

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 ** |
|------------|----------------------------------------------|---------------------------------------|----------------------------------------------------|------------------------|-------|---------|---------------------------|
| Cumberland | Aetna Medicare | Aetna Medicare Basics Plan (PPO) | \$ - | | H5521 | 241 | \$ 5,900 |
| Cumberland | Aetna Medicare | Aetna Medicare Premier Plan (PPO) | \$ - | \$ 145.00 | H5521 | 081 | \$ 5,900 |
| Cumberland | Aetna Medicare | Aetna Medicare Value Plan (PPO) | \$ 22.00 | \$ 95.00 | H5521 | 169 | \$ 4,950 |
| Cumberland | Blue Cross and Blue Shield of North Carolina | Blue Medicare HMO Enhanced (HMO) | \$ 85.60 | \$ - | H3449 | 024 | \$ 5,500 |
| Cumberland | Blue Cross and Blue Shield of North Carolina | Blue Medicare HMO Essential (HMO) | \$ 57.60 | \$ 375.00 | H3449 | 023 | \$ 6,700 |
| Cumberland | Blue Cross and Blue Shield of North Carolina | Blue Medicare HMO Medical Only (HMO) | \$ - | | H3449 | 012 | \$ 5,500 |
| Cumberland | Blue Cross and Blue Shield of North Carolina | Blue Medicare PPO Enhanced (PPO) | \$ 87.70 | \$ - | H3404 | 003 | \$ 5,900 |
| Cumberland | Humana | HumanaChoice H5525-026 (PPO) | \$ 65.00 | \$ 265.00 | H5525 | 026 | \$ 6,700 |
| Cumberland | Humana | HumanaChoice H5525-035 (PPO) | \$ - | \$ 265.00 | H5525 | 035 | \$ 6,700 |
| Cumberland | Humana | HumanaChoice R1390-001 (Regional PPO) | \$ - | | R1390 | 001 | \$ 3,400 |
| Cumberland | Humana | HumanaChoice R1390-002 (Regional PPO) | \$ 79.00 | \$ 360.00 | R1390 | 002 | \$ 6,700 |
| Cumberland | Lasso Healthcare | Lasso Healthcare (MSA) | | | H1924 | 001 | \$ - |
| Cumberland | UnitedHealthcare | AARP MedicareComplete Essential (HMO) | \$ - | | H5253 | 040 | \$ 4,400 |
| Cumberland | UnitedHealthcare | AARP MedicareComplete Plan 1 (HMO) | \$ 28.00 | \$ 50.00 | H5253 | 037 | \$ 4,400 |
| Cumberland | UnitedHealthcare | AARP MedicareComplete Plan 2 (HMO) | \$ - | \$ 95.00 | H5253 | 038 | \$ 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