



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Adams	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Adams	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Adams	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Adams	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Adams	Humana Insurance Company	HumanaChoice H1418-007 (PPO) 1-800-833-2364	H1418	007	\$95.00	\$50.20	\$44.80	\$16.20	\$66.40	\$0.00		Few Generics, Few Brands
Adams	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Adams	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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Alexander	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Alexander	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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Bond	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Bond	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Bond	Coventry Health Care	Advantra (PPO) 1-855-893-4691	H2611	001	\$36.00	\$7.50	\$28.50	\$2.60	\$10.10	\$0.00		
Bond	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO-POS) 1-855-893-4691	H2663	002	\$96.00	\$49.90	\$46.10	\$16.10	\$66.00	\$0.00		
Bond	Coventry Health Care of Missouri, Inc.	Gold Advantage (HMO) 1-855-893-4691	H2663	005	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Bond	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO) 1-855-893-4691	H2663	006	\$30.00	\$0.00	\$30.00	\$1.00	\$1.00	\$0.00		
Bond	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Bond	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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Boone	Humana Health Plan, Inc.	Humana Gold Plus H1406-026 (HMO) 1-800-833-2364	H1406	026	\$0.00	\$19.00	\$0.00	\$0.00	\$19.00	\$0.00		Few Generics, Few Brands
Boone	Humana Health Plan, Inc.	Humana Gold Plus SNP-DE H1406-031 (HMO SNP) 1-800-833-2364	H1406	031	\$18.60	\$0.00	\$18.60	\$0.00	\$0.00	\$75.00	1	
Boone	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO SNP) 1-866-871-2305	H3071	001	\$27.80	\$0.00	\$27.80	\$0.00	\$0.00	\$310.00		
Boone	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO) 1-866-871-2305	H3071	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.00		
Boone	Coventry Health Care of Illinois, Inc.	Coventry Total Care (HMO) 1-855-893-1445	H3144	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Boone	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Boone	Meridian Health Plan	Meridian Advantage Plan of Illinois (HMO SNP) 1-855-647-0075	H5779	001	\$28.60	\$0.00	\$28.60	\$0.00	\$0.00	\$310.00		



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Boone	Meridian Health Plan	Meridian Prime (HMO) 1-855-647-0075	H5779	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.00	1	
Boone	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H6528	029	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Boone	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H6528	030	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Boone	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Boone	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Boone	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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Brown	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Brown	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Brown	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Brown	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Brown	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Brown	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Brown	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Brown	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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Bureau	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Bureau	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Bureau	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Bureau	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Bureau	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Bureau	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Bureau	UnitedHealthcare	AARP Medicare Complete Plan 2 (HMO) 1-800-547-5514	H4456	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Bureau	UnitedHealthcare	AARP Medicare Complete Plan 1 (HMO) 1-800-547-5514	H4456	015	\$85.00	\$60.60	\$24.40	\$0.00	\$60.60	\$0.00		



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Bureau	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Bureau	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Bureau	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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Calhoun	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084 001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Calhoun	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084 004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Calhoun	Coventry Health Care	Advantra (PPO) 1-855-893-4691	H2611 001	\$36.00	\$7.50	\$28.50	\$2.60	\$10.10	\$0.00		
Calhoun	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO-POS) 1-855-893-4691	H2663 002	\$96.00	\$49.90	\$46.10	\$16.10	\$66.00	\$0.00		
Calhoun	Coventry Health Care of Missouri, Inc.	Gold Advantage (HMO) 1-855-893-4691	H2663 005	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Calhoun	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO) 1-855-893-4691	H2663 006	\$30.00	\$0.00	\$30.00	\$1.00	\$1.00	\$0.00		
Calhoun	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826 009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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Carroll	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Carroll	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Carroll	UnitedHealthcare	AARP Medicare Complete Plan 2 (HMO) 1-800-547-5514	H4456	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Carroll	UnitedHealthcare	AARP Medicare Complete Plan 1 (HMO) 1-800-547-5514	H4456	015	\$85.00	\$60.60	\$24.40	\$0.00	\$60.60	\$0.00		
Carroll	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Carroll	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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Cass	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Cass	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Cass	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Cass	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Cass	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Cass	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Cass	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Cass	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		



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Cass	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Cass	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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Champaign	WellCare	WellCare Access (HMO SNP) 1-877-817-5794	H1416	007	\$8.90	\$0.00	\$8.90	\$0.00	\$0.00	\$310.00	1	
Champaign	WellCare	WellCare Value (HMO-POS) 1-877-817-5794	H1416	009	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Champaign	WellCare	WellCare Rx (HMO) 1-877-817-5794	H1416	019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Champaign	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Champaign	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Champaign	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Champaign	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Champaign	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		



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Christian	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Christian	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Christian	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Christian	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Christian	Humana Insurance Company	HumanaChoice H1418-007 (PPO) 1-800-833-2364	H1418	007	\$95.00	\$50.20	\$44.80	\$16.20	\$66.40	\$0.00		Few Generics, Few Brands
Christian	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Christian	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Christian	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Christian	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	112	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Clark	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Clark	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Clark	Humana Insurance Company	HumanaChoice H1418-007 (PPO) 1-800-833-2364	H1418	007	\$95.00	\$50.20	\$44.80	\$16.20	\$66.40	\$0.00		Few Generics, Few Brands
Clark	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Clark	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Clay	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	122	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Clay	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	112	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Clinton	Coventry Health Care	Advantra (PPO) 1-855-893-4691	H2611	001	\$36.00	\$7.50	\$28.50	\$2.60	\$10.10	\$0.00		
Clinton	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO-POS) 1-855-893-4691	H2663	002	\$96.00	\$49.90	\$46.10	\$16.10	\$66.00	\$0.00		
Clinton	Coventry Health Care of Missouri, Inc.	Gold Advantage (HMO) 1-855-893-4691	H2663	005	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Clinton	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO) 1-855-893-4691	H2663	006	\$30.00	\$0.00	\$30.00	\$1.00	\$1.00	\$0.00		
Clinton	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Clinton	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Coles	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Coles	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Coles	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Coles	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Coles	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Coles	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Cook	Humana Health Plan, Inc.	Humana Gold Plus H1406-013 (HMO) 1-800-833-2364	H1406	013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Few Generics, Few Brands
Cook	Cigna-HealthSpring	Cigna-HealthSpring TotalCare (HMO SNP) 1-888-886-1993	H1415	005	\$25.10	\$0.00	\$25.10	\$0.00	\$0.00	\$310.00		
Cook	Cigna-HealthSpring	Cigna-HealthSpring Premier (HMO-POS) 1-888-886-1996	H1415	021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Cook	Cigna-HealthSpring	Cigna-HealthSpring Primary (HMO) 1-888-886-1996	H1415	024	\$23.50	\$0.00	\$23.50	\$0.00	\$0.00	\$310.00		
Cook	WellCare	WellCare Access (HMO SNP) 1-877-817-5794	H1416	007	\$8.90	\$0.00	\$8.90	\$0.00	\$0.00	\$310.00	1	
Cook	WellCare	WellCare Value (HMO-POS) 1-877-817-5794	H1416	009	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Cook	WellCare	WellCare Rx (HMO) 1-877-817-5794	H1416	019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Cook	Humana Insurance Company	HumanaChoice H1418-002 (PPO) 1-800-833-2364	H1418	002	\$110.00	\$63.40	\$46.60	\$18.00	\$81.40	\$0.00		Few Generics, Few Brands



