

	A	B	C	D	E	F	G	H	I	J
1	County	Parent Organization	Plan Name	Type of Plan	Monthly Consolidated	Annual Drug Deductible	Additional Coverage Offered	In-network MOOP	Special Needs Plan Type	2015 STAR RATINGS
2	Manatee	BeHealthy America, Inc.	BeHealthy America (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,500		Plan too new to be measured
3	Miami-Dade	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	\$31.60	\$320.00	No		Institutional	Plan too new to be measured
4	Sarasota	BeHealthy America, Inc.	BeHealthy America (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,500		Plan too new to be measured
5	Volusia	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	\$31.60	\$320.00	No		Institutional	Plan too new to be measured
6	Baker	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
7	Broward	AHF	PHP (HMO SNP)	Local HMO	\$0.00	\$320.00	No		Chronic or Disabling	Not enough data available
8	Broward	Molina Healthcare of Florida	Molina Medicare Options Plus (HMO SNP)	Local HMO	\$24.80	\$320.00	Yes		Dual-Eligible	Not enough data available
9	Broward	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
10	Citrus	Ultimate Health Plans	Ultimate Elite (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		Not enough data available
11	Citrus	Ultimate Health Plans	Ultimate Elite Plus (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		Not enough data available
12	Duval	AHF	PHP (HMO SNP)	Local HMO	\$0.00	\$320.00	No		Chronic or Disabling	Not enough data available
13	Duval	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
14	Hardee	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
15	Hernando	Ultimate Health Plans	Ultimate Premier (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		Not enough data available
16	Hernando	Ultimate Health Plans	Ultimate Premier Plus (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		Not enough data available
17	Hernando	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
18	Hillsborough	Molina Healthcare of Florida	Molina Medicare Options Plus (HMO SNP)	Local HMO	\$24.80	\$320.00	Yes		Dual-Eligible	Not enough data available
19	Hillsborough	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
20	Lake	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
21	Manatee	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
22	Marion	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
23	Martin	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
24	Miami-Dade	AHF	PHP (HMO SNP)	Local HMO	\$0.00	\$320.00	No		Chronic or Disabling	Not enough data available
25	Miami-Dade	Molina Healthcare of Florida	Molina Medicare Options Plus (HMO SNP)	Local HMO	\$24.80	\$320.00	Yes		Dual-Eligible	Not enough data available

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26	Miami-Dade	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	Yes		Dual-Eligible	Not enough data available
27	Orange	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
28	Osceola	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
29	Palm Beach	Molina Healthcare of Florida	Molina Medicare Options Plus (HMO SNP)	Local HMO	\$24.80	\$320.00	Yes		Dual-Eligible	Not enough data available
30	Palm Beach	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
31	Pasco	Ultimate Health Plans	Ultimate Elite (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		Not enough data available
32	Pasco	Ultimate Health Plans	Ultimate Elite Plus (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		Not enough data available
33	Pasco	Molina Healthcare of Florida	Molina Medicare Options Plus (HMO SNP)	Local HMO	\$24.80	\$320.00	Yes		Dual-Eligible	Not enough data available
34	Pasco	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
35	Pinellas	Molina Healthcare of Florida	Molina Medicare Options Plus (HMO SNP)	Local HMO	\$24.80	\$320.00	Yes		Dual-Eligible	Not enough data available
36	Pinellas	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
37	Polk	Molina Healthcare of Florida	Molina Medicare Options Plus (HMO SNP)	Local HMO	\$24.80	\$320.00	Yes		Dual-Eligible	Not enough data available
38	Polk	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
39	Seminole	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
40	St. Lucie	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
41	Volusia	Sunshine Health	Sunshine Health Advantage (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	Not enough data available
42	Brevard	CarePlus Health Plans, Inc.	CareOne (HMO)	Local HMO	\$0.00	\$100.00	Yes	\$6,700		5
43	Brevard	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$21.50	\$320.00	No		Dual-Eligible	5
44	Broward	CarePlus Health Plans, Inc.	CareOne (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		5
45	Broward	CarePlus Health Plans, Inc.	CareDirect (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	5
46	Broward	CarePlus Health Plans, Inc.	CareHeart (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	5
47	Broward	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$15.80	\$320.00	No		Dual-Eligible	5
48	Duval	CarePlus Health Plans, Inc.	CareOne (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		5
49	Duval	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$20.20	\$200.00	No		Dual-Eligible	5
50	Hillsborough	CarePlus Health Plans, Inc.	CareOne (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		5

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51	Hillsborough	CarePlus Health Plans, Inc.	CareOne PLUS (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		5
52	Hillsborough	CarePlus Health Plans, Inc.	CareFree (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		5
53	Hillsborough	CarePlus Health Plans, Inc.	CareDirect (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	5
54	Hillsborough	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$17.90	\$320.00	No		Dual-Eligible	5
55	Indian River	CarePlus Health Plans, Inc.	CareOne (HMO)	Local HMO	\$0.00	\$100.00	Yes	\$6,700		5
56	Indian River	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$21.50	\$320.00	No		Dual-Eligible	5
57	Lake	CarePlus Health Plans, Inc.	CareOne (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		5
58	Lake	CarePlus Health Plans, Inc.	CareDirect (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	5
59	Lake	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$22.40	\$320.00	No		Dual-Eligible	5
60	Marion	CarePlus Health Plans, Inc.	CareOne (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		5
61	Marion	CarePlus Health Plans, Inc.	CareDirect (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	5
62	Marion	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$22.40	\$320.00	No		Dual-Eligible	5
63	Martin	CarePlus Health Plans, Inc.	CareOne (HMO)	Local HMO	\$0.00	\$100.00	Yes	\$6,700		5
64	Martin	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$21.50	\$320.00	No		Dual-Eligible	5
65	Miami-Dade	CarePlus Health Plans, Inc.	CareOne PLUS (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		5
66	Miami-Dade	CarePlus Health Plans, Inc.	CareFree PLUS (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		5
67	Miami-Dade	CarePlus Health Plans, Inc.	CareDirect (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	5
68	Miami-Dade	CarePlus Health Plans, Inc.	CareHeart (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	5
69	Miami-Dade	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$15.00	\$320.00	No		Dual-Eligible	5
70	Okeechobee	CarePlus Health Plans, Inc.	CareOne (HMO)	Local HMO	\$0.00	\$100.00	Yes	\$6,700		5
71	Okeechobee	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$21.50	\$320.00	No		Dual-Eligible	5
72	Orange	CarePlus Health Plans, Inc.	CareOne PLUS (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		5
73	Orange	CarePlus Health Plans, Inc.	CareDirect (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	5
74	Orange	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$19.20	\$320.00	No		Dual-Eligible	5
75	Osceola	CarePlus Health Plans, Inc.	CareOne PLUS (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		5

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76	Osceola	CarePlus Health Plans, Inc.	CareDirect (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	5
77	Osceola	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$19.20	\$320.00	No		Dual-Eligible	5
78	Palm Beach	CarePlus Health Plans, Inc.	CareOne (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,700		5
79	Palm Beach	CarePlus Health Plans, Inc.	CareFree (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		5
80	Palm Beach	CarePlus Health Plans, Inc.	CareDirect (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	5
81	Palm Beach	CarePlus Health Plans, Inc.	CareHeart (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	5
82	Palm Beach	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$22.30	\$320.00	No		Dual-Eligible	5
83	Pasco	CarePlus Health Plans, Inc.	CareOne (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		5
84	Pasco	CarePlus Health Plans, Inc.	CareOne PLUS (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		5
85	Pasco	CarePlus Health Plans, Inc.	CareFree (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		5
86	Pasco	CarePlus Health Plans, Inc.	CareDirect (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	5
87	Pasco	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$17.90	\$320.00	No		Dual-Eligible	5
88	Pinellas	CarePlus Health Plans, Inc.	CareOne (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		5
89	Pinellas	CarePlus Health Plans, Inc.	CareOne PLUS (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		5
90	Pinellas	CarePlus Health Plans, Inc.	CareFree (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		5
91	Pinellas	CarePlus Health Plans, Inc.	CareDirect (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	5
92	Pinellas	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$17.90	\$320.00	No		Dual-Eligible	5
93	Polk	CarePlus Health Plans, Inc.	CareOne (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		5
94	Polk	CarePlus Health Plans, Inc.	CareOne PLUS (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		5
95	Polk	CarePlus Health Plans, Inc.	CareFree (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		5
96	Polk	CarePlus Health Plans, Inc.	CareDirect (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	5
97	Polk	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$17.90	\$320.00	No		Dual-Eligible	5
98	Seminole	CarePlus Health Plans, Inc.	CareOne PLUS (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		5
99	Seminole	CarePlus Health Plans, Inc.	CareDirect (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	5
100	Seminole	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$19.20	\$320.00	No		Dual-Eligible	5

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101	St. Lucie	CarePlus Health Plans, Inc.	CareOne (HMO)	Local HMO	\$0.00	\$100.00	Yes	\$6,700		5
102	St. Lucie	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$21.50	\$320.00	No		Dual-Eligible	5
103	Sumter	CarePlus Health Plans, Inc.	CareOne (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		5
104	Sumter	CarePlus Health Plans, Inc.	CareDirect (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	5
105	Sumter	CarePlus Health Plans, Inc.	CareNeeds (HMO SNP)	Local HMO	\$22.40	\$320.00	No		Dual-Eligible	5
106	Baker	Humana Medical Plan, Inc.	Humana Gold Plus H1036-081D (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
107	Baker	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
108	Baker	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-210 (HMO SNP)	Local HMO	\$21.10	\$190.00	No		Dual-Eligible	4.5
109	Bay	HealthSpring of Florida, Inc.	Cigna-HealthSpring Advantage (HMO)	Local HMO *	\$0.00			\$5,900		4.5
110	Bay	HealthSpring of Florida, Inc.	Cigna-HealthSpring Premier (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$5,900		4.5
111	Bay	HealthSpring of Florida, Inc.	Cigna-HealthSpring TotalCare (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
112	Brevard	Florida Health Care Plan, Inc.	FHCP's Premier Plan (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		4.5
113	Brevard	Florida Health Care Plan, Inc.	FHCP's Premier Plus Plan (HMO-POS)	Local HMO	\$32.00	\$0.00	Yes	\$3,400		4.5
114	Broward	Humana Medical Plan, Inc.	Humana Gold Plus H1036-053A (HMO)	Local HMO *	\$0.00			\$3,400		4.5
115	Broward	Humana Medical Plan, Inc.	Humana Gold Plus H1036-065C (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		4.5
116	Broward	Humana Medical Plan, Inc.	Humana Gold Plus H1036-237 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
117	Broward	Optimum HealthCare, Inc.	Optimum Gold Rewards Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$3,400		4.5
118	Broward	Optimum HealthCare, Inc.	Optimum Platinum Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
119	Broward	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
120	Broward	Humana Medical Plan, Inc.	Humana Gold Plus - Heart (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
121	Broward	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-103A (HMO SNP)	Local HMO	\$13.30	\$320.00	No		Dual-Eligible	4.5
122	Broward	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
123	Broward	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
124	Calhoun	Capital Health Plan	Capital Health Plan Advantage Plus (HMO)	Local HMO	\$34.00	\$0.00	No	\$3,400		4.5
125	Calhoun	Capital Health Plan	Capital Health Plan Preferred Advantage (HMO)	Local HMO	\$99.00	\$0.00	Yes	\$3,400		4.5

