

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 **
Alamance	Aetna Medicare	Aetna Medicare Basics Plan (PPO)	\$ -		H5521	241	\$ 5,900
Alamance	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Alamance	Aetna Medicare	Aetna Medicare Premier Plus Plan (PPO)	\$ -	\$ 95.00	H5521	170	\$ 4,200
Alamance	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Alamance	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Alamance	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Alamance	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Alamance	CARE N' CARE INSURANCE COMPANY OF NORTH	HealthTeam Advantage Plan I (PPO)	\$ -	\$ -	H9808	004	\$ 3,400
Alamance	CARE N' CARE INSURANCE COMPANY OF NORTH	HealthTeam Advantage Plan II (PPO)	\$ 60.00	\$ -	H9808	005	\$ 3,100
Alamance	Humana	Humana Gold Plus H1036-275 (HMO)	\$ -	\$ 160.00	H1036	275	\$ 3,400
Alamance	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Alamance	Humana	HumanaChoice H5216-017 (PPO)	\$ -	\$ 265.00	H5216	017	\$ 6,700
Alamance	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Alamance	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Alamance	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Alamance	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	\$ 46.00	\$ 165.00	H2228	018	\$ 4,500
Alamance	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Alamance	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Alamance	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

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Alexander	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Alexander	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Alexander	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Alexander	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Alexander	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Alexander	Cigna-HealthSpring	Cigna-HealthSpring Advantage Direct (HMO)	\$ -		H9725	005	\$ 6,700
Alexander	Cigna-HealthSpring	Cigna-HealthSpring Preferred Direct (HMO)	\$ -	\$ 300.00	H9725	001	\$ 6,700
Alexander	Cigna-HealthSpring	Cigna-HealthSpring PreferredPlus Direct	\$ 49.00	\$ -	H9725	006	\$ 4,900
Alexander	Humana	Humana Gold Plus H6622-057 (HMO)	\$ 22.00	\$ 160.00	H6622	057	\$ 3,400
Alexander	Humana	Humana Gold Plus H6622-058 (HMO)	\$ -	\$ 265.00	H6622	058	\$ 5,900
Alexander	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Alexander	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Alexander	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Alexander	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Alexander	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Alexander	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Alexander	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 95.00	H5253	038	\$ 6,700

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Alleghany	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	139	\$ 5,900
Alleghany	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Alleghany	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Alleghany	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Alleghany	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Alleghany	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Alleghany	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Alleghany	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	002	\$ -

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County	Organization Name	Plan Name	Monthly Consolidated Premium (Includes Part C + D)	Annual Drug Deductible	ID	Plan ID	In-network MOOP Amount **
Anson	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Anson	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Anson	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Anson	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Anson	CARE N' CARE INSURANCE COMPANY OF NORTH	Teal Premier Pro (PPO)	\$ -	\$ -	H9808	006	\$ 3,400
Anson	CARE N' CARE INSURANCE COMPANY OF NORTH	Teal Premier Pro Plus (PPO)	\$ 60.00	\$ -	H9808	007	\$ 3,100
Anson	Humana	Humana Gold Choice H8145-063 (PFFS)	\$ 79.00	\$ 215.00	H8145	063	\$ -
Anson	Humana	Humana Gold Plus H1036-137 (HMO)	\$ 22.00	\$ 160.00	H1036	137	\$ 3,400
Anson	Humana	Humana Gold Plus H1036-263 (HMO)	\$ -	\$ 265.00	H1036	263	\$ 5,900
Anson	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Anson	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Anson	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Anson	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	002	\$ -

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N/A = Non Applicable

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County	Organization Name	Plan Name	Monthly Consolidated Premium (Includes Part C + D)	Annual Drug Deductible	ID	Plan ID	In-network MOOP Amount **
Ashe	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	139	\$ 5,900
Ashe	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Ashe	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Ashe	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Ashe	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Ashe	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Ashe	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Ashe	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

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Avery	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	139	\$ 5,900
Avery	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Avery	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Avery	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Avery	Humana	Humana Gold Choice H8145-063 (PFFS)	\$ 79.00	\$ 215.00	H8145	063	\$ -
Avery	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Avery	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Avery	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Avery	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Avery	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Avery	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 43.00	\$ 95.00	H5253	080	\$ 4,700
Avery	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 170.00	H5253	079	\$ 5,900

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Beaufort	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Beaufort	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Beaufort	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Beaufort	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Beaufort	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Beaufort	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Beaufort	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

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Bertie	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Bertie	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Bertie	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Bertie	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Bertie	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Bertie	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Bertie	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Bertie	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

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Bladen	Aetna Medicare	Aetna Medicare Basics Plan (PPO)	\$ -		H5521	241	\$ 5,900
Bladen	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 95.00	H5521	169	\$ 4,950
Bladen	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Bladen	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Bladen	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Bladen	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Bladen	Humana	HumanaChoice H5525-026 (PPO)	\$ 65.00	\$ 265.00	H5525	026	\$ 6,700
Bladen	Humana	HumanaChoice H5525-033 (PPO)	\$ -	\$ 265.00	H5525	033	\$ 6,700
Bladen	Humana	HumanaChoice H5525-034 (PPO)	\$ 125.00	\$ 190.00	H5525	034	\$ 6,700
Bladen	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Bladen	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Bladen	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

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Brunswick	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Brunswick	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Brunswick	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Brunswick	Humana	HumanaChoice H5525-033 (PPO)	\$ -	\$ 265.00	H5525	033	\$ 6,700
Brunswick	Humana	HumanaChoice H5525-034 (PPO)	\$ 125.00	\$ 190.00	H5525	034	\$ 6,700
Brunswick	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Brunswick	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Brunswick	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

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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

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Burke	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Burke	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Burke	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Burke	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Burke	CARE N' CARE INSURANCE COMPANY OF NORTH	Teal Premier Pro (PPO)	\$ -	\$ -	H9808	006	\$ 3,400
Burke	CARE N' CARE INSURANCE COMPANY OF NORTH	Teal Premier Pro Plus (PPO)	\$ 60.00	\$ -	H9808	007	\$ 3,100
Burke	Humana	Humana Gold Plus H1036-137 (HMO)	\$ 22.00	\$ 160.00	H1036	137	\$ 3,400
Burke	Humana	Humana Gold Plus H1036-263 (HMO)	\$ -	\$ 265.00	H1036	263	\$ 5,900
Burke	Humana	HumanaChoice H5525-026 (PPO)	\$ 65.00	\$ 265.00	H5525	026	\$ 6,700
Burke	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Burke	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Burke	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Burke	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Burke	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 43.00	\$ 95.00	H5253	080	\$ 4,700
Burke	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 170.00	H5253	079	\$ 5,900

