

**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 **
Scotland	Blue Cross and Blue Shield of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$98.00	\$0.00	Yes	H3404	003	\$ 6,700
Scotland	Blue Cross and Blue Shield of NC	Blue Medicare HMO Enhanced (HMO)	Local HMO	\$110.40	\$0.00	Yes	H3449	005	\$ 5,500
Scotland	Blue Cross and Blue Shield of NC	Blue Medicare HMO Medical Only (HMO)	Local HMO *	\$0.00			H3449	012	\$ 5,500
Scotland	Blue Cross and Blue Shield of NC	Blue Medicare HMO Essential (HMO)	Local HMO	\$76.00	\$355.00	Yes	H3449	023	\$ 6,700
Scotland	FirstMedicare Direct	FirstMedicare Direct HMO Plus (HMO)	Local HMO	\$45.00	\$0.00	Yes	H6306	002	\$ 5,000
Scotland	FirstMedicare Direct	FirstMedicare Direct HMO Standard (HMO)	Local HMO	\$10.00	\$300.00	Yes	H6306	003	\$ 6,000
Scotland	FirstMedicare Direct	FirstMedicare Direct PPO Plus (PPO)	Local PPO	\$73.00	\$0.00	Yes	H8064	002	\$ 5,000
Scotland	Humana Benefit Plan of Illinois, Inc.	HumanaChoice H5525-026 (PPO)	Local PPO	\$72.00	\$290.00	No	H5525	026	\$ 6,700
Scotland	Humana Insurance Company	Humana Gold Choice H8145-063 (PFFS)	PFFS	\$82.00	\$225.00	No	H8145	063	N/A
Scotland	Humana Insurance Company	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$0.00			R1390	001	\$ 5,500
Scotland	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