

**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 **
Montgomery	Blue Cross and Blue Shield of NC	Blue Medicare HMO Medical Only (HMO)	Local HMO *	\$0.00			H3449	012	\$ 5,500
Montgomery	Blue Cross and Blue Shield of NC	Blue Medicare HMO Essential (HMO)	Local HMO	\$76.00	\$355.00	Yes	H3449	023	\$ 6,700
Montgomery	FirstMedicare Direct	FirstMedicare Direct HMO Plus (HMO)	Local HMO	\$45.00	\$0.00	Yes	H6306	002	\$ 5,000
Montgomery	FirstMedicare Direct	FirstMedicare Direct HMO Standard (HMO)	Local HMO	\$10.00	\$300.00	Yes	H6306	003	\$ 6,000
Montgomery	FirstMedicare Direct	FirstMedicare Direct PPO Plus (PPO)	Local PPO	\$73.00	\$0.00	Yes	H8064	002	\$ 5,000
Montgomery	Humana Insurance Company	HumanaChoice H5216-015 (PPO)	Local PPO	\$56.00	\$195.00	No	H5216	015	\$ 6,700
Montgomery	Humana Insurance Company	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$0.00			R1390	001	\$ 5,500
Montgomery	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