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2007

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Alabama 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Autauga	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Autauga	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Autauga	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
Autauga	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Autauga	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Autauga	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Autauga	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 2 (H0150-006)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Autauga	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Autauga	Humana Insurance Company	Humana Gold Choice PFFS H1804-009 (H1804-009)	PFFS	$0.00	$0.00	$0	Enhanced		•
Autauga	Humana Insurance Company	Humana Gold Choice PFFS H1804-153 (H1804-153)	PFFS	$20.00	$20.00	$0	Enhanced		•
Autauga	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Autauga	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Autauga	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Autauga	VIVA Medicare Plus	VIVA Medicare Plus Rx (H0154-001)	Local HMO	$0.00	$0.00	$265	Basic		•
Autauga	VIVA Medicare Plus	VIVA Medicare Plus Select (H0154-008)	Local HMO *	$0.00					
Baldwin	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Baldwin	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Baldwin	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
Baldwin	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Baldwin	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Baldwin	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Baldwin	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 1 (H0150-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Baldwin	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Baldwin	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Baldwin	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Baldwin	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Baldwin	SecureHorizons	MedicareComplete (H0151-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Baldwin	SecureHorizons	MedicareComplete Essential Plan 1 (H0151-019)	Local HMO *	$0.00					
Baldwin	SecureHorizons	MedicareComplete Essential Plan 2 (H0151-024)	Local HMO *	$0.00					
Baldwin	SecureHorizons	MedicareComplete Plan 2 (H0151-023)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Baldwin	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Baldwin	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Baldwin	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Baldwin	WellCare	Concert (H1340-016)	PFFS	$109.00	$49.70	$0	Enhanced		•
Barbour	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Barbour	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Barbour	Humana Insurance Company	Humana Gold Choice PFFS H1804-009 (H1804-009)	PFFS	$0.00	$0.00	$0	Enhanced		•
Barbour	Humana Insurance Company	Humana Gold Choice PFFS H1804-153 (H1804-153)	PFFS	$20.00	$20.00	$0	Enhanced		•
Barbour	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Barbour	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Barbour	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Barbour	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Barbour	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Bibb	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Bibb	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Bibb	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Bibb	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
Bibb	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Bibb	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Bibb	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Bibb	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 1 (H0150-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Bibb	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Bibb	Humana Insurance Company	Humana Gold Choice PFFS H1804-019 (H1804-019)	PFFS	$59.00	$25.30	$0	Enhanced		•
Bibb	Humana Insurance Company	Humana Gold Choice PFFS H1804-154 (H1804-154)	PFFS	$79.00	$27.20	$0	Enhanced		•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Bibb	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Bibb	SecureHorizons	MedicareComplete (H0151-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Bibb	SecureHorizons	MedicareComplete Essential Plan 1 (H0151-019)	Local HMO *	$0.00					
Bibb	SecureHorizons	MedicareComplete Choice (H5500-001)	Local PPO	$21.00	$3.10	$0	Enhanced		•
Bibb	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Bibb	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Bibb	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Bibb	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Bibb	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Bibb	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Bibb	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Blount	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Blount	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Blount	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
Blount	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Blount	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Blount	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Blount	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 1 (H0150-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Blount	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Blount	Humana Insurance Company	Humana Gold Choice PFFS H1804-019 (H1804-019)	PFFS	$59.00	$25.30	$0	Enhanced		•
Blount	Humana Insurance Company	Humana Gold Choice PFFS H1804-154 (H1804-154)	PFFS	$79.00	$27.20	$0	Enhanced		•
Blount	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Blount	SecureHorizons	MedicareComplete (H0151-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Blount	SecureHorizons	MedicareComplete Essential Plan 1 (H0151-019)	Local HMO *	$0.00					
Blount	SecureHorizons	MedicareComplete Choice (H5500-001)	Local PPO	$21.00	$3.10	$0	Enhanced		•
Blount	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Blount	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Blount	VIVA Medicare Plus	VIVA Medicare Plus Rx (H0154-001)	Local HMO	$0.00	$0.00	$265	Basic		•
Blount	VIVA Medicare Plus	VIVA Medicare Plus Select (H0154-008)	Local HMO *	$0.00					
Bullock	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Bullock	Advantra® Freedom	Freedom 5 (H5227-001)	PFFS	$0.00	$0.00	$0	Enhanced	Generics	•
Bullock	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Bullock	Humana Insurance Company	Humana Gold Choice PFFS H1804-009 (H1804-009)	PFFS	$0.00	$0.00	$0	Enhanced		•
Bullock	Humana Insurance Company	Humana Gold Choice PFFS H1804-153 (H1804-153)	PFFS	$20.00	$20.00	$0	Enhanced		•
