

# 2022 - Illinois - Medicare Advantage (MA) & Cost Plans - (Individual Plans by Alpha)

Data as of September 1, 2021. Plans under sanction are not shown. Medicare/Medicaid plans are shown in a separate Landscape file.

PACE, Special Needs Plans, Part B Only Plans, and Employer sponsored plans (800 series) are excluded.

Notes: Enhanced alternative plans may offer additional cost sharing in the gap on some formulary drugs, beyond the standard Part D benefit.

\* Indicates plan does not offer Part D drug coverage.

\*\* MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

**Plans are available in certain zip codes. Check Medicare.gov "Find a Health Plan" for the plans available in your zip code.**



Organization Name	Plan Name	Contract ID	Plan ID	Type of Health Plan	Monthly Premium (C + D)	Annual Drug Deductible	Drug Benefit Type	Added Coverage in the Gap	Drug Benefit Type Detail	In-network MOOP Amount **	Overall Star Rating
Aetna Medicare	Aetna Medicare Explorer Value (PPO)	H5521	228	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	\$ 6,300	
Aetna Medicare	Aetna Medicare DMG Prime (PPO)	H5521	314	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,950	
Aetna Medicare	Aetna Medicare Value (PPO)	H7301	007	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	\$ 4,650	
Aetna Medicare	Aetna Medicare Premier (PPO)	H7301	009	Local PPO	\$ 26.00	\$ -	Enhanced	Yes	EA	\$ 5,500	
Aetna Medicare	Aetna Medicare Premier Advantra (PPO)	H7301	002	Local PPO	\$ 24.00	\$ -	Enhanced	Yes	EA	\$ 5,500	
Aetna Medicare	Aetna Medicare Value Advantra (PPO)	H7301	006	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	\$ 5,900	
Aetna Medicare	Aetna Medicare Value (PPO)	H7301	012	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	\$ 6,500	
Aetna Medicare	Aetna Medicare Value (PPO)	H7301	011	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,900	
Aetna Medicare	Aetna Medicare Premier (PPO)	H1608	013	Local PPO	\$ 52.00	\$ 150.00	Enhanced	Yes	EA	\$ 7,550	
Aetna Medicare	Aetna Medicare Elite (PPO)	H1608	050	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	\$ 4,500	
Aetna Medicare	Aetna Medicare Premier Plus (PPO)	H1608	056	Local PPO	\$ -	\$ 150.00	Enhanced	Yes	EA	\$ 7,550	
Aetna Medicare	Aetna Medicare Eagle (PPO)	H1608	060	Local PPO *	\$ -					\$ 5,000	
Aetna Medicare	Aetna Medicare Option 2	H2663	002	Local HMO	\$ 66.00	\$ -	Enhanced	Yes	EA	\$ 4,900	
Aetna Medicare	Aetna Medicare Gold Advantage Prime (HMO)	H2663	005	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 2,900	
Aetna Medicare	Aetna Medicare Option 1 (HMO-POS)	H2663	006	Local HMO	\$ 34.00	\$ -	Enhanced	Yes	EA	\$ 6,900	
Aetna Medicare	Aetna Medicare UnityPoint Health Prime (HMO)	H2663	017	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,900	
Aetna Medicare	Aetna Medicare Gold Advantage Value Prime (HMO)	H2663	032	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,450	