**2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois**

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Cook	Aetna Medicare	Aetna Medicare Value Plan (HMO) 1-800-832-4640	H1419	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Few Generics
Cook	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO SNP) 1-866-871-2305	H3071	001	\$27.80	\$0.00	\$27.80	\$0.00	\$0.00	\$310.00		
Cook	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO) 1-866-871-2305	H3071	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.00		
Cook	Blue Cross Blue Shield of IL, NM	Blue Cross Medicare Advantage Basic (HMO) 1-877-583-8129	H3822	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Cook	Blue Cross Blue Shield of IL, NM	Blue Cross Medicare Advantage Basic Plus (HMO-POS) 1-877-583-8129	H3822	007	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Cook	Blue Cross Blue Shield of IL, NM	Blue Cross Medicare Advantage Premier Plus (HMO-POS) 1-877-583-8129	H3822	008	\$38.00	\$23.10	\$14.90	\$0.00	\$23.10	\$0.00		
Cook	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS SNP) 1-888-834-3721	H3887	001	\$26.80	\$0.00	\$26.80	\$0.00	\$0.00	\$310.00		
Cook	UnitedHealthcare	AARP MedicareComplete Plus (HMO-POS) 1-800-547-5514	H3887	003	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		



**2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois**

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Cook	Aetna Medicare	Aetna Medicare Standard Plan (PPO) 1-800-832-2640	H5521	016	\$101.00	\$52.30	\$48.70	\$20.10	\$72.40	\$0.00		Few Generics
Cook	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Cook	Molina Healthcare of Illinois	Molina Medicare Options Plus (HMO SNP) 1-866-403-8293	H8870	001	\$28.50	\$0.00	\$28.50	\$0.00	\$0.00	\$310.00	1	
Cook	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Crawford	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-865-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Crawford	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Crawford	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Crawford	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Cumberland	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Cumberland	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Cumberland	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Cumberland	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



**2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois**

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
De Witt	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
De Witt	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
De Witt	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
De Witt	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
De Witt	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-865-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
De Witt	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-865-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
De Witt	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
De Witt	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands



**2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois**

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
De Witt	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
DeKalb	Humana Insurance Company	HumanaChoice H1418-002 (PPO) 1-800-833-2364	H1418	002	\$110.00	\$63.40	\$46.60	\$18.00	\$81.40	\$0.00		Few Generics, Few Brands
DeKalb	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
DeKalb	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
DeKalb	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



**2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois**

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Douglas	WellCare	WellCare Access (HMO SNP) 1-877-817-5794	H1416	007	\$8.90	\$0.00	\$8.90	\$0.00	\$0.00	\$310.00	1	
Douglas	WellCare	WellCare Value (HMO-POS) 1-877-817-5794	H1416	009	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Douglas	WellCare	WellCare Rx (HMO) 1-877-817-5794	H1416	019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Douglas	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Douglas	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Douglas	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Douglas	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Douglas	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		



**2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois**

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Douglas	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Douglas	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
DuPage	Humana Health Plan, Inc.	Humana Gold Plus H1406-028 (HMO) 1-800-833-2364	H1406	028	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Few Generics, Few Brands
DuPage	Humana Health Plan, Inc.	Humana Gold Plus SNP-DB H1406-029 (HMO SNP) 1-800-833-2364	H1406	029	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Few Generics, Few Brands
DuPage	Cigna-HealthSpring	Cigna-HealthSpring TotalCare (HMO SNP) 1-888-886-1993	H1415	005	\$25.10	\$0.00	\$25.10	\$0.00	\$0.00	\$310.00		
DuPage	Cigna-HealthSpring	Cigna-HealthSpring Premier (HMO-POS) 1-888-886-1993	H1415	021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
DuPage	Cigna-HealthSpring	Cigna-HealthSpring Primary (HMO) 1-888-886-1993	H1415	024	\$23.50	\$0.00	\$23.50	\$0.00	\$0.00	\$310.00		
DuPage	Humana Insurance Company	HumanaChoice H1418-002 (PPO) 1-800-833-2364	H1418	002	\$110.00	\$63.40	\$46.60	\$18.00	\$81.40	\$0.00		Few Generics, Few Brands
DuPage	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO SNP) 1-866-871-2305	H3071	001	\$27.80	\$0.00	\$27.80	\$0.00	\$0.00	\$310.00		
DuPage	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO) 1-866-871-2305	H3071	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
DuPage	Blue Cross Blue Shield of IL, NM	Blue Cross Medicare Advantage Basic (HMO) 1-877-583-8129	H3822	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
DuPage	Blue Cross Blue Shield of IL, NM	Blue Cross Medicare Advantage Basic Plus (HMO-POS) 1-877-583-8129	H3822	007	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
DuPage	Blue Cross Blue Shield of IL, NM	Blue Cross Medicare Advantage Premier Plus (HMO-POS) 1-877-583-8129	H3822	008	\$38.00	\$23.10	\$14.90	\$0.00	\$23.10	\$0.00		
DuPage	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS SNP) 1-888-834-3721	H3887	001	\$26.80	\$0.00	\$26.80	\$0.00	\$0.00	\$310.00		
DuPage	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
DuPage	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Edgar	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-865-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Edgar	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Edgar	Humana Insurance Company	HumanaChoice H1418-007 (PPO) 1-800-833-2364	H1418	007	\$95.00	\$50.20	\$44.80	\$16.20	\$66.40	\$0.00		Few Generics, Few Brands
Edgar	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Edgar	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Edwards	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Edwards	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Effingham	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Effingham	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Effingham	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Fayette	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Fayette	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Ford	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Ford	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Ford	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Ford	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Ford	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Ford	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Ford	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Ford	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Franklin	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Franklin	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Fulton	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Fulton	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Fulton	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Fulton	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Fulton	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Gallatin	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Gallatin	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Greene	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Greene	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Greene	Coventry Health Care	Advantra (PPO) 1-855-893-4691	H2611	001	\$36.00	\$7.50	\$28.50	\$2.60	\$10.10	\$0.00		
Greene	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO-POS) 1-855-893-4691	H2663	002	\$96.00	\$49.90	\$46.10	\$16.10	\$66.00	\$0.00		
Greene	Coventry Health Care of Missouri, Inc.	Gold Advantage (HMO) 1-855-893-4691	H2663	005	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Greene	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO) 1-855-893-4691	H2663	006	\$30.00	\$0.00	\$30.00	\$1.00	\$1.00	\$0.00		
Greene	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Greene	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



