

*Landscape of Plan
Options in
South Carolina*

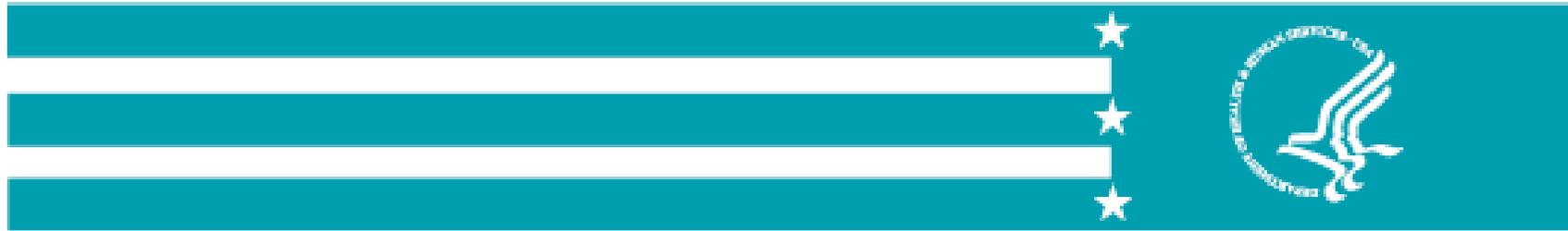
Medicare_{Rx}
Prescription Drug Coverage

**Medicare Advantage
Cost Plans and Demonstrations**

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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

South Carolina 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	
Abbeville	BlueCross BlueShield of South Carolina	Medicare Blue Private	PFFS	\$0.00	-						
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$0	•		99	•	
		HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-						
		HumanaChoicePPO PPO R5826-031	Regional PPO	\$86.00	\$21.32	\$250			99	•	
	Humana Insurance Company	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 Health Insurance Company	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	•	
InStil InChoice Option II - Regional		Regional PPO	\$60.00	-							
Aiken	BlueCross BlueShield of South Carolina	Medicare Blue	Local PPO	\$19.00	\$19.00	\$250			92	•	
	BlueCross BlueShield of South Carolina	Medicare Blue Private	PFFS	\$30.00	-						
		Medicare Blue Plus	Local PPO	\$43.00	\$39.48	\$250	•		98	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$0	•		99	•
	Humana Insurance Company	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 Health Insurance Company	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	-							

South Carolina 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	PFFS	\$9.00	-					
Allendale	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$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 2	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
Anderson	BlueChoice HealthPlan	Platinum Advantage - Plan C	Local PPO	\$51.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan B	Local PPO	\$66.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan A	Local PPO	\$86.00	\$36.19	\$0	•		98	•
	BlueCross BlueShield of South Carolina	Medicare Blue	Local PPO	\$0.00	\$0.00	\$250			92	•
		Medicare Blue Private	PFFS	\$0.00	-					
		Medicare Blue Plus	Local PPO	\$21.00	\$21.00	\$250	•		98	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$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	-					

South Carolina 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	-					
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Bamberg	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
Barnwell	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$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	•

South Carolina 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	
Beaufort	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-						
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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 InCare	PFFS	\$65.00	-					
			InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
		Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Berkeley	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-						
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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 InCare	PFFS	\$65.00	-					
			InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
		Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Calhoun	BlueCross BlueShield of South Carolina	Medicare Blue Private	PFFS	\$30.00	-						
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$0	•		99	•	
		HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-						
		HumanaChoicePPO PPO R5826-031	Regional PPO	\$86.00	\$21.32	\$250			99	•	

South Carolina 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 InCare	PFFS	\$10.00	-					
		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	-					
	Today's Option	Today's Options Basic	PFFS	\$30.95	-					
		Today's Options Premier	PFFS	\$42.95	-					
Charleston	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Cherokee	BlueChoice HealthPlan	Platinum Advantage - Plan C	Local PPO	\$51.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan B	Local PPO	\$66.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan A	Local PPO	\$86.00	\$36.19	\$0	•		98	•
	BlueCross BlueShield of South Carolina	Medicare Blue Private	PFFS	\$0.00	-					

South Carolina 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 Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$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	\$10.00	-					
		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 3	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Chester	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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 InCare	PFFS	\$10.00	-					
		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	•
Chesterfield	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$0	•		99	•
		HumanaChoicePPO PPO R5826-031	Regional PPO	\$86.00	\$21.32	\$250			99	•

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		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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
Clarendon	BlueCross BlueShield of South Carolina	Medicare Blue Private	PFFS	\$30.00	-					
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
Colleton	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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 InCare	PFFS	\$65.00	-					

South Carolina 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
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Darlington	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
Dillon	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
Dorchester	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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	•