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Cabarrus	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Cabarrus	Aetna Medicare	Aetna Medicare Value Plan (HMO)	\$ -	\$ 145.00	H3931	081	\$ 4,950
Cabarrus	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Cabarrus	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Cabarrus	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Cabarrus	Cigna-HealthSpring	Cigna-HealthSpring Advantage Direct (HMO)	\$ -		H9725	005	\$ 6,700
Cabarrus	Cigna-HealthSpring	Cigna-HealthSpring Preferred Direct (HMO)	\$ -	\$ 300.00	H9725	001	\$ 6,700
Cabarrus	Cigna-HealthSpring	Cigna-HealthSpring PreferredPlus Direct	\$ 49.00	\$ -	H9725	006	\$ 4,900
Cabarrus	Humana	Humana Gold Plus H1036-137 (HMO)	\$ 22.00	\$ 160.00	H1036	137	\$ 3,400
Cabarrus	Humana	Humana Gold Plus H1036-263 (HMO)	\$ -	\$ 265.00	H1036	263	\$ 5,900
Cabarrus	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Cabarrus	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Cabarrus	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Cabarrus	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Cabarrus	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Cabarrus	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Cabarrus	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 95.00	H5253	038	\$ 6,700

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Caldwell	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Caldwell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Caldwell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Caldwell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Caldwell	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Caldwell	Humana	Humana Gold Plus H1036-137 (HMO)	\$ 22.00	\$ 160.00	H1036	137	\$ 3,400
Caldwell	Humana	Humana Gold Plus H1036-263 (HMO)	\$ -	\$ 265.00	H1036	263	\$ 5,900
Caldwell	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Caldwell	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Caldwell	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Caldwell	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Caldwell	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Caldwell	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Caldwell	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

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 **
Camden	Humana	HumanaChoice H5525-026 (PPO)	\$ 65.00	\$ 265.00	H5525	026	\$ 6,700
Camden	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Camden	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Camden	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Camden	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Carteret	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Carteret	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Carteret	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Caswell	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Caswell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Caswell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Caswell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Caswell	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Caswell	Humana	Humana Gold Choice H8145-063 (PFFS)	\$ 79.00	\$ 215.00	H8145	063	\$ -
Caswell	Humana	Humana Gold Plus H1036-275 (HMO)	\$ -	\$ 160.00	H1036	275	\$ 3,400
Caswell	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Caswell	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Caswell	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Caswell	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Caswell	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Caswell	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Caswell	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

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 **
Catawba	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Catawba	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Catawba	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Catawba	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Catawba	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Catawba	Cigna-HealthSpring	Cigna-HealthSpring Advantage Direct (HMO)	\$ -		H9725	005	\$ 6,700
Catawba	Cigna-HealthSpring	Cigna-HealthSpring Preferred Direct (HMO)	\$ -	\$ 300.00	H9725	001	\$ 6,700
Catawba	Cigna-HealthSpring	Cigna-HealthSpring PreferredPlus Direct	\$ 49.00	\$ -	H9725	006	\$ 4,900
Catawba	Humana	Humana Gold Choice H8145-063 (PFFS)	\$ 79.00	\$ 215.00	H8145	063	\$ -
Catawba	Humana	Humana Gold Plus H1036-137 (HMO)	\$ 22.00	\$ 160.00	H1036	137	\$ 3,400
Catawba	Humana	Humana Gold Plus H1036-263 (HMO)	\$ -	\$ 265.00	H1036	263	\$ 5,900
Catawba	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Catawba	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Catawba	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Catawba	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Catawba	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Catawba	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Catawba	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

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 **
Chatham	Aetna Medicare	Aetna Medicare Basics Plan (PPO)	\$ -		H5521	241	\$ 5,900
Chatham	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 95.00	H5521	169	\$ 4,950
Chatham	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Chatham	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Chatham	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Chatham	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Chatham	FirstMedicare Direct	FirstMedicare Direct HMO Plus (HMO)	\$ 45.00	\$ -	H6306	002	\$ 5,000
Chatham	FirstMedicare Direct	FirstMedicare Direct HMO Standard (HMO)	\$ -	\$ 300.00	H6306	003	\$ 6,000
Chatham	FirstMedicare Direct	FirstMedicare Direct PPO Plus (PPO)	\$ 73.00	\$ -	H8064	002	\$ 5,000
Chatham	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Chatham	Humana	HumanaChoice H5525-032 (PPO)	\$ -	\$ 265.00	H5525	032	\$ 6,700
Chatham	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Chatham	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Chatham	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Chatham	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	\$ 46.00	\$ 165.00	H2228	018	\$ 4,500
Chatham	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Chatham	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Chatham	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

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 **
Cherokee	Humana	Humana Gold Choice H8145-063 (PFFS)	\$ 79.00	\$ 215.00	H8145	063	\$ -
Cherokee	Humana	Humana Gold Plus H6622-025 (HMO)	\$ -	\$ 215.00	H6622	025	\$ 5,900
Cherokee	Humana	Humana Gold Plus H6622-026 (HMO)	\$ 29.00	\$ 160.00	H6622	026	\$ 3,400
Cherokee	Humana	HumanaChoice H5216-015 (PPO)	\$ 45.00	\$ 160.00	H5216	015	\$ 5,900
Cherokee	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Cherokee	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Cherokee	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Cherokee	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Cherokee	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 43.00	\$ 95.00	H5253	080	\$ 4,700
Cherokee	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 170.00	H5253	079	\$ 5,900

* 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

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 **
Chowan	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Chowan	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Chowan	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Chowan	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Chowan	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Chowan	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Chowan	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Chowan	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Clay	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	239	\$ 5,900
Clay	Humana	Humana Gold Plus H6622-025 (HMO)	\$ -	\$ 215.00	H6622	025	\$ 5,900
Clay	Humana	Humana Gold Plus H6622-026 (HMO)	\$ 29.00	\$ 160.00	H6622	026	\$ 3,400
Clay	Humana	HumanaChoice H5216-015 (PPO)	\$ 45.00	\$ 160.00	H5216	015	\$ 5,900
Clay	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Clay	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Clay	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Clay	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Clay	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 43.00	\$ 95.00	H5253	080	\$ 4,700
Clay	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 170.00	H5253	079	\$ 5,900