Bullock	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Bullock	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Bullock	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Bullock	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Bullock	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Bullock	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Bullock	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Bullock	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Bullock	VIVA Medicare Plus	VIVA Medicare Plus Rx (H0154-001)	Local HMO	$0.00	$0.00	$265	Basic		•
Bullock	VIVA Medicare Plus	VIVA Medicare Plus Select (H0154-008)	Local HMO *	$0.00					
Bullock	WellCare	Freedom (H1340-012)	PFFS	$0.00	$0.00	$0	Enhanced		•
Bullock	WellCare	Concert (H1340-014)	PFFS	$41.00	$3.30	$0	Enhanced		•
Bullock	WellCare	Summit (H1340-008)	PFFS	$140.90	$16.20	$0	Enhanced		•
Butler	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Butler	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Butler	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Butler	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Butler	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Calhoun	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Calhoun	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Calhoun	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Calhoun	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Calhoun	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Calhoun	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 2 (H0150-006)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Calhoun	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Calhoun	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Calhoun	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Calhoun	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Calhoun	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Calhoun	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Chambers	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Chambers	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Chambers	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Chambers	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Chambers	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Chambers	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Chambers	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Chambers	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Chambers	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Chambers	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Chambers	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Chambers	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Cherokee	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Cherokee	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Cherokee	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 2 (H0150-006)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Cherokee	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Cherokee	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Cherokee	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Cherokee	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Cherokee	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Cherokee	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Cherokee	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Chilton	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Chilton	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
Chilton	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Chilton	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Chilton	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Chilton	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 1 (H0150-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Chilton	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Chilton	Humana Insurance Company	Humana Gold Choice PFFS H1804-019 (H1804-019)	PFFS	$59.00	$25.30	$0	Enhanced		•
Chilton	Humana Insurance Company	Humana Gold Choice PFFS H1804-154 (H1804-154)	PFFS	$79.00	$27.20	$0	Enhanced		•
Chilton	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Chilton	SecureHorizons	MedicareComplete (H0151-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Chilton	SecureHorizons	MedicareComplete Essential Plan 1 (H0151-019)	Local HMO *	$0.00					
Chilton	SecureHorizons	MedicareComplete Choice (H5500-001)	Local PPO	$21.00	$3.10	$0	Enhanced		•
Chilton	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Chilton	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Chilton	VIVA Medicare Plus	VIVA Medicare Plus Rx (H0154-001)	Local HMO	$0.00	$0.00	$265	Basic		•
Chilton	VIVA Medicare Plus	VIVA Medicare Plus Select (H0154-008)	Local HMO *	$0.00					
Choctaw	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Choctaw	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Choctaw	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Choctaw	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Choctaw	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					

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Choctaw	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Clarke	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Clarke	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Clarke	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Clarke	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Clarke	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Clarke	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Clay	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Clay	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Clay	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Clay	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Clay	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Cleburne	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Cleburne	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 3 (H0150-010)	Local HMO	$0.00	$0.00	$265	Basic		
