

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 **
Camden	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-026 (PPO)	Local PPO	\$72.00	\$290.00	No	H5525	026	\$ 6,700
Camden	Humana Insurance Company	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$0.00			R1390	001	\$ 5,500
Camden	Humana Insurance Company	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$79.00	\$390.00	No	R1390	002	\$ 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