Mississippi Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ADAMS	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
ALCORN	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
AMITE	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
ATTALA	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
BENTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
BOLIVAR	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
CALHOUN	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
CARROLL	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
CHICKASAW	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
CHOCTAW	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
CLAIBORNE	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CLARKE	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
CLAY	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
COAHOMA	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
COPIAH	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
COVINGTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
DE SOTO	Healthspring, Inc.	HealthSpring Primary	•						$0.00	-								
		HealthSpring Special Care	•						$0.00	$0.00			•				86	•
		Total Care	•						$15.92	$15.92			•				86	•
		HealthSpring Advantage	•						$18.56	$18.56			•				86	•
		HealthSpring Plus	•						$22.00	$22.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
FORREST	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
FRANKLIN	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
GEORGE	Healthspring, Inc.	HealthSpring Primary	•						$0.00	-								
		HealthSpring Special Care	•						$0.00	$0.00			•				86	•
		Total Care	•						$16.65	$16.65			•				86	•
		HealthSpring Advantage	•						$18.50	$18.50			•				86	•
		HealthSpring Plus	•						$19.00	$19.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
GREENE	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
GRENADA	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
HANCOCK	Healthspring, Inc.	HealthSpring Primary	•						$0.00	-								
		HealthSpring Special Care	•						$0.00	$0.00			•				86	•
		Total Care	•						$16.65	$16.65			•				86	•
		HealthSpring Advantage	•						$18.50	$18.50			•				86	•
		HealthSpring Plus	•						$19.00	$19.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
HARRISON	Healthspring, Inc.	HealthSpring Primary	•						$0.00	-								
		HealthSpring Special Care	•						$0.00	$0.00			•				86	•
		Total Care	•						$16.65	$16.65			•				86	•
		HealthSpring Advantage	•						$18.50	$18.50			•				86	•
		HealthSpring Plus	•						$19.00	$19.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
HINDS	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
HOLMES	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
HUMPHREYS	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
ISSAQUENA	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
ITAWAMBA	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
JACKSON	Healthspring, Inc.	HealthSpring Primary	•						$0.00	-								
		HealthSpring Special Care	•						$0.00	$0.00			•				86	•
		Total Care	•						$16.65	$16.65			•				86	•
		HealthSpring Advantage	•						$18.50	$18.50			•				86	•
		HealthSpring Plus	•						$19.00	$19.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
JASPER	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
JEFFERSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
JEFFERSON DAVIS	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
JONES	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
KEMPER	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
LAFAYETTE	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
LAMAR	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
LAUDERDALE	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
LAWRENCE	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
LEAKE	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
LEE	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
LEFLORE	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
LINCOLN	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•

Mississippi Medicare Advantage, Cost Plans, and Demonstrations

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

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LOWNDES	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
MADISON	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
MARION	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
MARSHALL	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
MONROE	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
MONTGOMERY	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
NESHOBA	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
NEWTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
NOXUBEE	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
OKTIBBEHA	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								

Mississippi Medicare Advantage, Cost Plans, and Demonstrations

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

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

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
PANOLA	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
PEARL RIVER	Healthspring, Inc.	HealthSpring Primary	•						$0.00	-								
		HealthSpring Special Care	•						$0.00	$0.00			•				86	•
		Total Care	•						$16.65	$16.65			•				86	•
		HealthSpring Advantage	•						$18.50	$18.50			•				86	•
		HealthSpring Plus	•						$19.00	$19.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
PERRY	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
PIKE	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
PONTOTOC	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
PRENTISS	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
QUITMAN	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
RANKIN	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
SCOTT	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
SHARKEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
SIMPSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•

Mississippi Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SMITH	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
STONE	Healthspring, Inc.	HealthSpring Primary	•						$0.00	-								
		HealthSpring Special Care	•						$0.00	$0.00			•				86	•
		Total Care	•						$16.65	$16.65			•				86	•
		HealthSpring Advantage	•						$18.50	$18.50			•				86	•
		HealthSpring Plus	•						$19.00	$19.00	•			•	•		86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
SUNFLOWER	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
TALLAHATCHIE	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
TATE	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
TIPPAH	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
TISHOMINGO	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
TUNICA	Healthspring, Inc.	HealthSpring Primary	•						$0.00	-								
		HealthSpring Special Care	•						$0.00	$0.00			•				86	•
		Total Care	•						$15.92	$15.92			•				86	•
		HealthSpring Advantage	•						$18.56	$18.56			•				86	•
		HealthSpring Plus	•						$22.00	$22.00	•			•	•		86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			$85.00	-								
UNION	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
WALTHALL	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard ($250)	Includes Tiered Copay-ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WARREN	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
WASHINGTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
WAYNE	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
WEBSTER	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
WILKINSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								
WINSTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-128				•			$15.57	$15.57	•			•			97	•
		HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
YALOBUSHA	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
YAZOO	Humana Insurance Company	HumanaChoicePPO PPO R5826-025			•				$37.00	-								
		HumanaChoicePPO PPO R5826-039			•				$74.00	$18.84		•					97	•
		Humana Gold Choice PFFS H1804-129				•			$84.00	$24.09	•			•			97	•
		HumanaChoicePPO PPO R5826-011			•				$85.00	$28.98	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			$95.00	-								