete Rx	Local HMO	$0.00	$0.00	$0	•		100	•
		UnitedHealthcare Medicare Complete	Local HMO	$0.00	-					
Cook	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Coweta	Blue Cross Blue Shield Healthcare Plan of Georgia	BlueValue Secure	Local HMO	$32.00	$22.36	$0	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InCare	PFFS	$0.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage	Local HMO	$35.00	$0.00	$0	•		72	
		Kaiser Permanente Senior Advantage B Only	Local HMO	$370.29	$16.65	$0	•		72	
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Crawford	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Crisp	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Dade	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Dawson	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Decatur	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
DeKalb	Aetna Medicare	Aetna Golden Medicare Value Plan	Local HMO	$0.00	$0.00	$250	•		86	•
		Aetna Golden Medicare Standard Plan	Local HMO	$40.00	$36.53	$0	•	G	86	•
		Aetna Golden Medicare Premier Plan	Local HMO	$75.00	$42.07	$0	•	G	86	•
		Aetna Golden Choice Standard Plan	Local PPO	$80.00	$31.46	$250	•		86	•
	Blue Cross Blue Shield Healthcare Plan of Georgia	BlueValue Secure	Local HMO	$32.00	$22.36	$0	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001	Local PPO	$28.00	$10.01	$0	•	G	99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
		HumanaChoicePPO PPO H5214-003	Local PPO	$33.12	$33.12	$0	•		99	•
		Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage	Local HMO	$35.00	$0.00	$0	•		72	
		Kaiser Permanente Senior Advantage B Only	Local HMO	$370.29	$16.65	$0	•		72	
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
	WellCare	WellCare Prescription Plus	Local HMO	$0.00	$0.00	$0	•	G	86	•
		WellCare Choice	Local HMO	$0.00	$0.00	$0	•		86	•
		WellCare Advance	Local HMO	$0.00	-					
Dodge	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Dooly	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Dougherty	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage	Local HMO	$35.00	$0.00	$0	•		72	
		Kaiser Permanente Senior Advantage B Only	Local HMO	$370.29	$16.65	$0	•		72	
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Early	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Echols	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Effingham	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice - Option I	Local PPO	$40.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option I	Local PPO	$76.00	$35.69	$0	•		99	•
		InStil InChoice - Option II	Local PPO	$87.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
		InStil InChoice - Option II	Local PPO	$130.00	$43.31	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Elbert	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Emanuel	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice - Option I	Local PPO	$22.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option I	Local PPO	$58.00	$35.73	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option II	Local PPO	$70.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
		InStil InChoice - Option II	Local PPO	$113.00	$43.38	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5	PFFS	$45.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Evans	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Fannin	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Fayette	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage	Local HMO	$35.00	$0.00	$0	•		72	
		Kaiser Permanente Senior Advantage B Only	Local HMO	$370.29	$16.65	$0	•		72	
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Floyd	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Forsyth	Blue Cross Blue Shield Healthcare Plan of Georgia	BlueValue Secure	Local HMO	$32.00	$22.36	$0	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001	Local PPO	$28.00	$10.01	$0	•	G	99	•
		HumanaChoicePPO PPO H5214-003	Local PPO	$33.12	$33.12	$0	•		99	•
		Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage	Local HMO	$35.00	$0.00	$0	•		72	
		Kaiser Permanente Senior Advantage B Only	Local HMO	$370.29	$16.65	$0	•		72	
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Franklin	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InCare	PFFS	$30.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Fulton	Blue Cross Blue Shield Healthcare Plan of Georgia	BlueValue Secure	Local HMO	$32.00	$22.36	$0	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001	Local PPO	$28.00	$10.01	$0	•	G	99	•
		HumanaChoicePPO PPO H5214-003	Local PPO	$33.12	$33.12	$0	•		99	•
		Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage	Local HMO	$35.00	$0.00	$0	•		72	
		Kaiser Permanente Senior Advantage B Only	Local HMO	$370.29	$16.65	$0	•		72	
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
	WellCare	WellCare Choice	Local HMO	$0.00	$0.00	$0	•		86	•
		WellCare Prescription Plus	Local HMO	$0.00	$0.00	$0	•	G	86	•
		WellCare Advance	Local HMO	$0.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
Gilmer	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Glascock	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice - Option I	Local PPO	$22.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option I	Local PPO	$58.00	$35.73	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option II	Local PPO	$70.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
		InStil InChoice - Option II	Local PPO	$113.00	$43.38	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Glynn	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Gordon	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Grady	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Greene	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice - Option I	Local PPO	$22.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option I	Local PPO	$58.00	$35.73	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option II	Local PPO	$70.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
		InStil InChoice - Option II	Local PPO	$113.00	$43.38	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Gwinnett	Blue Cross Blue Shield Healthcare Plan of Georgia	BlueValue Secure	Local HMO	$32.00	$22.36	$0	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001	Local PPO	$28.00	$10.01	$0	•	G	99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		HumanaChoicePPO PPO H5214-003	Local PPO	$33.12	$33.12	$0	•		99	•
		Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage	Local HMO	$35.00	$0.00	$0	•		72	
		Kaiser Permanente Senior Advantage B Only	Local HMO	$370.29	$16.65	$0	•		72	
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Habersham	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Hall	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Hancock	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Haralson	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InCare	PFFS	$0.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Harris	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
		BlueValue Secure	Local HMO	$21.00	$21.00	$0	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	Instil Health Insurance Company	InStil InChoice - Option I	Local PPO	$0.00	$0.00	$0	•		99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InCare	PFFS	$0.00	-					
