2016 Illinois - Medicare Advantage (MA) Plans

Data as of September 9, 2015. Includes 2016 approved contracts/plans. PACE, Special Needs Plans, Part B Only Plans, and Employer sponsored plans (800 series) are excluded. Plans under sanction are not shown. Medicare/Medicaid plans are shown in a separate Landscape file.

Notes: Data are subject to change as contracts are finalized. For 2016, enhanced alternative plans may offer additional cost sharing reductions in the gap on a sub-set of the formulary drugs, beyond the standard Part D benefit.

* Indicates plan does not offer Part D drug coverage.

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services. N/A is defined as Not Applicable

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Drug Benefit Type Detail	Contract ID	Plan ID	Segment ID	In-network MOOP Amount **	Overall Star Rating
Adams	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Adams	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Adams	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Adams	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Adams	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Adams	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	

Adams	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Adams	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Adams	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Adams	Humana Insurance Company	HumanaChoice H1418-007 (PPO)	Local PPO	$101.00	$360.00	Enhanced	Yes	EA	H1418	7	0	$6,700	
Adams	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Adams	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Alexander	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Alexander	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Bond	Coventry Health Care	Advantra (PPO)	Local PPO	$49.00	$0.00	Enhanced	No	EA	H1608	13	0	$6,700	

Bond	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO-POS)	Local HMO	$39.00	$0.00	Enhanced	No	EA	H2663	6	0	$6,350	
Bond	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO)	Local HMO	$85.00	$0.00	Enhanced	No	EA	H2663	2	0	$2,430	
Bond	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Bond	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Bond	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Bond	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Boone	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO)	Local PPO	$39.00	$300.00	Basic	No	BA	H6528	30	0	$6,700	
Boone	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H3071	2	0	$3,950	
Boone	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Boone	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	

Boone	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	Yes	EA	H7301	6	0	$5,400	
Boone	Coventry Health Care of Missouri, Inc.	Coventry Total Care (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H2663	16	0	$4,950	
Boone	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Boone	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Boone	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Boone	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Boone	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Boone	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	

Boone	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Boone	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Boone	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Boone	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Boone	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Boone	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Boone	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Boone	Humana Health Plan, Inc.	Humana Gold Plus H1406-026 (HMO)	Local HMO	$19.00	$0.00	Enhanced	Yes	EA	H1406	26	0	$5,500	
Boone	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	

Boone	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Boone	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Boone	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Boone	Meridian Health Plan	Meridian Prime (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H5779	2	0	$4,000	
Brown	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Brown	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Brown	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Brown	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Brown	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Brown	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	

Brown	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Brown	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Brown	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Brown	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Brown	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Brown	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Brown	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Brown	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Bureau	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Bureau	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	

Bureau	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	Yes	EA	H7301	6	0	$5,400	
Bureau	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Bureau	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Bureau	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Bureau	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Bureau	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Bureau	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Bureau	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	

Bureau	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Bureau	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Bureau	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Bureau	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Bureau	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Bureau	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Bureau	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Bureau	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Bureau	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	

Bureau	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$39.00	$225.00	Enhanced	No	EA	H5253	46	0	$3,900	
Calhoun	Coventry Health Care	Advantra (PPO)	Local PPO	$49.00	$0.00	Enhanced	No	EA	H1608	13	0	$6,700	
Calhoun	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO-POS)	Local HMO	$39.00	$0.00	Enhanced	No	EA	H2663	6	0	$6,350	
Calhoun	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO)	Local HMO	$85.00	$0.00	Enhanced	No	EA	H2663	2	0	$2,430	
Calhoun	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Calhoun	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Carroll	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Carroll	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Carroll	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	Yes	EA	H7301	6	0	$5,400	
Carroll	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Carroll	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	

Carroll	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Carroll	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Carroll	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$39.00	$225.00	Enhanced	No	EA	H5253	46	0	$3,900	
Cass	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Cass	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Cass	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Cass	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Cass	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Cass	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	

Cass	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Cass	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Cass	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Cass	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Cass	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Cass	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Cass	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Cass	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	

Cass	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Cass	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Cass	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Cass	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Cass	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Cass	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Champaign	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Champaign	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Champaign	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Champaign	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	

Champaign	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Champaign	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Champaign	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Champaign	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Champaign	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Champaign	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Champaign	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Champaign	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	

Champaign	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Champaign	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Champaign	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Champaign	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Champaign	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Champaign	WellCare	WellCare Choice (HMO-POS)	Local HMO	$55.00	$0.00	Enhanced	No	EA	H1416	24	0	$3,400	
Champaign	WellCare	WellCare Rx (HMO)	Local HMO	$18.00	$360.00	Basic	No	AE	H1416	23	0	$3,400	
Champaign	WellCare	WellCare Value (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1416	9	0	$3,900	
Christian	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Christian	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	

Christian	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Christian	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Christian	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Christian	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Christian	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Christian	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Christian	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Christian	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	

Christian	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Christian	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Christian	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Christian	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Christian	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Christian	Humana Insurance Company	HumanaChoice H1418-007 (PPO)	Local PPO	$101.00	$360.00	Enhanced	Yes	EA	H1418	7	0	$6,700	
Christian	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Christian	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Clark	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	

Clark	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Clark	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Clark	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Clark	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Clark	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Clark	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Clark	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Clark	Humana Insurance Company	HumanaChoice H1418-007 (PPO)	Local PPO	$101.00	$360.00	Enhanced	Yes	EA	H1418	7	0	$6,700	
Clark	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	

Clark	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Clay	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Clay	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Clinton	Coventry Health Care	Advantra (PPO)	Local PPO	$49.00	$0.00	Enhanced	No	EA	H1608	13	0	$6,700	
Clinton	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO-POS)	Local HMO	$39.00	$0.00	Enhanced	No	EA	H2663	6	0	$6,350	
Clinton	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO)	Local HMO	$85.00	$0.00	Enhanced	No	EA	H2663	2	0	$2,430	
Clinton	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Clinton	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Clinton	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Clinton	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Coles	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	

Coles	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Coles	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Coles	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Coles	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Coles	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Coles	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Coles	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Coles	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	

Coles	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Coles	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Coles	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Coles	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Coles	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Coles	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Coles	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Coles	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	