* 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

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 **
Cleveland	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Cleveland	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Cleveland	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Cleveland	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Cleveland	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Cleveland	CARE N' CARE INSURANCE COMPANY OF NORTH	Teal Premier Pro (PPO)	\$ -	\$ -	H9808	006	\$ 3,400
Cleveland	CARE N' CARE INSURANCE COMPANY OF NORTH	Teal Premier Pro Plus (PPO)	\$ 60.00	\$ -	H9808	007	\$ 3,100
Cleveland	Cigna-HealthSpring	Cigna-HealthSpring Advantage Direct (HMO)	\$ -		H9725	005	\$ 6,700
Cleveland	Cigna-HealthSpring	Cigna-HealthSpring Preferred Direct (HMO)	\$ -	\$ 300.00	H9725	001	\$ 6,700
Cleveland	Cigna-HealthSpring	Cigna-HealthSpring PreferredPlus Direct	\$ 49.00	\$ -	H9725	006	\$ 4,900
Cleveland	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Cleveland	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Cleveland	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Cleveland	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Cleveland	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Cleveland	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Cleveland	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

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 **
Columbus	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 95.00	H5521	169	\$ 4,950
Columbus	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Columbus	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Columbus	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Columbus	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Columbus	Humana	HumanaChoice H5525-026 (PPO)	\$ 65.00	\$ 265.00	H5525	026	\$ 6,700
Columbus	Humana	HumanaChoice H5525-033 (PPO)	\$ -	\$ 265.00	H5525	033	\$ 6,700
Columbus	Humana	HumanaChoice H5525-034 (PPO)	\$ 125.00	\$ 190.00	H5525	034	\$ 6,700
Columbus	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Columbus	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Columbus	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Craven	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Craven	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Craven	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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

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 **
Currituck	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Currituck	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Currituck	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Currituck	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Dare	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Dare	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Dare	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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

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 **
Davie	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Davie	Aetna Medicare	Aetna Medicare Premier Plus Plan (PPO)	\$ -	\$ 95.00	H5521	170	\$ 4,200
Davie	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Davie	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Davie	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Davie	Cigna-HealthSpring	Cigna-HealthSpring Advantage Direct (HMO)	\$ -		H9725	005	\$ 6,700
Davie	Cigna-HealthSpring	Cigna-HealthSpring Preferred Direct (HMO)	\$ -	\$ 300.00	H9725	001	\$ 6,700
Davie	Cigna-HealthSpring	Cigna-HealthSpring PreferredPlus Direct	\$ 49.00	\$ -	H9725	006	\$ 4,900
Davie	Humana	Humana Gold Choice H8145-063 (PFFS)	\$ 79.00	\$ 215.00	H8145	063	\$ -
Davie	Humana	Humana Gold Plus H1036-275 (HMO)	\$ -	\$ 160.00	H1036	275	\$ 5,400
Davie	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Davie	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Davie	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Davie	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Davie	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	\$ 46.00	\$ 165.00	H2228	018	\$ 4,500
Davie	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Davie	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Davie	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

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 **
Duplin	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	243	\$ 5,900
Duplin	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Duplin	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Duplin	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Duplin	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Duplin	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Duplin	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Duplin	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Durham	Aetna Medicare	Aetna Medicare Basics Plan (PPO)	\$ -		H5521	241	\$ 5,900
Durham	Aetna Medicare	Aetna Medicare Essential Plan (PPO)	\$ -	\$ 95.00	H5521	168	\$ 6,700
Durham	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ 45.00	\$ -	H5521	183	\$ 5,500
Durham	Aetna Medicare	Aetna Medicare Value Plan (HMO)	\$ -	\$ 145.00	H3931	081	\$ 4,950
Durham	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Durham	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Durham	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Durham	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Durham	Humana	HumanaChoice H5525-032 (PPO)	\$ -	\$ 265.00	H5525	032	\$ 6,700
Durham	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Durham	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Durham	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Durham	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Durham	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 48.00	\$ 95.00	H5253	102	\$ 5,500
Durham	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ 14.00	\$ 170.00	H5253	039	\$ 6,700
Durham	WellCare	WellCare Value (HMO)	\$ -	\$ -	H0712	022	\$ 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

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 **
Edgecombe	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Edgecombe	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Edgecombe	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Edgecombe	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Edgecombe	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Edgecombe	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Edgecombe	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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

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 **
Franklin	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	139	\$ 5,900
Franklin	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Franklin	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Franklin	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Franklin	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Franklin	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Franklin	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Franklin	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Franklin	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Franklin	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -
Franklin	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 48.00	\$ 95.00	H5253	104	\$ 5,500
Franklin	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ 14.00	\$ 170.00	H5253	103	\$ 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

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 **
Gaston	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Gaston	Aetna Medicare	Aetna Medicare Value Plan (HMO)	\$ -	\$ 145.00	H3931	081	\$ 4,950
Gaston	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Gaston	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Gaston	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Gaston	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Gaston	Cigna-HealthSpring	Cigna-HealthSpring Advantage Direct (HMO)	\$ -		H9725	005	\$ 6,700
Gaston	Cigna-HealthSpring	Cigna-HealthSpring Preferred Direct (HMO)	\$ -	\$ 300.00	H9725	001	\$ 6,700
Gaston	Cigna-HealthSpring	Cigna-HealthSpring PreferredPlus Direct	\$ 49.00	\$ -	H9725	006	\$ 4,900
Gaston	Humana	Humana Gold Choice H8145-063 (PFFS)	\$ 79.00	\$ 215.00	H8145	063	\$ -
Gaston	Humana	Humana Gold Plus H1036-137 (HMO)	\$ 22.00	\$ 160.00	H1036	137	\$ 3,400
Gaston	Humana	Humana Gold Plus H1036-263 (HMO)	\$ -	\$ 265.00	H1036	263	\$ 5,900
Gaston	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Gaston	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Gaston	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Gaston	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Gaston	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Gaston	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Gaston	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