**2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois**

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Grundy	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Grundy	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Hamilton	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Hamilton	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Hancock	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Hancock	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Hancock	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Hancock	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Hancock	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Hancock	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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Hardin	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Hardin	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Henderson	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Henderson	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Henderson	UnitedHealthcare	AARP Medicare Complete Plan 2 (HMO) 1-800-547-5514	H4456	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Henderson	UnitedHealthcare	AARP Medicare Complete Plan 1 (HMO) 1-800-547-5514	H4456	015	\$85.00	\$60.60	\$24.40	\$0.00	\$60.60	\$0.00		
Henderson	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Henderson	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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Henry	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Henry	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Henry	Humana Insurance Company	HumanaChoice H1418-007 (PPO) 1-800-833-2364	H1418	007	\$95.00	\$50.20	\$44.80	\$16.20	\$66.40	\$0.00		Few Generics, Few Brands
Henry	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO) 1-800-547-5514	H4456	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Henry	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO) 1-800-547-5514	H4456	015	\$85.00	\$60.60	\$24.40	\$0.00	\$60.60	\$0.00		
Henry	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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Iroquois	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Iroquois	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Iroquois	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Iroquois	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Jackson	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Jackson	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Jasper	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Jasper	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Jasper	Humana Insurance Company	HumanaChoice H1418-007 (PPO) 1-800-833-2364	H1418	007	\$95.00	\$50.20	\$44.80	\$16.20	\$66.40	\$0.00		Few Generics, Few Brands
Jasper	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Jasper	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Jefferson	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Jefferson	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Jersey	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-8129	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Jersey	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Jersey	Coventry Health Care	Advantra (PPO) 1-855-893-4691	H2611	001	\$36.00	\$7.50	\$28.50	\$2.60	\$10.10	\$0.00		
Jersey	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO-POS) 1-855-893-4691	H2663	002	\$96.00	\$49.90	\$46.10	\$16.10	\$66.00	\$0.00		
Jersey	Coventry Health Care of Missouri, Inc.	Gold Advantage (HMO) 1-855-893-4691	H2663	005	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Jersey	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO) 1-855-893-4691	H2663	006	\$30.00	\$0.00	\$30.00	\$1.00	\$1.00	\$0.00		
Jersey	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Jo Daviess	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Jo Daviess	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Jo Daviess	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO) 1-800-547-5514	H4456	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Jo Daviess	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO) 1-800-547-5514	H4456	015	\$85.00	\$60.60	\$24.40	\$0.00	\$60.60	\$0.00		
Jo Daviess	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Jo Daviess	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



**2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois**

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Johnson	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Johnson	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Kane	Humana Health Plan, Inc.	Humana Gold Plus H1406-022 (HMO) 1-800-833-2364	H1406	022	\$40.00	\$40.00	\$0.00	\$0.00	\$40.00	\$0.00		Few Generics, Few Brands
Kane	Cigna-HealthSpring	Cigna-HealthSpring TotalCare (HMO SNP) 1-888-886-1993	H1415	005	\$25.10	\$0.00	\$25.10	\$0.00	\$0.00	\$310.00		
Kane	Cigna-HealthSpring	Cigna-HealthSpring Premier (HMO-POS) 1-888-886-1993	H1415	021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Kane	Cigna-HealthSpring	Cigna-HealthSpring Primary (HMO) 1-888-886-1996	H1415	024	\$23.50	\$0.00	\$23.50	\$0.00	\$0.00	\$310.00		
Kane	WellCare	WellCare Access (HMO SNP) 1-877-817-5794	H1416	007	\$8.90	\$0.00	\$8.90	\$0.00	\$0.00	\$310.00	1	
Kane	WellCare	WellCare Value (HMO-POS) 1-877-817-5794	H1416	009	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Kane	WellCare	WellCare Rx (HMO) 1-877-817-5794	H1416	019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Kane	Humana Insurance Company	HumanaChoice H1418-002 (PPO) 1-800-833-2364	H1418	002	\$110.00	\$63.40	\$46.60	\$18.00	\$81.40	\$0.00		Few Generics, Few Brands



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Kane	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO SNP) 1-866-871-2305	H3071	001	\$27.80	\$0.00	\$27.80	\$0.00	\$0.00	\$310.00		
Kane	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO) 1-866-871-2305	H3071	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.00		
Kane	Blue Cross Blue Shield of IL, NM	Blue Cross Medicare Advantage Basic (HMO) 1-877-583-8129	H3822	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Kane	Blue Cross Blue Shield of IL, NM	Blue Cross Medicare Advantage Basic Plus (HMO-POS) 1-877-583-8129	H3822	007	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Kane	Blue Cross Blue Shield of IL, NM	Blue Cross Medicare Advantage Premier Plus (HMO-POS) 1-877-583-8129	H3822	008	\$38.00	\$23.10	\$14.90	\$0.00	\$23.10	\$0.00		
Kane	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS SNP) 1-888-834-3721	H3887	001	\$26.80	\$0.00	\$26.80	\$0.00	\$0.00	\$310.00		
Kane	UnitedHealthcare	AARP MedicareComplete Plus (HMO-POS) 1-800-547-5514	H3887	003	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		