		InStil InChoice - Option II	Local PPO	$11.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option II	Local PPO	$53.00	$41.64	$0	•	G	99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
	United Healthcare Of Georgia, Inc.	UnitedHealthcare Medicare Complete Rx	Local HMO	$0.00	$0.00	$0	•		100	•
		UnitedHealthcare Medicare Complete	Local HMO	$0.00	-					
Hart	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Heard	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InCare	PFFS	$0.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Henry	Blue Cross Blue Shield Healthcare Plan of Georgia	BlueValue Secure	Local HMO	$32.00	$22.36	$0	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage	Local HMO	$35.00	$0.00	$0	•		72	
		Kaiser Permanente Senior Advantage B Only	Local HMO	$370.29	$16.65	$0	•		72	
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Houston	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
Irwin	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Jackson	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	Instil Health Insurance Company	InStil InChoice - Option I	Local PPO	$0.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice - Option I	Local PPO	$36.00	$36.00	$0	•		99	•
		InStil InChoice - Option II	Local PPO	$47.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option II	Local PPO	$90.00	$43.16	$0	•	G	99	•
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Jasper	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Jeff Davis	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Jefferson	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice - Option I	Local PPO	$22.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option I	Local PPO	$58.00	$35.73	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option II	Local PPO	$70.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice - Option II	Local PPO	$113.00	$43.38	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Jenkins	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Johnson	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
Jones	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Lamar	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
Lanier	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Laurens	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Lee	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Liberty	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice - Option I	Local PPO	$40.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option I	Local PPO	$76.00	$35.69	$0	•		99	•
		InStil InChoice - Option II	Local PPO	$87.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
		InStil InChoice - Option II	Local PPO	$130.00	$43.31	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Lincoln	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice - Option I	Local PPO	$22.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option I	Local PPO	$58.00	$35.73	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option II	Local PPO	$70.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
		InStil InChoice - Option II	Local PPO	$113.00	$43.38	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Long	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Lowndes	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Lumpkin	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Macon	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	Instil Health Insurance Company	InStil InChoice - Option I	Local PPO	$0.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice - Option I	Local PPO	$36.00	$36.00	$0	•		99	•
		InStil InChoice - Option II	Local PPO	$47.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option II	Local PPO	$90.00	$43.16	$0	•	G	99	•
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Marion	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	Instil Health Insurance Company	InStil InChoice - Option I	Local PPO	$0.00	$0.00	$0	•		99	•
		InStil InCare	PFFS	$0.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice - Option II	Local PPO	$11.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option II	Local PPO	$53.00	$41.64	$0	•	G	99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
McDuffie	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice - Option I	Local PPO	$22.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option I	Local PPO	$58.00	$35.73	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option II	Local PPO	$70.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
		InStil InChoice - Option II	Local PPO	$113.00	$43.38	$0	•	G	99	•
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
McIntosh	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Meriwether	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	Instil Health Insurance Company	InStil InChoice - Option I	Local PPO	$0.00	$0.00	$0	•		99	•
		InStil InCare	PFFS	$0.00	-					
		InStil InChoice - Option II	Local PPO	$11.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option II	Local PPO	$53.00	$41.64	$0	•	G	99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Miller	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Mitchell	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Monroe	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Montgomery	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Morgan	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Murray	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Muscogee	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
		BlueValue Secure	Local HMO	$21.00	$21.00	$0	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	Instil Health Insurance Company	InStil InChoice - Option I	Local PPO	$0.00	$0.00	$0	•		99	•
		InStil InCare	PFFS	$0.00	-					
		InStil InChoice - Option II	Local PPO	$11.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option II	Local PPO	$53.00	$41.64	$0	•	G	99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
	United Healthcare Of Georgia, Inc.	UnitedHealthcare Medicare Complete Rx	Local HMO	$0.00	$0.00	$0	•		100	•
		UnitedHealthcare Medicare Complete	Local HMO	$0.00	-					
Newton	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Oconee	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	Instil Health Insurance Company	InStil InChoice - Option I	Local PPO	$0.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice - Option I	Local PPO	$36.00	$36.00	$0	•		99	•
		InStil InChoice - Option II	Local PPO	$47.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option II	Local PPO	$90.00	$43.16	$0	•	G	99	•
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Oglethorpe	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	Instil Health Insurance Company	InStil InChoice - Option I	Local PPO	$0.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice - Option I	Local PPO	$36.00	$36.00	$0	•		99	•
		InStil InChoice - Option II	Local PPO	$47.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option II	Local PPO	$90.00	$43.16	$0	•	G	99	•
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Paulding	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage	Local HMO	$35.00	$0.00	$0	•		72	
		Kaiser Permanente Senior Advantage B Only	Local HMO	$370.29	$16.65	$0	•		72	