Cleburne	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Cleburne	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Cleburne	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Cleburne	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Cleburne	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Cleburne	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Coffee	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Coffee	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Coffee	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Coffee	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Coffee	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Coffee	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Colbert	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Colbert	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Colbert	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Colbert	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Colbert	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Colbert	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Conecuh	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Conecuh	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Conecuh	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Conecuh	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Conecuh	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Conecuh	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Coosa	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Coosa	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Coosa	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 3 (H0150-010)	Local HMO	$0.00	$0.00	$265	Basic		
Coosa	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Coosa	Humana Insurance Company	Humana Gold Choice PFFS H1804-019 (H1804-019)	PFFS	$59.00	$25.30	$0	Enhanced		•
Coosa	Humana Insurance Company	Humana Gold Choice PFFS H1804-154 (H1804-154)	PFFS	$79.00	$27.20	$0	Enhanced		•
Coosa	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Coosa	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Coosa	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Coosa	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Coosa	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Coosa	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Coosa	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Covington	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Covington	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Covington	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•

Alabama 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Covington	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Covington	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Crenshaw	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Crenshaw	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Crenshaw	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Crenshaw	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Crenshaw	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Crenshaw	VIVA Medicare Plus	VIVA Medicare Plus Rx (H0154-001)	Local HMO	$0.00	$0.00	$265	Basic		•
Crenshaw	VIVA Medicare Plus	VIVA Medicare Plus Select (H0154-008)	Local HMO *	$0.00					
Cullman	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Cullman	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 2 (H0150-006)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Cullman	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Cullman	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Cullman	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Cullman	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Cullman	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Cullman	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Dale	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Dale	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Dale	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Dale	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Dale	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Dale	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Dallas	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Dallas	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Dallas	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 3 (H0150-010)	Local HMO	$0.00	$0.00	$265	Basic		
Dallas	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Dallas	Humana Insurance Company	Humana Gold Choice PFFS H1804-019 (H1804-019)	PFFS	$59.00	$25.30	$0	Enhanced		•
Dallas	Humana Insurance Company	Humana Gold Choice PFFS H1804-154 (H1804-154)	PFFS	$79.00	$27.20	$0	Enhanced		•
Dallas	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Dallas	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Dallas	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
DeKalb	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
DeKalb	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 3 (H0150-010)	Local HMO	$0.00	$0.00	$265	Basic		
DeKalb	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
DeKalb	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
DeKalb	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
DeKalb	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
DeKalb	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
DeKalb	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
DeKalb	WellCare	Duet (H1340-003)	PFFS *	$0.00					
DeKalb	WellCare	Concert (H1340-016)	PFFS	$109.00	$49.70	$0	Enhanced		•
Elmore	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Elmore	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Elmore	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Elmore	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
Elmore	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Elmore	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Elmore	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Elmore	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 2 (H0150-006)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Elmore	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Elmore	Humana Insurance Company	Humana Gold Choice PFFS H1804-009 (H1804-009)	PFFS	$0.00	$0.00	$0	Enhanced		•
Elmore	Humana Insurance Company	Humana Gold Choice PFFS H1804-153 (H1804-153)	PFFS	$20.00	$20.00	$0	Enhanced		•
Elmore	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•

Alabama 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Elmore	SecureHorizons	MedicareComplete Essential Plan 1 (H0151-020)	Local HMO *	$0.00					
Elmore	SecureHorizons	MedicareComplete Essential Plan 2 (H0151-024)	Local HMO *	$0.00					
Elmore	SecureHorizons	MedicareComplete Plan 1 (H0151-013)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Elmore	SecureHorizons	MedicareComplete Plan 2 (H0151-023)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Elmore	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Elmore	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Elmore	VIVA Medicare Plus	VIVA Medicare Plus Rx (H0154-001)	Local HMO	$0.00	$0.00	$265	Basic		•
Elmore	VIVA Medicare Plus	VIVA Medicare Plus Select (H0154-008)	Local HMO *	$0.00					
Elmore	WellCare	Duet (H1340-003)	PFFS *	$0.00					
Elmore	WellCare	Concert (H1340-014)	PFFS	$41.00	$3.30	$0	Enhanced		•
Elmore	WellCare	Summit (H1340-009)	PFFS	$161.00	$33.20	$0	Enhanced		•
