

**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 **
Forsyth	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Forsyth	Aetna Medicare	Aetna Medicare Premier Plus Plan (PPO)	\$ -	\$ 95.00	H5521	170	\$ 4,200
Forsyth	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Forsyth	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Forsyth	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Forsyth	CARE N' CARE INSURANCE COMPANY OF NORTH	HealthTeam Advantage Plan I (PPO)	\$ -	\$ -	H9808	004	\$ 3,400
Forsyth	CARE N' CARE INSURANCE COMPANY OF NORTH	HealthTeam Advantage Plan II (PPO)	\$ 60.00	\$ -	H9808	005	\$ 3,100
Forsyth	Cigna-HealthSpring	Cigna-HealthSpring Advantage Direct (HMO)	\$ -		H9725	005	\$ 6,700
Forsyth	Cigna-HealthSpring	Cigna-HealthSpring Preferred Direct (HMO)	\$ -	\$ 300.00	H9725	001	\$ 6,700
Forsyth	Cigna-HealthSpring	Cigna-HealthSpring PreferredPlus Direct	\$ 49.00	\$ -	H9725	006	\$ 4,900
Forsyth	Humana	Humana Gold Choice H8145-063 (PFFS)	\$ 79.00	\$ 215.00	H8145	063	\$ -
Forsyth	Humana	Humana Gold Plus H1036-275 (HMO)	\$ -	\$ 160.00	H1036	275	\$ 5,400
Forsyth	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Forsyth	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Forsyth	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Forsyth	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Forsyth	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	\$ 46.00	\$ 165.00	H2228	018	\$ 4,500
Forsyth	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Forsyth	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Forsyth	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