Ascension Complete	Ascension Complete AMITA Health Reward (HMO)	H7399	001	Local HMO	\$ -	\$ 480.00	Enhanced	No	EA	\$ 2,900	
Ascension Complete	Ascension Complete AMITA Health Secure (HMO)	H7399	002	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 2,400	
Blue Cross and Blue Shield of IL, NM	Blue Cross Medicare Advantage Basic (HMO)	H3822	001	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 2,950	
Blue Cross and Blue Shield of IL, NM	Blue Cross Medicare Advantage Basic Plus (HMO-POS)	H3822	007	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,450	
Blue Cross and Blue Shield of IL, NM	Blue Cross Medicare Advantage Premier Plus (HMO-POS)	H3822	008	Local HMO	\$ 83.00	\$ -	Enhanced	Yes	EA	\$ 2,900	
Blue Cross and Blue Shield of IL, NM	Blue Cross Medicare Advantage Basic (HMO)	H3822	012	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 4,900	
Blue Cross and Blue Shield of IL, NM	Blue Cross Medicare Advantage Basic (HMO)	H3822	014	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,400	
Blue Cross and Blue Shield of IL, NM	Blue Cross Medicare Advantage Basic (HMO)	H3822	015	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,400	
Blue Cross and Blue Shield of Illinois	Blue Medicare Advocate Health (HMO)	H8547	001	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 2,950	
Blue Cross and Blue Shield of IL, NM	Blue Cross Medicare Advantage Choice Plus (PPO)	<b>H8634</b>	003	Local PPO	\$ 79.00	\$ 250.00	Enhanced	Yes	EA	\$ 4,900	
Blue Cross and Blue Shield of IL, NM	Blue Cross Medicare Advantage Choice Premier (PPO)	<b>H8634</b>	004	Local PPO	\$ 142.00	\$ -	Enhanced	Yes	EA	\$ 3,460	
Blue Cross and Blue Shield of IL, NM	Blue Cross Medicare Advantage Classic (PPO)	<b>H8634</b>	008	Local PPO	\$ -	\$ 250.00	Enhanced	Yes	EA	\$ 6,900	
Blue Cross and Blue Shield of IL, NM	Blue Cross Medicare Advantage Flex (PPO)	<b>H8634</b>	014	Local PPO	\$ 189.20	\$ 480.00	Enhanced	No	EA	\$ -	
Blue Cross and Blue Shield of IL, NM	Blue Cross Medicare Advantage Classic (PPO)	<b>H8634</b>	013	Local PPO	\$ -	\$ 250.00	Enhanced	Yes	EA	\$ 5,900	
Blue Cross and Blue Shield of IL, NM	Blue Cross Medicare Advantage Classic (PPO)	<b>H8634</b>	012	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	\$ 5,900	
Blue Cross and Blue Shield of IL, NM	Blue Cross Medicare Advantage Elite (PPO)	H8634	016	Local PPO	\$ -	\$ 250.00	Enhanced	Yes	EA	\$ 3,900	
Blue Cross and Blue Shield of IL, NM	Blue Cross Medicare Advantage Choice Plus (PPO)	H8634	007	Local PPO	\$ 50.00	\$ -	Enhanced	Yes	EA	\$ 6,000	
Blue Cross and Blue Shield of IL, NM	Blue Cross Medicare Advantage Classic (PPO)	H8634	011	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	\$ 5,000	