Escambia	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Escambia	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Escambia	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Escambia	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Escambia	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Etowah	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Etowah	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
Etowah	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Etowah	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Etowah	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Etowah	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 2 (H0150-006)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Etowah	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Etowah	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Etowah	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Etowah	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Etowah	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Etowah	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Fayette	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Fayette	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Fayette	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 3 (H0150-010)	Local HMO	$0.00	$0.00	$265	Basic		
Fayette	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Fayette	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Fayette	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Fayette	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Fayette	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Fayette	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Fayette	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Fayette	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Fayette	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Fayette	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Franklin	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Franklin	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Franklin	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Franklin	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Geneva	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Geneva	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Geneva	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Geneva	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Geneva	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Geneva	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Greene	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Greene	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 3 (H0150-010)	Local HMO	$0.00	$0.00	$265	Basic		
Greene	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Greene	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Greene	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Greene	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Greene	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Greene	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Hale	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Hale	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 3 (H0150-010)	Local HMO	$0.00	$0.00	$265	Basic		
Hale	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Hale	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Hale	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Hale	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Hale	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Hale	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Henry	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Henry	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Henry	Humana Insurance Company	Humana Gold Choice PFFS H1804-009 (H1804-009)	PFFS	$0.00	$0.00	$0	Enhanced		•
Henry	Humana Insurance Company	Humana Gold Choice PFFS H1804-153 (H1804-153)	PFFS	$20.00	$20.00	$0	Enhanced		•
Henry	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Henry	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Henry	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Henry	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Henry	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Henry	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Henry	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Henry	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Henry	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Houston	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Houston	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Houston	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Houston	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Houston	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Houston	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Jackson	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5301-002)	Demo *	$0.00					
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Jackson	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Jackson	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Jackson	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Jefferson	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Jefferson	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Jefferson	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
Jefferson	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Jefferson	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Jefferson	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Jefferson	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 1 (H0150-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Jefferson	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-019 (H1804-019)	PFFS	$59.00	$25.30	$0	Enhanced		•
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-154 (H1804-154)	PFFS	$79.00	$27.20	$0	Enhanced		•
Jefferson	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Jefferson	SecureHorizons	MedicareComplete (H0151-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Jefferson	SecureHorizons	MedicareComplete Essential Plan 1 (H0151-019)	Local HMO *	$0.00					
Jefferson	SecureHorizons	MedicareComplete Choice (H5500-001)	Local PPO	$21.00	$3.10	$0	Enhanced		•

Alabama 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Jefferson	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Jefferson	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Jefferson	VIVA Medicare Plus	VIVA Medicare Plus Rx (H0154-001)	Local HMO	$0.00	$0.00	$265	Basic		•
Jefferson	VIVA Medicare Plus	VIVA Medicare Plus Select (H0154-008)	Local HMO *	$0.00					
Jefferson	WellCare	Duet (H1340-003)	PFFS *	$0.00					
Lamar	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Lamar	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Lamar	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 3 (H0150-010)	Local HMO	$0.00	$0.00	$265	Basic		