Cook	Aetna Medicare	Aetna Medicare Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H5521	52	0	$4,500	
Cook	Aetna Medicare	Aetna Medicare Standard Plan (PPO)	Local PPO	$69.00	$0.00	Enhanced	Yes	EA	H5521	16	0	$2,800	
Cook	Aetna Medicare	Aetna Medicare Value Plan (HMO)	Local HMO	$14.00	$0.00	Enhanced	No	EA	H3931	106	0	$4,950	
Cook	Aetna Medicare	Aetna Medicare Value Plan (PPO)	Local PPO	$0.00	$0.00	Enhanced	Yes	EA	H5521	86	0	$4,800	
Cook	Blue Cross and Blue Shield of IL, NM, OK	Blue Cross Medicare Advantage Choice Plus (PPO)	Local PPO	$66.00	$0.00	Enhanced	Yes	EA	H8634	3	0	$3,400	
Cook	Blue Cross and Blue Shield of IL, NM, OK	Blue Cross Medicare Advantage Choice Premier (PPO)	Local PPO	$111.00	$0.00	Enhanced	Yes	EA	H8634	4	0	$3,400	
Cook	Blue Cross Blue Shield of IL, MT, NM	Blue Cross Medicare Advantage Basic (HMO)	Local HMO	$0.00	$0.00	Enhanced	Yes	EA	H3822	1	0	$3,400	
Cook	Blue Cross Blue Shield of IL, MT, NM	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	Yes	EA	H3822	7	0	$4,500	

Cook	Blue Cross Blue Shield of IL, MT, NM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)	Local HMO	$49.00	$0.00	Enhanced	Yes	EA	H3822	8	0	$3,400	
Cook	Cigna-HealthSpring	Cigna-HealthSpring Advantage (HMO)	Local HMO *	$0.00					H1415	13	0	$4,500	
Cook	Cigna-HealthSpring	Cigna-HealthSpring Premier (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1415	21	0	$6,700	
Cook	Cigna-HealthSpring	Cigna-HealthSpring Primary (HMO)	Local HMO	$25.00	$360.00	Basic	No	DS	H1415	24	0	$4,500	
Cook	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H3071	2	0	$3,950	
Cook	Humana Health Plan, Inc.	Humana Gold Plus H1406-013 (HMO)	Local HMO	$0.00	$0.00	Enhanced	Yes	EA	H1406	13	0	$3,400	
Cook	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Cook	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Cook	Humana Insurance Company	HumanaChoice H1418-002 (PPO)	Local PPO	$121.00	$360.00	Enhanced	Yes	EA	H1418	2	0	$6,700	
Cook	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	

Cook	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Cook	Meridian Health Plan	Meridian Prime (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H5779	2	0	$4,000	
Cook	UnitedHealthcare	AARP MedicareComplete Access (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H2654	36	0	$3,400	
Cook	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	Local HMO	$29.00	$230.00	Enhanced	No	EA	H2654	34	0	$3,950	
Cook	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	Local HMO	$79.00	$0.00	Enhanced	No	EA	H2654	35	0	$2,900	
Cook	WellCare	WellCare Choice (HMO-POS)	Local HMO	$55.00	$0.00	Enhanced	No	EA	H1416	24	0	$3,400	
Cook	WellCare	WellCare Rx (HMO)	Local HMO	$18.00	$360.00	Basic	No	AE	H1416	23	0	$3,400	
Cook	WellCare	WellCare Value (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1416	9	0	$3,900	
Crawford	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Crawford	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Crawford	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	

Crawford	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Crawford	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Crawford	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Crawford	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Crawford	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Crawford	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Crawford	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Crawford	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Crawford	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	

Cumberland	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Cumberland	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Cumberland	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Cumberland	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Cumberland	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Cumberland	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Cumberland	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Cumberland	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Cumberland	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	

Cumberland	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Cumberland	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
De Witt	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
De Witt	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
De Witt	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
De Witt	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
De Witt	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
De Witt	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
De Witt	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	

De Witt	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
De Witt	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
De Witt	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
De Witt	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
De Witt	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
De Witt	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
De Witt	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
De Witt	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	

De Witt	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
De Witt	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
De Witt	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
De Witt	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
DeKalb	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
DeKalb	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
DeKalb	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	Yes	EA	H7301	6	0	$5,400	
DeKalb	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
DeKalb	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	

DeKalb	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
DeKalb	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
DeKalb	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
DeKalb	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
DeKalb	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
DeKalb	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
DeKalb	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
DeKalb	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	

DeKalb	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
DeKalb	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
DeKalb	Humana Insurance Company	HumanaChoice H1418-002 (PPO)	Local PPO	$121.00	$360.00	Enhanced	Yes	EA	H1418	2	0	$6,700	
DeKalb	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
DeKalb	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Douglas	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Douglas	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Douglas	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Douglas	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	

Douglas	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Douglas	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Douglas	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Douglas	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Douglas	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Douglas	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Douglas	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Douglas	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	

Douglas	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Douglas	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Douglas	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Douglas	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Douglas	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Douglas	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Douglas	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Douglas	WellCare	WellCare Choice (HMO-POS)	Local HMO	$55.00	$0.00	Enhanced	No	EA	H1416	24	0	$3,400	
Douglas	WellCare	WellCare Rx (HMO)	Local HMO	$18.00	$360.00	Basic	No	AE	H1416	23	0	$3,400	
Douglas	WellCare	WellCare Value (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1416	9	0	$3,900	

DuPage	Blue Cross and Blue Shield of IL, NM, OK	Blue Cross Medicare Advantage Choice Plus (PPO)	Local PPO	$66.00	$0.00	Enhanced	Yes	EA	H8634	3	0	$3,400	
DuPage	Blue Cross and Blue Shield of IL, NM, OK	Blue Cross Medicare Advantage Choice Premier (PPO)	Local PPO	$111.00	$0.00	Enhanced	Yes	EA	H8634	4	0	$3,400	
DuPage	Blue Cross Blue Shield of IL, MT, NM	Blue Cross Medicare Advantage Basic (HMO)	Local HMO	$0.00	$0.00	Enhanced	Yes	EA	H3822	1	0	$3,400	
DuPage	Blue Cross Blue Shield of IL, MT, NM	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	Yes	EA	H3822	7	0	$4,500	
DuPage	Blue Cross Blue Shield of IL, MT, NM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)	Local HMO	$49.00	$0.00	Enhanced	Yes	EA	H3822	8	0	$3,400	
DuPage	Cigna-HealthSpring	Cigna-HealthSpring Advantage (HMO)	Local HMO *	$0.00					H1415	13	0	$4,500	
DuPage	Cigna-HealthSpring	Cigna-HealthSpring Premier (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1415	21	0	$6,700	
DuPage	Cigna-HealthSpring	Cigna-HealthSpring Primary (HMO)	Local HMO	$25.00	$360.00	Basic	No	DS	H1415	24	0	$4,500	

DuPage	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H3071	2	0	$3,950	
DuPage	Humana Health Plan, Inc.	Humana Gold Plus H1406-028 (HMO)	Local HMO	$0.00	$0.00	Enhanced	Yes	EA	H1406	28	0	$3,400	
DuPage	Humana Insurance Company	HumanaChoice H1418-002 (PPO)	Local PPO	$121.00	$360.00	Enhanced	Yes	EA	H1418	2	0	$6,700	
DuPage	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
DuPage	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
DuPage	UnitedHealthcare	AARP MedicareComplete Focus (HMO)	Local HMO	$0.00	$230.00	Enhanced	No	EA	H2654	33	0	$3,200	
Edgar	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Edgar	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Edgar	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	

