

**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 **
Mecklenburg	Aetna Medicare	Aetna Medicare Value Plan (HMO)	Local HMO	\$0.00	\$150.00	Yes	H3931	081	\$ 4,950
Mecklenburg	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$0.00	\$200.00	Yes	H5521	081	\$ 5,900
Mecklenburg	Blue Cross and Blue Shield of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$98.00	\$0.00	Yes	H3404	003	\$ 6,700
Mecklenburg	Blue Cross and Blue Shield of NC	Blue Medicare HMO Medical Only (HMO)	Local HMO *	\$0.00			H3449	012	\$ 5,500
Mecklenburg	Blue Cross and Blue Shield of NC	Blue Medicare HMO Essential (HMO)	Local HMO	\$76.00	\$355.00	Yes	H3449	023	\$ 6,700
Mecklenburg	Humana Insurance Company	HumanaChoice H5216-015 (PPO)	Local PPO	\$56.00	\$195.00	No	H5216	015	\$ 6,700
Mecklenburg	Humana Insurance Company	Humana Gold Choice H8145-063 (PFFS)	PFFS	\$82.00	\$225.00	No	H8145	063	N/A
Mecklenburg	Humana Insurance Company	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$0.00			R1390	001	\$ 5,500
Mecklenburg	Humana Insurance Company	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$79.00	\$390.00	No	R1390	002	\$ 6,700
Mecklenburg	Humana Medical Plan, Inc.	Humana Gold Plus H1036-137 (HMO)	Local HMO	\$27.00	\$195.00	No	H1036	137	\$ 5,900
Mecklenburg	Humana Medical Plan, Inc.	Humana Gold Plus H1036-263 (HMO)	Local HMO	\$0.00	\$295.00	No	H1036	263	\$ 6,700
Mecklenburg	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	Local PPO	\$47.00	\$165.00	No	H2228	018	\$ 4,500
Mecklenburg	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	Local HMO	\$30.00	\$95.00	Yes	H5253	037	\$ 4,400
Mecklenburg	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	Local HMO	\$0.00	\$170.00	No	H5253	038	\$ 6,700
Mecklenburg	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	Local HMO *	\$0.00			H5253	040	\$ 4,400
Mecklenburg	UnitedHealthcare	Erickson Advantage Signature with Drugs (HMO-POS)	Local HMO	\$196.00	\$0.00	No	H5652	001	\$ 5,000
Mecklenburg	UnitedHealthcare	Erickson Advantage Signature without Drugs (HMO-POS)	Local HMO *	\$160.00			H5652	002	\$ 5,000
Mecklenburg	UnitedHealthcare	Erickson Advantage Freedom (HMO-POS)	Local HMO	\$49.00	\$0.00	No	H5652	006	\$ 3,400

\* 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