Lamar	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Lamar	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Lamar	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Lamar	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Lamar	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Lamar	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Lamar	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Lauderdale	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Lauderdale	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Lauderdale	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Lauderdale	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Lauderdale	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Lauderdale	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Lawrence	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Lawrence	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
Lawrence	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Lawrence	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Lawrence	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Lawrence	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Lawrence	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Lawrence	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Lawrence	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Lee	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Lee	Humana Insurance Company	Humana Gold Choice PFFS H1804-009 (H1804-009)	PFFS	$0.00	$0.00	$0	Enhanced		•
Lee	Humana Insurance Company	Humana Gold Choice PFFS H1804-153 (H1804-153)	PFFS	$20.00	$20.00	$0	Enhanced		•
Lee	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Lee	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Lee	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Lee	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Lee	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Limestone	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Limestone	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Limestone	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
Limestone	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Limestone	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Limestone	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5301-002)	Demo *	$0.00					
Limestone	Humana Insurance Company	Humana Gold Choice PFFS H1804-009 (H1804-009)	PFFS	$0.00	$0.00	$0	Enhanced		•
Limestone	Humana Insurance Company	Humana Gold Choice PFFS H1804-153 (H1804-153)	PFFS	$20.00	$20.00	$0	Enhanced		•
Limestone	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Limestone	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Limestone	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Limestone	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Lowndes	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Lowndes	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Lowndes	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Lowndes	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•

Alabama 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Lowndes	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Lowndes	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Lowndes	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Lowndes	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 2 (H0150-006)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Lowndes	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Lowndes	Humana Insurance Company	Humana Gold Choice PFFS H1804-019 (H1804-019)	PFFS	$59.00	$25.30	$0	Enhanced		•
Lowndes	Humana Insurance Company	Humana Gold Choice PFFS H1804-154 (H1804-154)	PFFS	$79.00	$27.20	$0	Enhanced		•
Lowndes	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Lowndes	SecureHorizons	MedicareComplete Essential Plan 1 (H0151-020)	Local HMO *	$0.00					
Lowndes	SecureHorizons	MedicareComplete Essential Plan 2 (H0151-024)	Local HMO *	$0.00					
Lowndes	SecureHorizons	MedicareComplete Plan 1 (H0151-013)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Lowndes	SecureHorizons	MedicareComplete Plan 2 (H0151-023)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Lowndes	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Lowndes	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Lowndes	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Lowndes	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Lowndes	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Lowndes	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Lowndes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Lowndes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Lowndes	VIVA Medicare Plus	VIVA Medicare Plus Rx (H0154-001)	Local HMO	$0.00	$0.00	$265	Basic		•
Lowndes	VIVA Medicare Plus	VIVA Medicare Plus Select (H0154-008)	Local HMO *	$0.00					
Macon	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Macon	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Macon	Humana Insurance Company	Humana Gold Choice PFFS H1804-009 (H1804-009)	PFFS	$0.00	$0.00	$0	Enhanced		•
Macon	Humana Insurance Company	Humana Gold Choice PFFS H1804-153 (H1804-153)	PFFS	$20.00	$20.00	$0	Enhanced		•
Macon	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Macon	SecureHorizons	MedicareComplete Essential Plan 1 (H0151-020)	Local HMO *	$0.00					
Macon	SecureHorizons	MedicareComplete Essential Plan 2 (H0151-024)	Local HMO *	$0.00					
Macon	SecureHorizons	MedicareComplete Plan 1 (H0151-013)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Macon	SecureHorizons	MedicareComplete Plan 2 (H0151-023)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Macon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Macon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	$10.30	$10.30	$265	Basic		
Macon	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Macon	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Macon	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Macon	VIVA Medicare Plus	VIVA Medicare Plus Rx (H0154-001)	Local HMO	$0.00	$0.00	$265	Basic		•
Macon	VIVA Medicare Plus	VIVA Medicare Plus Select (H0154-008)	Local HMO *	$0.00					
Madison	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Madison	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Madison	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
Madison	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Madison	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Madison	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5301-002)	Demo *	$0.00					
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-009 (H1804-009)	PFFS	$0.00	$0.00	$0	Enhanced		•
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-153 (H1804-153)	PFFS	$20.00	$20.00	$0	Enhanced		•