Edgar	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Edgar	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Edgar	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Edgar	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Edgar	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Edgar	Humana Insurance Company	HumanaChoice H1418-007 (PPO)	Local PPO	$101.00	$360.00	Enhanced	Yes	EA	H1418	7	0	$6,700	
Edgar	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Edgar	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Edwards	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Edwards	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	

Edwards	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Edwards	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Effingham	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Effingham	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Effingham	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Effingham	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Effingham	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Effingham	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Effingham	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	

Effingham	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Effingham	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Effingham	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Effingham	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Fayette	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Fayette	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Fayette	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Fayette	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Ford	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Ford	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	

Ford	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Ford	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Ford	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Ford	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Ford	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Ford	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Ford	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Ford	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	

Ford	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Ford	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Ford	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Ford	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Ford	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Ford	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Ford	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Franklin	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	

Franklin	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Franklin	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Franklin	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Franklin	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Franklin	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Franklin	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Franklin	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Franklin	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	

Franklin	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Franklin	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Franklin	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Franklin	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Franklin	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Fulton	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Fulton	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Fulton	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Fulton	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	

Fulton	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Fulton	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Gallatin	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Gallatin	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Gallatin	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Gallatin	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Greene	Coventry Health Care	Advantra (PPO)	Local PPO	$49.00	$0.00	Enhanced	No	EA	H1608	13	0	$6,700	
Greene	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO-POS)	Local HMO	$39.00	$0.00	Enhanced	No	EA	H2663	6	0	$6,350	
Greene	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO)	Local HMO	$85.00	$0.00	Enhanced	No	EA	H2663	2	0	$2,430	
Greene	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Greene	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	

Greene	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Greene	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Grundy	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Grundy	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Grundy	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Grundy	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Hamilton	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Hamilton	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Hancock	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Hancock	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	

Hancock	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	Yes	EA	H7301	6	0	$5,400	
Hancock	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Hancock	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Hancock	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Hancock	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Hancock	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Hancock	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Hancock	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Hancock	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	

Hancock	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Hardin	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Hardin	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Hardin	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Hardin	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Henderson	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Henderson	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	Yes	EA	H7301	6	0	$5,400	
Henderson	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Henderson	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Henderson	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	

Henderson	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$39.00	$225.00	Enhanced	No	EA	H5253	46	0	$3,900	
Henry	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Henry	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Henry	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	Yes	EA	H7301	6	0	$5,400	
Henry	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Henry	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Henry	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Henry	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Henry	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	

Henry	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Henry	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Henry	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Henry	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Henry	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Henry	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Henry	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Henry	Humana Insurance Company	HumanaChoice H1418-007 (PPO)	Local PPO	$101.00	$360.00	Enhanced	Yes	EA	H1418	7	0	$6,700	

Henry	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Henry	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Henry	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$39.00	$225.00	Enhanced	No	EA	H5253	46	0	$3,900	
Iroquois	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Iroquois	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Iroquois	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Iroquois	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Iroquois	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Iroquois	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	

Iroquois	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Iroquois	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Iroquois	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Iroquois	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Jackson	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Jackson	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Jackson	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Jackson	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	

Jackson	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Jackson	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Jackson	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Jackson	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Jackson	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Jackson	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Jackson	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Jackson	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	

Jackson	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Jackson	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Jasper	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Jasper	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Jasper	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Jasper	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Jasper	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Jasper	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Jasper	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	

Jasper	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Jasper	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Jasper	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Jasper	Humana Insurance Company	HumanaChoice H1418-007 (PPO)	Local PPO	$101.00	$360.00	Enhanced	Yes	EA	H1418	7	0	$6,700	
Jasper	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Jasper	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Jefferson	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Jefferson	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Jersey	Coventry Health Care	Advantra (PPO)	Local PPO	$49.00	$0.00	Enhanced	No	EA	H1608	13	0	$6,700	
Jersey	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO-POS)	Local HMO	$39.00	$0.00	Enhanced	No	EA	H2663	6	0	$6,350	

Jersey	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO)	Local HMO	$85.00	$0.00	Enhanced	No	EA	H2663	2	0	$2,430	
Jersey	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Jersey	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Jo Daviess	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Jo Daviess	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	Yes	EA	H7301	6	0	$5,400	
Jo Daviess	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Jo Daviess	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Jo Daviess	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Jo Daviess	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Jo Daviess	Medical Associates Health Plan, Inc.	Medical Associates Community Plan (Cost)	Cost *	$136.00					H1651	5	0	N/A	

Jo Daviess	Medical Associates Health Plan, Inc.	Medical Associates Freedom Plan (Cost)	Cost *	$136.00					H1651	9	0	N/A	
Jo Daviess	Medical Associates Health Plan, Inc.	Medical Associates SmartPlan (Cost)	Cost *	$106.00					H1651	3	0	N/A	
Jo Daviess	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$39.00	$225.00	Enhanced	No	EA	H5253	46	0	$3,900	
Johnson	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Johnson	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Johnson	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Johnson	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Johnson	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	

Johnson	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Johnson	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Johnson	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Johnson	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Johnson	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Johnson	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Johnson	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Johnson	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Johnson	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	

Johnson	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Johnson	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Kane	Blue Cross and Blue Shield of IL, NM, OK	Blue Cross Medicare Advantage Choice Plus (PPO)	Local PPO	$66.00	$0.00	Enhanced	Yes	EA	H8634	3	0	$3,400	
Kane	Blue Cross and Blue Shield of IL, NM, OK	Blue Cross Medicare Advantage Choice Premier (PPO)	Local PPO	$111.00	$0.00	Enhanced	Yes	EA	H8634	4	0	$3,400	
Kane	Blue Cross Blue Shield of IL, MT, NM	Blue Cross Medicare Advantage Basic (HMO)	Local HMO	$0.00	$0.00	Enhanced	Yes	EA	H3822	1	0	$3,400	
Kane	Blue Cross Blue Shield of IL, MT, NM	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	Yes	EA	H3822	7	0	$4,500	
Kane	Blue Cross Blue Shield of IL, MT, NM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)	Local HMO	$49.00	$0.00	Enhanced	Yes	EA	H3822	8	0	$3,400	
Kane	Cigna-HealthSpring	Cigna-HealthSpring Advantage (HMO)	Local HMO *	$0.00					H1415	13	0	$4,500	

