

**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 ** |
|---------|----------------------------------|--|------------------------------|--|-----------------------------|--------------|-------------|---------|---------------------------|
| Caswell | Aetna Medicare                   | Aetna Medicare Premier Plan (PPO)            | Local PPO                    | \$0.00                                   | \$200.00                    | Yes          | H5521       | 081     | \$ 5,900                  |
| Caswell | Blue Cross and Blue Shield of NC | Blue Medicare PPO Enhanced (PPO)             | Local PPO                    | \$113.60                                 | \$0.00                      | Yes          | H3404       | 003     | \$ 6,700                  |
| Caswell | Blue Cross and Blue Shield of NC | Blue Medicare HMO Medical Only (HMO)         | Local HMO *                  | \$0.00                                   |                             |              | H3449       | 012     | \$ 5,500                  |
| Caswell | Blue Cross and Blue Shield of NC | Blue Medicare HMO Essential (HMO)            | Local HMO                    | \$76.00                                  | \$355.00                    | Yes          | H3449       | 023     | \$ 6,700                  |
| Caswell | Gateway Health Medicare Assured  | Gateway Health Medicare Assured Prime (HMO)  | Local HMO                    | \$107.00                                 | \$250.00                    | No           | H9190       | 012     | \$ 6,700                  |
| Caswell | Gateway Health Medicare Assured  | Gateway Health Medicare Assured Select (HMO) | Local HMO                    | \$0.00                                   | \$200.00                    | No           | H9190       | 020     | \$ 6,700                  |
| Caswell | Humana Insurance Company         | HumanaChoice H5216-015 (PPO)                 | Local PPO                    | \$56.00                                  | \$195.00                    | No           | H5216       | 015     | \$ 6,700                  |
| Caswell | Humana Insurance Company         | Humana Gold Choice H8145-063 (PFFS)          | PFFS                         | \$82.00                                  | \$225.00                    | No           | H8145       | 063     | N/A                       |
| Caswell | Humana Insurance Company         | HumanaChoice R1390-001 (Regional PPO)        | Regional PPO *               | \$0.00                                   |                             |              | R1390       | 001     | \$ 5,500                  |
| Caswell | Humana Insurance Company         | HumanaChoice R1390-002 (Regional PPO)        | Regional PPO                 | \$79.00                                  | \$390.00                    | No           | R1390       | 002     | \$ 6,700                  |
| Caswell | Humana Medical Plan, Inc.        | Humana Gold Plus H1036-138 (HMO)             | Local HMO                    | \$0.00                                   | \$195.00                    | No           | H1036       | 138     | \$ 5,900                  |
| Caswell | UnitedHealthcare                 | AARP MedicareComplete Plan 1 (HMO)           | Local HMO                    | \$30.00                                  | \$95.00                     | Yes          | H5253       | 037     | \$ 4,400                  |
| Caswell | UnitedHealthcare                 | AARP MedicareComplete Plan 2 (HMO)           | Local HMO                    | \$0.00                                   | \$170.00                    | No           | H5253       | 038     | \$ 6,700                  |
| Caswell | UnitedHealthcare                 | AARP MedicareComplete Essential (HMO)        | Local HMO *                  | \$0.00                                   |                             |              | H5253       | 040     | \$ 4,400                  |

\* 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