Madison	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Madison	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Madison	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Madison	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Madison	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Madison	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Madison	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•

Alabama 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Madison	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Madison	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Madison	WellCare	Duet (H1340-003)	PFFS *	$0.00					
Marengo	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Marengo	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Marengo	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Marengo	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Marengo	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Marengo	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Marion	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Marion	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Marion	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 2 (H0150-006)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Marion	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Marion	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Marion	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Marion	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Marion	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Marion	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Marshall	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5301-002)	Demo *	$0.00					
Marshall	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Marshall	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Marshall	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Marshall	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Marshall	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Marshall	WellCare	Duet (H1340-003)	PFFS *	$0.00					
Mobile	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Mobile	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Mobile	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
Mobile	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Mobile	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Mobile	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Mobile	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 1 (H0150-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Mobile	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Mobile	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Mobile	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Mobile	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Mobile	SecureHorizons	MedicareComplete (H0151-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Mobile	SecureHorizons	MedicareComplete Essential Plan 1 (H0151-019)	Local HMO *	$0.00					
Mobile	SecureHorizons	MedicareComplete Essential Plan 2 (H0151-024)	Local HMO *	$0.00					
Mobile	SecureHorizons	MedicareComplete Plan 2 (H0151-023)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Mobile	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Mobile	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Mobile	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Monroe	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	$80.00	$21.80	$265	Basic		
Monroe	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Monroe	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Monroe	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Monroe	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Monroe	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Montgomery	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Montgomery	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Montgomery	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Montgomery	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
Montgomery	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•

Alabama 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Montgomery	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Montgomery	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Montgomery	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 2 (H0150-006)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Montgomery	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Montgomery	Humana Insurance Company	Humana Gold Choice PFFS H1804-009 (H1804-009)	PFFS	$0.00	$0.00	$0	Enhanced		•
Montgomery	Humana Insurance Company	Humana Gold Choice PFFS H1804-153 (H1804-153)	PFFS	$20.00	$20.00	$0	Enhanced		•
Montgomery	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Montgomery	SecureHorizons	MedicareComplete Essential Plan 1 (H0151-020)	Local HMO *	$0.00					
Montgomery	SecureHorizons	MedicareComplete Essential Plan 2 (H0151-024)	Local HMO *	$0.00					
Montgomery	SecureHorizons	MedicareComplete Plan 1 (H0151-013)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Montgomery	SecureHorizons	MedicareComplete Plan 2 (H0151-023)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Montgomery	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Montgomery	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Montgomery	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Montgomery	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Montgomery	VIVA Medicare Plus	VIVA Medicare Plus Rx (H0154-001)	Local HMO	$0.00	$0.00	$265	Basic		•
Montgomery	VIVA Medicare Plus	VIVA Medicare Plus Select (H0154-008)	Local HMO *	$0.00					
Montgomery	WellCare	Duet (H1340-003)	PFFS *	$0.00					
Montgomery	WellCare	Concert (H1340-014)	PFFS	$41.00	$3.30	$0	Enhanced		•
Montgomery	WellCare	Summit (H1340-010)	PFFS	$181.00	$43.10	$0	Enhanced		•
Morgan	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Morgan	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
Morgan	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Morgan	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Morgan	Fresenius Medical Care Health Plan	Fresenius Medical Care Health Plan (H5301-002)	Demo *	$0.00					
Morgan	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Morgan	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 3 (H0150-010)	Local HMO	$0.00	$0.00	$265	Basic		
Morgan	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Morgan	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Morgan	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Morgan	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Morgan	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Morgan	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Morgan	WellCare	Duet (H1340-003)	PFFS *	$0.00					