Kane	Cigna-HealthSpring	Cigna-HealthSpring Premier (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1415	21	0	$6,700	
Kane	Cigna-HealthSpring	Cigna-HealthSpring Primary (HMO)	Local HMO	$25.00	$360.00	Basic	No	DS	H1415	24	0	$4,500	
Kane	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H3071	2	0	$3,950	
Kane	Humana Health Plan, Inc.	Humana Gold Plus H1406-022 (HMO)	Local HMO	$23.00	$0.00	Enhanced	Yes	EA	H1406	22	0	$6,700	
Kane	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Kane	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Kane	Humana Insurance Company	HumanaChoice H1418-002 (PPO)	Local PPO	$121.00	$360.00	Enhanced	Yes	EA	H1418	2	0	$6,700	
Kane	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Kane	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Kane	Meridian Health Plan	Meridian Prime (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H5779	2	0	$4,000	

Kane	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	Local HMO	$29.00	$230.00	Enhanced	No	EA	H2654	34	0	$3,950	
Kane	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	Local HMO	$79.00	$0.00	Enhanced	No	EA	H2654	35	0	$2,900	
Kane	WellCare	WellCare Choice (HMO-POS)	Local HMO	$55.00	$0.00	Enhanced	No	EA	H1416	24	0	$3,400	
Kane	WellCare	WellCare Rx (HMO)	Local HMO	$18.00	$360.00	Basic	No	AE	H1416	23	0	$3,400	
Kane	WellCare	WellCare Value (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1416	9	0	$3,900	
Kankakee	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Kankakee	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Kankakee	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Kankakee	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	

Kankakee	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Kankakee	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Kankakee	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Kankakee	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Kankakee	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Kankakee	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Kankakee	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Kankakee	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	

Kankakee	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Kankakee	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Kankakee	Humana Insurance Company	HumanaChoice H1418-002 (PPO)	Local PPO	$121.00	$360.00	Enhanced	Yes	EA	H1418	2	0	$6,700	
Kankakee	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Kankakee	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Kankakee	WellCare	WellCare Choice (HMO-POS)	Local HMO	$55.00	$0.00	Enhanced	No	EA	H1416	24	0	$3,400	
Kankakee	WellCare	WellCare Rx (HMO)	Local HMO	$18.00	$360.00	Basic	No	AE	H1416	23	0	$3,400	
Kankakee	WellCare	WellCare Value (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1416	9	0	$3,900	
Kendall	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Kendall	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Kendall	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	Yes	EA	H7301	6	0	$5,400	
Kendall	Humana Health Plan, Inc.	Humana Gold Plus H1406-022 (HMO)	Local HMO	$23.00	$0.00	Enhanced	Yes	EA	H1406	22	0	$6,700	

Kendall	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Kendall	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Kendall	Humana Insurance Company	HumanaChoice H1418-002 (PPO)	Local PPO	$121.00	$360.00	Enhanced	Yes	EA	H1418	2	0	$6,700	
Kendall	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Kendall	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Knox	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Knox	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Knox	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Knox	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	

Knox	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Knox	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Knox	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Knox	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Knox	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Knox	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Knox	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Knox	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	

Knox	Humana Benefit Plan of Illinois, Inc.	Humana Gold Plus H1468-007 (HMO)	Local HMO	$25.00	$0.00	Enhanced	Yes	EA	H1468	7	0	$5,500	
Knox	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Knox	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Knox	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Knox	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Knox	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Knox	Meridian Health Plan	Meridian Prime (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H5779	2	0	$4,000	
Knox	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$39.00	$225.00	Enhanced	No	EA	H5253	46	0	$3,900	
Knox	WellCare	WellCare Choice (HMO-POS)	Local HMO	$55.00	$0.00	Enhanced	No	EA	H1416	24	0	$3,400	
Knox	WellCare	WellCare Rx (HMO)	Local HMO	$18.00	$360.00	Basic	No	AE	H1416	23	0	$3,400	
Knox	WellCare	WellCare Value (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1416	9	0	$3,900	
La Salle	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	

La Salle	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
La Salle	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
La Salle	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
La Salle	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Lake	Humana Health Plan, Inc.	Humana Gold Plus H1406-013 (HMO)	Local HMO	$0.00	$0.00	Enhanced	Yes	EA	H1406	13	0	$3,400	
Lake	Humana Insurance Company	HumanaChoice H1418-002 (PPO)	Local PPO	$121.00	$360.00	Enhanced	Yes	EA	H1418	2	0	$6,700	
Lake	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Lake	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Lawrence	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Lawrence	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	

Lawrence	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Lawrence	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Lee	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO)	Local PPO	$39.00	$300.00	Basic	No	BA	H6528	30	0	$6,700	
Lee	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Lee	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Lee	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	Yes	EA	H7301	6	0	$5,400	
Lee	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Lee	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Lee	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Lee	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	

Lee	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Livingston	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Livingston	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Livingston	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Livingston	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Livingston	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Livingston	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Livingston	Humana Benefit Plan of Illinois, Inc.	Humana Gold Plus H1468-007 (HMO)	Local HMO	$25.00	$0.00	Enhanced	Yes	EA	H1468	7	0	$5,500	
Livingston	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	

Livingston	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Livingston	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Logan	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Logan	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Logan	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Logan	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Logan	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Logan	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Logan	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	

Logan	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Logan	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Logan	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Logan	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Logan	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Logan	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Logan	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Logan	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	

Logan	Humana Health Plan, Inc.	Humana Gold Plus H1406-030 (HMO)	Local HMO	$59.00	$360.00	Enhanced	Yes	EA	H1406	30	0	$6,700	
Logan	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Logan	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Logan	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Logan	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Macon	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Macon	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Macon	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Macon	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Macon	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	

Macon	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Macon	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Macon	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Macon	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Macon	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Macon	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Macon	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Macon	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	

Macon	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Macon	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Macon	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Macon	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Macoupin	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Macoupin	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Macoupin	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Macoupin	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Macoupin	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	

Macoupin	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Macoupin	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Macoupin	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Macoupin	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Macoupin	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Macoupin	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Macoupin	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Macoupin	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	

Macoupin	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Macoupin	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Macoupin	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Macoupin	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Madison	Coventry Health Care	Advantra (PPO)	Local PPO	$49.00	$0.00	Enhanced	No	EA	H1608	13	0	$6,700	
Madison	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO-POS)	Local HMO	$39.00	$0.00	Enhanced	No	EA	H2663	6	0	$6,350	
Madison	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO)	Local HMO	$85.00	$0.00	Enhanced	No	EA	H2663	2	0	$2,430	
Madison	Coventry Health Care of Missouri, Inc.	Gold Advantage (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H2663	5	0	$3,400	
Madison	Essence Healthcare	Essence Advantage (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H2610	5	0	$2,375	
Madison	Essence Healthcare	Essence Advantage Plus (HMO)	Local HMO	$79.00	$0.00	Enhanced	Yes	EA	H2610	6	0	$2,175	
Madison	Humana Health Plan, Inc.	Humana Gold Plus H2649-023 (HMO)	Local HMO	$0.00	$175.00	Enhanced	Yes	EA	H2649	23	0	$3,700	

