

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 **
Wake	Aetna Medicare	Aetna Medicare Value Plan (HMO)	Local HMO	\$0.00	\$150.00	Yes	H3931	081	\$ 4,950
Wake	Aetna Medicare	Aetna Medicare Prime Plan (HMO)	Local HMO	\$0.00	\$0.00	Yes	H3931	087	\$ 4,500
Wake	Aetna Medicare	Aetna Medicare Essential Plan (PPO)	Local PPO	\$0.00	\$95.00	Yes	H5521	168	\$ 6,700
Wake	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$47.00	\$200.00	Yes	H5521	183	\$ 5,500
Wake	Blue Cross and Blue Shield of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$113.60	\$0.00	Yes	H3404	003	\$ 6,700
Wake	Blue Cross and Blue Shield of NC	Blue Medicare HMO Medical Only (HMO)	Local HMO *	\$0.00			H3449	012	\$ 5,500
Wake	Blue Cross and Blue Shield of NC	Blue Medicare HMO Essential (HMO)	Local HMO	\$76.00	\$355.00	Yes	H3449	023	\$ 6,700
Wake	FirstMedicare Direct	FirstMedicare Direct smartHMO (HMO-POS)	Local HMO	\$0.00	\$0.00	Yes	H6306	005	\$ 3,400
Wake	FirstMedicare Direct	FirstMedicare Direct preferredPLUS (HMO)	Local HMO	\$30.20	\$405.00	No	H6306	006	\$ 3,400
Wake	Gateway Health Medicare Assured	Gateway Health Medicare Assured Prime (HMO)	Local HMO	\$107.00	\$250.00	No	H9190	012	\$ 6,700
Wake	Gateway Health Medicare Assured	Gateway Health Medicare Assured Select (HMO)	Local HMO	\$0.00	\$200.00	No	H9190	020	\$ 6,700
Wake	Humana Insurance Company	HumanaChoice H5216-015 (PPO)	Local PPO	\$56.00	\$195.00	No	H5216	015	\$ 6,700
Wake	Humana Insurance Company	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$0.00			R1390	001	\$ 5,500
Wake	Humana Insurance Company	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$79.00	\$390.00	No	R1390	002	\$ 6,700
Wake	Humana Medical Plan, Inc.	Humana Gold Plus H1036-233 (HMO)	Local HMO	\$0.00	\$195.00	No	H1036	233	\$ 4,900
Wake	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$15.00	\$200.00	No	H5253	039	\$ 6,700
Wake	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