Perry	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Perry	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Perry	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 3 (H0150-010)	Local HMO	$0.00	$0.00	$265	Basic		
Perry	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Perry	Humana Insurance Company	Humana Gold Choice PFFS H1804-019 (H1804-019)	PFFS	$59.00	$25.30	$0	Enhanced		•
Perry	Humana Insurance Company	Humana Gold Choice PFFS H1804-154 (H1804-154)	PFFS	$79.00	$27.20	$0	Enhanced		•
Perry	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Perry	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Perry	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Perry	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Perry	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Perry	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Perry	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Pickens	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Pickens	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Pickens	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Pickens	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Pickens	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Pike	Humana Insurance Company	Humana Gold Choice PFFS H1804-009 (H1804-009)	PFFS	$0.00	$0.00	$0	Enhanced		•
Pike	Humana Insurance Company	Humana Gold Choice PFFS H1804-153 (H1804-153)	PFFS	$20.00	$20.00	$0	Enhanced		•

Alabama 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Pike	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Pike	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Pike	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Pike	VIVA Medicare Plus	VIVA Medicare Plus Rx (H0154-001)	Local HMO	$0.00	$0.00	$265	Basic		•
Pike	VIVA Medicare Plus	VIVA Medicare Plus Select (H0154-008)	Local HMO *	$0.00					
Randolph	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Randolph	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Randolph	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Randolph	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Randolph	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Randolph	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Russell	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Russell	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Russell	Humana Insurance Company	Humana Gold Choice PFFS H1804-009 (H1804-009)	PFFS	$0.00	$0.00	$0	Enhanced		•
Russell	Humana Insurance Company	Humana Gold Choice PFFS H1804-153 (H1804-153)	PFFS	$20.00	$20.00	$0	Enhanced		•
Russell	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Russell	SecureHorizons	MedicareComplete Essential Plan 1 (H0151-020)	Local HMO *	$0.00					
Russell	SecureHorizons	MedicareComplete Essential Plan 2 (H0151-024)	Local HMO *	$0.00					
Russell	SecureHorizons	MedicareComplete Plan 1 (H0151-013)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Russell	SecureHorizons	MedicareComplete Plan 2 (H0151-023)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Russell	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	$0.00					
Russell	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	$0.00					
Russell	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	$53.10					
Russell	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	$121.20					
Russell	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Russell	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Russell	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Russell	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Russell	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Russell	WellCare	Concert (H1340-013)	PFFS	$0.00	$0.00	$0	Enhanced		•
Russell	WellCare	Duet (H1340-003)	PFFS *	$0.00					
Russell	WellCare	Summit (H1340-006)	PFFS	$91.00	$0.00	$0	Enhanced		•
Shelby	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Shelby	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Shelby	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Shelby	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
Shelby	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Shelby	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Shelby	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Shelby	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 1 (H0150-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Shelby	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Shelby	Humana Insurance Company	Humana Gold Choice PFFS H1804-019 (H1804-019)	PFFS	$59.00	$25.30	$0	Enhanced		•
Shelby	Humana Insurance Company	Humana Gold Choice PFFS H1804-154 (H1804-154)	PFFS	$79.00	$27.20	$0	Enhanced		•
Shelby	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Shelby	SecureHorizons	MedicareComplete (H0151-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Shelby	SecureHorizons	MedicareComplete Essential Plan 1 (H0151-019)	Local HMO *	$0.00					
Shelby	SecureHorizons	MedicareComplete Choice (H5500-001)	Local PPO	$21.00	$3.10	$0	Enhanced		•
Shelby	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Shelby	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Shelby	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Shelby	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Shelby	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Shelby	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Shelby	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					

Alabama 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Shelby	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Shelby	VIVA Medicare Plus	VIVA Medicare Plus Rx (H0154-001)	Local HMO	$0.00	$0.00	$265	Basic		•
Shelby	VIVA Medicare Plus	VIVA Medicare Plus Select (H0154-008)	Local HMO *	$0.00					
Shelby	WellCare	Concert (H1340-013)	PFFS	$0.00	$0.00	$0	Enhanced		•
Shelby	WellCare	Duet (H1340-003)	PFFS *	$0.00					
Shelby	WellCare	Summit (H1340-007)	PFFS	$121.00	$0.00	$0	Enhanced		•
St. Clair	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
St. Clair	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
St. Clair	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
St. Clair	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
St. Clair	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
St. Clair	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
St. Clair	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 2 (H0150-006)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
St. Clair	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
St. Clair	Humana Insurance Company	Humana Gold Choice PFFS H1804-019 (H1804-019)	PFFS	$59.00	$25.30	$0	Enhanced		•
St. Clair	Humana Insurance Company	Humana Gold Choice PFFS H1804-154 (H1804-154)	PFFS	$79.00	$27.20	$0	Enhanced		•