**2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois**

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Kane	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Kane	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID	Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Kankakee	WellCare	WellCare Access (HMO SNP) 1-877-817-5794	H1416 007	\$8.90	\$0.00	\$8.90	\$0.00	\$0.00	\$310.00	1	
Kankakee	WellCare	WellCare Value (HMO-POS) 1-877-817-5794	H1416 009	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Kankakee	WellCare	WellCare Rx (HMO) 1-877-817-5794	H1416 019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Kankakee	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417 002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Kankakee	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417 004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Kankakee	Humana Insurance Company	HumanaChoice H1418-002 (PPO) 1-800-833-2364	H1418 002	\$110.00	\$63.40	\$46.60	\$18.00	\$81.40	\$0.00		Few Generics, Few Brands
Kankakee	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-833-2364	H1463 003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Kankakee	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-833-2364	H1463 009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Kankakee	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Kankakee	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Kendall	Humana Health Plan, Inc.	Humana Gold Plus H1406-022 (HMO) 1-800-833-2364	H1406	022	\$40.00	\$40.00	\$0.00	\$0.00	\$40.00	\$0.00		Few Generics, Few Brands
Kendall	Humana Insurance Company	HumanaChoice H1418-002 (PPO) 1-800-833-2364	H1418	002	\$110.00	\$63.40	\$46.60	\$18.00	\$81.40	\$0.00		Few Generics, Few Brands
Kendall	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Kendall	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Kendall	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Knox	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Knox	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Knox	WellCare	WellCare Access (HMO SNP) 1-877-817-5794	H1416	007	\$8.90	\$0.00	\$8.90	\$0.00	\$0.00	\$310.00	1	
Knox	WellCare	WellCare Value (HMO-POS) 1-877-817-5794	H1416	009	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Knox	WellCare	WellCare Rx (HMO) 1-877-817-5794	H1416	019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Knox	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Knox	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Knox	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Knox	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Knox	Humana Benefit Plan of Illinois, Inc.	Humana Gold Plus H1468-007 (HMO) 1-800-833-2364	H1468	007	\$49.00	\$49.00	\$0.00	\$0.00	\$49.00	\$0.00		Few Generics, Few Brands
Knox	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO) 1-800-547-5514	H4456	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Knox	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO) 1-800-547-5514	H4456	015	\$85.00	\$60.60	\$24.40	\$0.00	\$60.60	\$0.00		
Knox	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Knox	Meridian Health Plan	Meridian Advantage Plan of Illinois (HMO SNP) 1-855-647-0075	H5779	001	\$28.60	\$0.00	\$28.60	\$0.00	\$0.00	\$310.00		
Knox	Meridian Health Plan	Meridian Prime (HMO) 1-855-647-0075	H5779	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.00	1	
Knox	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Knox	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
La Salle	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$ 100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
La Salle	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$ 152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
La Salle	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$ 112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Lake	Humana Insurance Company	HumanaChoice H1418-002 (PPO) 1-800-833-2364	H1418	002	\$110.00	\$63.40	\$46.60	\$18.00	\$81.40	\$0.00		Few Generics, Few Brands
Lake	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS SNP) 1-888-834-3721	H3887	001	\$26.80	\$0.00	\$26.80	\$0.00	\$0.00	\$310.00		
Lake	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Lake	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Lawrence	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Lawrence	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Lee	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Lee	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H6528	029	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Lee	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H6528	030	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Lee	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Lee	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Lee	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Livingston	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Livingston	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Livingston	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Livingston	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Livingston	Humana Benefit Plan of Illinois, Inc.	Humana Gold Plus H1468-007 (HMO) 1-800-833-2364	H1468	007	\$49.00	\$49.00	\$0.00	\$0.00	\$49.00	\$0.00		Few Generics, Few Brands
Livingston	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Livingston	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Logan	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Logan	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Logan	Humana Health Plan, Inc.	Humana Gold Plus H1406-030 (HMO) 1-800-833-2364	H1406	030	\$41.00	\$41.00	\$0.00	\$0.00	\$41.00	\$0.00		Few Generics, Few Brands
Logan	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Logan	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Logan	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Logan	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Logan	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Logan	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Logan	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Macon	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Macon	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Macon	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Macon	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Macon	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Macon	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Macoupin	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Macoupin	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Macoupin	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Macoupin	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Macoupin	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Macoupin	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Madison	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Madison	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Madison	Humana Health Plan, Inc.	Humana Gold Plus H1406-027 (HMO) 1-800-833-2364	H1406	027	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Few Generics, Few Brands
Madison	WellCare	WellCare Access (HMO SNP) 1-877-817-5794	H1416	007	\$8.90	\$0.00	\$8.90	\$0.00	\$0.00	\$310.00	1	
Madison	WellCare	WellCare Value (HMO-POS) 1-877-817-5794	H1416	009	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Madison	WellCare	WellCare Rx (HMO) 1-877-817-5794	H1416	019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Madison	Humana Insurance Company	HumanaChoice H1716-006 (PPO) 1-800-833-2364	H1716	006	\$80.00	\$46.60	\$33.40	\$9.20	\$55.80	\$0.00		Few Generics, Few Brands
Madison	Humana Insurance Company	HumanaChoice H1716-020 (PPO) 1-800-833-2364	H1716	020	\$68.00	\$45.60	\$22.40	\$7.90	\$53.50	\$225.00	1	Few Generics