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126	Charlotte	Humana Medical Plan, Inc.	Humana Gold Plus H1036-196 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
127	Citrus	Humana Medical Plan, Inc.	Humana Gold Plus H1036-140 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
128	Citrus	Optimum HealthCare, Inc.	Optimum Platinum Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
129	Citrus	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-102 (HMO SNP)	Local HMO	\$15.20	\$320.00	No		Dual-Eligible	4.5
130	Citrus	Optimum HealthCare, Inc.	Optimum Diamond Rewards (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
131	Citrus	Optimum HealthCare, Inc.	Optimum Diamond Rewards COPD (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
132	Citrus	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
133	Citrus	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
134	Clay	Humana Medical Plan, Inc.	Humana Gold Plus H1036-068 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
135	Clay	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
136	Clay	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-210 (HMO SNP)	Local HMO	\$21.10	\$190.00	No		Dual-Eligible	4.5
137	Collier	Humana Medical Plan, Inc.	Humana Gold Plus H1036-218 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
138	Duval	Humana Medical Plan, Inc.	Humana Gold Plus H1036-081D (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
139	Duval	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
140	Duval	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-210 (HMO SNP)	Local HMO	\$21.10	\$190.00	No		Dual-Eligible	4.5
141	Escambia	Humana Medical Plan, Inc.	Humana Gold Plus H1036-143 (HMO)	Local HMO	\$0.00	\$125.00	Yes	\$6,700		4.5
142	Escambia	HealthSpring of Florida, Inc.	Cigna-HealthSpring Advantage (HMO)	Local HMO *	\$0.00			\$5,900		4.5
143	Escambia	HealthSpring of Florida, Inc.	Cigna-HealthSpring Premier (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$5,900		4.5
144	Escambia	HealthSpring of Florida, Inc.	Cigna-HealthSpring TotalCare (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
145	Escambia	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$125.00	Yes		Chronic or Disabling	4.5
146	Escambia	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-214 (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
147	Flagler	Florida Health Care Plan, Inc.	FHCP's Medvantage Rx Plus (HMO-POS)	Local HMO	\$46.00	\$0.00	Yes	\$3,400		4.5
148	Flagler	Florida Health Care Plan, Inc.	FHCP's Medvantage Rx (HMO)	Local HMO	\$12.00	\$160.00	No	\$6,700		4.5
149	Flagler	Florida Health Care Plan, Inc.	FHCP's Medvantage (HMO-POS)	Local HMO *	\$0.00			\$6,700		4.5
150	Flagler	Humana Medical Plan, Inc.	Humana Gold Plus H1036-044 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5

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151	Flagler	Humana Medical Plan, Inc.	Humana Gold Plus H1036-056 (HMO)	Local HMO *	\$0.00			\$3,400		4.5
152	Flagler	Humana Medical Plan, Inc.	Humana Gold Plus H1036-157 (HMO)	Local HMO	\$0.00	\$125.00	Yes	\$6,700		4.5
153	Flagler	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
154	Flagler	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-209 (HMO SNP)	Local HMO	\$21.90	\$270.00	No		Dual-Eligible	4.5
155	Franklin	Capital Health Plan	Capital Health Plan Advantage Plus (HMO)	Local HMO	\$34.00	\$0.00	No	\$3,400		4.5
156	Franklin	Capital Health Plan	Capital Health Plan Preferred Advantage (HMO)	Local HMO	\$99.00	\$0.00	Yes	\$3,400		4.5
157	Gadsden	Capital Health Plan	Capital Health Plan Advantage Plus (HMO)	Local HMO	\$34.00	\$0.00	No	\$3,400		4.5
158	Gadsden	Capital Health Plan	Capital Health Plan Preferred Advantage (HMO)	Local HMO	\$99.00	\$0.00	Yes	\$3,400		4.5
159	Glades	Humana Medical Plan, Inc.	Humana Gold Plus H1036-229 (HMO)	Local HMO	\$0.00	\$100.00	Yes	\$6,700		4.5
160	Glades	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes and Heart (HMO SNP)	Local HMO	\$0.00	\$100.00	Yes		Chronic or Disabling	4.5
161	Glades	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-226 (HMO SNP)	Local HMO	\$22.60	\$320.00	No		Dual-Eligible	4.5
162	Hardee	Humana Medical Plan, Inc.	Humana Gold Plus H1036-230 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
163	Hardee	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-231 (HMO SNP)	Local HMO	\$17.40	\$285.00	No		Dual-Eligible	4.5
164	Hernando	Humana Medical Plan, Inc.	Humana Gold Plus H1036-067 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		4.5
165	Hernando	Humana Medical Plan, Inc.	Humana Gold Plus H1036-119 (HMO)	Local HMO *	\$0.00			\$3,400		4.5
166	Hernando	Humana Medical Plan, Inc.	Humana Gold Plus H1036-141 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
167	Hernando	Optimum HealthCare, Inc.	Optimum Gold Rewards Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$3,400		4.5
168	Hernando	Optimum HealthCare, Inc.	Optimum Platinum Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
169	Hernando	Optimum HealthCare, Inc.	Optimum Gold Plus Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
170	Hernando	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
171	Hernando	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-102 (HMO SNP)	Local HMO	\$15.20	\$320.00	No		Dual-Eligible	4.5
172	Hernando	Optimum HealthCare, Inc.	Optimum Diamond Rewards (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
173	Hernando	Optimum HealthCare, Inc.	Optimum Diamond Rewards COPD (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
174	Hernando	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
175	Hernando	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5

	A	B	C	D	E	F	G	H	I	J
176	Highlands	Humana Medical Plan, Inc.	Humana Gold Plus H1036-230 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
177	Highlands	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-231 (HMO SNP)	Local HMO	\$17.40	\$285.00	No		Dual-Eligible	4.5
178	Hillsborough	Humana Medical Plan, Inc.	Humana Gold Plus H1036-025 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		4.5
179	Hillsborough	Humana Medical Plan, Inc.	Humana Gold Plus H1036-119 (HMO)	Local HMO *	\$0.00			\$3,400		4.5
180	Hillsborough	Humana Medical Plan, Inc.	Humana Gold Plus H1036-141 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
181	Hillsborough	Optimum HealthCare, Inc.	Optimum Gold Rewards Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$3,400		4.5
182	Hillsborough	Optimum HealthCare, Inc.	Optimum Platinum Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
183	Hillsborough	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
184	Hillsborough	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-102 (HMO SNP)	Local HMO	\$15.20	\$320.00	No		Dual-Eligible	4.5
185	Hillsborough	Optimum HealthCare, Inc.	Optimum Diamond Rewards (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
186	Hillsborough	Optimum HealthCare, Inc.	Optimum Diamond Rewards COPD (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
187	Hillsborough	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
188	Hillsborough	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
189	Jefferson	Capital Health Plan	Capital Health Plan Advantage Plus (HMO)	Local HMO	\$34.00	\$0.00	No	\$3,400		4.5
190	Jefferson	Capital Health Plan	Capital Health Plan Preferred Advantage (HMO)	Local HMO	\$99.00	\$0.00	Yes	\$3,400		4.5
191	Lake	Optimum HealthCare, Inc.	Optimum Gold Rewards Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
192	Lake	Optimum HealthCare, Inc.	Optimum Diamond Rewards (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
193	Lake	Optimum HealthCare, Inc.	Optimum Diamond Rewards COPD (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
194	Lake	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
195	Lake	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
196	Lee	Humana Medical Plan, Inc.	Humana Gold Plus H1036-217 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
197	Leon	Capital Health Plan	Capital Health Plan Advantage Plus (HMO)	Local HMO	\$34.00	\$0.00	No	\$3,400		4.5
198	Leon	Capital Health Plan	Capital Health Plan Preferred Advantage (HMO)	Local HMO	\$99.00	\$0.00	Yes	\$3,400		4.5
199	Liberty	Capital Health Plan	Capital Health Plan Advantage Plus (HMO)	Local HMO	\$34.00	\$0.00	No	\$3,400		4.5
200	Liberty	Capital Health Plan	Capital Health Plan Preferred Advantage (HMO)	Local HMO	\$99.00	\$0.00	Yes	\$3,400		4.5



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201	Manatee	Humana Medical Plan, Inc.	Humana Gold Plus H1036-074 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		4.5
202	Manatee	Humana Medical Plan, Inc.	Humana Gold Plus H1036-119 (HMO)	Local HMO *	\$0.00			\$3,400		4.5
203	Manatee	Humana Medical Plan, Inc.	Humana Gold Plus H1036-141 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
204	Manatee	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
205	Manatee	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-102 (HMO SNP)	Local HMO	\$15.20	\$320.00	No		Dual-Eligible	4.5
206	Manatee	Optimum HealthCare, Inc.	Optimum Diamond Rewards (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
207	Manatee	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
208	Manatee	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
209	Marion	Optimum HealthCare, Inc.	Optimum Gold Rewards Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
210	Marion	Optimum HealthCare, Inc.	Optimum Diamond Rewards (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
211	Marion	Optimum HealthCare, Inc.	Optimum Diamond Rewards COPD (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
212	Marion	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
213	Marion	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
214	Martin	Humana Medical Plan, Inc.	Humana Gold Plus H1036-229 (HMO)	Local HMO	\$0.00	\$100.00	Yes	\$6,700		4.5
215	Martin	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes and Heart (HMO SNP)	Local HMO	\$0.00	\$100.00	Yes		Chronic or Disabling	4.5
216	Martin	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-226 (HMO SNP)	Local HMO	\$22.60	\$320.00	No		Dual-Eligible	4.5
217	Miami-Dade	Humana Medical Plan, Inc.	Humana Gold Plus H1036-054C (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
218	Miami-Dade	Humana Medical Plan, Inc.	Humana Gold Plus H1036-237 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
219	Miami-Dade	HealthSpring of Florida, Inc.	Leon Medical Centers Health Plans - Leon Cares (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
220	Miami-Dade	Optimum HealthCare, Inc.	Optimum Gold Rewards Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$3,400		4.5
221	Miami-Dade	Optimum HealthCare, Inc.	Optimum Platinum Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
222	Miami-Dade	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
223	Miami-Dade	Humana Medical Plan, Inc.	Humana Gold Plus - Heart (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
224	Miami-Dade	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-077A (HMO SNP)	Local HMO	\$15.10	\$320.00	No		Dual-Eligible	4.5
225	Miami-Dade	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5

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226	Miami-Dade	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
227	Nassau	Humana Medical Plan, Inc.	Humana Gold Plus H1036-081D (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
228	Nassau	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
229	Nassau	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-210 (HMO SNP)	Local HMO	\$21.10	\$190.00	No		Dual-Eligible	4.5
230	Okaloosa	HealthSpring of Florida, Inc.	Cigna-HealthSpring Advantage (HMO)	Local HMO *	\$0.00			\$5,900		4.5
231	Okaloosa	HealthSpring of Florida, Inc.	Cigna-HealthSpring Premier (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$5,900		4.5
232	Okaloosa	HealthSpring of Florida, Inc.	Cigna-HealthSpring TotalCare (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
233	Okeechobee	Humana Medical Plan, Inc.	Humana Gold Plus H1036-229 (HMO)	Local HMO	\$0.00	\$100.00	Yes	\$6,700		4.5
234	Okeechobee	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes and Heart (HMO SNP)	Local HMO	\$0.00	\$100.00	Yes		Chronic or Disabling	4.5
235	Okeechobee	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-226 (HMO SNP)	Local HMO	\$22.60	\$320.00	No		Dual-Eligible	4.5
236	Orange	Humana Medical Plan, Inc.	Humana Gold Plus H1036-146 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		4.5
237	Orange	Optimum HealthCare, Inc.	Optimum Gold Rewards Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
238	Orange	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
239	Orange	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-213 (HMO SNP)	Local HMO	\$24.80	\$320.00	No		Dual-Eligible	4.5
240	Orange	Optimum HealthCare, Inc.	Optimum Diamond Rewards (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
241	Orange	Optimum HealthCare, Inc.	Optimum Diamond Rewards COPD (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
242	Orange	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
243	Orange	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
244	Osceola	Humana Medical Plan, Inc.	Humana Gold Plus H1036-146 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		4.5
245	Osceola	Optimum HealthCare, Inc.	Optimum Gold Rewards Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
246	Osceola	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
247	Osceola	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-213 (HMO SNP)	Local HMO	\$24.80	\$320.00	No		Dual-Eligible	4.5
248	Osceola	Optimum HealthCare, Inc.	Optimum Diamond Rewards (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
249	Osceola	Optimum HealthCare, Inc.	Optimum Diamond Rewards COPD (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
250	Osceola	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5