St. Clair	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
St. Clair	SecureHorizons	MedicareComplete (H0151-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
St. Clair	SecureHorizons	MedicareComplete Essential Plan 1 (H0151-019)	Local HMO *	$0.00					
St. Clair	SecureHorizons	MedicareComplete Choice (H5500-001)	Local PPO	$21.00	$3.10	$0	Enhanced		•
St. Clair	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
St. Clair	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
St. Clair	VIVA Medicare Plus	VIVA Medicare Plus Rx (H0154-001)	Local HMO	$0.00	$0.00	$265	Basic		•
St. Clair	VIVA Medicare Plus	VIVA Medicare Plus Select (H0154-008)	Local HMO *	$0.00					
Statewide	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Sumter	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Sumter	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Sumter	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Sumter	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Sumter	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Sumter	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Sumter	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Sumter	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Talladega	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Talladega	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Talladega	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 2 (H0150-006)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Talladega	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Talladega	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Talladega	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Talladega	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Talladega	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Talladega	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Tallapoosa	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Tallapoosa	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Tallapoosa	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Tallapoosa	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Tallapoosa	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Tuscaloosa	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Tuscaloosa	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 3 (H0150-010)	Local HMO	$0.00	$0.00	$265	Basic		
Tuscaloosa	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Tuscaloosa	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Tuscaloosa	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Tuscaloosa	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Tuscaloosa	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Tuscaloosa	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Tuscaloosa	WellCare	Duet (H1340-003)	PFFS *	$0.00					
Walker	Blue Cross Blue Shield of Alabama	Blue Advantage (H0104-007)	Local PPO	$0.00	$0.00	$0	Basic		•
Walker	Blue Cross Blue Shield of Alabama	Blue Advantage Value (H0104-002)	Local PPO	$29.00	$27.40	$0	Basic		•
Walker	Blue Cross Blue Shield of Alabama	Blue Advantage Plus (H0104-004)	Local PPO	$73.00	$48.00	$0	Enhanced	Generics	•
Walker	Blue Cross Blue Shield of Alabama	Blue Advantage Preferred (H0104-008)	Local PPO	$129.00	$48.00	$0	Enhanced	Generics	•
Walker	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Walker	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Walker	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 4 (H0150-018)	Local HMO	$100.50	$12.10	$265	Basic		
Walker	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Walker	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Walker	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Walker	SecureHorizons	MedicareComplete (H0151-001)	Local HMO	$0.00	$0.00	$0	Enhanced		•
Walker	SecureHorizons	MedicareComplete Essential Plan 1 (H0151-019)	Local HMO *	$0.00					
Walker	SecureHorizons	MedicareComplete Choice (H5500-001)	Local PPO	$21.00	$3.10	$0	Enhanced		•
Walker	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Walker	UniCare	Save Well - Plan II (H7289-002)	MSA *	$0.00					
Walker	WellCare	Duet (H1340-003)	PFFS *	$0.00					
Washington	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Washington	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Washington	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 2 (H0150-006)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Washington	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Washington	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Washington	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Washington	UniCare	Save Well - Plan III (H7289-003)	MSA *	$0.00					
Wilcox	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	$0.00					
Wilcox	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	$98.00					
Wilcox	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Wilcox	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 3 (H0150-010)	Local HMO	$0.00	$0.00	$265	Basic		
Wilcox	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Wilcox	Humana Insurance Company	Humana Gold Choice PFFS H1804-019 (H1804-019)	PFFS	$59.00	$25.30	$0	Enhanced		•
Wilcox	Humana Insurance Company	Humana Gold Choice PFFS H1804-154 (H1804-154)	PFFS	$79.00	$27.20	$0	Enhanced		•
Wilcox	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Wilcox	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	$0.00					
Wilcox	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	$81.40					
Wilcox	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	$149.20					
Wilcox	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					
Wilcox	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	$0.00					
Wilcox	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	$11.00	$11.00	$0	Enhanced		•
Wilcox	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	$25.00					
Wilcox	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	$56.00	$28.70	$0	Enhanced	Generics	•
Winston	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	$0.00					
Winston	Healthspring of Alabama, Inc.	HealthSpring Advantage Care (H0150-012)	Local HMO *	$0.00					
Winston	Healthspring of Alabama, Inc.	HealthSpring Advantage Plus 1 (H0150-001)	Local HMO	$0.00	$0.00	$0	Enhanced	Generics	•
Winston	Healthspring of Alabama, Inc.	HealthSpring Basic Care (H0150-017)	Local HMO	$12.00	$12.00	$265	Basic		
Winston	Humana Insurance Company	Humana Gold Choice PFFS H1804-020 (H1804-020)	PFFS	$89.00	$24.70	$0	Enhanced		•
Winston	Humana Insurance Company	HumanaChoicePPO PPO R5826-001 (R5826-001)	Regional PPO	$99.00	$31.00	$0	Basic		•
Winston	Humana Insurance Company	Humana Gold Choice PFFS H1804-155 (H1804-155)	PFFS	$109.00	$26.70	$0	Enhanced		•
Winston	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	$218.20					
Winston	UniCare	Save Well - Plan I (H7289-001)	MSA *	$0.00					