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 **
Gates	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Gates	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Gates	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Gates	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Gates	Humana	Humana Gold Choice H8145-063 (PFFS)	\$ 79.00	\$ 215.00	H8145	063	\$ -
Gates	Humana	HumanaChoice H5525-026 (PPO)	\$ 65.00	\$ 265.00	H5525	026	\$ 6,700
Gates	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Gates	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Gates	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Gates	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Graham	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	239	\$ 5,900
Graham	Humana	Humana Gold Plus H6622-025 (HMO)	\$ -	\$ 215.00	H6622	025	\$ 5,900
Graham	Humana	Humana Gold Plus H6622-026 (HMO)	\$ 29.00	\$ 160.00	H6622	026	\$ 3,400
Graham	Humana	HumanaChoice H5216-015 (PPO)	\$ 45.00	\$ 160.00	H5216	015	\$ 5,900
Graham	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Graham	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Graham	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Graham	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Graham	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 43.00	\$ 95.00	H5253	080	\$ 4,700
Graham	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 170.00	H5253	079	\$ 5,900

* 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

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 **
Granville	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	139	\$ 5,900
Granville	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Granville	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Granville	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Granville	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Granville	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Granville	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Granville	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Greene	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Greene	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Greene	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Greene	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Greene	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Greene	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Greene	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Guilford	Aetna Medicare	Aetna Medicare Basics Plan (PPO)	\$ -		H5521	241	\$ 5,900
Guilford	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Guilford	Aetna Medicare	Aetna Medicare Premier Plus Plan (PPO)	\$ -	\$ 95.00	H5521	170	\$ 4,200
Guilford	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Guilford	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Guilford	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Guilford	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Guilford	CARE N' CARE INSURANCE COMPANY OF NORTH	HealthTeam Advantage Plan I (PPO)	\$ -	\$ -	H9808	004	\$ 3,400
Guilford	CARE N' CARE INSURANCE COMPANY OF NORTH	HealthTeam Advantage Plan II (PPO)	\$ 60.00	\$ -	H9808	005	\$ 3,100
Guilford	Cigna-HealthSpring	Cigna-HealthSpring Advantage Direct (HMO)	\$ -		H9725	005	\$ 6,700
Guilford	Cigna-HealthSpring	Cigna-HealthSpring Preferred Direct (HMO)	\$ -	\$ 300.00	H9725	001	\$ 6,700
Guilford	Cigna-HealthSpring	Cigna-HealthSpring PreferredPlus Direct	\$ 49.00	\$ -	H9725	006	\$ 4,900
Guilford	Humana	Humana Gold Plus H1036-275 (HMO)	\$ -	\$ 160.00	H1036	275	\$ 3,400
Guilford	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Guilford	Humana	HumanaChoice H5216-017 (PPO)	\$ -	\$ 265.00	H5216	017	\$ 6,700
Guilford	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Guilford	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Guilford	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Guilford	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	\$ 46.00	\$ 165.00	H2228	018	\$ 4,500
Guilford	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Guilford	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Guilford	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

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 **
Halifax	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	243	\$ 5,900
Halifax	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Halifax	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Halifax	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Halifax	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Halifax	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Halifax	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Halifax	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Harnett	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 95.00	H5521	169	\$ 4,950
Harnett	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Harnett	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Harnett	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Harnett	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Harnett	Humana	HumanaChoice H5525-032 (PPO)	\$ -	\$ 265.00	H5525	032	\$ 6,700
Harnett	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Harnett	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Harnett	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	002	\$ -
Harnett	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 48.00	\$ 95.00	H5253	104	\$ 5,500
Harnett	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ 14.00	\$ 170.00	H5253	103	\$ 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

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 **
Haywood	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 195.00	H5521	236	\$ 5,500
Haywood	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Haywood	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Haywood	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Haywood	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Haywood	Humana	Humana Gold Plus H6622-025 (HMO)	\$ -	\$ 215.00	H6622	025	\$ 5,900
Haywood	Humana	Humana Gold Plus H6622-026 (HMO)	\$ 29.00	\$ 160.00	H6622	026	\$ 3,400
Haywood	Humana	HumanaChoice H5216-015 (PPO)	\$ 45.00	\$ 160.00	H5216	015	\$ 5,900
Haywood	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Haywood	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Haywood	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Haywood	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Haywood	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 43.00	\$ 95.00	H5253	080	\$ 4,700
Haywood	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 170.00	H5253	079	\$ 5,900

* 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

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 **
Henderson	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 195.00	H5521	236	\$ 5,500
Henderson	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Henderson	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Henderson	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Henderson	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Henderson	FirstMedicare Direct	FirstMedicare Direct Healthy State HMO Plus	\$ 42.00	\$ 100.00	H6306	007	\$ 3,400
Henderson	FirstMedicare Direct	FirstMedicare Direct Healthy State HMO Prime	\$ -	\$ 200.00	H6306	010	\$ 6,700
Henderson	Humana	Humana Gold Choice H8145-063 (PFFS)	\$ 79.00	\$ 215.00	H8145	063	\$ -
Henderson	Humana	Humana Gold Plus H6622-025 (HMO)	\$ -	\$ 215.00	H6622	025	\$ 5,900
Henderson	Humana	Humana Gold Plus H6622-026 (HMO)	\$ 29.00	\$ 160.00	H6622	026	\$ 3,400
Henderson	Humana	HumanaChoice H5216-015 (PPO)	\$ 45.00	\$ 160.00	H5216	015	\$ 5,900
Henderson	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Henderson	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Henderson	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Henderson	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Henderson	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Henderson	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 95.00	H5253	038	\$ 6,700
Henderson	WellCare	WellCare Value (HMO)	\$ -	\$ 165.00	H0712	023	\$ 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

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 **
Hertford	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Hertford	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Hertford	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Hertford	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Hertford	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Hertford	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Hertford	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Hertford	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Hoke	Aetna Medicare	Aetna Medicare Basics Plan (PPO)	\$ -		H5521	241	\$ 5,900
Hoke	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 95.00	H5521	169	\$ 4,950
Hoke	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Hoke	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Hoke	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Hoke	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Hoke	FirstMedicare Direct	FirstMedicare Direct HMO Plus (HMO)	\$ 45.00	\$ -	H6306	002	\$ 5,000
Hoke	FirstMedicare Direct	FirstMedicare Direct HMO Standard (HMO)	\$ -	\$ 300.00	H6306	003	\$ 6,000
Hoke	FirstMedicare Direct	FirstMedicare Direct PPO Plus (PPO)	\$ 73.00	\$ -	H8064	002	\$ 5,000
Hoke	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Hoke	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Hoke	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	002	\$ -

