

2019
Medicare Advantage Plans for NC

| County | Organization Name | Plan Name | Monthly Consolidated Premium (Includes Part C + D) | Annual Drug Deductible | ID | Plan ID | In-network MOOP Amount ** |
|----------|--|--|--|------------------------|-------|---------|---------------------------|
| Buncombe | Aetna Medicare | Aetna Medicare Premier Plan (PPO) | \$ - | \$ 195.00 | H5521 | 236 | \$ 5,500 |
| Buncombe | Blue Cross and Blue Shield of North Carolina | Blue Medicare HMO Enhanced (HMO) | \$ 53.60 | \$ - | H3449 | 024 | \$ 5,500 |
| Buncombe | Blue Cross and Blue Shield of North Carolina | Blue Medicare HMO Essential (HMO) | \$ - | \$ 375.00 | H3449 | 023 | \$ 5,800 |
| Buncombe | Blue Cross and Blue Shield of North Carolina | Blue Medicare HMO Medical Only (HMO) | \$ - | | H3449 | 012 | \$ 5,500 |
| Buncombe | Blue Cross and Blue Shield of North Carolina | Blue Medicare PPO Enhanced (PPO) | \$ 77.70 | \$ - | H3404 | 003 | \$ 5,900 |
| Buncombe | FirstMedicare Direct | FirstMedicare Direct Healthy State HMO Plus | \$ 42.00 | \$ 100.00 | H6306 | 007 | \$ 3,400 |
| Buncombe | FirstMedicare Direct | FirstMedicare Direct Healthy State HMO Prime | \$ - | \$ 200.00 | H6306 | 010 | \$ 6,700 |
| Buncombe | Humana | Humana Gold Choice H8145-063 (PFFS) | \$ 79.00 | \$ 215.00 | H8145 | 063 | \$ - |
| Buncombe | Humana | Humana Gold Plus H6622-025 (HMO) | \$ - | \$ 215.00 | H6622 | 025 | \$ 5,900 |
| Buncombe | Humana | Humana Gold Plus H6622-026 (HMO) | \$ 29.00 | \$ 160.00 | H6622 | 026 | \$ 3,400 |
| Buncombe | Humana | HumanaChoice H5216-015 (PPO) | \$ 45.00 | \$ 160.00 | H5216 | 015 | \$ 5,900 |
| Buncombe | Humana | HumanaChoice R1390-001 (Regional PPO) | \$ - | | R1390 | 001 | \$ 3,400 |
| Buncombe | Humana | HumanaChoice R1390-002 (Regional PPO) | \$ 79.00 | \$ 360.00 | R1390 | 002 | \$ 6,700 |
| Buncombe | Lasso Healthcare | Lasso Healthcare (MSA) | | | H1924 | 001 | \$ - |
| Buncombe | UnitedHealthcare | AARP MedicareComplete Essential (HMO) | \$ - | | H5253 | 040 | \$ 4,400 |
| Buncombe | UnitedHealthcare | AARP MedicareComplete Plan 1 (HMO) | \$ 43.00 | \$ 95.00 | H5253 | 080 | \$ 4,700 |
| Buncombe | UnitedHealthcare | AARP MedicareComplete Plan 2 (HMO) | \$ - | \$ 170.00 | H5253 | 079 | \$ 5,900 |
| Buncombe | UnitedHealthcare | AARP MedicareComplete Plan 3 (HMO) | \$ - | \$ 170.00 | H5253 | 105 | \$ 6,700 |
| Buncombe | WellCare | WellCare Value (HMO) | \$ - | \$ 160.00 | H0712 | 024 | \$ 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 B Services.

N/A = Non Applicable