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251	Osceola	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
252	Palm Beach	Humana Medical Plan, Inc.	Humana Gold Plus H1036-062C (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,700		4.5
253	Palm Beach	Humana Medical Plan, Inc.	Humana Gold Plus H1036-063A (HMO)	Local HMO *	\$0.00			\$6,700		4.5
254	Palm Beach	Humana Medical Plan, Inc.	Humana Gold Plus H1036-199 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
255	Palm Beach	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
256	Palm Beach	Humana Medical Plan, Inc.	Humana Gold Plus - Heart (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
257	Palm Beach	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-104A (HMO SNP)	Local HMO	\$20.70	\$320.00	No		Dual-Eligible	4.5
258	Palm Beach	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
259	Palm Beach	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
260	Pasco	Humana Medical Plan, Inc.	Humana Gold Plus H1036-040 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		4.5
261	Pasco	Humana Medical Plan, Inc.	Humana Gold Plus H1036-119 (HMO)	Local HMO *	\$0.00			\$3,400		4.5
262	Pasco	Humana Medical Plan, Inc.	Humana Gold Plus H1036-141 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
263	Pasco	Optimum HealthCare, Inc.	Optimum Gold Rewards Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$3,400		4.5
264	Pasco	Optimum HealthCare, Inc.	Optimum Platinum Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
265	Pasco	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
266	Pasco	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-102 (HMO SNP)	Local HMO	\$15.20	\$320.00	No		Dual-Eligible	4.5
267	Pasco	Optimum HealthCare, Inc.	Optimum Diamond Rewards (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
268	Pasco	Optimum HealthCare, Inc.	Optimum Diamond Rewards COPD (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
269	Pasco	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
270	Pasco	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
271	Pinellas	Humana Medical Plan, Inc.	Humana Gold Plus H1036-052 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		4.5
272	Pinellas	Humana Medical Plan, Inc.	Humana Gold Plus H1036-119 (HMO)	Local HMO *	\$0.00			\$3,400		4.5
273	Pinellas	Humana Medical Plan, Inc.	Humana Gold Plus H1036-141 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
274	Pinellas	Optimum HealthCare, Inc.	Optimum Gold Rewards Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$3,400		4.5
275	Pinellas	Optimum HealthCare, Inc.	Optimum Platinum Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5

	A	B	C	D	E	F	G	H	I	J
276	Pinellas	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
277	Pinellas	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-102 (HMO SNP)	Local HMO	\$15.20	\$320.00	No		Dual-Eligible	4.5
278	Pinellas	Optimum HealthCare, Inc.	Optimum Diamond Rewards (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
279	Pinellas	Optimum HealthCare, Inc.	Optimum Diamond Rewards COPD (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
280	Pinellas	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
281	Pinellas	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
282	Polk	Humana Medical Plan, Inc.	Humana Gold Plus H1036-230 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
283	Polk	Optimum HealthCare, Inc.	Optimum Platinum Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
284	Polk	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-231 (HMO SNP)	Local HMO	\$17.40	\$285.00	No		Dual-Eligible	4.5
285	Polk	Optimum HealthCare, Inc.	Optimum Diamond Rewards (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
286	Polk	Optimum HealthCare, Inc.	Optimum Diamond Rewards COPD (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
287	Polk	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
288	Polk	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
289	Putnam	Humana Medical Plan, Inc.	Humana Gold Plus H1036-068 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
290	Putnam	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
291	Putnam	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-210 (HMO SNP)	Local HMO	\$21.10	\$190.00	No		Dual-Eligible	4.5
292	Santa Rosa	Humana Medical Plan, Inc.	Humana Gold Plus H1036-143 (HMO)	Local HMO	\$0.00	\$125.00	Yes	\$6,700		4.5
293	Santa Rosa	HealthSpring of Florida, Inc.	Cigna-HealthSpring Advantage (HMO)	Local HMO *	\$0.00			\$5,900		4.5
294	Santa Rosa	HealthSpring of Florida, Inc.	Cigna-HealthSpring Premier (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$5,900		4.5
295	Santa Rosa	HealthSpring of Florida, Inc.	Cigna-HealthSpring TotalCare (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
296	Santa Rosa	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$125.00	Yes		Chronic or Disabling	4.5
297	Santa Rosa	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-214 (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
298	Sarasota	Humana Medical Plan, Inc.	Humana Gold Plus H1036-215 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
299	Sarasota	Optimum HealthCare, Inc.	Optimum Platinum Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5

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300	Sarasota	Optimum HealthCare, Inc.	Optimum Diamond Rewards (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
301	Sarasota	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
302	Sarasota	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
303	Seminole	Florida Health Care Plan, Inc.	FHCP's Medvantage Rx Plus (HMO-POS)	Local HMO	\$46.00	\$0.00	Yes	\$3,400		4.5
304	Seminole	Florida Health Care Plan, Inc.	FHCP's Medvantage Rx (HMO)	Local HMO	\$12.00	\$160.00	No	\$6,700		4.5
305	Seminole	Florida Health Care Plan, Inc.	FHCP's Medvantage (HMO-POS)	Local HMO *	\$0.00			\$6,700		4.5
306	Seminole	Humana Medical Plan, Inc.	Humana Gold Plus H1036-146 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		4.5
307	Seminole	Optimum HealthCare, Inc.	Optimum Gold Rewards Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
308	Seminole	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
309	Seminole	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-213 (HMO SNP)	Local HMO	\$24.80	\$320.00	No		Dual-Eligible	4.5
310	Seminole	Optimum HealthCare, Inc.	Optimum Diamond Rewards (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
311	Seminole	Optimum HealthCare, Inc.	Optimum Diamond Rewards COPD (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
312	Seminole	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
313	Seminole	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
314	St. Johns	Humana Medical Plan, Inc.	Humana Gold Plus H1036-068 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4.5
315	St. Johns	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
316	St. Johns	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-210 (HMO SNP)	Local HMO	\$21.10	\$190.00	No		Dual-Eligible	4.5
317	St. Lucie	Humana Medical Plan, Inc.	Humana Gold Plus H1036-229 (HMO)	Local HMO	\$0.00	\$100.00	Yes	\$6,700		4.5
318	St. Lucie	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes and Heart (HMO SNP)	Local HMO	\$0.00	\$100.00	Yes		Chronic or Disabling	4.5
319	St. Lucie	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-226 (HMO SNP)	Local HMO	\$22.60	\$320.00	No		Dual-Eligible	4.5
320	Sumter	Optimum HealthCare, Inc.	Optimum Gold Rewards Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
321	Sumter	Optimum HealthCare, Inc.	Optimum Diamond Rewards (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
322	Sumter	Optimum HealthCare, Inc.	Optimum Diamond Rewards COPD (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
323	Sumter	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
324	Sumter	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5

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325	Volusia	Florida Health Care Plan, Inc.	FHCP's Medvantage Rx Plus (HMO-POS)	Local HMO	\$46.00	\$0.00	Yes	\$3,400		4.5
326	Volusia	Florida Health Care Plan, Inc.	FHCP's Medvantage Rx (HMO)	Local HMO	\$12.00	\$160.00	No	\$6,700		4.5
327	Volusia	Florida Health Care Plan, Inc.	FHCP's Medvantage (HMO-POS)	Local HMO *	\$0.00			\$6,700		4.5
328	Volusia	Humana Medical Plan, Inc.	Humana Gold Plus H1036-044 (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
329	Volusia	Humana Medical Plan, Inc.	Humana Gold Plus H1036-056 (HMO)	Local HMO *	\$0.00			\$3,400		4.5
330	Volusia	Humana Medical Plan, Inc.	Humana Gold Plus H1036-157 (HMO)	Local HMO	\$0.00	\$125.00	Yes	\$6,700		4.5
331	Volusia	Optimum HealthCare, Inc.	Optimum Gold Rewards Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4.5
332	Volusia	Florida Health Care Plan, Inc.	FHCP's Medvantage Dual Access SNP (HMO SNP)	Local HMO	\$0.00	\$320.00	No		Dual-Eligible	4.5
333	Volusia	Humana Medical Plan, Inc.	Humana Gold Plus - Diabetes (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
334	Volusia	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-209 (HMO SNP)	Local HMO	\$21.90	\$270.00	No		Dual-Eligible	4.5
335	Volusia	Optimum HealthCare, Inc.	Optimum Diamond Rewards (HMO-POS SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4.5
336	Volusia	Optimum HealthCare, Inc.	Optimum Emerald Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
337	Volusia	Optimum HealthCare, Inc.	Optimum Emerald Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
338	Wakulla	Capital Health Plan	Capital Health Plan Advantage Plus (HMO)	Local HMO	\$34.00	\$0.00	No	\$3,400		4.5
339	Wakulla	Capital Health Plan	Capital Health Plan Preferred Advantage (HMO)	Local HMO	\$99.00	\$0.00	Yes	\$3,400		4.5
340	Walton	HealthSpring of Florida, Inc.	Cigna-HealthSpring Advantage (HMO)	Local HMO *	\$0.00			\$5,900		4.5
341	Walton	HealthSpring of Florida, Inc.	Cigna-HealthSpring Premier (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$5,900		4.5
342	Walton	HealthSpring of Florida, Inc.	Cigna-HealthSpring TotalCare (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4.5
343	Alachua	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
344	Alachua	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
345	Alachua	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
346	Baker	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
347	Baker	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
348	Baker	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
349	Bay	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4

	A	B	C	D	E	F	G	H	I	J
350	Bay	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
351	Bay	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
352	Bradford	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
353	Bradford	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
354	Bradford	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
355	Brevard	Health First Health Plans, Inc.	Health First Classic Plan (HMO-POS)	Local HMO	\$87.00	\$0.00	Yes	\$3,750		4
356	Brevard	Health First Health Plans, Inc.	Health First Value Plan (HMO)	Local HMO	\$27.00	\$0.00	Yes	\$4,950		4
357	Brevard	Health First Health Plans, Inc.	Health First Secure Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
358	Brevard	Health First Health Plans, Inc.	Health First Rewards Plan (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,650		4
359	Brevard	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
360	Brevard	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
361	Brevard	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
362	Brevard	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
363	Brevard	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
364	Brevard	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
365	Brevard	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
366	Brevard	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
367	Brevard	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
368	Broward	AvMed Medicare	AvMed Medicare Choice (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,000		4
369	Broward	Preferred Care Partners, Inc.	Preferred Choice Broward (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
370	Broward	Aetna Medicare	Aetna Medicare Value Plan (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4
371	Broward	Aetna Medicare	Aetna Medicare Select Plus Plan (HMO)	Local HMO	\$139.00	\$0.00	Yes	\$3,300		4
372	Broward	Humana Health Insurance Company of Florida, Inc.	HumanaChoice H5415-056 (PPO)	Local PPO	\$43.00	\$0.00	Yes	\$5,000		4
373	Broward	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
374	Broward	HealthSun Health Plans, Inc.	HealthSun MediMax (HMO)	Local HMO	\$25.80	\$320.00	No	\$3,400		4

	A	B	C	D	E	F	G	H	I	J
375	Broward	HealthSun Health Plans, Inc.	HealthSun HealthAdvantage Plan (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
376	Broward	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$35.00	\$0.00	No	\$6,700		4
377	Broward	Aetna Medicare	Aetna Medicare Select Plus Plan (PPO)	Local PPO	\$139.00	\$0.00	Yes	\$3,300		4
378	Broward	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
379	Broward	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
380	Broward	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
381	Broward	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
382	Broward	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
383	Broward	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
384	Broward	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
385	Broward	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
386	Broward	Preferred Care Partners, Inc.	Preferred Medicare Assist (HMO-POS SNP)	Local HMO	\$24.40	\$0.00	Yes		Dual-Eligible	4
387	Calhoun	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
388	Calhoun	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
389	Calhoun	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
390	Calhoun	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
391	Charlotte	Aetna Medicare	Aetna Medicare Select Plan (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,500		4
392	Charlotte	Aetna Medicare	Aetna Medicare Select Plus Plan (HMO)	Local HMO	\$139.00	\$0.00	Yes	\$3,300		4
393	Charlotte	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
394	Charlotte	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$35.00	\$0.00	No	\$6,700		4
395	Charlotte	Aetna Medicare	Aetna Medicare Select Plus Plan (PPO)	Local PPO	\$139.00	\$0.00	Yes	\$3,300		4
396	Charlotte	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
397	Charlotte	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
398	Charlotte	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
399	Charlotte	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4