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Madison	Essence Healthcare	Essence Advantage (HMO) 1-866-509-5399	H2610	005	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Madison	Essence Healthcare	Essence Advantage Plus (HMO) 1-866-509-5399	H2610	006	\$70.00	\$0.00	\$70.00	\$39.50	\$39.50	\$0.00		Many Generics
Madison	Coventry Health Care	Advantra (PPO) 1-855-893-4691	H2611	001	\$36.00	\$7.50	\$28.50	\$2.60	\$10.10	\$0.00		
Madison	UnitedHealthcare	AARP MedicareComplete (HMO) 1-800-547-5514	H2654	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Madison	UnitedHealthcare	AARP MedicareComplete Plus Plan 1 (HMO-POS) 1-800-547-5514	H2654	013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Madison	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO-POS) 1-855-893-4691	H2663	002	\$96.00	\$49.90	\$46.10	\$16.10	\$66.00	\$0.00		
Madison	Coventry Health Care of Missouri, Inc.	Gold Advantage (HMO) 1-855-893-4691	H2663	005	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Madison	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO) 1-855-893-4691	H2663	006	\$30.00	\$0.00	\$30.00	\$1.00	\$1.00	\$0.00		
Madison	UnitedHealthcare	AARP Medicare Complete Choice (PPO) 1-800-547-5514	H5507	001	\$25.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00		
Madison	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Madison	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Marion	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Marion	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Marshall	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Marshall	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-866-871-2305	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Marshall	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Marshall	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Marshall	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Marshall	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Marshall	Humana Benefit Plan of Illinois, Inc.	Humana Gold Plus H1468-007 (HMO) 1-800-833-2364	H1468	007	\$49.00	\$49.00	\$0.00	\$0.00	\$49.00	\$0.00		Few Generics, Few Brands
Marshall	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO) 1-800-547-5514	H4456	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Marshall	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO) 1-800-547-5514	H4456	015	\$85.00	\$60.60	\$24.40	\$0.00	\$60.60	\$0.00		
Marshall	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Marshall	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Marshall	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Mason	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-583-8129	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Mason	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Mason	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Mason	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Mason	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Mason	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Mason	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Mason	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Mason	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Massac	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Massac	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
McDonough	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
McDonough	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
McDonough	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
McDonough	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
McDonough	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
McDonough	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
McHenry	Humana Health Plan, Inc.	Humana Gold Plus H1406-022 (HMO) 1-800-833-2364	H1406	022	\$40.00	\$40.00	\$0.00	\$0.00	\$40.00	\$0.00		Few Generics, Few Brands
McHenry	Humana Insurance Company	HumanaChoice H1418-002 (PPO) 1-800-833-2364	H1418	002	\$110.00	\$63.40	\$46.60	\$18.00	\$81.40	\$0.00		Few Generics, Few Brands
McHenry	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO SNP) 1-866-871-2305	H3071	001	\$27.80	\$0.00	\$27.80	\$0.00	\$0.00	\$310.00		
McHenry	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO) 1-866-871-2305	H3071	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.00		
McHenry	Meridian Health Plan	Meridian Advantage Plan of Illinois (HMO SNP) 1-855-647-0075	H5779	001	\$28.60	\$0.00	\$28.60	\$0.00	\$0.00	\$310.00		
McHenry	Meridian Health Plan	Meridian Prime (HMO) 1-855-647-0075	H5779	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.00	1	
McHenry	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
McHenry	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
McLean	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
McLean	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
McLean	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
McLean	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
McLean	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
McLean	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
McLean	Humana Benefit Plan of Illinois, Inc.	Humana Gold Plus H1468-007 (HMO) 1-800-833-2364	H1468	007	\$49.00	\$49.00	\$0.00	\$0.00	\$49.00	\$0.00		Few Generics, Few Brands
McLean	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
McLean	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$0.00	\$9.30	\$19.70	\$0.00	\$0.00	\$0.00		
McLean	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$0.00	\$106.30	\$45.70	\$17.10	\$0.00	\$0.00		Few Generics, Few Brands
McLean	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$145.00	\$82.90	\$29.10	\$0.00	\$116.40	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Menard	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Menard	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Menard	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-865-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Menard	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-865-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Menard	Humana Insurance Company	HumanaChoice H1418-007 (PPO) 1-800-833-2364	H1418	007	\$95.00	\$50.20	\$44.80	\$16.20	\$66.40	\$0.00		Few Generics, Few Brands
Menard	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Menard	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Menard	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1446	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Menard	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Mercer	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Mercer	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Mercer	Humana Insurance Company	HumanaChoice H1418-007 (PPO) 1-800-833-2364	H1418	007	\$95.00	\$50.20	\$44.80	\$16.20	\$66.40	\$0.00		Few Generics, Few Brands
Mercer	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO) 1-800-547-5514	H4456	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Mercer	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO) 1-800-547-5514	H4456	015	\$85.00	\$60.60	\$24.40	\$0.00	\$60.60	\$0.00		
Mercer	Meridian Health Plan	Meridian Advantage Plan of Illinois (HMO SNP) 1-855-647-0075	H5779	001	\$28.60	\$0.00	\$28.60	\$0.00	\$0.00	\$310.00		
Mercer	Meridian Health Plan	Meridian Prime (HMO) 1-855-647-0075	H5779	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.00	1	
Mercer	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Monroe	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Monroe	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Monroe	WellCare	WellCare Access (HMO SNP) 1-877-817-5794	H1416	007	\$8.90	\$0.00	\$8.90	\$0.00	\$0.00	\$310.00	1	
Monroe	WellCare	WellCare Value (HMO-POS) 1-877-817-5794	H1416	009	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Monroe	WellCare	WellCare Rx (HMO) 1-877-817-5794	H1416	019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Monroe	Humana Insurance Company	HumanaChoice H1716-006 (PPO) 1-800-833-2364	H1716	006	\$80.00	\$46.60	\$33.40	\$9.20	\$55.80	\$0.00		Few Generics, Few Brands
Monroe	Humana Insurance Company	HumanaChoice H1716-020 (PPO) 1-800-833-2364	H1716	020	\$68.00	\$45.60	\$22.40	\$7.90	\$53.50	\$225.00	1	Few Generics
Monroe	Essence Healthcare	Essence Advantage (HMO) 1-866-509-5399	H2610	005	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Monroe	Essence Healthcare	Essence Advantage Plus (HMO) 1-866-509-5399	H2610	006	\$70.00	\$0.00	\$70.00	\$39.50	\$39.50	\$0.00		Many Generics
Monroe	Coventry Health Care	Advantra (PPO) 1-855-893-4691	H2611	001	\$36.00	\$7.50	\$28.50	\$2.60	\$10.10	\$0.00		
Monroe	UnitedHealthcare	AARP MedicareComplete (HMO) 1-866-418-1923	H2654	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Monroe	UnitedHealthcare	AARP MedicareComplete Plus Plan 1 (HMO-POS) 1-800-547-5514	H2654	013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Monroe	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO-POS) 1-855-893-4691	H2663	002	\$96.00	\$49.90	\$46.10	\$16.10	\$66.00	\$0.00		
Monroe	Coventry Health Care of Missouri, Inc.	Gold Advantage (HMO) 1-855-893-4691	H2663	005	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Monroe	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO) 1-855-893-4691	H2663	006	\$30.00	\$0.00	\$30.00	\$1.00	\$1.00	\$0.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Monroe	UnitedHealthcare	AARP Medicare Complete Choice (PPO) 1-800-547-5514	H5507	001	\$25.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00		
Monroe	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Montgomery	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Montgomery	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Montgomery	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Montgomery	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Montgomery	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Montgomery	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Montgomery	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Montgomery	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Morgan	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Morgan	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Morgan	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Morgan	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Morgan	Humana Insurance Company	HumanaChoice H1418-007 (PPO) 1-800-833-2364	H1418	007	\$95.00	\$50.20	\$44.80	\$16.20	\$66.40	\$0.00		Few Generics, Few Brands
Morgan	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Morgan	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Morgan	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		