Blue Cross and Blue Shield of Illinois	Blue Medicare Advocate Health (HMO)	H8547	001	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 2,950	
Bright Health	Bright Advantage Classic Choice Plan (HMO)	H6121	003	Local HMO	\$ 29.10	\$ 480.00	Enhanced	Yes	EA	\$ 6,700	
Bright Health	Bright Advantage Classic Care Plan (HMO)	H6121	008	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,400	
Cigna	Cigna Fundamental Medicare (HMO)	H1415	013	Local HMO *	\$ -					\$ 6,700	
Cigna	Cigna Premier Medicare (HMO-POS)	H1415	021	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 4,500	
Cigna	Cigna Preferred Medicare (HMO)	H1415	024	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 3,150	
Cigna	Cigna Preferred Medicare (HMO)	H7389	003	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 2,900	
Cigna	Cigna Preferred Medicare (HMO)	H7389	004	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 3,000	
Cigna	Cigna Preferred Plus Medicare (HMO)	H7389	005	Local HMO	\$ 30.00	\$ -	Enhanced	No	EA	\$ 6,700	
Cigna	Cigna True Choice Medicare (PPO)	<b>H7849</b>	002	Local PPO	\$ -	\$ -	Enhanced	No	EA	\$ 4,400	
Cigna	Cigna True Choice Medicare (PPO)	H7849	057	Local PPO	\$ -	\$ -	Enhanced	No	EA	\$ 4,100	
Cigna	Cigna True Choice Medicare (PPO)	H7849	058	Local PPO	\$ -	\$ -	Enhanced	No	EA	\$ 4,400	
Cigna	Cigna True Choice Medicare (PPO)	H7849	059	Local PPO	\$ -	\$ -	Enhanced	No	EA	\$ 5,300	
Clear Spring Health	Clear Spring Health Community Advantage Plan (HMO)	H3071	002	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 3,000	
Clear Spring Health	Clear Spring Health Community Flex Plan (HMO-POS)	H3071	003	Local HMO	\$ 19.00	\$ -	Enhanced	No	EA	\$ 2,500	
Clear Spring Health	Clear Spring Health Essential (HMO)	H5454	001	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 2,900	
Clear Spring Health	Clear Spring Health Essential (HMO)	H5454	002	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 2,900	
Devoted Health	Devoted Health Core (HMO)	H7151	001	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 2,900	
Devoted Health	Devoted Health Prime (HMO)	H7151	002	Local HMO	\$ 29.10	\$ 480.00	Enhanced	No	EA	\$ 2,900	

Devoted Health	Devoted Health Essentials (HMO)	H7151	003	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 4,500	
Essence Healthcare	Essence Advantage (HMO)	H2610	005	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 1,750	
Essence Healthcare	Essence Advantage Plus (HMO)	H2610	006	Local HMO	\$ 66.00	\$ -	Enhanced	Yes	EA	\$ 1,700	
Essence Healthcare	Essence Advantage Select (HMO)	H2610	016	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 2,800	
Health Alliance Medicare	Health Alliance Medicare HMO 20 Rx (HMO)	H1463	003	Local HMO	\$ 125.00	\$ -	Enhanced	Yes	EA	\$ 4,000	
Health Alliance Medicare	Health Alliance Medicare HMO Basic (HMO)	H1463	008	Local HMO *	\$ -					\$ 6,700	
Health Alliance Medicare	Health Alliance Medicare HMO Basic Rx (HMO)	H1463	009	Local HMO	\$ 33.00	\$ -	Enhanced	Yes	EA	\$ 6,700	
Health Alliance Medicare	Health Alliance Medicare HMO 40 Rx (HMO)	H1463	010	Local HMO	\$ 75.00	\$ -	Enhanced	Yes	EA	\$ 4,700	
Health Alliance Medicare	Health Alliance Medicare POS Basic (HMO-POS)	H1463	014	Local HMO *	\$ 23.00					\$ 6,700	
Health Alliance Medicare	Health Alliance Medicare POS Basic Rx (HMO-POS)	H1463	015	Local HMO	\$ 53.00	\$ -	Enhanced	Yes	EA	\$ 6,700	
Health Alliance Medicare	Health Alliance Medicare POS 30 Rx (HMO-POS)	H1463	017	Local HMO	\$ 105.00	\$ -	Enhanced	Yes	EA	\$ 5,500	
Health Alliance Medicare	Health Alliance Medicare POS 10 Rx (HMO-POS)	H1463	019	Local HMO	\$ 165.00	\$ -	Enhanced	Yes	EA	\$ 4,500	
Health Alliance Medicare	OSF MedAdvantage Core (HMO)	H1463	035	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,900	
Health Alliance Medicare	OSF MedAdvantage Open (HMO-POS)	H1463	036	Local HMO	\$ 39.00	\$ -	Enhanced	Yes	EA	\$ 4,750	
Health Alliance Medicare	OSF MedAdvantage Enrich (HMO-POS)	H1463	042	Local HMO	\$ 150.00	\$ 175.00	Enhanced	Yes	EA	\$ -	
Health Alliance Medicare	Simplete Richland 1 (HMO)	H1463	039	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 4,000	
Health Alliance Medicare	Health Alliance Medicare Guide HMO Rx 2 (HMO)	H1463	021	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 5,600	
Health Alliance Medicare	Simplete 1 (HMO)	H1463	023	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 4,000	
Health Alliance Medicare	Simplete 2 (HMO)	H1463	024	Local HMO	\$ 28.00	\$ -	Enhanced	Yes	EA	\$ 4,950	
Health Alliance Medicare	Simplete 3 (HMO-POS)	H1463	025	Local HMO	\$ 48.00	\$ -	Enhanced	Yes	EA	\$ 4,950	