South Carolina 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 InCare	PFFS	\$65.00	-					
		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	-					
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Edgefield	BlueCross BlueShield of South Carolina	Medicare Blue Private	PFFS	\$0.00	-					
		Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$0	•		99	•
	Humana Insurance Company	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 1	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
	Today's Option	Today's Options Basic	PFFS	\$30.95	-					
		Today's Options Premier	PFFS	\$42.95	-					
Fairfield	BlueChoice HealthPlan	Platinum Advantage - Plan C	Local PPO	\$51.00	\$36.19	\$0	•		98	•

South Carolina 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
		Platinum Advantage - Plan B	Local PPO	\$66.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan A	Local PPO	\$86.00	\$36.19	\$0	•		98	•
	BlueCross BlueShield of South Carolina	Medicare Blue	Local PPO	\$0.00	\$0.00	\$250			92	•
		Medicare Blue Private	PFFS	\$0.00	-					
		Medicare Blue Plus	Local PPO	\$21.00	\$21.00	\$250	•		98	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$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	\$10.00	-					
		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 3	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
Florence	BlueCross BlueShield of South Carolina	Medicare Blue	Local PPO	\$102.00	\$35.40	\$250			92	•
		Medicare Blue Plus	Local PPO	\$130.00	\$39.74	\$250	•		98	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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	•

South Carolina 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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Georgetown	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Greenville	BlueChoice HealthPlan	Platinum Advantage - Plan C	Local PPO	\$51.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan B	Local PPO	\$66.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan A	Local PPO	\$86.00	\$36.19	\$0	•		98	•
	BlueCross BlueShield of South Carolina	Medicare Blue	Local PPO	\$0.00	\$0.00	\$250			92	•
		Medicare Blue Private	PFFS	\$0.00	-					
		Medicare Blue Plus	Local PPO	\$21.00	\$21.00	\$250	•		98	•
	CAROLINA MEDICARE PRIME	Carolina Medicare Prime 15	Local HMO	\$29.00	\$28.92	\$250	•		80	•
		Carolina Medicare Prime 10	Local HMO	\$88.00	\$28.92	\$250	•		80	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					

South Carolina 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 InCare	PFFS	\$10.00	-					
		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 3	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
		Sterling Option I	PFFS	\$9.00	-					
Greenwood	BlueCross BlueShield of South Carolina	Medicare Blue Private	PFFS	\$0.00	-					
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$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	\$10.00	-					
		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 3	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
Hampton	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$0	•		99	•

South Carolina 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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
Horry	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Jasper	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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	-					

South Carolina 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	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Kershaw	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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 InCare	PFFS	\$10.00	-					
		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 100	PFFS	\$95.00	-					
Lancaster	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
Laurens	BlueChoice HealthPlan	Platinum Advantage - Plan C	Local PPO	\$51.00	\$36.19	\$0	•		98	•

South Carolina 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
		Platinum Advantage - Plan B	Local PPO	\$66.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan A	Local PPO	\$86.00	\$36.19	\$0	•		98	•
	BlueCross BlueShield of South Carolina	Medicare Blue	Local PPO	\$0.00	\$0.00	\$250			92	•
		Medicare Blue Private	PFFS	\$0.00	-					
		Medicare Blue Plus	Local PPO	\$21.00	\$21.00	\$250	•		98	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$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	\$10.00	-					
		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	-					
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
	Today's Option	Today's Options Basic	PFFS	\$30.95	-					
		Today's Options Premier	PFFS	\$42.95	-					
Lee	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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	-					

South Carolina 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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
Lexington	BlueChoice HealthPlan	Platinum Advantage - Plan C	Local PPO	\$51.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan B	Local PPO	\$66.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan A	Local PPO	\$86.00	\$36.19	\$0	•		98	•
	BlueCross BlueShield of South Carolina	Medicare Blue	Local PPO	\$19.00	\$19.00	\$250			92	•
		Medicare Blue Private	PFFS	\$30.00	-					
		Medicare Blue Plus	Local PPO	\$43.00	\$39.48	\$250	•		98	•
	CAROLINA MEDICARE PRIME	Carolina Medicare Prime 15	Local HMO	\$29.00	\$28.92	\$250	•		80	•
		Carolina Medicare Prime 10	Local HMO	\$88.00	\$28.92	\$250	•		80	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$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	\$10.00	-					
		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	•
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Marion	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$0	•		99	•

South Carolina 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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Marlboro	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
McCormick	BlueCross BlueShield of South Carolina	Medicare Blue Private	PFFS	\$0.00	-					
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$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	-					

South Carolina 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	•
Newberry	BlueChoice HealthPlan	Platinum Advantage - Plan C	Local PPO	\$51.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan B	Local PPO	\$66.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan A	Local PPO	\$86.00	\$36.19	\$0	•		98	•
	BlueCross BlueShield of South Carolina	Medicare Blue	Local PPO	\$0.00	\$0.00	\$250			92	•
		Medicare Blue Private	PFFS	\$0.00	-					
		Medicare Blue Plus	Local PPO	\$21.00	\$21.00	\$250	•		98	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$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	\$10.00	-					
		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 3	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
Oconee	BlueCross BlueShield of South Carolina	Medicare Blue Private	PFFS	\$0.00	-					
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	\$86.00	\$21.32	\$250			99	•

