

**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 **
Pender	Blue Cross and Blue Shield of NC	Blue Medicare HMO Enhanced (HMO)	Local HMO	\$110.40	\$0.00	Yes	H3449	005	\$ 5,500
Pender	Blue Cross and Blue Shield of NC	Blue Medicare HMO Medical Only (HMO)	Local HMO *	\$0.00			H3449	012	\$ 5,500
Pender	Blue Cross and Blue Shield of NC	Blue Medicare HMO Essential (HMO)	Local HMO	\$76.00	\$355.00	Yes	H3449	023	\$ 6,700
Pender	Gateway Health Medicare Assured	Gateway Health Medicare Assured Prime (HMO)	Local HMO	\$107.00	\$250.00	No	H9190	012	\$ 6,700
Pender	Gateway Health Medicare Assured	Gateway Health Medicare Assured Select (HMO)	Local HMO	\$0.00	\$200.00	No	H9190	020	\$ 6,700
Pender	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-026 (PPO)	Local PPO	\$72.00	\$290.00	No	H5525	026	\$ 6,700
Pender	Humana Insurance Company	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$0.00			R1390	001	\$ 5,500
Pender	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