

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 **
Jackson	Gateway Health Medicare Assured	Gateway Health Medicare Assured Prime (HMO)	Local HMO	\$107.00	\$250.00	No	H9190	012	\$ 6,700
Jackson	Gateway Health Medicare Assured	Gateway Health Medicare Assured Select (HMO)	Local HMO	\$0.00	\$200.00	No	H9190	020	\$ 6,700
Jackson	Humana Insurance Company	HumanaChoice H5216-015 (PPO)	Local PPO	\$50.00	\$195.00	No	H5216	015	\$ 5,900
Jackson	Humana Insurance Company	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$0.00			R1390	001	\$ 5,500
Jackson	Humana Insurance Company	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$79.00	\$390.00	No	R1390	002	\$ 6,700
Jackson	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	Local HMO *	\$0.00			H5253	040	\$ 4,400
Jackson	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	Local HMO	\$14.00	\$170.00	No	H5253	079	\$ 5,900
Jackson	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	Local HMO	\$44.00	\$95.00	No	H5253	080	\$ 4,700

* 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