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Peach	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Pickens	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Pierce	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Pike	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Polk	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Pulaski	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Putnam	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Quitman	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InCare	PFFS	$0.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Rabun	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Randolph	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Richmond	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice - Option I	Local PPO	$22.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option I	Local PPO	$58.00	$35.73	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option II	Local PPO	$70.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
		InStil InChoice - Option II	Local PPO	$113.00	$43.38	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
	United Healthcare Of Georgia, Inc.	UnitedHealthcare Medicare Complete Rx	Local HMO	$0.00	$0.00	$0	•		100	•
		UnitedHealthcare Medicare Complete	Local HMO	$0.00	-					
Rockdale	Blue Cross Blue Shield Healthcare Plan of Georgia	BlueValue Secure	Local HMO	$32.00	$22.36	$0	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Schley	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Screven	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Seminole	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Spalding	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Stephens	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Stewart	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InCare	PFFS	$0.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Sumter	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Talbot	Blue Cross Blue Shield Healthcare Plan of Georgia	BlueValue Secure	Local HMO	$21.00	$21.00	$0	•		92	•
		SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	Instil Health Insurance Company	InStil InChoice - Option I	Local PPO	$0.00	$0.00	$0	•		99	•
		InStil InCare	PFFS	$0.00	-					
		InStil InChoice - Option II	Local PPO	$11.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option II	Local PPO	$53.00	$41.64	$0	•	G	99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
Taliaferro	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice - Option I	Local PPO	$22.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option I	Local PPO	$58.00	$35.73	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice - Option II	Local PPO	$70.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
		InStil InChoice - Option II	Local PPO	$113.00	$43.38	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Tattnall	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Taylor	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Telfair	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
Terrell	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Thomas	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Tift	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Toombs	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Towns	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Treutlen	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Troup	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InCare	PFFS	$0.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Turner	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Twiggs	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Union	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$9.00	-					
		SmartValue Plus	PFFS	$11.00	$6.00	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Upson	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	Instil Health Insurance Company	InStil InChoice - Option I	Local PPO	$0.00	$0.00	$0	•		99	•
		InStil InCare	PFFS	$0.00	-					
		InStil InChoice - Option II	Local PPO	$11.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option II	Local PPO	$53.00	$41.64	$0	•	G	99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Walker	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Walton	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Ware	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Warren	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice - Option I	Local PPO	$22.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice - Option I	Local PPO	$58.00	$35.73	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice - Option II	Local PPO	$70.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
		InStil InChoice - Option II	Local PPO	$113.00	$43.38	$0	•	G	99	•
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Washington	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Wayne	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
Webster	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	PFFS	$0.00	$0.00	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InCare	PFFS	$0.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
Wheeler	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
White	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
Whitfield	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Wilcox	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Health Plan	Total Premium (Including Drug Premium)	Drug Premium	Drug Deductible	Offers Variable Copayments (Tiers)	Type of Extra Coverage Offered in the Gap (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Wilkes	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic	PFFS	$29.00	-					
		SmartValue Plus	PFFS	$34.00	$21.76	$250	•		92	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InCare	PFFS	$30.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	PFFS	$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	$9.00	-					
Wilkinson	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		Humana Gold Choice PFFS H1804-014	PFFS	$63.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					

Georgia Medicare Advantage, Cost Plans, and Demonstrations

Description				Cost			Coverage			Convenience
County	**Organization Name**	**Plan Name**	**Type of Medicare Health Plan**	**Total Premium** (Including Drug Premium)	**Drug Premium**	**Drug Deductible**	**Offers Variable Copayments** (Tiers)	**Type of Extra Coverage Offered in the Gap** (G=generics; G/B=generics & brands)	**Number of Top 100 Drugs on Formulary**	**Mail Order Offered**
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	PFFS	$25.00	-					
		SecureHorizons Direct Premier Plan 100	PFFS	$95.00	-					
Worth	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	PFFS	$43.00	$30.89	$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	$86.00	$21.32	$250			99	•
		HumanaChoicePPO PPO R5826-004	Regional PPO	$97.00	$32.47	$0	•		99	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	Regional PPO	$12.00	-					
		InStil InChoice Option I - Regional	Regional PPO	$47.00	$35.28	$0	•		99	•
		InStil InChoice Option II - Regional	Regional PPO	$60.00	-					
		InStil InChoice Option II - Regional	Regional PPO	$102.00	$41.87	$0	•	G	99	•