* 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

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 **
Hyde	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Hyde	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Hyde	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Hyde	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Hyde	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Hyde	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Hyde	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Iredell	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Iredell	Aetna Medicare	Aetna Medicare Value Plan (HMO)	\$ -	\$ 145.00	H3931	081	\$ 4,950
Iredell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Iredell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Iredell	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Iredell	Cigna-HealthSpring	Cigna-HealthSpring Advantage Direct (HMO)	\$ -		H9725	005	\$ 6,700
Iredell	Cigna-HealthSpring	Cigna-HealthSpring Preferred Direct (HMO)	\$ -	\$ 300.00	H9725	001	\$ 6,700
Iredell	Cigna-HealthSpring	Cigna-HealthSpring PreferredPlus Direct	\$ 49.00	\$ -	H9725	006	\$ 4,900
Iredell	Humana	Humana Gold Plus H1036-137 (HMO)	\$ 22.00	\$ 160.00	H1036	137	\$ 3,400
Iredell	Humana	Humana Gold Plus H1036-263 (HMO)	\$ -	\$ 265.00	H1036	263	\$ 5,900
Iredell	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Iredell	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Iredell	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Iredell	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Iredell	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Iredell	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Iredell	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

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 **
Jackson	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 195.00	H5521	236	\$ 5,500
Jackson	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Jackson	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Jackson	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Jackson	Humana	Humana Gold Plus H6622-025 (HMO)	\$ -	\$ 215.00	H6622	025	\$ 5,900
Jackson	Humana	Humana Gold Plus H6622-026 (HMO)	\$ 29.00	\$ 160.00	H6622	026	\$ 3,400
Jackson	Humana	HumanaChoice H5216-015 (PPO)	\$ 45.00	\$ 160.00	H5216	015	\$ 5,900
Jackson	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Jackson	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Jackson	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Jackson	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Jackson	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 43.00	\$ 95.00	H5253	080	\$ 4,700
Jackson	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 170.00	H5253	079	\$ 5,900

* 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

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 **
Johnston	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	139	\$ 5,900
Johnston	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Johnston	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Johnston	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Johnston	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Johnston	Humana	HumanaChoice H5525-026 (PPO)	\$ 65.00	\$ 265.00	H5525	026	\$ 6,700
Johnston	Humana	HumanaChoice H5525-032 (PPO)	\$ -	\$ 265.00	H5525	032	\$ 6,700
Johnston	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Johnston	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Johnston	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Johnston	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Johnston	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Johnston	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

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 **
Jones	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Jones	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Jones	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Jones	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Jones	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Jones	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Jones	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Jones	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Lee	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 95.00	H5521	169	\$ 4,950
Lee	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Lee	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Lee	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Lee	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Lee	FirstMedicare Direct	FirstMedicare Direct HMO Plus (HMO)	\$ 45.00	\$ -	H6306	002	\$ 5,000
Lee	FirstMedicare Direct	FirstMedicare Direct HMO Standard (HMO)	\$ -	\$ 300.00	H6306	003	\$ 6,000
Lee	FirstMedicare Direct	FirstMedicare Direct PPO Plus (PPO)	\$ 73.00	\$ -	H8064	002	\$ 5,000
Lee	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Lee	Humana	HumanaChoice H5525-032 (PPO)	\$ -	\$ 265.00	H5525	032	\$ 6,700
Lee	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Lee	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Lee	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	002	\$ -
Lee	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 48.00	\$ 95.00	H5253	104	\$ 5,500
Lee	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ 14.00	\$ 170.00	H5253	103	\$ 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

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 **
Lenoir	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Lenoir	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Lenoir	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Lincoln	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Lincoln	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Lincoln	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Lincoln	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Lincoln	CARE N' CARE INSURANCE COMPANY OF NORTH	Teal Premier Pro (PPO)	\$ -	\$ -	H9808	006	\$ 3,400
Lincoln	CARE N' CARE INSURANCE COMPANY OF NORTH	Teal Premier Pro Plus (PPO)	\$ 60.00	\$ -	H9808	007	\$ 3,100
Lincoln	Cigna-HealthSpring	Cigna-HealthSpring Advantage Direct (HMO)	\$ -		H9725	005	\$ 6,700
Lincoln	Cigna-HealthSpring	Cigna-HealthSpring Preferred Direct (HMO)	\$ -	\$ 300.00	H9725	001	\$ 6,700
Lincoln	Cigna-HealthSpring	Cigna-HealthSpring PreferredPlus Direct	\$ 49.00	\$ -	H9725	006	\$ 4,900
Lincoln	Humana	Humana Gold Plus H6622-057 (HMO)	\$ 22.00	\$ 160.00	H6622	057	\$ 3,400
Lincoln	Humana	Humana Gold Plus H6622-058 (HMO)	\$ -	\$ 265.00	H6622	058	\$ 5,900
Lincoln	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Lincoln	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Lincoln	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Lincoln	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Lincoln	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Lincoln	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Lincoln	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

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 **
Macon	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 195.00	H5521	236	\$ 5,500
Macon	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Macon	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Macon	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Macon	Humana	Humana Gold Plus H6622-025 (HMO)	\$ -	\$ 215.00	H6622	025	\$ 5,900
Macon	Humana	Humana Gold Plus H6622-026 (HMO)	\$ 29.00	\$ 160.00	H6622	026	\$ 3,400
Macon	Humana	HumanaChoice H5216-015 (PPO)	\$ 45.00	\$ 160.00	H5216	015	\$ 5,900
Macon	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Macon	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Macon	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Macon	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Macon	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 43.00	\$ 95.00	H5253	080	\$ 4,700
Macon	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 170.00	H5253	079	\$ 5,900

* 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

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 **
Madison	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	239	\$ 5,900
Madison	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Madison	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Madison	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Madison	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Madison	FirstMedicare Direct	FirstMedicare Direct Healthy State HMO Plus	\$ 42.00	\$ 100.00	H6306	007	\$ 3,400
Madison	FirstMedicare Direct	FirstMedicare Direct Healthy State HMO Prime	\$ -	\$ 200.00	H6306	010	\$ 6,700
Madison	Humana	Humana Gold Choice H8145-063 (PFFS)	\$ 79.00	\$ 215.00	H8145	063	\$ -
Madison	Humana	Humana Gold Plus H6622-025 (HMO)	\$ -	\$ 215.00	H6622	025	\$ 5,900
Madison	Humana	Humana Gold Plus H6622-026 (HMO)	\$ 29.00	\$ 160.00	H6622	026	\$ 3,400
Madison	Humana	HumanaChoice H5216-015 (PPO)	\$ 45.00	\$ 160.00	H5216	015	\$ 5,900
Madison	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Madison	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Madison	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Madison	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Madison	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 43.00	\$ 95.00	H5253	080	\$ 4,700
Madison	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 170.00	H5253	079	\$ 5,900
Madison	WellCare	WellCare Value (HMO)	\$ -	\$ 165.00	H0712	023	\$ 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