	A	B	C	D	E	F	G	H	I	J
400	Charlotte	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
401	Charlotte	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
402	Charlotte	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
403	Charlotte	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
404	Citrus	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
405	Citrus	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
406	Citrus	Freedom Health, Inc.	Freedom Platinum Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
407	Citrus	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
408	Citrus	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
409	Citrus	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
410	Citrus	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
411	Citrus	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
412	Citrus	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
413	Citrus	Freedom Health, Inc.	Freedom VIP Care (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
414	Citrus	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
415	Citrus	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
416	Clay	Preferred Care Partners, Inc.	AARP MedicareComplete Focus (HMO)	Local HMO	\$0.00	\$200.00	No	\$5,200		4
417	Clay	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
418	Clay	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
419	Clay	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
420	Collier	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
421	Collier	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
422	Collier	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
423	Collier	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
424	Collier	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4

	A	B	C	D	E	F	G	H	I	J
425	Collier	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
426	Collier	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
427	Collier	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
428	Columbia	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
429	Columbia	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
430	Columbia	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
431	DeSoto	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
432	DeSoto	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
433	DeSoto	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
434	DeSoto	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
435	Dixie	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
436	Dixie	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
437	Dixie	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
438	Duval	Preferred Care Partners, Inc.	AARP MedicareComplete Focus (HMO)	Local HMO	\$0.00	\$200.00	No	\$5,200		4
439	Duval	Aetna Medicare	Aetna Medicare Value Plan (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4
440	Duval	Aetna Medicare	Aetna Medicare Select Plus Plan (HMO)	Local HMO	\$139.00	\$0.00	Yes	\$3,300		4
441	Duval	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$35.00	\$0.00	No	\$6,700		4
442	Duval	Aetna Medicare	Aetna Medicare Select Plus Plan (PPO)	Local PPO	\$139.00	\$0.00	Yes	\$3,300		4
443	Duval	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
444	Duval	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
445	Duval	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
446	Escambia	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
447	Escambia	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
448	Escambia	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
449	Escambia	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4

	A	B	C	D	E	F	G	H	I	J
450	Flagler	Health First Health Plans, Inc.	Florida Hospital SunSaver Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$4,500		4
451	Flagler	Health First Health Plans, Inc.	Florida Hospital Explorer Plan (HMO-POS)	Local HMO	\$87.00	\$0.00	Yes	\$2,900		4
452	Flagler	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
453	Flagler	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
454	Flagler	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
455	Flagler	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
456	Franklin	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
457	Franklin	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
458	Franklin	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
459	Gadsden	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
460	Gadsden	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
461	Gadsden	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
462	Gilchrist	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
463	Gilchrist	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
464	Gilchrist	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
465	Glades	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
466	Glades	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
467	Glades	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
468	Glades	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
469	Gulf	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
470	Gulf	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
471	Gulf	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
472	Hamilton	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
473	Hamilton	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
474	Hamilton	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4

	A	B	C	D	E	F	G	H	I	J
475	Hardee	Health First Health Plans, Inc.	Florida Hospital SunSaver Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$4,500		4
476	Hardee	Health First Health Plans, Inc.	Florida Hospital Explorer Plan (HMO-POS)	Local HMO	\$87.00	\$0.00	Yes	\$2,900		4
477	Hardee	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
478	Hardee	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
479	Hardee	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
480	Hardee	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
481	Hendry	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
482	Hendry	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
483	Hendry	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
484	Hernando	Preferred Care Partners, Inc.	Preferred Secure Option (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		4
485	Hernando	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
486	Hernando	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
487	Hernando	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
488	Hernando	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
489	Hernando	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
490	Hernando	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
491	Hernando	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
492	Hernando	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
493	Hernando	Freedom Health, Inc.	Freedom VIP Care (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
494	Hernando	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
495	Hernando	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
496	Highlands	Health First Health Plans, Inc.	Florida Hospital SunSaver Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$4,500		4
497	Highlands	Health First Health Plans, Inc.	Florida Hospital Explorer Plan (HMO-POS)	Local HMO	\$87.00	\$0.00	Yes	\$2,900		4
498	Highlands	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
499	Highlands	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4

	A	B	C	D	E	F	G	H	I	J
500	Highlands	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
501	Highlands	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
502	Hillsborough	Preferred Care Partners, Inc.	Preferred Secure Option (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		4
503	Hillsborough	Aetna Medicare	Aetna Medicare Premier Plan (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,500		4
504	Hillsborough	Aetna Medicare	Aetna Medicare Select Plus Plan (HMO)	Local HMO	\$139.00	\$0.00	Yes	\$3,300		4
505	Hillsborough	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
506	Hillsborough	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
507	Hillsborough	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$35.00	\$0.00	No	\$6,700		4
508	Hillsborough	Aetna Medicare	Aetna Medicare Select Plus Plan (PPO)	Local PPO	\$139.00	\$0.00	Yes	\$3,300		4
509	Hillsborough	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
510	Hillsborough	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
511	Hillsborough	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
512	Hillsborough	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
513	Hillsborough	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
514	Hillsborough	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
515	Hillsborough	Freedom Health, Inc.	Freedom VIP Care (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
516	Hillsborough	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
517	Hillsborough	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
518	Holmes	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
519	Holmes	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
520	Holmes	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
521	Holmes	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
522	Indian River	Health First Health Plans, Inc.	Health First Classic Plan (HMO-POS)	Local HMO	\$87.00	\$0.00	Yes	\$3,750		4
523	Indian River	Health First Health Plans, Inc.	Health First Value Plan (HMO)	Local HMO	\$27.00	\$0.00	Yes	\$4,950		4
524	Indian River	Health First Health Plans, Inc.	Health First Secure Plan (HMO)	Local HMO *	\$0.00			\$3,400		4

	A	B	C	D	E	F	G	H	I	J
525	Indian River	Health First Health Plans, Inc.	Health First Rewards Plan (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,650		4

	A	B	C	D	E	F	G	H	I	J
526	Indian River	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
527	Indian River	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
528	Indian River	Freedom Health, Inc.	Freedom Platinum Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
529	Indian River	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
530	Indian River	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
531	Indian River	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
532	Indian River	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
533	Indian River	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
534	Indian River	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
535	Indian River	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
536	Indian River	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
537	Jackson	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
538	Jackson	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
539	Jackson	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
540	Jackson	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
541	Jefferson	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
542	Jefferson	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
543	Jefferson	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
544	Lafayette	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
545	Lafayette	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
546	Lafayette	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
547	Lake	Preferred Care Partners, Inc.	UnitedHealthcare The Villages MedicareComplete (HMO)	Local HMO	\$0.00	\$0.00	No	\$4,500		4
548	Lake	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
549	Lake	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4

	A	B	C	D	E	F	G	H	I	J
550	Lake	Freedom Health, Inc.	Freedom Platinum Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
551	Lake	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
552	Lake	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
553	Lake	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
554	Lake	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
555	Lake	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
556	Lake	Freedom Health, Inc.	Freedom VIP Care (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
557	Lake	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
558	Lake	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
559	Lee	Aetna Medicare	Aetna Medicare Select Plan (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,500		4
560	Lee	Aetna Medicare	Aetna Medicare Select Plus Plan (HMO)	Local HMO	\$139.00	\$0.00	Yes	\$3,300		4
561	Lee	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
562	Lee	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
563	Lee	Aetna Medicare	Aetna Medicare Select Plus Plan (PPO)	Local PPO	\$139.00	\$0.00	Yes	\$3,300		4
564	Lee	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
565	Lee	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
566	Lee	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
567	Lee	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
568	Lee	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
569	Lee	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
570	Lee	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
571	Lee	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
572	Leon	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
573	Leon	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
574	Leon	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4



	A	B	C	D	E	F	G	H	I	J
575	Levy	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
576	Levy	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
577	Levy	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
578	Levy	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
579	Liberty	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
580	Liberty	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
581	Liberty	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
582	Madison	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
583	Madison	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
584	Madison	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
585	Manatee	Preferred Care Partners, Inc.	Preferred Secure Option (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		4
586	Manatee	Aetna Medicare	Aetna Medicare Select Plan (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,500		4
587	Manatee	Aetna Medicare	Aetna Medicare Select Plus Plan (HMO)	Local HMO	\$139.00	\$0.00	Yes	\$3,300		4
588	Manatee	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
589	Manatee	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
590	Manatee	Freedom Health, Inc.	Freedom Platinum Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
591	Manatee	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$35.00	\$0.00	No	\$6,700		4
592	Manatee	Aetna Medicare	Aetna Medicare Select Plus Plan (PPO)	Local PPO	\$139.00	\$0.00	Yes	\$3,300		4
593	Manatee	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
594	Manatee	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
595	Manatee	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
596	Manatee	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
597	Manatee	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
598	Manatee	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
599	Manatee	Freedom Health, Inc.	Freedom VIP Care (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4

	A	B	C	D	E	F	G	H	I	J
600	Manatee	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
601	Manatee	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
602	Marion	Preferred Care Partners, Inc.	UnitedHealthcare The Villages MedicareComplete (HMO)	Local HMO	\$0.00	\$0.00	No	\$4,500		4
603	Marion	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
604	Marion	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
605	Marion	Freedom Health, Inc.	Freedom Platinum Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
606	Marion	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
607	Marion	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
608	Marion	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
609	Marion	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
610	Marion	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
611	Marion	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
612	Marion	Freedom Health, Inc.	Freedom VIP Care (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
613	Marion	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
614	Marion	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
615	Martin	Humana Health Insurance Company of Florida, Inc.	HumanaChoice H5415-070 (PPO)	Local PPO	\$43.00	\$0.00	Yes	\$5,900		4
616	Martin	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
617	Martin	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
618	Martin	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
619	Martin	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
620	Martin	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
621	Martin	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
622	Martin	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
623	Martin	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
624	Martin	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4

	A	B	C	D	E	F	G	H	I	J
625	Martin	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
626	Miami-Dade	AvMed Medicare	AvMed Medicare Choice (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,000		4
627	Miami-Dade	Preferred Care Partners, Inc.	Preferred Choice Dade (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
628	Miami-Dade	Preferred Care Partners, Inc.	Preferred Complete Care (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
629	Miami-Dade	Aetna Medicare	Aetna Medicare Value Plan (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4
630	Miami-Dade	Aetna Medicare	Aetna Medicare Select Plus Plan (HMO)	Local HMO	\$139.00	\$0.00	Yes	\$3,300		4
631	Miami-Dade	Humana Health Insurance Company of Florida, Inc.	HumanaChoice H5415-056 (PPO)	Local PPO	\$43.00	\$0.00	Yes	\$5,000		4
632	Miami-Dade	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
633	Miami-Dade	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
634	Miami-Dade	HealthSun Health Plans, Inc.	HealthSun SunPlus Advantage Plan (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
635	Miami-Dade	HealthSun Health Plans, Inc.	HealthSun MediMax (HMO)	Local HMO	\$25.80	\$320.00	No	\$3,400		4
636	Miami-Dade	HealthSun Health Plans, Inc.	HealthSun SunPlus Advantage POS (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
637	Miami-Dade	Simply Healthcare Plans, Inc.	Simply More (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
638	Miami-Dade	Simply Healthcare Plans, Inc.	Simply Extra (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
639	Miami-Dade	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$35.00	\$0.00	No	\$6,700		4
640	Miami-Dade	Aetna Medicare	Aetna Medicare Select Plus Plan (PPO)	Local PPO	\$139.00	\$0.00	Yes	\$3,300		4
641	Miami-Dade	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
642	Miami-Dade	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
643	Miami-Dade	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
644	Miami-Dade	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
645	Miami-Dade	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
646	Miami-Dade	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
647	Miami-Dade	Freedom Health, Inc.	Freedom VIP Care (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
648	Miami-Dade	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
649	Miami-Dade	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4