Madison	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Madison	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Madison	Humana Insurance Company	HumanaChoice H1716-001 (PPO)	Local PPO	$81.00	$250.00	Enhanced	Yes	EA	H1716	1	0	$6,700	
Madison	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Madison	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Madison	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$0.00	$290.00	Enhanced	No	EA	H2654	13	0	$2,900	
Madison	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	Local PPO	$39.00	$200.00	Enhanced	No	EA	H2228	30	0	$4,900	
Madison	WellCare	WellCare Choice (HMO-POS)	Local HMO	$55.00	$0.00	Enhanced	No	EA	H1416	24	0	$3,400	
Madison	WellCare	WellCare Rx (HMO)	Local HMO	$18.00	$360.00	Basic	No	AE	H1416	23	0	$3,400	
Madison	WellCare	WellCare Value (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1416	9	0	$3,900	
Marion	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	

Marion	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Marshall	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Marshall	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Marshall	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Marshall	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Marshall	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Marshall	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Marshall	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Marshall	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	

Marshall	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Marshall	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Marshall	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Marshall	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Marshall	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Marshall	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Marshall	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Marshall	Humana Benefit Plan of Illinois, Inc.	Humana Gold Plus H1468-007 (HMO)	Local HMO	$25.00	$0.00	Enhanced	Yes	EA	H1468	7	0	$5,500	
Marshall	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	

Marshall	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Marshall	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Marshall	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$39.00	$225.00	Enhanced	No	EA	H5253	46	0	$3,900	
Mason	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Mason	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Mason	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Mason	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Mason	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Mason	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	

Mason	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Mason	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Mason	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Mason	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Mason	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Mason	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Mason	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Mason	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	

Mason	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Mason	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Mason	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Mason	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Mason	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Massac	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Massac	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
McDonough	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
McDonough	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	

McDonough	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
McDonough	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
McDonough	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
McDonough	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
McDonough	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
McDonough	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
McDonough	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
McHenry	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H3071	2	0	$3,950	
McHenry	Humana Health Plan, Inc.	Humana Gold Plus H1406-022 (HMO)	Local HMO	$23.00	$0.00	Enhanced	Yes	EA	H1406	22	0	$6,700	

McHenry	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
McHenry	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
McHenry	Humana Insurance Company	HumanaChoice H1418-002 (PPO)	Local PPO	$121.00	$360.00	Enhanced	Yes	EA	H1418	2	0	$6,700	
McHenry	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
McHenry	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
McHenry	Meridian Health Plan	Meridian Prime (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H5779	2	0	$4,000	
McLean	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
McLean	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
McLean	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
McLean	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	

McLean	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
McLean	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
McLean	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
McLean	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
McLean	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
McLean	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
McLean	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
McLean	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	

McLean	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
McLean	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
McLean	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
McLean	Humana Benefit Plan of Illinois, Inc.	Humana Gold Plus H1468-007 (HMO)	Local HMO	$25.00	$0.00	Enhanced	Yes	EA	H1468	7	0	$5,500	
McLean	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
McLean	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
McLean	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
McLean	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
McLean	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	

McLean	UnitedHealthcare	AARP MedicareComplete Access (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H2654	37	0	$3,400	
Menard	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Menard	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Menard	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Menard	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Menard	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Menard	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Menard	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Menard	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	

Menard	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Menard	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Menard	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Menard	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Menard	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Menard	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Menard	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Menard	Humana Insurance Company	HumanaChoice H1418-007 (PPO)	Local PPO	$101.00	$360.00	Enhanced	Yes	EA	H1418	7	0	$6,700	

Menard	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Menard	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Mercer	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Mercer	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Mercer	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	Yes	EA	H7301	6	0	$5,400	
Mercer	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Mercer	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Mercer	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Mercer	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	

Mercer	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Mercer	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Mercer	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Mercer	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Mercer	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Mercer	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Mercer	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Mercer	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	

Mercer	Humana Insurance Company	HumanaChoice H1418-007 (PPO)	Local PPO	$101.00	$360.00	Enhanced	Yes	EA	H1418	7	0	$6,700	
Mercer	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Mercer	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Mercer	Meridian Health Plan	Meridian Prime (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H5779	2	0	$4,000	
Mercer	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$39.00	$225.00	Enhanced	No	EA	H5253	46	0	$3,900	
Monroe	Coventry Health Care	Advantra (PPO)	Local PPO	$49.00	$0.00	Enhanced	No	EA	H1608	13	0	$6,700	
Monroe	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO-POS)	Local HMO	$39.00	$0.00	Enhanced	No	EA	H2663	6	0	$6,350	
Monroe	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO)	Local HMO	$85.00	$0.00	Enhanced	No	EA	H2663	2	0	$2,430	
Monroe	Coventry Health Care of Missouri, Inc.	Gold Advantage (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H2663	5	0	$3,400	
Monroe	Essence Healthcare	Essence Advantage (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H2610	5	0	$2,375	
Monroe	Essence Healthcare	Essence Advantage Plus (HMO)	Local HMO	$79.00	$0.00	Enhanced	Yes	EA	H2610	6	0	$2,175	
Monroe	Humana Insurance Company	HumanaChoice H1716-001 (PPO)	Local PPO	$81.00	$250.00	Enhanced	Yes	EA	H1716	1	0	$6,700	

Monroe	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Monroe	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Monroe	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$0.00	$290.00	Enhanced	No	EA	H2654	13	0	$2,900	
Monroe	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	Local PPO	$39.00	$200.00	Enhanced	No	EA	H2228	30	0	$4,900	
Monroe	WellCare	WellCare Choice (HMO-POS)	Local HMO	$55.00	$0.00	Enhanced	No	EA	H1416	24	0	$3,400	
Monroe	WellCare	WellCare Rx (HMO)	Local HMO	$18.00	$360.00	Basic	No	AE	H1416	23	0	$3,400	
Monroe	WellCare	WellCare Value (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1416	9	0	$3,900	
Montgomery	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Montgomery	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Montgomery	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	

Montgomery	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Montgomery	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Montgomery	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Montgomery	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Montgomery	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Montgomery	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Montgomery	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Montgomery	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	

Montgomery	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Montgomery	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Montgomery	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Montgomery	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Montgomery	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Montgomery	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Montgomery	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Morgan	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Morgan	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Morgan	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	

Morgan	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Morgan	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Morgan	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Morgan	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Morgan	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Morgan	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Morgan	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Morgan	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	