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 **
Martin	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Martin	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Martin	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Martin	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Martin	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Martin	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Martin	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
McDowell	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
McDowell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
McDowell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
McDowell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
McDowell	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
McDowell	FirstMedicare Direct	FirstMedicare Direct Healthy State HMO Plus	\$ 42.00	\$ 100.00	H6306	007	\$ 3,400
McDowell	FirstMedicare Direct	FirstMedicare Direct Healthy State HMO Prime	\$ -	\$ 200.00	H6306	010	\$ 6,700
McDowell	Humana	Humana Gold Plus H6622-025 (HMO)	\$ -	\$ 215.00	H6622	025	\$ 5,900
McDowell	Humana	Humana Gold Plus H6622-026 (HMO)	\$ 29.00	\$ 160.00	H6622	026	\$ 3,400
McDowell	Humana	HumanaChoice H5216-015 (PPO)	\$ 45.00	\$ 160.00	H5216	015	\$ 5,900
McDowell	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
McDowell	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
McDowell	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
McDowell	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
McDowell	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 43.00	\$ 95.00	H5253	080	\$ 4,700
McDowell	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 170.00	H5253	079	\$ 5,900
McDowell	UnitedHealthcare	AARP MedicareComplete Plan 3 (HMO)	\$ -	\$ 170.00	H5253	105	\$ 6,700
McDowell	WellCare	WellCare Value (HMO)	\$ -	\$ 165.00	H0712	023	\$ 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

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 **
Mecklenburg	Aetna Medicare	Aetna Medicare Basics Plan (PPO)	\$ -		H5521	241	\$ 5,900
Mecklenburg	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Mecklenburg	Aetna Medicare	Aetna Medicare Value Plan (HMO)	\$ -	\$ 145.00	H3931	081	\$ 4,950
Mecklenburg	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Mecklenburg	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Mecklenburg	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Mecklenburg	Humana	Humana Gold Choice H8145-063 (PFFS)	\$ 79.00	\$ 215.00	H8145	063	\$ -
Mecklenburg	Humana	Humana Gold Plus H1036-137 (HMO)	\$ 22.00	\$ 160.00	H1036	137	\$ 3,400
Mecklenburg	Humana	Humana Gold Plus H1036-263 (HMO)	\$ -	\$ 265.00	H1036	263	\$ 5,900
Mecklenburg	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Mecklenburg	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Mecklenburg	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Mecklenburg	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Mecklenburg	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	\$ 46.00	\$ 165.00	H2228	018	\$ 4,500
Mecklenburg	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Mecklenburg	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Mecklenburg	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 95.00	H5253	038	\$ 6,700
Mecklenburg	UnitedHealthcare	Erickson Advantage Freedom (HMO-POS)	\$ 48.00	\$ -	H5652	006	\$ 3,900
Mecklenburg	UnitedHealthcare	Erickson Advantage Signature with Drugs	\$ 195.00	\$ -	H5652	001	\$ 2,900
Mecklenburg	UnitedHealthcare	Erickson Advantage Signature without Drugs	\$ 160.00		H5652	002	\$ 2,900

* 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

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 **
Mitchell	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 195.00	H5521	236	\$ 5,500
Mitchell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Mitchell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Mitchell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Mitchell	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Mitchell	Humana	Humana Gold Plus H6622-025 (HMO)	\$ -	\$ 215.00	H6622	025	\$ 5,900
Mitchell	Humana	Humana Gold Plus H6622-026 (HMO)	\$ 29.00	\$ 160.00	H6622	026	\$ 3,400
Mitchell	Humana	HumanaChoice H5216-015 (PPO)	\$ 45.00	\$ 160.00	H5216	015	\$ 5,900
Mitchell	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Mitchell	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Mitchell	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Mitchell	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Mitchell	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 43.00	\$ 95.00	H5253	080	\$ 4,700
Mitchell	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 170.00	H5253	079	\$ 5,900

* 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

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 **
Montgomery	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Montgomery	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Montgomery	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Montgomery	FirstMedicare Direct	FirstMedicare Direct HMO Plus (HMO)	\$ 45.00	\$ -	H6306	002	\$ 5,000
Montgomery	FirstMedicare Direct	FirstMedicare Direct HMO Standard (HMO)	\$ -	\$ 300.00	H6306	003	\$ 6,000
Montgomery	FirstMedicare Direct	FirstMedicare Direct PPO Plus (PPO)	\$ 73.00	\$ -	H8064	002	\$ 5,000
Montgomery	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Montgomery	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Montgomery	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Montgomery	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Montgomery	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	002	\$ -

* 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

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 **
Moore	FirstMedicare Direct	FirstMedicare Direct HMO Plus (HMO)	\$ 45.00	\$ -	H6306	002	\$ 5,000
Moore	FirstMedicare Direct	FirstMedicare Direct HMO Standard (HMO)	\$ -	\$ 300.00	H6306	003	\$ 6,000
Moore	FirstMedicare Direct	FirstMedicare Direct PPO Plus (PPO)	\$ 73.00	\$ -	H8064	002	\$ 5,000
Moore	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Moore	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Moore	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Moore	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Moore	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	002	\$ -

* 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

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 **
Nash	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	243	\$ 5,900
Nash	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Nash	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Nash	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Nash	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Nash	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Nash	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Nash	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -
Nash	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 48.00	\$ 95.00	H5253	104	\$ 5,500
Nash	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ 14.00	\$ 170.00	H5253	103	\$ 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