### 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Morgan	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Moultrie	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Moultrie	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Moultrie	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Moultrie	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Moultrie	Humana Insurance Company	HumanaChoice H1418-007 (PPO) 1-800-833-2364	H1418	007	\$95.00	\$50.20	\$44.80	\$16.20	\$66.40	\$0.00		Few Generics, Few Brands
Moultrie	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Moultrie	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Moultrie	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Moultrie	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Moultrie	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Ogle	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO SNP) 1-866-871-2305	H3071	001	\$27.80	\$0.00	\$27.80	\$0.00	\$0.00	\$310.00		
Ogle	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO) 1-866-871-2305	H3071	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.00		
Ogle	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Ogle	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H6528	029	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Ogle	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H6528	030	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Ogle	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Ogle	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Ogle	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Peoria	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Peoria	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Peoria	WellCare	WellCare Access (HMO SNP) 1-877-817-5794	H1416	007	\$8.90	\$0.00	\$8.90	\$0.00	\$0.00	\$310.00	1	
Peoria	WellCare	WellCare Value (HMO-POS) 1-877-817-5794	H1416	009	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Peoria	WellCare	WellCare Rx (HMO) 1-877-817-5794	H1416	019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Peoria	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Peoria	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Peoria	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Peoria	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Peoria	Humana Benefit Plan of Illinois, Inc.	Humana Gold Plus H1468-007 (HMO) 1-800-833-2364	H1468	007	\$49.00	\$49.00	\$0.00	\$0.00	\$49.00	\$0.00		Few Generics, Few Brands
Peoria	Coventry Health Care of Illinois, Inc.	Coventry Total Care (HMO) 1-855-893-1445	H3144	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Peoria	Coventry Health Care of Illinois, Inc.	Advantra (HMO) 1-855-893-1445	H3144	003	\$42.50	\$15.20	\$27.30	\$0.00	\$15.20	\$0.00		
Peoria	UnitedHealthcare	AARP Medicare Complete Plan 2 (HMO) 1-800-547-5514	H4456	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Peoria	UnitedHealthcare	AARP Medicare Complete Plan 1 (HMO) 1-800-547-5514	H4456	015	\$85.00	\$60.60	\$24.40	\$0.00	\$60.60	\$0.00		
Peoria	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Peoria	Meridian Health Plan	Meridian Advantage Plan of Illinois (HMO SNP) 1-855-647-0075	H5779	001	\$28.60	\$0.00	\$28.60	\$0.00	\$0.00	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Peoria	Meridian Health Plan	Meridian Prime (HMO) 1-855-647-0075	H5779	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.00	1	
Peoria	Universal American Corp.	Today's Options Premier Plus 550A (PFFS) 1-866-418-1923	H6169	021	\$82.00	\$27.60	\$54.40	\$24.40	\$52.00	\$0.00		
Peoria	Universal American Corp.	Today's Options Premier Plus 950B (PFFS) 1-866-418-1923	H6169	031	\$37.00	\$6.60	\$30.40	\$0.50	\$7.10	\$0.00		
Peoria	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Peoria	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Peoria	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Perry	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Perry	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID	Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Piatt	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084 001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Piatt	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084 004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Piatt	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417 002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Piatt	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417 004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Piatt	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463 003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Piatt	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463 009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Piatt	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301 002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Piatt	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826 009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Pike	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Pike	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Pike	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Pike	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Pike	Humana Insurance Company	HumanaChoice H1418-007 (PPO) 1-800-833-2364	H1418	007	\$95.00	\$50.20	\$44.80	\$16.20	\$66.40	\$0.00		Few Generics, Few Brands
Pike	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Pike	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Pike	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Pope	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Pope	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Pulaski	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Pulaski	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Putnam	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Putnam	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Putnam	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Putnam	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Putnam	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Putnam	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Putnam	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO) 1-800-547-5514	H4456	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Putnam	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO) 1-800-547-5514	H4456	015	\$85.00	\$60.60	\$24.40	\$0.00	\$60.60	\$0.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Putnam	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Putnam	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Randolph	Coventry Health Care	Advantra (PPO) 1-855-893-46912	H2611	001	\$36.00	\$7.50	\$28.50	\$2.60	\$10.10	\$0.00		
Randolph	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO-POS) 1-855-893-4691	H2663	002	\$96.00	\$49.90	\$46.10	\$16.10	\$66.00	\$0.00		
Randolph	Coventry Health Care of Missouri, Inc.	Gold Advantage (HMO) 1-855-893-4691	H2663	005	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Randolph	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO) 1-855-893-4691	H2663	006	\$30.00	\$0.00	\$30.00	\$1.00	\$1.00	\$0.00		
Randolph	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Randolph	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Richland	Humana Insurance Company	HumanaChoice H1418-007 (PPO) 1-800-833-2364	H1418	007	\$95.00	\$50.20	\$44.80	\$16.20	\$66.40	\$0.00		Few Generics, Few Brands
Richland	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Richland	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Rock Island	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Rock Island	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Rock Island	Humana Insurance Company	HumanaChoice H1418-007 (PPO) 1-800-833-2364	H1418	007	\$95.00	\$50.20	\$44.80	\$16.20	\$66.40	\$0.00		Few Generics, Few Brands
Rock Island	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO) 1-800-547-5514	H4456	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Rock Island	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO) 1-800-547-5514	H4456	015	\$85.00	\$60.60	\$24.40	\$0.00	\$60.60	\$0.00		
Rock Island	Meridian Health Plan	Meridian Advantage Plan of Illinois (HMO SNP) 1-855-647-0075	H5779	001	\$28.60	\$0.00	\$28.60	\$0.00	\$0.00	\$310.00		
Rock Island	Meridian Health Plan	Meridian Prime (HMO) 1-855-647-0075	H5779	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.00	1	
Rock Island	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Rock Island	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Saline	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Saline	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Sangamon	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Sangamon	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Sangamon	Humana Health Plan, Inc.	Humana Gold Plus H1406-030 (HMO) 1-800-833-2364	H1406	030	\$41.00	\$41.00	\$0.00	\$0.00	\$41.00	\$0.00		Few Generics, Few Brands
Sangamon	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Sangamon	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Sangamon	Humana Insurance Company	HumanaChoice H1418-007 (PPO) 1-800-833-2364	H1418	007	\$95.00	\$50.20	\$44.80	\$16.20	\$66.40	\$0.00		Few Generics, Few Brands
Sangamon	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Sangamon	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Sangamon	Universal American Corp.	Today's Options Premier Plus 550A (PFFS) 1-866-418-1923	H6169	024	\$159.00	\$85.90	\$73.10	\$42.00	\$127.90	\$0.00		
Sangamon	Universal American Corp.	Today's Options Premier Plus 950D (PFFS) 1-866-418-1923	H6169	033	\$99.00	\$52.00	\$47.00	\$15.70	\$67.70	\$100.00		
Sangamon	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Sangamon	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Sangamon	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Schuyler	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Schuyler	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Schuyler	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-711-1656	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Schuyler	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-711-1656	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Schuyler	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Schuyler	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Schuyler	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Scott	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Scott	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Scott	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Scott	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Scott	Humana Insurance Company	HumanaChoice H1418-007 (PPO) 1-800-833-2364	H1418	007	\$95.00	\$50.20	\$44.80	\$16.20	\$66.40	\$0.00		Few Generics, Few Brands
Scott	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Scott	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Scott	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Scott	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	112	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Shelby	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Shelby	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Shelby	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
St. Clair	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
St. Clair	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
St. Clair	WellCare	WellCare Access (HMO SNP) 1-877-817-5794	H1416	007	\$8.90	\$0.00	\$8.90	\$0.00	\$0.00	\$310.00	1	
St. Clair	WellCare	WellCare Value (HMO-POS) 1-877-817-5794	H1416	009	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
St. Clair	WellCare	WellCare Rx (HMO) 1-877-817-5794	H1416	019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
St. Clair	Humana Insurance Company	HumanaChoice H1716-006 (PPO) 1-800-833-2364	H1716	006	\$80.00	\$46.60	\$33.40	\$9.20	\$55.80	\$0.00		Few Generics, Few Brands
St. Clair	Humana Insurance Company	HumanaChoice H1716-020 (PPO) 1-800-833-2364	H1716	020	\$68.00	\$45.60	\$22.40	\$7.90	\$53.50	\$225.00	1	Few Generics
St. Clair	Essence Healthcare	Essence Advantage (HMO) 1-866-509-5399	H2610	005	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
St. Clair	Essence Healthcare	Essence Advantage Plus (HMO) 1-866-509-5399	H2610	006	\$70.00	\$0.00	\$70.00	\$39.50	\$39.50	\$0.00		Many Generics
St. Clair	Coventry Health Care	Advantra (PPO) 1-855-893-4691	H2611	001	\$36.00	\$7.50	\$28.50	\$2.60	\$10.10	\$0.00		
St. Clair	UnitedHealthcare	AARP Medicare Complete (HMO) 1-800-547-5514	H2654	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
St. Clair	UnitedHealthcare	AARP Medicare Complete Plus Plan 1 (HMO-POS) 1-800-547-5514	H2654	013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
St. Clair	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO-POS) 1-855-893-4691	H2663	002	\$96.00	\$49.90	\$46.10	\$16.10	\$66.00	\$0.00		
St. Clair	Coventry Health Care of Missouri, Inc.	Gold Advantage (HMO) 1-855-893-4691	H2663	005	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
St. Clair	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO) 1-855-893-4691	H2663	006	\$30.00	\$0.00	\$30.00	\$1.00	\$1.00	\$0.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
St. Clair	UnitedHealthcare	AARP Medicare Complete Choice (PPO) 1-800-547-5514	H5507	001	\$25.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00		
St. Clair	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
St. Clair	Humana Insurance Company	Humana Choice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Stark	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Stark	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Stark	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Stark	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Stark	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Stark	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Stark	Humana Benefit Plan of Illinois, Inc.	Humana Gold Plus H1468-007 (HMO) 1-800-833-2364	H1468	007	\$49.00	\$49.00	\$0.00	\$0.00	\$49.00	\$0.00		Few Generics, Few Brands
Stark	UnitedHealthcare	AARP Medicare Complete Plan 2 (HMO) 1-800-547-5514	H4456	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Stark	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO) 1-800-547-5514	H4456	015	\$85.00	\$60.60	\$24.40	\$0.00	\$60.60	\$0.00		
Stark	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Stark	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Stark	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Stephenson	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Stephenson	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Stephenson	Humana Health Plan, Inc.	Humana Gold Plus H1406-026 (HMO) 1-800-833-2364	H1406	026	\$19.00	\$19.00	\$0.00	\$0.00	\$19.00	\$0.00		Few Generics, Few Brands
Stephenson	Humana Health Plan, Inc.	Humana Gold Plus SNP-DE H1406-031 (HMO SNP) 1-800-833-2364	H1406	031	\$18.60	\$0.00	\$18.60	\$0.00	\$0.00	\$75.00	1	
Stephenson	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Stephenson	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Stephenson	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Stephenson	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Tazewell	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Tazewell	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Tazewell	WellCare	WellCare Access (HMO SNP) 1-877-817-5794	H1416	007	\$8.90	\$0.00	\$8.90	\$0.00	\$0.00	\$310.00	1	
Tazewell	WellCare	WellCare Value (HMO-POS) 1-877-817-5794	H1416	009	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Tazewell	WellCare	WellCare Rx (HMO) 1-877-817-5794	H1416	019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Tazewell	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Tazewell	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Tazewell	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Tazewell	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Tazewell	Humana Benefit Plan of Illinois, Inc.	Humana Gold Plus H1468-007 (HMO) 1-800-833-2364	H1468	007	\$49.00	\$49.00	\$0.00	\$0.00	\$49.00	\$0.00		Few Generics, Few Brands
Tazewell	Coventry Health Care of Illinois, Inc.	Coventry Total Care (HMO) 1-855-893-1445	H3144	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Tazewell	Coventry Health Care of Illinois, Inc.	Advantra (HMO) 1-855-893-1445	H3144	003	\$42.50	\$15.20	\$27.30	\$0.00	\$15.20	\$0.00		
Tazewell	UnitedHealthcare	AARP Medicare Complete Plan 2 (HMO) 1-800-547-5514	H4456	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Tazewell	UnitedHealthcare	AARP Medicare Complete Plan 1 (HMO) 1-800-547-5514	H4456	015	\$85.00	\$60.60	\$24.40	\$0.00	\$60.60	\$0.00		
Tazewell	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Tazewell	Meridian Health Plan	Meridian Advantage Plan of Illinois (HMO SNP) 1-855-647-0075	H5779	001	\$28.60	\$0.00	\$28.60	\$0.00	\$0.00	\$310.00		