South Carolina 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 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	•
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Orangeburg	BlueCross BlueShield of South Carolina	Medicare Blue Private	PFFS	\$30.00	-					
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
Pickens	BlueChoice HealthPlan	Platinum Advantage - Plan C	Local PPO	\$51.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan B	Local PPO	\$66.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan A	Local PPO	\$86.00	\$36.19	\$0	•		98	•
	BlueCross BlueShield of South Carolina	Medicare Blue Private	PFFS	\$0.00	-					
	CAROLINA MEDICARE PRIME	Carolina Medicare Prime 15	Local HMO	\$29.00	\$28.92	\$250	•		80	•
		Carolina Medicare Prime 10	Local HMO	\$88.00	\$28.92	\$250	•		80	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$0	•		99	•

South Carolina 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 InCare	PFFS	\$10.00	-					
		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	-					
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
	Today's Option	Today's Options Basic	PFFS	\$30.95	-					
		Today's Options Premier	PFFS	\$42.95	-					
Richland	BlueChoice HealthPlan	Platinum Advantage - Plan C	Local PPO	\$51.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan B	Local PPO	\$66.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan A	Local PPO	\$86.00	\$36.19	\$0	•		98	•
	BlueCross BlueShield of South Carolina	Medicare Blue	Local PPO	\$19.00	\$19.00	\$250			92	•
		Medicare Blue Private	PFFS	\$30.00	-					
		Medicare Blue Plus	Local PPO	\$43.00	\$39.48	\$250	•		98	•
	CAROLINA MEDICARE PRIME	Carolina Medicare Prime 15	Local HMO	\$29.00	\$28.92	\$250	•		80	•
		Carolina Medicare Prime 10	Local HMO	\$88.00	\$28.92	\$250	•		80	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$0	•		99	•
		HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		HumanaChoicePPO PPO R5826-031	Regional PPO	\$86.00	\$21.32	\$250			99	•

South Carolina 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 InCare	PFFS	\$10.00	-					
		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 3	PFFS	\$0.00	-					
		SecureHorizons Direct Premier Plan 200	PFFS	\$85.00	-					
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
Saluda	BlueChoice HealthPlan	Platinum Advantage - Plan C	Local PPO	\$51.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan B	Local PPO	\$66.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan A	Local PPO	\$86.00	\$36.19	\$0	•		98	•
	BlueCross BlueShield of South Carolina	Medicare Blue Private	PFFS	\$0.00	-					
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$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	\$10.00	-					
		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	-					

South Carolina 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
	Today's Option	Today's Options Basic	PFFS	\$30.95	-					
		Today's Options Premier	PFFS	\$42.95	-					
Spartanburg	BlueChoice HealthPlan	Platinum Advantage - Plan C	Local PPO	\$51.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan B	Local PPO	\$66.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan A	Local PPO	\$86.00	\$36.19	\$0	•		98	•
	BlueCross BlueShield of South Carolina	Medicare Blue	Local PPO	\$0.00	\$0.00	\$250			92	•
		Medicare Blue Private	PFFS	\$0.00	-					
		Medicare Blue Plus	Local PPO	\$21.00	\$21.00	\$250	•		98	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$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	\$10.00	-					
		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	-					
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
	Today's Option	Today's Options Basic	PFFS	\$30.95	-					
		Today's Options Premier	PFFS	\$42.95	-					
Sumter	BlueCross BlueShield of South Carolina	Medicare Blue Private	PFFS	\$30.00	-					
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$0	•		99	•

South Carolina 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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
Union	BlueChoice HealthPlan	Platinum Advantage - Plan C	Local PPO	\$51.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan B	Local PPO	\$66.00	\$36.19	\$0	•		98	•
		Platinum Advantage - Plan A	Local PPO	\$86.00	\$36.19	\$0	•		98	•
	BlueCross BlueShield of South Carolina	Medicare Blue	Local PPO	\$0.00	\$0.00	\$250			92	•
		Medicare Blue Private	PFFS	\$0.00	-					
		Medicare Blue Plus	Local PPO	\$21.00	\$21.00	\$250	•		98	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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 InCare	PFFS	\$10.00	-					
		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	-					

South Carolina 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	-					
Williamsburg	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	Regional PPO	\$50.00	-					
		Humana Gold Choice PFFS H1804-018	PFFS	\$84.00	\$26.38	\$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 InCare	PFFS	\$65.00	-					
		InStil InChoice Option II - Regional	Regional PPO	\$102.00	\$41.87	\$0	•	G	99	•
	Sterling Option I	Sterling Option I	PFFS	\$9.00	-					
York	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	PFFS	\$13.21	\$13.21	\$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	\$10.00	-					
		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 100	PFFS	\$95.00	-					