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 **
New Hanover	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
New Hanover	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
New Hanover	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
New Hanover	Humana	HumanaChoice H5525-026 (PPO)	\$ 65.00	\$ 265.00	H5525	026	\$ 6,700
New Hanover	Humana	HumanaChoice H5525-033 (PPO)	\$ -	\$ 265.00	H5525	033	\$ 6,700
New Hanover	Humana	HumanaChoice H5525-034 (PPO)	\$ 125.00	\$ 190.00	H5525	034	\$ 6,700
New Hanover	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
New Hanover	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
New Hanover	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Northampton	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Northampton	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Northampton	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Northampton	Humana	HumanaChoice H5525-026 (PPO)	\$ 65.00	\$ 265.00	H5525	026	\$ 6,700
Northampton	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Northampton	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Northampton	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Northampton	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Onslow	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Onslow	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Onslow	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Orange	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Orange	Aetna Medicare	Aetna Medicare Value Plan (HMO)	\$ -	\$ 145.00	H3931	081	\$ 4,950
Orange	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Orange	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Orange	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Orange	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Orange	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Orange	Humana	HumanaChoice H5525-032 (PPO)	\$ -	\$ 265.00	H5525	032	\$ 6,700
Orange	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Orange	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Orange	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Orange	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	\$ 46.00	\$ 165.00	H2228	018	\$ 4,500
Orange	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Orange	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Orange	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 95.00	H5253	038	\$ 6,700
Orange	WellCare	WellCare Value (HMO)	\$ -	\$ -	H0712	022	\$ 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

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 **
Pamlico	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Pamlico	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Pamlico	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Pamlico	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Pamlico	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Pamlico	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Pasquotank	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Pasquotank	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Pasquotank	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Pasquotank	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Pender	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Pender	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Pender	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Pender	Humana	HumanaChoice H5525-026 (PPO)	\$ 65.00	\$ 265.00	H5525	026	\$ 6,700
Pender	Humana	HumanaChoice H5525-033 (PPO)	\$ -	\$ 265.00	H5525	033	\$ 6,700
Pender	Humana	HumanaChoice H5525-034 (PPO)	\$ 125.00	\$ 190.00	H5525	034	\$ 6,700
Pender	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Pender	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Pender	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Perquimans	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Perquimans	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Perquimans	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Perquimans	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Person	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Person	Aetna Medicare	Aetna Medicare Value Plan (HMO)	\$ -	\$ 145.00	H3931	081	\$ 4,950
Person	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Person	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Person	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Person	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Person	Humana	Humana Gold Plus H1036-275 (HMO)	\$ -	\$ 160.00	H1036	275	\$ 5,400
Person	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Person	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Person	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Person	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Person	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Person	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Person	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 95.00	H5253	038	\$ 6,700
Person	WellCare	WellCare Value (HMO)	\$ -	\$ -	H0712	022	\$ 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

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 **
Pitt	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Pitt	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Pitt	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Pitt	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Pitt	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Pitt	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Polk	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	239	\$ 5,900
Polk	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Polk	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Polk	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Polk	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Polk	Cigna-HealthSpring	Cigna-HealthSpring Advantage Direct (HMO)	\$ -		H9725	005	\$ 6,700
Polk	Cigna-HealthSpring	Cigna-HealthSpring Preferred Direct (HMO)	\$ -	\$ 300.00	H9725	001	\$ 6,700
Polk	Cigna-HealthSpring	Cigna-HealthSpring PreferredPlus Direct	\$ 49.00	\$ -	H9725	006	\$ 4,900
Polk	Humana	Humana Gold Plus H6622-025 (HMO)	\$ -	\$ 215.00	H6622	025	\$ 5,900
Polk	Humana	Humana Gold Plus H6622-026 (HMO)	\$ 29.00	\$ 160.00	H6622	026	\$ 3,400
Polk	Humana	HumanaChoice H5216-015 (PPO)	\$ 45.00	\$ 160.00	H5216	015	\$ 5,900
Polk	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Polk	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Polk	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Polk	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Polk	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 43.00	\$ 95.00	H5253	080	\$ 4,700
Polk	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 170.00	H5253	079	\$ 5,900
Polk	WellCare	WellCare Value (HMO)	\$ -	\$ 165.00	H0712	023	\$ 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

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 **
Randolph	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Randolph	Aetna Medicare	Aetna Medicare Premier Plus Plan (PPO)	\$ -	\$ 95.00	H5521	170	\$ 4,200
Randolph	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Randolph	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Randolph	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Randolph	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Randolph	CARE N' CARE INSURANCE COMPANY OF NORTH	HealthTeam Advantage Plan I (PPO)	\$ -	\$ -	H9808	004	\$ 3,400
Randolph	CARE N' CARE INSURANCE COMPANY OF NORTH	HealthTeam Advantage Plan II (PPO)	\$ 60.00	\$ -	H9808	005	\$ 3,100
Randolph	Humana	Humana Gold Plus H1036-275 (HMO)	\$ -	\$ 160.00	H1036	275	\$ 3,400
Randolph	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Randolph	Humana	HumanaChoice H5216-017 (PPO)	\$ -	\$ 265.00	H5216	017	\$ 6,700
Randolph	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Randolph	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Randolph	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Randolph	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	\$ 46.00	\$ 165.00	H2228	018	\$ 4,500
Randolph	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Randolph	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Randolph	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

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 **
Richmond	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Richmond	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Richmond	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Richmond	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Richmond	FirstMedicare Direct	FirstMedicare Direct HMO Plus (HMO)	\$ 45.00	\$ -	H6306	002	\$ 5,000
Richmond	FirstMedicare Direct	FirstMedicare Direct HMO Standard (HMO)	\$ -	\$ 300.00	H6306	003	\$ 6,000
Richmond	FirstMedicare Direct	FirstMedicare Direct PPO Plus (PPO)	\$ 73.00	\$ -	H8064	002	\$ 5,000
Richmond	Humana	HumanaChoice H5525-026 (PPO)	\$ 65.00	\$ 265.00	H5525	026	\$ 6,700
Richmond	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Richmond	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Richmond	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Richmond	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Richmond	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Richmond	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Richmond	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