Morgan	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Morgan	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Morgan	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Morgan	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Morgan	Humana Insurance Company	HumanaChoice H1418-007 (PPO)	Local PPO	$101.00	$360.00	Enhanced	Yes	EA	H1418	7	0	$6,700	
Morgan	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Morgan	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Moultrie	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Moultrie	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	

Moultrie	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Moultrie	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Moultrie	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Moultrie	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Moultrie	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Moultrie	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Moultrie	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Moultrie	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	

Moultrie	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Moultrie	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Moultrie	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Moultrie	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Moultrie	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Moultrie	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Moultrie	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Moultrie	Humana Insurance Company	HumanaChoice H1418-007 (PPO)	Local PPO	$101.00	$360.00	Enhanced	Yes	EA	H1418	7	0	$6,700	
Moultrie	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	

Moultrie	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Ogle	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO)	Local PPO	$39.00	$300.00	Basic	No	BA	H6528	30	0	$6,700	
Ogle	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H3071	2	0	$3,950	
Ogle	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Ogle	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Ogle	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	Yes	EA	H7301	6	0	$5,400	
Ogle	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Ogle	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Ogle	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Ogle	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	

Ogle	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Peoria	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Peoria	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Peoria	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Peoria	Coventry Health Care of Missouri, Inc.	Coventry Total Care (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H2663	17	0	$4,200	
Peoria	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Peoria	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Peoria	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Peoria	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	

Peoria	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Peoria	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Peoria	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Peoria	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Peoria	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Peoria	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Peoria	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Peoria	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	

Peoria	Humana Benefit Plan of Illinois, Inc.	Humana Gold Plus H1468-007 (HMO)	Local HMO	$25.00	$0.00	Enhanced	Yes	EA	H1468	7	0	$5,500	
Peoria	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Peoria	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Peoria	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Peoria	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Peoria	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Peoria	Meridian Health Plan	Meridian Prime (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H5779	2	0	$4,000	
Peoria	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$39.00	$225.00	Enhanced	No	EA	H5253	46	0	$3,900	
Peoria	WellCare	WellCare Choice (HMO-POS)	Local HMO	$55.00	$0.00	Enhanced	No	EA	H1416	24	0	$3,400	
Peoria	WellCare	WellCare Rx (HMO)	Local HMO	$18.00	$360.00	Basic	No	AE	H1416	23	0	$3,400	
Peoria	WellCare	WellCare Value (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1416	9	0	$3,900	

Perry	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Perry	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Perry	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Perry	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Perry	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Perry	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Perry	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Perry	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	

Perry	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Perry	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Perry	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Perry	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Perry	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Perry	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Piatt	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Piatt	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Piatt	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	

Piatt	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Piatt	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Piatt	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Piatt	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Piatt	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Piatt	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Piatt	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Piatt	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	

Piatt	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Piatt	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Piatt	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Piatt	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Piatt	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Piatt	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Pike	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Pike	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Pike	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	

Pike	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Pike	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Pike	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Pike	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Pike	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Pike	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Pike	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Pike	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Pike	Humana Insurance Company	HumanaChoice H1418-007 (PPO)	Local PPO	$101.00	$360.00	Enhanced	Yes	EA	H1418	7	0	$6,700	

Pike	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Pike	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Pope	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Pope	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Pope	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Pope	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Pulaski	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Pulaski	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Putnam	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	

Putnam	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Putnam	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Putnam	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Putnam	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Putnam	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Putnam	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Putnam	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Putnam	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	

Putnam	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Putnam	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Putnam	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Putnam	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Putnam	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Putnam	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Putnam	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$39.00	$225.00	Enhanced	No	EA	H5253	46	0	$3,900	
Randolph	Coventry Health Care	Advantra (PPO)	Local PPO	$49.00	$0.00	Enhanced	No	EA	H1608	13	0	$6,700	
Randolph	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO-POS)	Local HMO	$39.00	$0.00	Enhanced	No	EA	H2663	6	0	$6,350	
Randolph	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO)	Local HMO	$85.00	$0.00	Enhanced	No	EA	H2663	2	0	$2,430	

Randolph	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Randolph	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Randolph	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Randolph	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Richland	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Richland	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Richland	Humana Insurance Company	HumanaChoice H1418-007 (PPO)	Local PPO	$101.00	$360.00	Enhanced	Yes	EA	H1418	7	0	$6,700	
Richland	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Richland	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Rock Island	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Rock Island	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	

Rock Island	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	Yes	EA	H7301	6	0	$5,400	
Rock Island	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Rock Island	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Rock Island	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Rock Island	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Rock Island	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Rock Island	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Rock Island	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	

Rock Island	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Rock Island	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Rock Island	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Rock Island	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Rock Island	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Rock Island	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Rock Island	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Rock Island	Humana Insurance Company	HumanaChoice H1418-007 (PPO)	Local PPO	$101.00	$360.00	Enhanced	Yes	EA	H1418	7	0	$6,700	
Rock Island	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	

Rock Island	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Rock Island	Meridian Health Plan	Meridian Prime (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H5779	2	0	$4,000	
Rock Island	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$39.00	$225.00	Enhanced	No	EA	H5253	46	0	$3,900	
Saline	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Saline	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Saline	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Saline	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Saline	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	

Saline	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Saline	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Saline	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Saline	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Saline	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Saline	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Saline	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Saline	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	

Saline	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Sangamon	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Sangamon	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Sangamon	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Sangamon	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Sangamon	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Sangamon	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Sangamon	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Sangamon	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	

Sangamon	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Sangamon	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Sangamon	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Sangamon	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Sangamon	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Sangamon	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Sangamon	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Sangamon	Humana Health Plan, Inc.	Humana Gold Plus H1406-030 (HMO)	Local HMO	$59.00	$360.00	Enhanced	Yes	EA	H1406	30	0	$6,700	
Sangamon	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	

Sangamon	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Sangamon	Humana Insurance Company	HumanaChoice H1418-007 (PPO)	Local PPO	$101.00	$360.00	Enhanced	Yes	EA	H1418	7	0	$6,700	
Sangamon	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Sangamon	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Schuyler	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Schuyler	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Schuyler	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Schuyler	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Schuyler	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	

Schuyler	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Schuyler	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Schuyler	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Schuyler	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Schuyler	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Schuyler	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Scott	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Scott	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Scott	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Scott	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	

Scott	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Scott	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Scott	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Scott	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Scott	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Scott	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Scott	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Scott	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	

Scott	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Scott	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Scott	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Scott	Humana Insurance Company	HumanaChoice H1418-007 (PPO)	Local PPO	$101.00	$360.00	Enhanced	Yes	EA	H1418	7	0	$6,700	
Scott	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Scott	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Shelby	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Shelby	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Shelby	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	

