2012 COVERAGE GAP "DOUGHNUT HOLE" SUBSIDY PLANS

TO TAKE ADVANTAGE OF THE SPDAP COVERAGE GAP SUBSIDY, YOU MUST BE ENROLLED IN ONE OF THE FOLLOWING PLANS THAT HAVE AGREED TO OFFER COVERAGE GAP SUBSIDY.

Prescription Drug Plan Name	Prescription Drug Company	Total Monthly Premium	Maryland SPDAP Subsidy	Net Premium	Drug Deductible	1st Tier	2nd Tier	3rd Tier	4th Tier	5th Tier	6th Tier	SPDAP Gap Subsidy
AARP MedicareRx Preferred	UnitedHealthcare	$37.50	$35.00	$2.50	$0.00	$4.00	$8.00	$43.00	$95.00	33%	N/A	Yes
BlueRx Enhanced	Medi-CareFirst BlueCross BlueShield	$131.80	$35.00	$96.80	$0.00	$8.00	$30.00	$65.00	25%	N/A	N/A	Yes
BlueRx Standard	Medi-CareFirst BlueCross BlueShield	$87.10	$35.00	$52.10	$150.00	$8.00	$30.00	$65.00	25%	N/A	N/A	Yes
BravoRx	Bravo Health	$35.10	$35.00	$0.10	$320.00	25%	25%	25%	N/A	N/A	N/A	Yes
First Health Part D Premier	First Health Part D	$32.30	$32.30	$0.00	$250.00	$5.00	20%	38%	26%	N/A	N/A	Yes
First Health Part D Premier Plus	First Health Part D	$96.20	$35.00	$61.20	$0.00	$0.00	$20.00	25%	43%	33%	N/A	Yes
WellCare Classic	WellCare	$34.30	$34.30	$0.00	$320.00	$0.00	$42.00	$95.00	25%	N/A	N/A	Yes
WellCare Signature	WellCare	$56.40	$35.00	$21.40	$0.00	$0.00	$20.00	$45.00	$90.00	33%	N/A	Yes
Medicare Advantage Plan Name	**Medicare Advantage Prescription Drug Company**	**Total Monthly Premium**	**Maryland SPDAP Subsidy**	**Net Premium**	**Drug Deductible**	**1st Tier**	**2nd Tier**	**3rd Tier**	**4th Tier**	**5th Tier**	**6th Tier**	**SPDAP Gap Subsidy**
Bravo Achieve (HMO SNP)	Bravo Health	$0.00	$0.00	$0.00	$0.00	$8.00	$15.00	$45.00	$80.00	33%	$10.00	Yes
Bravo Classic (HMO)	Bravo Health	$0.00	$0.00	$0.00	$50.00	$8.00	$15.00	$45.00	$80.00	31%	N/A	Yes
Bravo Select (HMO SNP)	Bravo Health	$34.00	$34.00	$0.00	$320.00	15%	15%	N/A	N/A	N/A	N/A	Yes
Bravo Traditions (HMO SNP)	Bravo Health	$34.60	$34.60	$0.00	$320.00	25%	25%	N/A	N/A	N/A	N/A	Yes
Care Improvement Plus Gold Rx (HMO SNP)	Care Improvement Plus	$118.00	$27.30	$90.70	$200.00	$10.00	$45.00	$95.00	27%	N/A	N/A	Yes