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Tazewell	Meridian Health Plan	Meridian Prime (HMO) 1-855-647-0075	H5779	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.00	1	
Tazewell	Universal American Corp.	Today's Options Premier Plus 550A (PFFS) 1-866-418-1923	H6169	021	\$82.00	\$27.60	\$54.40	\$24.40	\$52.00	\$0.00		
Tazewell	Universal American Corp.	Today's Options Premier Plus 950B (PFFS) 1-866-418-1923	H6169	031	\$37.00	\$6.60	\$30.40	\$0.50	\$7.10	\$0.00		
Tazewell	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Tazewell	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Tazewell	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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Union	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Union	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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Vermilion	WellCare	WellCare Access (HMO SNP) 1-877-817-5794	H1416	007	\$8.90	\$0.00	\$8.90	\$0.00	\$0.00	\$310.00	1	
Vermilion	WellCare	WellCare Value (HMO-POS) 1-877-817-5794	H1416	009	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Vermilion	WellCare	WellCare Rx (HMO) 1-877-817-5794	H1416	019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Vermilion	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Vermilion	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Vermilion	Humana Insurance Company	HumanaChoice H1418-007 (PPO) 1-800-833-2364	H1418	007	\$95.00	\$50.20	\$44.80	\$16.20	\$66.40	\$0.00		Few Generics, Few Brands
Vermilion	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Vermilion	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	



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Vermilion	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$29.00	\$9.30	\$19.70	\$0.00	\$9.30	\$0.00		
Vermilion	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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Wabash	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Wabash	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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Warren	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Warren	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Warren	UnitedHealthcare	AARP Medicare Complete Plan 2 (HMO) 1-800-547-5514	H4456	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Warren	UnitedHealthcare	AARP Medicare Complete Plan 1 (HMO) 1-800-547-5514	H4456	015	\$85.00	\$60.60	\$24.40	\$0.00	\$60.60	\$0.00		
Warren	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Warren	Meridian Health Plan	Meridian Advantage Plan of Illinois (HMO SNP) 1-855-647-0075	H5779	001	\$28.60	\$0.00	\$28.60	\$0.00	\$0.00	\$310.00		
Warren	Meridian Health Plan	Meridian Prime (HMO) 1-855-647-0075	H5779	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.00	1	
Warren	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Washington	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Washington	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Washington	WellCare	WellCare Access (HMO SNP) 1-877-817-5794	H1416	007	\$8.90	\$0.00	\$8.90	\$0.00	\$0.00	\$310.00	1	
Washington	WellCare	WellCare Value (HMO-POS) 1-877-817-5794	H1416	009	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Washington	WellCare	WellCare Rx (HMO) 1-877-817-5794	H1416	019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Washington	Coventry Health Care	Advantra (PPO) 1-855-893-4691	H2611	001	\$36.00	\$7.50	\$28.50	\$2.60	\$10.10	\$0.00		
Washington	Coventry Health Care of Missouri, Inc.	Advantra Option 2 (HMO-POS) 1-855-893-4691	H2663	002	\$96.00	\$49.90	\$46.10	\$16.10	\$66.00	\$0.00		
Washington	Coventry Health Care of Missouri, Inc.	Gold Advantage (HMO) 1-855-893-4691	H2663	005	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		



