

**2018**  
**Medicare Advantage Plans for NC**

County	Organization Name	Plan Name	Type of Medicare Health Plan	Plan Premium (For Part C and D Coverage)	Annual Drug Plan Deductible	Covg in Gap?	Contract ID	Plan ID	In-network MOOP Amount **
Buncombe	Blue Cross and Blue Shield of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$98.00	\$0.00	Yes	H3404	003	\$ 6,700
Buncombe	Blue Cross and Blue Shield of NC	Blue Medicare HMO Enhanced (HMO)	Local HMO	\$110.40	\$0.00	Yes	H3449	005	\$ 5,500
Buncombe	Blue Cross and Blue Shield of NC	Blue Medicare HMO Medical Only (HMO)	Local HMO *	\$0.00			H3449	012	\$ 5,500
Buncombe	Blue Cross and Blue Shield of NC	Blue Medicare HMO Essential (HMO)	Local HMO	\$56.80	\$355.00	Yes	H3449	023	\$ 6,700
Buncombe	FirstMedicare Direct	FirstMedicare Direct Healthy State HMO Plus (HMO)	Local HMO	\$44.00	\$0.00	Yes	H6306	007	\$ 3,400
Buncombe	FirstMedicare Direct	FirstMedicare Direct Healthy State HMO Prime (HMO)	Local HMO	\$17.00	\$200.00	Yes	H6306	010	\$ 6,700
Buncombe	Humana Insurance Company	HumanaChoice H5216-015 (PPO)	Local PPO	\$50.00	\$195.00	No	H5216	015	\$ 5,900
Buncombe	Humana Insurance Company	Humana Gold Choice H8145-063 (PFFS)	PFFS	\$82.00	\$225.00	No	H8145	063	N/A
Buncombe	Humana Insurance Company	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$0.00			R1390	001	\$ 5,500
Buncombe	Humana Insurance Company	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$79.00	\$390.00	No	R1390	002	\$ 6,700
Buncombe	Humana WI Health Organization Insurance Corp	Humana Gold Plus H6622-025 (HMO)	Local HMO	\$0.00	\$225.00	No	H6622	025	\$ 6,700
Buncombe	Humana WI Health Organization Insurance Corp	Humana Gold Plus H6622-026 (HMO)	Local HMO	\$37.00	\$195.00	No	H6622	026	\$ 5,900
Buncombe	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	Local HMO *	\$0.00			H5253	040	\$ 4,400
Buncombe	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	Local HMO	\$14.00	\$170.00	No	H5253	079	\$ 5,900
Buncombe	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	Local HMO	\$44.00	\$95.00	No	H5253	080	\$ 4,700
Buncombe	WellCare	WellCare Value (HMO)	Local HMO	\$19.00	\$160.00	No	H0712	024	\$ 6,700

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

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

N/A = Not Applicable