	A	B	C	D	E	F	G	H	I	J
650	Miami-Dade	Preferred Care Partners, Inc.	Preferred Medicare Assist (HMO-POS SNP)	Local HMO	\$24.40	\$0.00	Yes		Dual-Eligible	4
651	Miami-Dade	Preferred Care Partners, Inc.	Preferred Special Care Miami-Dade (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
652	Miami-Dade	Simply Healthcare Plans, Inc.	Simply Care (HMO SNP)	Local HMO	\$25.80	\$0.00	Yes		Institutional	4
653	Miami-Dade	Simply Healthcare Plans, Inc.	Simply Comfort (HMO SNP)	Local HMO	\$25.80	\$0.00	Yes		Institutional	4
654	Miami-Dade	Simply Healthcare Plans, Inc.	Simply Complete (HMO SNP)	Local HMO	\$25.80	\$320.00	Yes		Dual-Eligible	4
655	Miami-Dade	Simply Healthcare Plans, Inc.	Simply Level (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
656	Monroe	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
657	Monroe	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
658	Monroe	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
659	Nassau	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
660	Nassau	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
661	Nassau	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
662	Okaloosa	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
663	Okaloosa	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
664	Okaloosa	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
665	Okeechobee	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
666	Okeechobee	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
667	Okeechobee	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
668	Okeechobee	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
669	Orange	Preferred Care Partners, Inc.	Preferred Secure Option (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		4
670	Orange	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
671	Orange	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
672	Orange	Freedom Health, Inc.	Freedom Platinum Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
673	Orange	Simply Healthcare Plans, Inc.	Simply More (HMO)	Local HMO	\$0.00	\$320.00	No	\$3,400		4
674	Orange	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4

	A	B	C	D	E	F	G	H	I	J
675	Orange	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
676	Orange	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
677	Orange	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
678	Orange	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
679	Orange	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
680	Orange	Freedom Health, Inc.	Freedom VIP Care (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
681	Orange	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
682	Orange	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
683	Orange	Simply Healthcare Plans, Inc.	Simply Complete (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
684	Orange	Simply Healthcare Plans, Inc.	Simply Level (HMO SNP)	Local HMO	\$0.00	\$320.00	No		Chronic or Disabling	4
685	Osceola	Preferred Care Partners, Inc.	Preferred Secure Option (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		4
686	Osceola	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
687	Osceola	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
688	Osceola	Freedom Health, Inc.	Freedom Platinum Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
689	Osceola	Simply Healthcare Plans, Inc.	Simply More (HMO)	Local HMO	\$0.00	\$320.00	No	\$3,400		4
690	Osceola	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
691	Osceola	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
692	Osceola	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
693	Osceola	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
694	Osceola	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
695	Osceola	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
696	Osceola	Freedom Health, Inc.	Freedom VIP Care (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
697	Osceola	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
698	Osceola	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
699	Osceola	Simply Healthcare Plans, Inc.	Simply Complete (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4

	A	B	C	D	E	F	G	H	I	J
700	Osceola	Simply Healthcare Plans, Inc.	Simply Level (HMO SNP)	Local HMO	\$0.00	\$320.00	No		Chronic or Disabling	4
701	Palm Beach	Aetna Medicare	Aetna Medicare Value Plan (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4
702	Palm Beach	Aetna Medicare	Aetna Medicare Select Plus Plan (HMO)	Local HMO	\$139.00	\$0.00	Yes	\$3,300		4
703	Palm Beach	Humana Health Insurance Company of Florida, Inc.	HumanaChoice H5415-056 (PPO)	Local PPO	\$43.00	\$0.00	Yes	\$5,000		4
704	Palm Beach	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
705	Palm Beach	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
706	Palm Beach	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$35.00	\$0.00	No	\$6,700		4
707	Palm Beach	Aetna Medicare	Aetna Medicare Select Plus Plan (PPO)	Local PPO	\$139.00	\$0.00	Yes	\$3,300		4
708	Palm Beach	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
709	Palm Beach	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
710	Palm Beach	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
711	Palm Beach	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
712	Palm Beach	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
713	Palm Beach	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
714	Palm Beach	Freedom Health, Inc.	Freedom VIP Care (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
715	Palm Beach	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
716	Palm Beach	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
717	Pasco	Preferred Care Partners, Inc.	Preferred Secure Option (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		4
718	Pasco	Aetna Medicare	Aetna Medicare Select Plus Plan (HMO)	Local HMO	\$139.00	\$0.00	Yes	\$3,300		4
719	Pasco	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
720	Pasco	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
721	Pasco	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$35.00	\$0.00	No	\$6,700		4
722	Pasco	Aetna Medicare	Aetna Medicare Select Plus Plan (PPO)	Local PPO	\$139.00	\$0.00	Yes	\$3,300		4
723	Pasco	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
724	Pasco	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4

	A	B	C	D	E	F	G	H	I	J
725	Pasco	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4

	A	B	C	D	E	F	G	H	I	J
726	Pasco	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
727	Pasco	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
728	Pasco	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
729	Pasco	Freedom Health, Inc.	Freedom VIP Care (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
730	Pasco	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
731	Pasco	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
732	Pinellas	Preferred Care Partners, Inc.	Preferred Secure Option (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		4
733	Pinellas	Aetna Medicare	Aetna Medicare Premier Plan (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,500		4
734	Pinellas	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
735	Pinellas	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
736	Pinellas	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
737	Pinellas	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
738	Pinellas	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
739	Pinellas	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
740	Pinellas	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
741	Pinellas	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
742	Pinellas	Freedom Health, Inc.	Freedom VIP Care (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
743	Pinellas	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
744	Pinellas	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
745	Polk	Preferred Care Partners, Inc.	Preferred Secure Option (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		4
746	Polk	Freedom Health, Inc.	Freedom Platinum Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
747	Polk	Simply Healthcare Plans, Inc.	Simply More (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
748	Polk	Simply Healthcare Plans, Inc.	Simply Extra (HMO)	Local HMO	\$0.00	\$0.00	No	\$3,400		4
749	Polk	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
750	Polk	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4



	A	B	C	D	E	F	G	H	I	J
751	Polk	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
752	Polk	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
753	Polk	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
754	Polk	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
755	Polk	Freedom Health, Inc.	Freedom VIP Care (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
756	Polk	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
757	Polk	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
758	Polk	Simply Healthcare Plans, Inc.	Simply Complete (HMO SNP)	Local HMO	\$25.80	\$320.00	Yes		Dual-Eligible	4
759	Polk	Simply Healthcare Plans, Inc.	Simply Level (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
760	Putnam	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
761	Putnam	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
762	Putnam	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
763	Putnam	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
764	Santa Rosa	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
765	Santa Rosa	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
766	Santa Rosa	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
767	Santa Rosa	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
768	Sarasota	Aetna Medicare	Aetna Medicare Select Plan (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$5,500		4
769	Sarasota	Aetna Medicare	Aetna Medicare Select Plus Plan (HMO)	Local HMO	\$139.00	\$0.00	Yes	\$3,300		4
770	Sarasota	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
771	Sarasota	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
772	Sarasota	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$35.00	\$0.00	No	\$6,700		4
773	Sarasota	Aetna Medicare	Aetna Medicare Select Plus Plan (PPO)	Local PPO	\$139.00	\$0.00	Yes	\$3,300		4
774	Sarasota	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
775	Sarasota	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4

	A	B	C	D	E	F	G	H	I	J
776	Sarasota	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
777	Sarasota	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
778	Sarasota	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
779	Sarasota	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
780	Sarasota	Freedom Health, Inc.	Freedom VIP Care (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
781	Sarasota	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
782	Sarasota	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
783	Seminole	Preferred Care Partners, Inc.	Preferred Secure Option (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		4
784	Seminole	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
785	Seminole	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
786	Seminole	Freedom Health, Inc.	Freedom Platinum Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
787	Seminole	Simply Healthcare Plans, Inc.	Simply More (HMO)	Local HMO	\$0.00	\$320.00	No	\$3,400		4
788	Seminole	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
789	Seminole	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
790	Seminole	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
791	Seminole	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
792	Seminole	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
793	Seminole	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
794	Seminole	Freedom Health, Inc.	Freedom VIP Care (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
795	Seminole	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
796	Seminole	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
797	Seminole	Simply Healthcare Plans, Inc.	Simply Complete (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
798	Seminole	Simply Healthcare Plans, Inc.	Simply Level (HMO SNP)	Local HMO	\$0.00	\$320.00	No		Chronic or Disabling	4
799	St. Johns	Aetna Medicare	Aetna Medicare Value Plan (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		4
800	St. Johns	Aetna Medicare	Aetna Medicare Select Plus Plan (HMO)	Local HMO	\$139.00	\$0.00	Yes	\$3,300		4

	A	B	C	D	E	F	G	H	I	J
801	St. Johns	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$35.00	\$0.00	No	\$6,700		4
802	St. Johns	Aetna Medicare	Aetna Medicare Select Plus Plan (PPO)	Local PPO	\$139.00	\$0.00	Yes	\$3,300		4
803	St. Johns	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
804	St. Johns	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
805	St. Johns	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
806	St. Johns	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
807	St. Lucie	Humana Health Insurance Company of Florida, Inc.	HumanaChoice H5415-070 (PPO)	Local PPO	\$43.00	\$0.00	Yes	\$5,900		4
808	St. Lucie	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
809	St. Lucie	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
810	St. Lucie	Freedom Health, Inc.	Freedom Platinum Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
811	St. Lucie	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
812	St. Lucie	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
813	St. Lucie	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
814	St. Lucie	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
815	St. Lucie	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
816	St. Lucie	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
817	St. Lucie	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
818	St. Lucie	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
819	Sumter	Preferred Care Partners, Inc.	UnitedHealthcare The Villages MedicareComplete (HMO)	Local HMO	\$0.00	\$0.00	No	\$4,500		4
820	Sumter	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
821	Sumter	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
822	Sumter	Freedom Health, Inc.	Freedom Platinum Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
823	Sumter	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
824	Sumter	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
825	Sumter	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4

	A	B	C	D	E	F	G	H	I	J
826	Sumter	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
827	Sumter	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
828	Sumter	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
829	Sumter	Freedom Health, Inc.	Freedom VIP Care (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
830	Sumter	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
831	Sumter	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
832	Suwannee	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
833	Suwannee	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
834	Suwannee	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
835	Taylor	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
836	Taylor	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
837	Taylor	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
838	Union	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
839	Union	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
840	Union	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
841	Volusia	Preferred Care Partners, Inc.	Preferred Secure Option (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		4
842	Volusia	Health First Health Plans, Inc.	Florida Hospital SunSaver Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	\$4,500		4
843	Volusia	Health First Health Plans, Inc.	Florida Hospital Explorer Plan (HMO-POS)	Local HMO	\$87.00	\$0.00	Yes	\$2,900		4
844	Volusia	Freedom Health, Inc.	Freedom Savings Plan (HMO)	Local HMO *	\$0.00			\$3,400		4
845	Volusia	Freedom Health, Inc.	Freedom Medicare Plan Rx (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		4
846	Volusia	Humana Insurance Company	Humana Gold Choice H8145-061 (PFFS)	PFFS	\$101.00	\$0.00	Yes	N/A		4
847	Volusia	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
848	Volusia	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
849	Volusia	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
850	Volusia	Freedom Health, Inc.	Freedom Medi-Medi Full (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4

	A	B	C	D	E	F	G	H	I	J
851	Volusia	Freedom Health, Inc.	Freedom Medi-Medi Partial (HMO SNP)	Local HMO	\$25.80	\$320.00	No		Dual-Eligible	4
852	Volusia	Freedom Health, Inc.	Freedom VIP Savings (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
853	Volusia	Freedom Health, Inc.	Freedom VIP Savings COPD (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	4
854	Wakulla	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
855	Wakulla	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
856	Wakulla	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
857	Walton	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
858	Walton	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
859	Walton	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
860	Washington	Humana Insurance Company	HumanaChoice R5826-005 (Regional PPO)	Regional PPO	\$95.00	\$100.00	Yes	\$6,700		4
861	Washington	Humana Insurance Company	HumanaChoice R5826-018 (Regional PPO)	Regional PPO *	\$0.00			\$5,000		4
862	Washington	Humana Insurance Company	HumanaChoice R5826-074 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		4
863	Alachua	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
864	Alachua	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
865	Alachua	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
866	Alachua	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
867	Alachua	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
868	Alachua	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
869	Alachua	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
870	Alachua	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
871	Alachua	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
872	Alachua	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
873	Alachua	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
874	Baker	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
875	Baker	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5