Shelby	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Shelby	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
St. Clair	Coventry Health Care	Advantra (PPO)	Local PPO	$49.00	$0.00	Enhanced	No	EA	H1608	13	0	$6,700	
St. Clair	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO-POS)	Local HMO	$39.00	$0.00	Enhanced	No	EA	H2663	6	0	$6,350	
St. Clair	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO)	Local HMO	$85.00	$0.00	Enhanced	No	EA	H2663	2	0	$2,430	
St. Clair	Coventry Health Care of Missouri, Inc.	Gold Advantage (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H2663	5	0	$3,400	
St. Clair	Essence Healthcare	Essence Advantage (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H2610	5	0	$2,375	
St. Clair	Essence Healthcare	Essence Advantage Plus (HMO)	Local HMO	$79.00	$0.00	Enhanced	Yes	EA	H2610	6	0	$2,175	
St. Clair	Humana Health Plan, Inc.	Humana Gold Plus H2649-023 (HMO)	Local HMO	$0.00	$175.00	Enhanced	Yes	EA	H2649	23	0	$3,700	
St. Clair	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
St. Clair	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
St. Clair	Humana Insurance Company	HumanaChoice H1716-001 (PPO)	Local PPO	$81.00	$250.00	Enhanced	Yes	EA	H1716	1	0	$6,700	

St. Clair	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
St. Clair	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
St. Clair	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$0.00	$290.00	Enhanced	No	EA	H2654	13	0	$2,900	
St. Clair	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	Local PPO	$39.00	$200.00	Enhanced	No	EA	H2228	30	0	$4,900	
St. Clair	WellCare	WellCare Choice (HMO-POS)	Local HMO	$55.00	$0.00	Enhanced	No	EA	H1416	24	0	$3,400	
St. Clair	WellCare	WellCare Rx (HMO)	Local HMO	$18.00	$360.00	Basic	No	AE	H1416	23	0	$3,400	
St. Clair	WellCare	WellCare Value (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1416	9	0	$3,900	
Stark	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Stark	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Stark	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Stark	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	

Stark	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Stark	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Stark	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Stark	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Stark	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Stark	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Stark	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Stark	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	

Stark	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Stark	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Stark	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Stark	Humana Benefit Plan of Illinois, Inc.	Humana Gold Plus H1468-007 (HMO)	Local HMO	$25.00	$0.00	Enhanced	Yes	EA	H1468	7	0	$5,500	
Stark	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Stark	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Stark	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Stark	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$39.00	$225.00	Enhanced	No	EA	H5253	46	0	$3,900	
Stephenson	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Stephenson	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	

Stephenson	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	Yes	EA	H7301	6	0	$5,400	
Stephenson	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Stephenson	Humana Health Plan, Inc.	Humana Gold Plus H1406-026 (HMO)	Local HMO	$19.00	$0.00	Enhanced	Yes	EA	H1406	26	0	$5,500	
Stephenson	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Stephenson	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Stephenson	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Stephenson	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Tazewell	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Tazewell	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Tazewell	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Tazewell	Coventry Health Care of Missouri, Inc.	Coventry Total Care (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H2663	17	0	$4,200	

Tazewell	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Tazewell	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Tazewell	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Tazewell	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Tazewell	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Tazewell	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Tazewell	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Tazewell	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	

Tazewell	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Tazewell	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Tazewell	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Tazewell	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Tazewell	Humana Benefit Plan of Illinois, Inc.	Humana Gold Plus H1468-007 (HMO)	Local HMO	$25.00	$0.00	Enhanced	Yes	EA	H1468	7	0	$5,500	
Tazewell	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Tazewell	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Tazewell	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Tazewell	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	

Tazewell	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Tazewell	Meridian Health Plan	Meridian Prime (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H5779	2	0	$4,000	
Tazewell	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$39.00	$225.00	Enhanced	No	EA	H5253	46	0	$3,900	
Tazewell	WellCare	WellCare Choice (HMO-POS)	Local HMO	$55.00	$0.00	Enhanced	No	EA	H1416	24	0	$3,400	
Tazewell	WellCare	WellCare Rx (HMO)	Local HMO	$18.00	$360.00	Basic	No	AE	H1416	23	0	$3,400	
Tazewell	WellCare	WellCare Value (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1416	9	0	$3,900	
Union	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Union	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Union	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Union	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Vermilion	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Vermilion	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	

Vermilion	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Vermilion	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Vermilion	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Vermilion	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Vermilion	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Vermilion	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Vermilion	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Vermilion	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	

Vermilion	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Vermilion	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Vermilion	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Vermilion	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Vermilion	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Vermilion	Humana Insurance Company	HumanaChoice H1418-007 (PPO)	Local PPO	$101.00	$360.00	Enhanced	Yes	EA	H1418	7	0	$6,700	
Vermilion	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Vermilion	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Vermilion	WellCare	WellCare Choice (HMO-POS)	Local HMO	$55.00	$0.00	Enhanced	No	EA	H1416	24	0	$3,400	

Vermilion	WellCare	WellCare Rx (HMO)	Local HMO	$18.00	$360.00	Basic	No	AE	H1416	23	0	$3,400	
Vermilion	WellCare	WellCare Value (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1416	9	0	$3,900	
Wabash	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Wabash	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Wabash	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Wabash	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Warren	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Warren	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Warren	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	Yes	EA	H7301	6	0	$5,400	
Warren	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Warren	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	

Warren	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Warren	Meridian Health Plan	Meridian Prime (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H5779	2	0	$4,000	
Warren	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$39.00	$225.00	Enhanced	No	EA	H5253	46	0	$3,900	
Washington	Coventry Health Care	Advantra (PPO)	Local PPO	$49.00	$0.00	Enhanced	No	EA	H1608	13	0	$6,700	
Washington	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO-POS)	Local HMO	$39.00	$0.00	Enhanced	No	EA	H2663	6	0	$6,350	
Washington	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO)	Local HMO	$85.00	$0.00	Enhanced	No	EA	H2663	2	0	$2,430	
Washington	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Washington	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Washington	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Washington	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Wayne	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Wayne	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	

Wayne	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Wayne	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
White	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
White	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
White	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
White	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Whiteside	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Whiteside	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Whiteside	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$39.00	$225.00	Enhanced	No	EA	H5253	46	0	$3,900	