Health Alliance Medicare	Simplete Riverside 1 (HMO)	H1463	032	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 4,750	
Health Alliance Medicare	Simplete Riverside 2 (HMO)	H1463	033	Local HMO	\$ 50.00	\$ -	Enhanced	Yes	EA	\$ 4,950	
Health Alliance Medicare	Simplete Riverside 3 (HMO-POS)	H1463	034	Local HMO	\$ 70.00	\$ -	Enhanced	Yes	EA	\$ 4,950	
HealthPartners UnityPoint Health	HealthPartners UnityPoint Health Align (PPO)	H3416	001	Local PPO	\$ -	\$ -	Enhanced	No	EA	\$ 3,900	
HealthPartners UnityPoint Health	HealthPartners UnityPoint Health Symmetry (PPO)	H3416	002	Local PPO	\$ 49.00	\$ -	Enhanced	Yes	EA	\$ 3,300	
Humana	Humana Gold Plus H0028-014 (HMO)	H0028	014	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 2,900	
Humana	Humana Gold Plus H1468-007 (HMO)	H1468	007	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 3,900	
Humana	Humana Gold Plus H1468-013 (HMO)	H1468	013	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 2,600	
Humana	Humana Gold Plus H1468-014 (HMO)	H1468	014	Local HMO	\$ 25.00	\$ -	Enhanced	No	EA	\$ 3,450	
Humana	Humana Community Select HMO H1468-018 (HMO)	H1468	018	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 2,600	
Humana	Humana Gold Plus H1468-013 (HMO)	H1468	013	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 2,600	
Humana	HumanaChoice H5216-013 (PPO)	H5216	013	Local PPO	\$ 88.00	\$ -	Enhanced	No	EA	\$ 3,450	
Humana	HumanaChoice H5216-251 (PPO)	H5216	251	Local PPO	\$ -	\$ 200.00	Enhanced	No	EA	\$ 5,500	
Humana	Humana Honor (PPO)	H5216	258	Local PPO *	\$ -					\$ 5,900	
Humana	HumanaChoice H5216-283 (PPO)	H5216	283	Local PPO	\$ 35.00	\$ 150.00	Enhanced	No	EA	\$ 3,750	
Humana	HumanaChoice H5216-215 (PPO)	H5216	215	Local PPO	\$ -	\$ 195.00	Enhanced	No	EA	\$ 5,500	
Humana	HumanaChoice H5216-032 (PPO)	H5216	032	Local PPO	\$ 79.00	\$ 195.00	Enhanced	No	EA	\$ 6,700	
Humana	HumanaChoice H5216-033 (PPO)	H5216	033	Local PPO	\$ -	\$ -	Enhanced	No	EA	\$ 3,600	
Humana	Humana Honor (PPO)	H5216	140	Local PPO *	\$ -					\$ 4,500	
Humana	HumanaChoice H5525-004 (PPO)	H5525	004	Local PPO	\$ 96.00	\$ 250.00	Enhanced	No	EA	\$ 5,500	