## 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Washington	Coventry Health Care of Missouri, Inc.	Advantra Option 1 (HMO) 1-855-893-4691	H2663	006	\$30.00	\$0.00	\$30.00	\$1.00	\$1.00	\$0.00		
Washington	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Washington	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Wayne	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
Wayne	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
White	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands
White	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Whiteside	UnitedHealthcare	AARP Medicare Complete Plan 2 (HMO) 1-800-547-5514	H4456	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Whiteside	UnitedHealthcare	AARP Medicare Complete Plan 1 (HMO) 1-800-547-5514	H4456	015	\$85.00	\$60.60	\$24.40	\$0.00	\$60.60	\$0.00		
Whiteside	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Will	Humana Health Plan, Inc.	Humana Gold Plus H1406-013 (HMO) 1-800-833-2364	H1406	013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Few Generics, Few Brands
Will	Cigna-HealthSpring	Cigna-HealthSpring TotalCare (HMO SNP) 1-888-886-1993	H1415	005	\$25.10	\$0.00	\$25.10	\$0.00	\$0.00	\$310.00		
Will	Cigna-HealthSpring	Cigna-HealthSpring Premier (HMO-POS) 1-888-886-1993	H1415	021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Will	Cigna-HealthSpring	Cigna-HealthSpring Primary (HMO) 1-888-886-1993	H1415	024	\$23.50	\$0.00	\$23.50	\$0.00	\$0.00	\$310.00		
Will	WellCare	WellCare Access (HMO SNP) 1-877-817-5794	H1416	007	\$8.90	\$0.00	\$8.90	\$0.00	\$0.00	\$310.00	1	
Will	WellCare	WellCare Value (HMO-POS) 1-877-817-5794	H1416	009	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Will	WellCare	WellCare Rx (HMO) 1-877-817-5794	H1416	019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Will	Humana Insurance Company	HumanaChoice H1418-002 (PPO) 1-800-833-2364	H1418	002	\$110.00	\$63.40	\$46.60	\$18.00	\$81.40	\$0.00		Few Generics, Few Brands



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Will	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO SNP) 1-866-871-2305	H3071	001	\$27.80	\$0.00	\$27.80	\$0.00	\$0.00	\$310.00		
Will	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO) 1-866-871-2305	H3071	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.00		
Will	Blue Cross Blue Shield of IL, NM	Blue Cross Medicare Advantage Basic (HMO) 1-877-583-8129	H3822	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Will	Blue Cross Blue Shield of IL, NM	Blue Cross Medicare Advantage Basic Plus (HMO-POS) 1-877-583-8129	H3822	007	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Will	Blue Cross Blue Shield of IL, NM	Blue Cross Medicare Advantage Premier Plus (HMO-POS) 1-877-583-8129	H3822	008	\$38.00	\$23.10	\$14.90	\$0.00	\$23.10	\$0.00		
Will	UnitedHealthcare	AARP Medicare Complete Plus (HMO-POS) 1-800-547-5514	H3887	003	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Will	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$152.00	\$106.30	\$45.70	\$17.10	\$123.40	\$0.00		Few Generics, Few Brands



### 2014 Plan and Premium Information for Medicare Advantage Plans Offering Part D Coverage in Illinois

The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Will	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Williamson	Humana Insurance Company	Humana Gold Choice H2944-041 (PFFS) 1-800-833-2364	H2944	041	\$122.00	\$80.90	\$41.10	\$12.50	\$93.40	\$0.00		Few Generics, Few Brands
Williamson	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$112.00	\$82.90	\$29.10	\$0.00	\$82.90	\$310.00		



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The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a part D drug benefit

County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Winnebago	Humana Health Plan, Inc.	Humana Gold Plus H1406-026 (HMO) 1-800-833-2364	H1406	026	\$19.00	\$19.00	\$0.00	\$0.00	\$19.00	\$0.00		Few Generics, Few Brands
Winnebago	Humana Health Plan, Inc.	Humana Gold Plus SNP-DE H1406-031 (HMO SNP) 1-800-833-2364	H1406	031	\$18.60	\$0.00	\$18.60	\$0.00	\$0.00	\$75.00	1	
Winnebago	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO SNP) 1-866-871-2305	H3071	001	\$27.80	\$0.00	\$27.80	\$0.00	\$0.00	\$310.00		
Winnebago	Community Care Alliance of Illinois, NFP	Community Care Alliance of Illinois (HMO) 1-866-871-2305	H3071	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.00		
Winnebago	Coventry Health Care of Illinois, Inc.	Coventry Total Care (HMO) 1-855-893-1445	H3144	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Winnebago	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$100.00	\$57.90	\$42.10	\$13.50	\$71.40	\$0.00		Few Generics, Few Brands
Winnebago	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-833-2364	H6528	029	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Winnebago	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H6528	030	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		



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County	Organization Name	Plan Name	Plan ID		Total Monthly Premium	Health Premium	Drug Premium	Part D Premium with Full Extra Help	Total Monthly Premium w/Full Extra Help	Part D Drug Deductible	Tiers Not Subject to Deductible <sup>7</sup>	Type of Extra Coverage in the Gap
Winnebago	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$19.00	\$9.30	\$19.70	\$0.00	\$19.00	\$0.00		
Winnebago	Humana Insurance Company	Humana Gold Choice H8145-008 (PFFS) 1-800-833-2364	H8145	008	\$18.60	\$106.30	\$45.70	\$17.10	\$0.00	\$0.00		Few Generics, Few Brands
Winnebago	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$27.80	\$82.90	\$29.10	\$0.00	\$0.00	\$310.00		



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Woodford	Care Improvement Plus	Care Improvement Plus Medicare Advantage (PPO) 1-800-711-1656	H0084	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Woodford	Care Improvement Plus	Care Improvement Plus Gold Rx (PPO SNP) 1-800-711-1656	H0084	004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Woodford	Health Alliance Medical Plans	Health Alliance Medicare PPO10 Rx (PPO) 1-800-965-4022	H1417	002	\$145.00	\$105.00	\$40.00	\$11.40	\$116.40	\$230.00	1	
Woodford	Health Alliance Medical Plans	Health Alliance Medicare PPO30 Rx (PPO) 1-800-965-4022	H1417	004	\$73.00	\$43.00	\$30.00	\$1.40	\$44.40	\$230.00	1	
Woodford	Health Alliance Medical Plans	Health Alliance Medicare HMO20 Rx (HMO) 1-800-965-4022	H1463	003	\$117.00	\$82.00	\$35.00	\$6.40	\$88.40	\$270.00	1	
Woodford	Health Alliance Medical Plans	Health Alliance Medicare HMO Basic Rx (HMO) 1-800-965-4022	H1463	009	\$33.00	\$3.00	\$30.00	\$1.40	\$4.40	\$290.00	1	
Woodford	Humana Benefit Plan of Illinois, Inc.	Humana Gold Plus H1468-007 (HMO) 1-800-833-2364	H1468	007	\$49.00	\$49.00	\$0.00	\$0.00	\$49.00	\$0.00		Few Generics, Few Brands
Woodford	UnitedHealthcare	AARP Medicare Complete Plan 2 (HMO) 1-800-547-5514	H4456	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		



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Woodford	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO) 1-800-547-5514	H4456	015	\$0.00	\$60.60	\$24.40	\$0.00	\$0.00	\$0.00		
Woodford	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-004 (PPO) 1-800-833-2364	H5525	004	\$0.00	\$57.90	\$42.10	\$13.50	\$0.00	\$0.00		Few Generics, Few Brands
Woodford	Coventry Health Care of Illinois, Inc.	Advantra (PPO) 1-855-893-1445	H7301	002	\$145.00	\$9.30	\$19.70	\$0.00	\$116.40	\$0.00		
Woodford	Humana Insurance Company	HumanaChoice R5826-009 P (Regional PPO) 1-800-833-2364	R5826	009	\$73.00	\$82.90	\$29.10	\$0.00	\$44.40	\$310.00		