	A	B	C	D	E	F	G	H	I	J
876	Baker	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
877	Baker	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
878	Bay	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
879	Bay	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
880	Bay	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
881	Bay	WellCare	WellCare Rx (HMO-POS)	Local HMO	\$17.90	\$320.00	No	\$6,700		3.5
882	Bay	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
883	Bay	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
884	Bay	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
885	Bay	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
886	Bay	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
887	Bay	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
888	Bay	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
889	Bradford	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
890	Bradford	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
891	Bradford	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
892	Bradford	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
893	Bradford	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
894	Bradford	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
895	Bradford	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
896	Bradford	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
897	Brevard	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
898	Brevard	WellCare	WellCare Choice (HMO-POS)	Local HMO	\$46.00	\$0.00	No	\$6,700		3.5
899	Brevard	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
900	Brevard	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5

	A	B	C	D	E	F	G	H	I	J
901	Brevard	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
902	Brevard	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
903	Brevard	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
904	Brevard	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
905	Brevard	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
906	Brevard	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
907	Brevard	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
908	Brevard	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
909	Brevard	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
910	Broward	Coventry Health Care	Coventry Vista Ideal (HMO)	Local HMO	\$0.00	\$0.00	No	\$4,800		3.5
911	Broward	Coventry Health Care	Coventry Summit Ideal (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		3.5
912	Broward	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
913	Broward	Florida Blue HMO	BlueMedicare HMO MyTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,650		3.5
914	Broward	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
915	Broward	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
916	Broward	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
917	Broward	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
918	Broward	Medica HealthCare Plans, Inc.	Medica HealthCare Plans MedicareMax (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		3.5
919	Broward	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
920	Broward	Amerigroup	Amerivantage Classic + Rx (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
921	Broward	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
922	Broward	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
923	Broward	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
924	Broward	Amerigroup	Amerivantage Specialty + Rx (HMO SNP)	Local HMO	\$25.80	\$320.00	Yes		Dual-Eligible	3.5
925	Broward	Coventry Health Care	Coventry Summit Maximum (HMO SNP)	Local HMO	\$24.60	\$0.00	Yes		Dual-Eligible	3.5

	A	B	C	D	E	F	G	H	I	J
926	Broward	Medica HealthCare Plans, Inc.	Medica HealthCare Plans MedicareMax Plus (HMO-POS SNP)	Local HMO	\$24.30	\$0.00	Yes		Dual-Eligible	3.5
927	Broward	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
928	Broward	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
929	Broward	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
930	Broward	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
931	Broward	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
932	Calhoun	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
933	Calhoun	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
934	Calhoun	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
935	Calhoun	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
936	Calhoun	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
937	Calhoun	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
938	Calhoun	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
939	Calhoun	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
940	Charlotte	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
941	Charlotte	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
942	Charlotte	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
943	Charlotte	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
944	Charlotte	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
945	Charlotte	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
946	Charlotte	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
947	Charlotte	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
948	Charlotte	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
949	Charlotte	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
950	Charlotte	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5



	A	B	C	D	E	F	G	H	I	J
951	Charlotte	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
952	Citrus	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
953	Citrus	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
954	Citrus	WellCare	WellCare Essential (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
955	Citrus	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
956	Citrus	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
957	Citrus	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
958	Citrus	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
959	Citrus	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
960	Citrus	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
961	Citrus	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
962	Clay	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
963	Clay	WellCare	WellCare Choice (HMO-POS)	Local HMO	\$46.00	\$0.00	No	\$6,700		3.5
964	Clay	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
965	Clay	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
966	Clay	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
967	Clay	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
968	Clay	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
969	Clay	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
970	Clay	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
971	Clay	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
972	Clay	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
973	Clay	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
974	Collier	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
975	Collier	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5

	A	B	C	D	E	F	G	H	I	J
976	Collier	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
977	Collier	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
978	Collier	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
979	Collier	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
980	Columbia	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
981	Columbia	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
982	Columbia	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
983	Columbia	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
984	DeSoto	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
985	DeSoto	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
986	DeSoto	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
987	DeSoto	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
988	DeSoto	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
989	DeSoto	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
990	DeSoto	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
991	DeSoto	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
992	Dixie	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
993	Dixie	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
994	Dixie	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
995	Dixie	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
996	Duval	Coventry Health Care	Coventry Summit Ideal (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		3.5
997	Duval	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
998	Duval	WellCare	WellCare Choice (HMO-POS)	Local HMO	\$46.00	\$0.00	No	\$6,700		3.5
999	Duval	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1000	Duval	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5

	A	B	C	D	E	F	G	H	I	J
1001	Duval	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1002	Duval	WellCare	WellCare Rx (HMO-POS)	Local HMO	\$17.90	\$320.00	No	\$6,700		3.5
1003	Duval	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1004	Duval	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1005	Duval	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1006	Duval	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1007	Duval	Coventry Health Care	Coventry Summit Maximum (HMO SNP)	Local HMO	\$9.70	\$0.00	No		Dual-Eligible	3.5
1008	Duval	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1009	Duval	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
1010	Duval	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1011	Duval	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1012	Escambia	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1013	Escambia	WellCare	WellCare Choice (HMO-POS)	Local HMO	\$54.60	\$0.00	No	\$6,700		3.5
1014	Escambia	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1015	Escambia	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1016	Escambia	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1017	Escambia	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1018	Escambia	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1019	Escambia	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1020	Escambia	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1021	Escambia	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1022	Escambia	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
1023	Escambia	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1024	Escambia	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1025	Flagler	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5

	A	B	C	D	E	F	G	H	I	J
1026	Flagler	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1027	Flagler	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1028	Flagler	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1029	Flagler	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1030	Franklin	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1031	Franklin	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1032	Franklin	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1033	Franklin	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1034	Franklin	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1035	Franklin	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1036	Franklin	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1037	Franklin	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1038	Gadsden	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1039	Gadsden	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1040	Gadsden	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1041	Gadsden	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1042	Gadsden	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1043	Gadsden	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1044	Gadsden	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1045	Gadsden	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1046	Gadsden	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1047	Gilchrist	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1048	Gilchrist	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1049	Gilchrist	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1050	Gilchrist	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5

	A	B	C	D	E	F	G	H	I	J
1051	Glades	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1052	Glades	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1053	Glades	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1054	Glades	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1055	Glades	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1056	Glades	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1057	Glades	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1058	Glades	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1059	Gulf	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1060	Gulf	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1061	Gulf	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1062	Gulf	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1063	Gulf	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1064	Gulf	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1065	Gulf	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1066	Gulf	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1067	Hamilton	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1068	Hamilton	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1069	Hamilton	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1070	Hamilton	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1071	Hardee	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1072	Hardee	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1073	Hardee	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1074	Hardee	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1075	Hardee	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5

	A	B	C	D	E	F	G	H	I	J
1076	Hardee	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1077	Hardee	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1078	Hardee	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1079	Hendry	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1080	Hendry	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1081	Hendry	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1082	Hendry	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1083	Hendry	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1084	Hendry	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1085	Hendry	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1086	Hendry	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1087	Hernando	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1088	Hernando	Florida Blue HMO	BlueMedicare HMO MyTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,500		3.5
1089	Hernando	WellCare	WellCare Dividend (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1090	Hernando	WellCare	WellCare Value (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1091	Hernando	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1092	Hernando	WellCare	WellCare Essential (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1093	Hernando	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1094	Hernando	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1095	Hernando	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1096	Hernando	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1097	Hernando	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1098	Hernando	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
1099	Hernando	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1100	Hernando	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5

	A	B	C	D	E	F	G	H	I	J
1101	Hernando	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1102	Highlands	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1103	Highlands	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1104	Highlands	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1105	Highlands	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1106	Highlands	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1107	Highlands	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1108	Highlands	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1109	Highlands	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1110	Highlands	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1111	Highlands	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1112	Highlands	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1113	Hillsborough	Coventry Health Care	Coventry Summit Plus (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1114	Hillsborough	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1115	Hillsborough	Florida Blue HMO	BlueMedicare HMO MyTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,500		3.5
1116	Hillsborough	WellCare	WellCare Dividend (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1117	Hillsborough	WellCare	WellCare Value (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1118	Hillsborough	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1119	Hillsborough	WellCare	WellCare Essential (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1120	Hillsborough	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1121	Hillsborough	Amerigroup	Amerivantage Classic + Rx (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1122	Hillsborough	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1123	Hillsborough	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1124	Hillsborough	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1125	Hillsborough	Amerigroup	Amerivantage Specialty + Rx (HMO SNP)	Local HMO	\$25.80	\$320.00	Yes		Dual-Eligible	3.5

	A	B	C	D	E	F	G	H	I	J
1126	Hillsborough	Coventry Health Care	Coventry Summit Maximum (HMO SNP)	Local HMO	\$9.70	\$0.00	No		Dual-Eligible	3.5
1127	Hillsborough	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1128	Hillsborough	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
1129	Hillsborough	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1130	Hillsborough	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1131	Hillsborough	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1132	Holmes	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1133	Holmes	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1134	Holmes	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1135	Holmes	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1136	Holmes	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1137	Holmes	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1138	Holmes	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1139	Holmes	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1140	Indian River	WellCare	WellCare Choice (HMO-POS)	Local HMO	\$46.00	\$0.00	No	\$6,700		3.5
1141	Indian River	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1142	Indian River	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1143	Indian River	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1144	Indian River	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1145	Indian River	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1146	Indian River	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1147	Indian River	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1148	Indian River	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1149	Indian River	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1150	Indian River	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5



	A	B	C	D	E	F	G	H	I	J
1151	Indian River	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1152	Jackson	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1153	Jackson	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1154	Jackson	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1155	Jackson	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1156	Jefferson	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1157	Jefferson	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1158	Jefferson	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1159	Jefferson	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1160	Jefferson	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1161	Jefferson	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1162	Jefferson	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1163	Jefferson	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1164	Jefferson	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1165	Lafayette	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1166	Lafayette	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1167	Lafayette	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1168	Lafayette	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1169	Lake	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1170	Lake	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1171	Lake	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1172	Lake	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1173	Lake	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1174	Lake	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1175	Lake	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5

	A	B	C	D	E	F	G	H	I	J
1176	Lake	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1177	Lake	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1178	Lake	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1179	Lake	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1180	Lake	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1181	Lee	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1182	Lee	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1183	Lee	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1184	Lee	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1185	Lee	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1186	Lee	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1187	Lee	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1188	Lee	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1189	Lee	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1190	Lee	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
1191	Lee	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1192	Lee	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1193	Leon	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1194	Leon	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1195	Leon	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1196	Leon	WellCare	WellCare Rx (HMO-POS)	Local HMO	\$17.90	\$320.00	No	\$6,700		3.5
1197	Leon	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1198	Leon	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1199	Leon	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1200	Leon	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5

	A	B	C	D	E	F	G	H	I	J
1201	Leon	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1202	Leon	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1203	Leon	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1204	Levy	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1205	Levy	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1206	Levy	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1207	Levy	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1208	Levy	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1209	Levy	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1210	Levy	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1211	Levy	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1212	Liberty	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1213	Liberty	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1214	Liberty	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1215	Liberty	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1216	Liberty	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1217	Liberty	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1218	Liberty	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1219	Liberty	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1220	Madison	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1221	Madison	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1222	Madison	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1223	Madison	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1224	Madison	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1225	Madison	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5

	A	B	C	D	E	F	G	H	I	J
1226	Madison	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1227	Madison	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1228	Manatee	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1229	Manatee	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1230	Manatee	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1231	Manatee	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1232	Manatee	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1233	Manatee	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1234	Manatee	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1235	Manatee	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1236	Manatee	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1237	Manatee	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1238	Manatee	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
1239	Manatee	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1240	Manatee	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1241	Manatee	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1242	Marion	Coventry Health Care	Coventry Summit Ideal (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		3.5
1243	Marion	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1244	Marion	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1245	Marion	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1246	Marion	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1247	Marion	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1248	Marion	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1249	Marion	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1250	Marion	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5

