

**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 **
Randolph	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$0.00	\$200.00	Yes	H5521	081	\$ 5,900
Randolph	Aetna Medicare	Aetna Medicare Premier Plus Plan (PPO)	Local PPO	\$0.00	\$100.00	Yes	H5521	170	\$ 4,500
Randolph	Blue Cross and Blue Shield of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$98.00	\$0.00	Yes	H3404	003	\$ 6,700
Randolph	Blue Cross and Blue Shield of NC	Blue Medicare HMO Medical Only (HMO)	Local HMO *	\$0.00			H3449	012	\$ 5,500
Randolph	Blue Cross and Blue Shield of NC	Blue Medicare HMO Essential (HMO)	Local HMO	\$56.80	\$355.00	Yes	H3449	023	\$ 6,700
Randolph	HealthTeam Advantage	HealthTeam Advantage Plan I (PPO)	Local PPO	\$0.00	\$0.00	Yes	H9808	004	\$ 3,400
Randolph	HealthTeam Advantage	HealthTeam Advantage Plan II (PPO)	Local PPO	\$57.00	\$0.00	Yes	H9808	005	\$ 3,100
Randolph	Humana Insurance Company	HumanaChoice H5216-015 (PPO)	Local PPO	\$56.00	\$195.00	No	H5216	015	\$ 6,700
Randolph	Humana Insurance Company	HumanaChoice H5216-017 (PPO)	Local PPO	\$0.00	\$280.00	No	H5216	017	\$ 6,700
Randolph	Humana Insurance Company	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$0.00			R1390	001	\$ 5,500
Randolph	Humana Insurance Company	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$79.00	\$390.00	No	R1390	002	\$ 6,700
Randolph	Humana Medical Plan, Inc.	Humana Gold Plus H1036-138 (HMO)	Local HMO	\$0.00	\$195.00	No	H1036	138	\$ 5,900
Randolph	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	Local PPO	\$47.00	\$165.00	No	H2228	018	\$ 4,500
Randolph	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	Local HMO	\$30.00	\$95.00	Yes	H5253	037	\$ 4,400
Randolph	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	Local HMO	\$0.00	\$170.00	No	H5253	038	\$ 6,700
Randolph	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