Humana	Humana Gold Choice H8145-008 (PFFS)	H8145	008	PFFS	\$ 146.00	\$ 380.00	Enhanced	No	EA	\$ -	
Humana	Humana Gold Choice H8145-121 (PFFS)	H8145	121	PFFS *	\$ 52.00					\$ -	
Humana	HumanaChoice R5361-001 (Regional PPO)	<b>R5361</b>	001	Regional PPO *	\$ -					\$ 6,700	
Humana	HumanaChoice R5361-002 (Regional PPO)	<b>R5361</b>	002	Regional PPO	\$ 120.00	\$ 480.00	Basic	No	BA	\$ 6,700	
Lasso Healthcare	Lasso Healthcare Growth (MSA)	H1924	001	<b>MSA *</b>						\$ -	
Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	H1924	004	<b>MSA *</b>						\$ -	
Medical Associates Health Plan, Inc.	Medical Associates SmartPlan (Cost)	H1651	003	<b>Cost *</b>	\$ 123.00					\$ -	
Medical Associates Health Plan, Inc.	Medical Associates Community Plan (Cost)	H1651	005	<b>Cost *</b>	\$ 149.00					\$ -	
Medical Associates Health Plan, Inc.	Medical Associates Freedom Plan (Cost)	H1651	009	<b>Cost *</b>	\$ 149.00					\$ -	
Medical Associates Health Plan, Inc.	Quad Cities Community Health Senior Plan (Cost)	H1651	017	<b>Cost *</b>	\$ 147.00					\$ -	
Medical Associates Health Plan, Inc.	Live360 Health Plan (Cost)	H1651	025	<b>Cost *</b>	\$ 147.00					\$ -	
MoreCare	MoreCare For You (HMO)	H2678	001	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 3,450	
Quartz Medicare Advantage	UW Health IL Quartz Med Advantage Value D(w/Rx) (HMO)	H5262	018	Local HMO	\$ 32.00	\$ 150.00	Enhanced	Yes	EA	\$ 4,900	
Quartz Medicare Advantage	UW Health IL Quartz Med Advantage Core D (w/Rx) (HMO)	H5262	019	Local HMO	\$ -	\$ 150.00	Enhanced	Yes	EA	\$ 5,900	
Quartz Medicare Advantage	UW Health IL Quartz Med Advantage Value (HMO)	H5262	020	Local HMO *	\$ -					\$ 4,900	
Quartz Medicare Advantage	UW Health IL Quartz Med Advantage Elite D(w/Rx) (HMO)	H5262	026	Local HMO	\$ 72.00	\$ 150.00	Enhanced	Yes	EA	\$ 3,450	
Quartz Medicare Advantage	UW Health IL Quartz Med Advantage Elite (HMO)	H5262	027	Local HMO *	\$ 30.00					\$ 3,450	
UnitedHealthcare	UnitedHealthcare Medicare Advantage Assure (PPO)	H0271	004	Local PPO	\$ 29.10	\$ 480.00	Basic	No	DS	\$ 7,550	