	A	B	C	D	E	F	G	H	I	J
1251	Marion	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1252	Marion	Coventry Health Care	Coventry Summit Maximum (HMO SNP)	Local HMO	\$9.70	\$0.00	No		Dual-Eligible	3.5
1253	Marion	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1254	Marion	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1255	Marion	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1256	Marion	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1257	Martin	Coventry Health Care	Coventry Summit Ideal (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		3.5
1258	Martin	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1259	Martin	WellCare	WellCare Dividend (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1260	Martin	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1261	Martin	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1262	Martin	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1263	Martin	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1264	Martin	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1265	Martin	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1266	Martin	Coventry Health Care	Coventry Summit Maximum (HMO SNP)	Local HMO	\$9.70	\$0.00	No		Dual-Eligible	3.5
1267	Martin	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1268	Martin	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1269	Martin	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1270	Martin	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1271	Miami-Dade	Coventry Health Care	Coventry Vista Ideal (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		3.5
1272	Miami-Dade	Coventry Health Care	Coventry Summit Plus (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,000		3.5
1273	Miami-Dade	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,200		3.5
1274	Miami-Dade	WellCare	WellCare Dividend (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1275	Miami-Dade	WellCare	WellCare Essential (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5

	A	B	C	D	E	F	G	H	I	J
1276	Miami-Dade	Medica HealthCare Plans, Inc.	Medica HealthCare Plans MedicareMax (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$6,700		3.5
1277	Miami-Dade	Amerigroup	Amerivantage Classic + Rx (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1278	Miami-Dade	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1279	Miami-Dade	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1280	Miami-Dade	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1281	Miami-Dade	Amerigroup	Amerivantage Specialty + Rx (HMO SNP)	Local HMO	\$25.80	\$320.00	Yes		Dual-Eligible	3.5
1282	Miami-Dade	Coventry Health Care	Coventry Summit Maximum (HMO SNP)	Local HMO	\$24.60	\$0.00	Yes		Dual-Eligible	3.5
1283	Miami-Dade	Coventry Health Care	Coventry Vista Maximum (HMO SNP)	Local HMO	\$25.80	\$0.00	No		Dual-Eligible	3.5
1284	Miami-Dade	Medica HealthCare Plans, Inc.	Medica HealthCare Plans MedicareMax Plus (HMO-POS SNP)	Local HMO	\$24.30	\$0.00	Yes		Dual-Eligible	3.5
1285	Miami-Dade	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1286	Miami-Dade	WellCare	WellCare Access (HMO SNP)	Local HMO	\$20.90	\$320.00	No		Dual-Eligible	3.5
1287	Miami-Dade	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$24.60	\$320.00	No		Dual-Eligible	3.5
1288	Miami-Dade	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1289	Monroe	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1290	Monroe	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1291	Monroe	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1292	Monroe	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1293	Nassau	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1294	Nassau	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1295	Nassau	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1296	Nassau	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1297	Nassau	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1298	Okaloosa	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1299	Okaloosa	WellCare	WellCare Choice (HMO-POS)	Local HMO	\$54.60	\$0.00	No	\$6,700		3.5
1300	Okaloosa	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5

	A	B	C	D	E	F	G	H	I	J
1301	Okaloosa	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1302	Okaloosa	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1303	Okaloosa	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1304	Okaloosa	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1305	Okaloosa	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1306	Okaloosa	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1307	Okaloosa	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1308	Okaloosa	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1309	Okeechobee	WellCare	WellCare Dividend (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1310	Okeechobee	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1311	Okeechobee	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1312	Okeechobee	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1313	Okeechobee	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1314	Okeechobee	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1315	Okeechobee	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1316	Okeechobee	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1317	Okeechobee	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1318	Okeechobee	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1319	Orange	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1320	Orange	Florida Blue HMO	BlueMedicare HMO MyTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,500		3.5
1321	Orange	WellCare	WellCare Choice (HMO-POS)	Local HMO	\$46.00	\$0.00	No	\$6,700		3.5
1322	Orange	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1323	Orange	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1324	Orange	WellCare	WellCare Essential (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1325	Orange	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5

	A	B	C	D	E	F	G	H	I	J
1326	Orange	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1327	Orange	Amerigroup	Amerivantage Classic + Rx (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1328	Orange	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1329	Orange	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1330	Orange	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1331	Orange	Amerigroup	Amerivantage Specialty + Rx (HMO SNP)	Local HMO	\$25.80	\$320.00	Yes		Dual-Eligible	3.5
1332	Orange	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1333	Orange	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
1334	Orange	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1335	Orange	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1336	Orange	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1337	Osceola	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1338	Osceola	Florida Blue HMO	BlueMedicare HMO MyTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,500		3.5
1339	Osceola	WellCare	WellCare Choice (HMO-POS)	Local HMO	\$46.00	\$0.00	No	\$6,700		3.5
1340	Osceola	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1341	Osceola	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1342	Osceola	WellCare	WellCare Essential (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1343	Osceola	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1344	Osceola	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1345	Osceola	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1346	Osceola	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1347	Osceola	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1348	Osceola	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1349	Osceola	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
1350	Osceola	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5



	A	B	C	D	E	F	G	H	I	J
1351	Osceola	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1352	Osceola	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1353	Palm Beach	Coventry Health Care	Coventry Summit Ideal (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		3.5
1354	Palm Beach	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,500		3.5
1355	Palm Beach	Florida Blue HMO	BlueMedicare HMO PrimeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,250		3.5
1356	Palm Beach	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1357	Palm Beach	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1358	Palm Beach	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1359	Palm Beach	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1360	Palm Beach	Amerigroup	Amerivantage Classic + Rx (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1361	Palm Beach	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1362	Palm Beach	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1363	Palm Beach	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1364	Palm Beach	Amerigroup	Amerivantage Specialty + Rx (HMO SNP)	Local HMO	\$25.80	\$320.00	Yes		Dual-Eligible	3.5
1365	Palm Beach	Coventry Health Care	Coventry Summit Maximum (HMO SNP)	Local HMO	\$9.70	\$0.00	No		Dual-Eligible	3.5
1366	Palm Beach	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1367	Palm Beach	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
1368	Palm Beach	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1369	Palm Beach	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1370	Palm Beach	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1371	Pasco	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1372	Pasco	Florida Blue HMO	BlueMedicare HMO MyTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,500		3.5
1373	Pasco	WellCare	WellCare Value (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1374	Pasco	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1375	Pasco	WellCare	WellCare Essential (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5

	A	B	C	D	E	F	G	H	I	J
1376	Pasco	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1377	Pasco	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1378	Pasco	Amerigroup	Amerivantage Classic + Rx (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1379	Pasco	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1380	Pasco	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1381	Pasco	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1382	Pasco	Amerigroup	Amerivantage Specialty + Rx (HMO SNP)	Local HMO	\$25.80	\$320.00	Yes		Dual-Eligible	3.5
1383	Pasco	Coventry Health Care	Coventry Summit Maximum (HMO SNP)	Local HMO	\$9.70	\$0.00	No		Dual-Eligible	3.5
1384	Pasco	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1385	Pasco	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
1386	Pasco	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1387	Pasco	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1388	Pasco	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1389	Pinellas	Coventry Health Care	Coventry Summit Plus (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1390	Pinellas	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,500		3.5
1391	Pinellas	Florida Blue HMO	BlueMedicare HMO PrimeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,250		3.5
1392	Pinellas	WellCare	WellCare Dividend (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1393	Pinellas	WellCare	WellCare Value (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1394	Pinellas	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1395	Pinellas	WellCare	WellCare Essential (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1396	Pinellas	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1397	Pinellas	Amerigroup	Amerivantage Classic + Rx (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1398	Pinellas	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1399	Pinellas	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1400	Pinellas	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5

	A	B	C	D	E	F	G	H	I	J
1401	Pinellas	Amerigroup	Amerivantage Specialty + Rx (HMO SNP)	Local HMO	\$25.80	\$320.00	Yes		Dual-Eligible	3.5
1402	Pinellas	Coventry Health Care	Coventry Summit Maximum (HMO SNP)	Local HMO	\$9.70	\$0.00	No		Dual-Eligible	3.5
1403	Pinellas	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1404	Pinellas	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
1405	Pinellas	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1406	Pinellas	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1407	Pinellas	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1408	Polk	Coventry Health Care	Coventry Summit Plus (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1409	Polk	Coventry Health Care	Coventry Summit Ideal (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		3.5
1410	Polk	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1411	Polk	Florida Blue HMO	BlueMedicare HMO MyTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,500		3.5
1412	Polk	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1413	Polk	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1414	Polk	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1415	Polk	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1416	Polk	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1417	Polk	Amerigroup	Amerivantage Classic + Rx (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1418	Polk	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1419	Polk	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1420	Polk	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1421	Polk	Amerigroup	Amerivantage Specialty + Rx (HMO SNP)	Local HMO	\$25.80	\$320.00	Yes		Dual-Eligible	3.5
1422	Polk	Coventry Health Care	Coventry Summit Maximum (HMO SNP)	Local HMO	\$9.70	\$0.00	No		Dual-Eligible	3.5
1423	Polk	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1424	Polk	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
1425	Polk	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5

	A	B	C	D	E	F	G	H	I	J
1426	Polk	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1427	Polk	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1428	Putnam	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1429	Putnam	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1430	Putnam	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1431	Putnam	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1432	Santa Rosa	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1433	Santa Rosa	WellCare	WellCare Choice (HMO-POS)	Local HMO	\$54.60	\$0.00	No	\$6,700		3.5
1434	Santa Rosa	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1435	Santa Rosa	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1436	Santa Rosa	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1437	Santa Rosa	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1438	Santa Rosa	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1439	Santa Rosa	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1440	Santa Rosa	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1441	Santa Rosa	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
1442	Santa Rosa	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1443	Santa Rosa	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1444	Sarasota	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1445	Sarasota	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1446	Sarasota	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1447	Sarasota	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1448	Sarasota	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1449	Sarasota	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1450	Sarasota	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5

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1451	Sarasota	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1452	Sarasota	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1453	Sarasota	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
1454	Sarasota	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1455	Sarasota	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1456	Seminole	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1457	Seminole	Florida Blue HMO	BlueMedicare HMO MyTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,500		3.5
1458	Seminole	WellCare	WellCare Choice (HMO-POS)	Local HMO	\$46.00	\$0.00	No	\$6,700		3.5
1459	Seminole	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1460	Seminole	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1461	Seminole	WellCare	WellCare Essential (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1462	Seminole	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1463	Seminole	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1464	Seminole	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1465	Seminole	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1466	Seminole	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1467	Seminole	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1468	Seminole	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	\$24.30	\$320.00	No		Institutional	3.5
1469	Seminole	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1470	Seminole	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1471	Seminole	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1472	St. Johns	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1473	St. Johns	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1474	St. Johns	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1475	St. Johns	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5

	A	B	C	D	E	F	G	H	I	J
1476	St. Johns	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1477	St. Johns	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1478	St. Lucie	Coventry Health Care	Coventry Summit Plus (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1479	St. Lucie	Coventry Health Care	Coventry Summit Ideal (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		3.5
1480	St. Lucie	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1481	St. Lucie	WellCare	WellCare Dividend (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1482	St. Lucie	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1483	St. Lucie	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1484	St. Lucie	Florida Blue	BlueMedicare PPO (PPO)	Local PPO	\$127.10	\$0.00	Yes	\$3,200		3.5
1485	St. Lucie	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1486	St. Lucie	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1487	St. Lucie	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1488	St. Lucie	Coventry Health Care	Coventry Summit Maximum (HMO SNP)	Local HMO	\$9.70	\$0.00	No		Dual-Eligible	3.5
1489	St. Lucie	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1490	St. Lucie	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1491	St. Lucie	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1492	St. Lucie	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1493	Sumter	Florida Blue HMO	BlueMedicare HMO LifeTime (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$4,400		3.5
1494	Sumter	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1495	Sumter	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1496	Sumter	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1497	Sumter	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1498	Sumter	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1499	Sumter	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1500	Sumter	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5