Will	Blue Cross and Blue Shield of IL, NM, OK	Blue Cross Medicare Advantage Choice Plus (PPO)	Local PPO	$66.00	$0.00	Enhanced	Yes	EA	H8634	3	0	$3,400	
Will	Blue Cross and Blue Shield of IL, NM, OK	Blue Cross Medicare Advantage Choice Premier (PPO)	Local PPO	$111.00	$0.00	Enhanced	Yes	EA	H8634	4	0	$3,400	
Will	Blue Cross Blue Shield of IL, MT, NM	Blue Cross Medicare Advantage Basic (HMO)	Local HMO	$0.00	$0.00	Enhanced	Yes	EA	H3822	1	0	$3,400	
Will	Blue Cross Blue Shield of IL, MT, NM	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	Yes	EA	H3822	7	0	$4,500	
Will	Blue Cross Blue Shield of IL, MT, NM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)	Local HMO	$49.00	$0.00	Enhanced	Yes	EA	H3822	8	0	$3,400	
Will	Cigna-HealthSpring	Cigna-HealthSpring Advantage (HMO)	Local HMO *	$0.00					H1415	13	0	$4,500	
Will	Cigna-HealthSpring	Cigna-HealthSpring Premier (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1415	21	0	$6,700	
Will	Cigna-HealthSpring	Cigna-HealthSpring Primary (HMO)	Local HMO	$25.00	$360.00	Basic	No	DS	H1415	24	0	$4,500	

Will	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H3071	2	0	$3,950	
Will	Humana Health Plan, Inc.	Humana Gold Plus H1406-013 (HMO)	Local HMO	$0.00	$0.00	Enhanced	Yes	EA	H1406	13	0	$3,400	
Will	Humana Insurance Company	HumanaChoice H1418-002 (PPO)	Local PPO	$121.00	$360.00	Enhanced	Yes	EA	H1418	2	0	$6,700	
Will	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Will	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Will	Meridian Health Plan	Meridian Prime (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H5779	2	0	$4,000	
Will	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	Local HMO	$29.00	$230.00	Enhanced	No	EA	H2654	34	0	$3,950	
Will	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	Local HMO	$79.00	$0.00	Enhanced	No	EA	H2654	35	0	$2,900	
Will	WellCare	WellCare Choice (HMO-POS)	Local HMO	$55.00	$0.00	Enhanced	No	EA	H1416	24	0	$3,400	
Will	WellCare	WellCare Rx (HMO)	Local HMO	$18.00	$360.00	Basic	No	AE	H1416	23	0	$3,400	
Will	WellCare	WellCare Value (HMO-POS)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H1416	9	0	$3,900	

Williamson	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Williamson	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Williamson	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Williamson	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Williamson	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Williamson	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Williamson	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Williamson	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	

Williamson	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Williamson	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Williamson	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Williamson	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Williamson	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Williamson	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Winnebago	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO)	Local PPO	$39.00	$300.00	Basic	No	BA	H6528	30	0	$6,700	
Winnebago	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H3071	2	0	$3,950	

Winnebago	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Winnebago	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Winnebago	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	Yes	EA	H7301	6	0	$5,400	
Winnebago	Coventry Health Care of Missouri, Inc.	Coventry Total Care (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H2663	16	0	$4,950	
Winnebago	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Winnebago	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	
Winnebago	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Winnebago	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Winnebago	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	

Winnebago	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Winnebago	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Winnebago	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Winnebago	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Winnebago	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	
Winnebago	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Winnebago	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Winnebago	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Winnebago	Humana Health Plan, Inc.	Humana Gold Plus H1406-026 (HMO)	Local HMO	$19.00	$0.00	Enhanced	Yes	EA	H1406	26	0	$5,500	

Winnebago	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS)	PFFS	$161.00	$360.00	Enhanced	Yes	EA	H8145	8	0	N/A	
Winnebago	Humana Insurance Company	Humana Gold Choice H8145-121 (PFFS)	PFFS *	$39.00					H8145	121	0	N/A	
Winnebago	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Winnebago	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Winnebago	Meridian Health Plan	Meridian Prime (HMO)	Local HMO	$0.00	$0.00	Enhanced	No	EA	H5779	2	0	$4,000	
Woodford	Coventry Health Care of Illinois, Inc.	Advantra (PPO)	Local PPO	$29.00	$0.00	Enhanced	No	EA	H7301	2	0	$4,200	
Woodford	Coventry Health Care of Illinois, Inc.	Advantra Connect Plus (PPO)	Local PPO	$188.00	$0.00	Enhanced	Yes	EA	H7301	8	0	$4,500	
Woodford	Coventry Health Care of Illinois, Inc.	Advantra Value (PPO)	Local PPO	$14.00	$0.00	Enhanced	No	EA	H7301	7	0	$6,000	
Woodford	Health Alliance Medicare	Health Alliance Medicare HMO 40 (HMO)	Local HMO *	$39.00					H1463	11	0	$4,200	
Woodford	Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	Local HMO	$69.00	$360.00	Basic	No	BA	H1463	10	0	$4,200	

Woodford	Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	Local HMO *	$0.00					H1463	8	0	$6,300	
Woodford	Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	Local HMO	$35.00	$360.00	Basic	No	BA	H1463	9	0	$6,300	
Woodford	Health Alliance Medicare	Health Alliance Medicare HMO20 (HMO)	Local HMO *	$85.00					H1463	1	0	$3,000	
Woodford	Health Alliance Medicare	Health Alliance Medicare HMO20 Rx (HMO)	Local HMO	$119.00	$360.00	Basic	No	BA	H1463	3	0	$3,000	
Woodford	Health Alliance Medicare	Health Alliance Medicare PPO Basic (PPO)	Local PPO *	$9.00					H1417	11	0	$5,800	
Woodford	Health Alliance Medicare	Health Alliance Medicare PPO Basic Rx (PPO)	Local PPO	$39.00	$360.00	Basic	No	BA	H1417	10	0	$5,800	
Woodford	Health Alliance Medicare	Health Alliance Medicare PPO10 (PPO)	Local PPO *	$110.00					H1417	1	0	$3,900	
Woodford	Health Alliance Medicare	Health Alliance Medicare PPO10 Rx (PPO)	Local PPO	$144.00	$360.00	Basic	No	BA	H1417	2	0	$3,900	

Woodford	Health Alliance Medicare	Health Alliance Medicare PPO30 (PPO)	Local PPO *	$45.00					H1417	3	0	$5,000	
Woodford	Health Alliance Medicare	Health Alliance Medicare PPO30 Rx (PPO)	Local PPO	$79.00	$360.00	Basic	No	BA	H1417	4	0	$5,000	
Woodford	Humana Benefit Plan of Illinois, Inc.	Humana Gold Plus H1468-007 (HMO)	Local HMO	$25.00	$0.00	Enhanced	Yes	EA	H1468	7	0	$5,500	
Woodford	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO)	Local PPO	$117.00	$360.00	Enhanced	Yes	EA	H5525	4	0	$6,700	
Woodford	Humana Insurance Company	HumanaChoice R5826-009 (Regional PPO)	Regional PPO	$127.00	$360.00	Basic	No	DS	R5826	9	0	$6,700	
Woodford	Humana Insurance Company	HumanaChoice R5826-023 (Regional PPO)	Regional PPO *	$0.00					R5826	23	0	$6,700	
Woodford	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	$39.00	$225.00	Enhanced	No	EA	H5253	46	0	$3,900	