UnitedHealthcare	UnitedHealthcare Medicare Advantage Assure (PPO)	H0271	019	Local PPO	\$ 29.10	\$ 480.00	Basic	No	DS	\$ 7,550	
UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	H2228	030	Local PPO	\$ 29.00	\$ -	Enhanced	Yes	EA	\$ 4,400	
UnitedHealthcare	AARP Medicare Advantage Walgreens (PPO)	H2228	083	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,900	
UnitedHealthcare	AARP Medicare Advantage Access (HMO)	H2802	024	Local HMO	\$ -	\$ 100.00	Enhanced	Yes	EA	\$ 2,950	
UnitedHealthcare	AARP Medicare Advantage (HMO)	H2802	025	Local HMO	\$ 26.00	\$ 195.00	Enhanced	Yes	EA	\$ 3,900	
UnitedHealthcare	AARP Medicare Advantage Plan 1 (HMO-POS)	H2802	028	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 2,900	
UnitedHealthcare	AARP Medicare Advantage Patriot (HMO-POS)	H2802	050	Local HMO *	\$ -					\$ 3,700	
UnitedHealthcare	AARP Medicare Advantage Plan 2 (HMO-POS)	H2802	052	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,400	
UnitedHealthcare	AARP Medicare Advantage Plan 2 (HMO-POS)	H5253	107	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,900	
UnitedHealthcare	AARP Medicare Advantage (HMO-POS)	H5253	108	Local HMO	\$ 25.00	\$ -	Enhanced	Yes	EA	\$ 3,900	
UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	H8768	005	Local PPO	\$ 38.00	\$ 195.00	Enhanced	Yes	EA	\$ 3,900	
UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	H8768	003	Local PPO	\$ 49.00	\$ -	Enhanced	Yes	EA	\$ 3,400	
UnitedHealthcare	AARP Medicare Advantage Walgreens (PPO)	H8768	010	Local PPO	\$ -	\$ 250.00	Enhanced	Yes	EA	\$ 5,900	
UnitedHealthcare	AARP Medicare Advantage Walgreens (PPO)	H8768	011	Local PPO	\$ -	\$ 250.00	Enhanced	Yes	EA	\$ 5,900	
UnitedHealthcare	AARP Medicare Advantage Patriot (PPO)	H8768	019	Local PPO *	\$ -					\$ 5,900	
UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)	H8768	017	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,900	
UnitedHealthcare	AARP Medicare Advantage Patriot (PPO)	H8768	018	Local PPO *	\$ -					\$ 6,700	
UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)	H8768	032	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,900	
Wellcare	Wellcare No Premium (HMO-POS)	H1416	009	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 3,450	

Wellcare	Wellcare Assist Compass (HMO)	H1416	023	Local HMO	\$ 19.00	\$ 480.00	Enhanced	No	EA	\$ 3,450	
Wellcare	Wellcare Plus (HMO)	H1416	048	Local HMO	\$ 26.60	\$ 480.00	Enhanced	No	EA	\$ 3,450	
Wellcare	Wellcare Patriot No Premium (HMO-POS)	H1416	053	Local HMO *	\$ -					\$ 3,450	
Wellcare	Wellcare No Premium Essential (HMO)	H5779	002	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 3,450	
Wellcare	Wellcare No Premium Essential (HMO)	H5779	005	Local HMO	\$ -	\$ -	Enhanced	No	EA	\$ 3,450	
Wellcare	Wellcare Edge Plus (HMO)	H5779	006	Local HMO	\$ 18.70	\$ 480.00	Enhanced	No	EA	\$ 3,450	
Wellcare	Wellcare No Premium Exclusive (HMO)	H5779	007	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,000	
Wellcare	Wellcare Assist (HMO)	H5779	008	Local HMO	\$ 12.30	\$ 480.00	Enhanced	No	EA	\$ 3,450	
Wellcare	Wellcare No Premium Open (PPO)	H6713	001	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,450	
Wellcare	Wellcare Giveback Open (PPO)	H6713	002	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,450	
WellFirst Health	SSM Health Plan Integrity (HMO-POS)	H8019	002	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 2,500	
WellFirst Health	SSM Health Plan Harmony (HMO-POS)	H8019	003	Local HMO *	\$ -					\$ 2,500	
Zing Health	Zing Choice IL (HMO)	H7330	001	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,450	
Zing Health	Zing Open Access IL (HMO-POS)	H7330	002	Local HMO	\$ 25.00	\$ -	Enhanced	Yes	EA	\$ 3,450	
Zing Health	Zing Signature Care (HMO-POS)	H7330	004	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,450	
Zing Health	Zing Choice IL (HMO)	H4624	001	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	\$ 3,450	
Zing Health	Zing Open Access IL (HMO-POS)	H4624	002	Local HMO	\$ 25.00	\$ -	Enhanced	Yes	EA	\$ 3,450	