	A	B	C	D	E	F	G	H	I	J
1501	Sumter	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1502	Sumter	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1503	Suwannee	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1504	Suwannee	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1505	Suwannee	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1506	Suwannee	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1507	Taylor	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1508	Taylor	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1509	Taylor	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1510	Taylor	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1511	Union	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1512	Union	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1513	Union	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1514	Union	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1515	Union	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1516	Union	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1517	Union	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1518	Union	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1519	Volusia	WellCare	WellCare Choice (HMO-POS)	Local HMO	\$46.00	\$0.00	No	\$6,700		3.5
1520	Volusia	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1521	Volusia	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1522	Volusia	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1523	Volusia	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1524	Volusia	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1525	Volusia	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5

	A	B	C	D	E	F	G	H	I	J
1526	Volusia	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1527	Volusia	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1528	Volusia	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1529	Volusia	WellCare	WellCare Select (HMO SNP)	Local HMO	\$19.90	\$320.00	No		Dual-Eligible	3.5
1530	Wakulla	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1531	Wakulla	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1532	Wakulla	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1533	Wakulla	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1534	Wakulla	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1535	Wakulla	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1536	Wakulla	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1537	Wakulla	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1538	Walton	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1539	Walton	WellCare	WellCare Essential (HMO-POS)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1540	Walton	WellCare	WellCare Dividend (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1541	Walton	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1542	Walton	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5
1543	Walton	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1544	Walton	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1545	Walton	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1546	Walton	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1547	Washington	WellCare	WellCare Advance (HMO)	Local HMO *	\$0.00			\$6,700		3.5
1548	Washington	WellCare	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	No	\$6,700		3.5
1549	Washington	Florida Blue	BlueMedicare Regional PPO (Regional PPO)	Regional PPO	\$36.10	\$100.00	No	\$6,700		3.5
1550	Washington	UnitedHealthcare	AARP MedicareComplete Choice Plan 2 (Regional PPO)	Regional PPO	\$0.00	\$200.00	No	\$6,700		3.5



	A	B	C	D	E	F	G	H	I	J
1551	Washington	UnitedHealthcare	AARP MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	\$0.00			\$6,700		3.5
1552	Washington	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	\$25.80	\$320.00	No		Dual-Eligible	3.5
1553	Washington	WellCare	WellCare Access (HMO SNP)	Local HMO	\$17.70	\$320.00	No		Dual-Eligible	3.5
1554	Washington	WellCare	WellCare Liberty (HMO SNP)	Local HMO	\$18.90	\$320.00	No		Dual-Eligible	3.5
1555	Brevard	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$0.00	\$265.00	No	\$5,900		3
1556	Charlotte	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$0.00	\$220.00	No	\$5,900		3
1557	Charlotte	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	Local PPO	\$29.00	\$250.00	No	\$5,900		3
1558	Charlotte	UnitedHealthcare	UnitedHealthcare Dual Complete LP (HMO SNP)	Local HMO	\$24.30	\$320.00	No		Dual-Eligible	3
1559	Hernando	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$0.00	\$220.00	No	\$5,900		3
1560	Hernando	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	Local PPO	\$29.00	\$250.00	No	\$5,900		3
1561	Hernando	UnitedHealthcare	UnitedHealthcare Dual Complete LP (HMO SNP)	Local HMO	\$24.30	\$320.00	No		Dual-Eligible	3
1562	Hillsborough	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$0.00	\$220.00	No	\$5,900		3
1563	Hillsborough	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	Local PPO	\$29.00	\$250.00	No	\$5,900		3
1564	Hillsborough	UnitedHealthcare	UnitedHealthcare Dual Complete LP (HMO SNP)	Local HMO	\$24.30	\$320.00	No		Dual-Eligible	3
1565	Indian River	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$0.00	\$220.00	No	\$5,900		3
1566	Lee	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$0.00	\$220.00	No	\$5,900		3
1567	Lee	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	Local PPO	\$29.00	\$250.00	No	\$5,900		3
1568	Lee	UnitedHealthcare	UnitedHealthcare Dual Complete LP (HMO SNP)	Local HMO	\$24.30	\$320.00	No		Dual-Eligible	3
1569	Manatee	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$0.00	\$220.00	No	\$5,900		3
1570	Manatee	UnitedHealthcare	UnitedHealthcare Dual Complete LP (HMO SNP)	Local HMO	\$24.30	\$320.00	No		Dual-Eligible	3
1571	Martin	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$0.00	\$220.00	No	\$5,900		3
1572	Orange	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$0.00	\$265.00	No	\$5,900		3
1573	Osceola	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$0.00	\$265.00	No	\$5,900		3
1574	Pasco	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$0.00	\$220.00	No	\$5,900		3
1575	Pasco	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	Local PPO	\$29.00	\$250.00	No	\$5,900		3

	A	B	C	D	E	F	G	H	I	J
1576	Pasco	UnitedHealthcare	UnitedHealthcare Dual Complete LP (HMO SNP)	Local HMO	\$24.30	\$320.00	No		Dual-Eligible	3
1577	Pinellas	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$0.00	\$220.00	No	\$5,900		3
1578	Pinellas	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	Local PPO	\$29.00	\$250.00	No	\$5,900		3
1579	Pinellas	UnitedHealthcare	UnitedHealthcare Dual Complete LP (HMO SNP)	Local HMO	\$24.30	\$320.00	No		Dual-Eligible	3
1580	Polk	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$0.00	\$220.00	No	\$5,900		3
1581	Polk	UnitedHealthcare	UnitedHealthcare Dual Complete LP (HMO SNP)	Local HMO	\$24.30	\$320.00	No		Dual-Eligible	3
1582	Sarasota	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$0.00	\$220.00	No	\$5,900		3
1583	Sarasota	UnitedHealthcare	UnitedHealthcare Dual Complete LP (HMO SNP)	Local HMO	\$24.30	\$320.00	No		Dual-Eligible	3
1584	Seminole	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$0.00	\$265.00	No	\$5,900		3
1585	St. Lucie	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$0.00	\$295.00	No	\$5,900		3
1586	Brevard	FLORIDA HEALTHCARE PLUS	Sunrise (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1587	Brevard	FLORIDA HEALTHCARE PLUS	Day Break (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1588	Brevard	FLORIDA HEALTHCARE PLUS	Clear Skies (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	2
1589	Brevard	FLORIDA HEALTHCARE PLUS	Sunny Days (HMO SNP)	Local HMO	\$25.80	\$0.00	Yes		Dual-Eligible	2
1590	Broward	FLORIDA HEALTHCARE PLUS	Sunrise (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1591	Broward	FLORIDA HEALTHCARE PLUS	Day Break (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1592	Broward	FLORIDA HEALTHCARE PLUS	Clear Skies (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	2
1593	Broward	FLORIDA HEALTHCARE PLUS	Sunny Days (HMO SNP)	Local HMO	\$25.80	\$0.00	Yes		Dual-Eligible	2
1594	Duval	FLORIDA HEALTHCARE PLUS	Sunrise (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1595	Duval	FLORIDA HEALTHCARE PLUS	Day Break (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1596	Hernando	FLORIDA HEALTHCARE PLUS	Sunrise (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1597	Hernando	FLORIDA HEALTHCARE PLUS	Day Break (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1598	Hillsborough	FLORIDA HEALTHCARE PLUS	Sunrise (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1599	Hillsborough	FLORIDA HEALTHCARE PLUS	Day Break (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1600	Hillsborough	FLORIDA HEALTHCARE PLUS	Clear Skies (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	2

	A	B	C	D	E	F	G	H	I	J
1601	Hillsborough	FLORIDA HEALTHCARE PLUS	Sunny Days (HMO SNP)	Local HMO	\$25.80	\$0.00	Yes		Dual-Eligible	2
1602	Lake	FLORIDA HEALTHCARE PLUS	Sunrise (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1603	Lake	FLORIDA HEALTHCARE PLUS	Day Break (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1604	Miami-Dade	FLORIDA HEALTHCARE PLUS	Sunrise (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1605	Miami-Dade	FLORIDA HEALTHCARE PLUS	Day Break (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1606	Miami-Dade	FLORIDA HEALTHCARE PLUS	Clear Skies (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	2
1607	Miami-Dade	FLORIDA HEALTHCARE PLUS	Sunny Days (HMO SNP)	Local HMO	\$25.80	\$0.00	Yes		Dual-Eligible	2
1608	Orange	FLORIDA HEALTHCARE PLUS	Sunrise (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1609	Orange	FLORIDA HEALTHCARE PLUS	Day Break (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1610	Orange	FLORIDA HEALTHCARE PLUS	Clear Skies (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	2
1611	Orange	FLORIDA HEALTHCARE PLUS	Sunny Days (HMO SNP)	Local HMO	\$25.80	\$0.00	Yes		Dual-Eligible	2
1612	Osceola	FLORIDA HEALTHCARE PLUS	Sunrise (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1613	Osceola	FLORIDA HEALTHCARE PLUS	Day Break (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1614	Palm Beach	FLORIDA HEALTHCARE PLUS	Sunrise (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1615	Palm Beach	FLORIDA HEALTHCARE PLUS	Day Break (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1616	Palm Beach	FLORIDA HEALTHCARE PLUS	Clear Skies (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	2
1617	Palm Beach	FLORIDA HEALTHCARE PLUS	Sunny Days (HMO SNP)	Local HMO	\$25.80	\$0.00	Yes		Dual-Eligible	2
1618	Pasco	FLORIDA HEALTHCARE PLUS	Sunrise (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1619	Pasco	FLORIDA HEALTHCARE PLUS	Day Break (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1620	Pasco	FLORIDA HEALTHCARE PLUS	Clear Skies (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	2
1621	Pasco	FLORIDA HEALTHCARE PLUS	Sunny Days (HMO SNP)	Local HMO	\$25.80	\$0.00	Yes		Dual-Eligible	2
1622	Pinellas	FLORIDA HEALTHCARE PLUS	Sunrise (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1623	Pinellas	FLORIDA HEALTHCARE PLUS	Day Break (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1624	Pinellas	FLORIDA HEALTHCARE PLUS	Clear Skies (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	2
1625	Pinellas	FLORIDA HEALTHCARE PLUS	Sunny Days (HMO SNP)	Local HMO	\$25.80	\$0.00	Yes		Dual-Eligible	2

	A	B	C	D	E	F	G	H	I	J
1626	Polk	FLORIDA HEALTHCARE PLUS	Sunrise (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1627	Polk	FLORIDA HEALTHCARE PLUS	Day Break (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1628	Polk	FLORIDA HEALTHCARE PLUS	Clear Skies (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	2
1629	Polk	FLORIDA HEALTHCARE PLUS	Sunny Days (HMO SNP)	Local HMO	\$25.80	\$0.00	Yes		Dual-Eligible	2
1630	Seminole	FLORIDA HEALTHCARE PLUS	Sunrise (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1631	Seminole	FLORIDA HEALTHCARE PLUS	Day Break (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1632	Seminole	FLORIDA HEALTHCARE PLUS	Clear Skies (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	2
1633	Seminole	FLORIDA HEALTHCARE PLUS	Sunny Days (HMO SNP)	Local HMO	\$25.80	\$0.00	Yes		Dual-Eligible	2
1634	St. Lucie	FLORIDA HEALTHCARE PLUS	Sunrise (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1635	St. Lucie	FLORIDA HEALTHCARE PLUS	Day Break (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1636	Volusia	FLORIDA HEALTHCARE PLUS	Sunrise (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1637	Volusia	FLORIDA HEALTHCARE PLUS	Day Break (HMO)	Local HMO	\$0.00	\$0.00	Yes	\$3,400		2
1638	Volusia	FLORIDA HEALTHCARE PLUS	Clear Skies (HMO SNP)	Local HMO	\$0.00	\$0.00	Yes		Chronic or Disabling	2
1639	Volusia	FLORIDA HEALTHCARE PLUS	Sunny Days (HMO SNP)	Local HMO	\$25.80	\$0.00	Yes		Dual-Eligible	2