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 **
Robeson	Aetna Medicare	Aetna Medicare Basics Plan (PPO)	\$ -		H5521	241	\$ 5,900
Robeson	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 95.00	H5521	169	\$ 4,950
Robeson	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Robeson	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Robeson	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Robeson	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Robeson	Clear Spring Health	Clear Spring Health Essential (PPO)	\$ 49.00	\$ 100.00	H2020	003	\$ 5,000
Robeson	Clear Spring Health	Clear Spring Health Essential Plus (PPO)	\$ 69.00	\$ -	H2020	005	\$ 5,000
Robeson	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Robeson	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Robeson	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Rockingham	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Rockingham	Aetna Medicare	Aetna Medicare Premier Plus Plan (PPO)	\$ -	\$ 95.00	H5521	170	\$ 4,200
Rockingham	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Rockingham	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Rockingham	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Rockingham	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Rockingham	CARE N' CARE INSURANCE COMPANY OF NORTH	HealthTeam Advantage Plan I (PPO)	\$ -	\$ -	H9808	004	\$ 3,400
Rockingham	CARE N' CARE INSURANCE COMPANY OF NORTH	HealthTeam Advantage Plan II (PPO)	\$ 60.00	\$ -	H9808	005	\$ 3,100
Rockingham	Humana	Humana Gold Plus H1036-275 (HMO)	\$ -	\$ 160.00	H1036	275	\$ 3,400
Rockingham	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Rockingham	Humana	HumanaChoice H5216-017 (PPO)	\$ -	\$ 265.00	H5216	017	\$ 6,700
Rockingham	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Rockingham	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Rockingham	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Rockingham	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	\$ 46.00	\$ 165.00	H2228	018	\$ 4,500
Rockingham	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Rockingham	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Rockingham	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

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 **
Rowan	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Rowan	Aetna Medicare	Aetna Medicare Value Plan (HMO)	\$ -	\$ 145.00	H3931	081	\$ 4,950
Rowan	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Rowan	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Rowan	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Rowan	Cigna-HealthSpring	Cigna-HealthSpring Advantage Direct (HMO)	\$ -		H9725	005	\$ 6,700
Rowan	Cigna-HealthSpring	Cigna-HealthSpring Preferred Direct (HMO)	\$ -	\$ 300.00	H9725	001	\$ 6,700
Rowan	Cigna-HealthSpring	Cigna-HealthSpring PreferredPlus Direct	\$ 49.00	\$ -	H9725	006	\$ 4,900
Rowan	Humana	Humana Gold Choice H8145-063 (PFFS)	\$ 79.00	\$ 215.00	H8145	063	\$ -
Rowan	Humana	Humana Gold Plus H1036-137 (HMO)	\$ 22.00	\$ 160.00	H1036	137	\$ 3,400
Rowan	Humana	Humana Gold Plus H1036-263 (HMO)	\$ -	\$ 265.00	H1036	263	\$ 5,900
Rowan	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Rowan	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Rowan	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Rowan	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Rowan	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	\$ 46.00	\$ 165.00	H2228	018	\$ 4,500
Rowan	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Rowan	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Rowan	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

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 **
Rutherford	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 195.00	H5521	236	\$ 5,500
Rutherford	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Rutherford	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Rutherford	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Rutherford	Humana	Humana Gold Plus H6622-025 (HMO)	\$ -	\$ 215.00	H6622	025	\$ 5,900
Rutherford	Humana	Humana Gold Plus H6622-026 (HMO)	\$ 29.00	\$ 160.00	H6622	026	\$ 3,400
Rutherford	Humana	HumanaChoice H5216-015 (PPO)	\$ 45.00	\$ 160.00	H5216	015	\$ 5,900
Rutherford	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Rutherford	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Rutherford	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Rutherford	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Rutherford	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 43.00	\$ 95.00	H5253	080	\$ 4,700
Rutherford	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 170.00	H5253	079	\$ 5,900

* 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

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 **
Sampson	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 95.00	H5521	169	\$ 4,950
Sampson	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Sampson	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Sampson	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Sampson	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Sampson	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Sampson	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Sampson	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Sampson	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	002	\$ -
Sampson	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 48.00	\$ 95.00	H5253	104	\$ 5,500
Sampson	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ 14.00	\$ 170.00	H5253	103	\$ 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

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 **
Scotland	Aetna Medicare	Aetna Medicare Basics Plan (PPO)	\$ -		H5521	241	\$ 5,900
Scotland	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 95.00	H5521	169	\$ 4,950
Scotland	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Scotland	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Scotland	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Scotland	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Scotland	Clear Spring Health	Clear Spring Health Essential (PPO)	\$ 49.00	\$ 100.00	H2020	003	\$ 5,000
Scotland	Clear Spring Health	Clear Spring Health Essential Plus (PPO)	\$ 69.00	\$ -	H2020	005	\$ 5,000
Scotland	FirstMedicare Direct	FirstMedicare Direct HMO Plus (HMO)	\$ 45.00	\$ -	H6306	002	\$ 5,000
Scotland	FirstMedicare Direct	FirstMedicare Direct HMO Standard (HMO)	\$ -	\$ 300.00	H6306	003	\$ 6,000
Scotland	FirstMedicare Direct	FirstMedicare Direct PPO Plus (PPO)	\$ 73.00	\$ -	H8064	002	\$ 5,000
Scotland	Humana	Humana Gold Choice H8145-063 (PFFS)	\$ 79.00	\$ 215.00	H8145	063	\$ -
Scotland	Humana	HumanaChoice H5525-026 (PPO)	\$ 65.00	\$ 265.00	H5525	026	\$ 6,700
Scotland	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Scotland	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Scotland	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Scotland	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	002	\$ -

* 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

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 **
Stanly	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Stanly	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Stanly	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Stanly	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Stanly	CARE N' CARE INSURANCE COMPANY OF NORTH	Teal Premier Pro (PPO)	\$ -	\$ -	H9808	006	\$ 3,400
Stanly	CARE N' CARE INSURANCE COMPANY OF NORTH	Teal Premier Pro Plus (PPO)	\$ 60.00	\$ -	H9808	007	\$ 3,100
Stanly	Humana	Humana Gold Plus H1036-137 (HMO)	\$ 22.00	\$ 160.00	H1036	137	\$ 3,400
Stanly	Humana	Humana Gold Plus H1036-263 (HMO)	\$ -	\$ 265.00	H1036	263	\$ 5,900
Stanly	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Stanly	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Stanly	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Stanly	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	002	\$ -

* 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

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

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 **
Surry	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	139	\$ 5,900
Surry	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Surry	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Surry	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Surry	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Surry	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Surry	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Surry	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Surry	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	\$ 46.00	\$ 165.00	H2228	018	\$ 4,500
Surry	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Surry	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

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 **
Swain	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	239	\$ 5,900
Swain	Humana	Humana Gold Plus H6622-025 (HMO)	\$ -	\$ 215.00	H6622	025	\$ 5,900
Swain	Humana	Humana Gold Plus H6622-026 (HMO)	\$ 29.00	\$ 160.00	H6622	026	\$ 3,400
Swain	Humana	HumanaChoice H5216-015 (PPO)	\$ 45.00	\$ 160.00	H5216	015	\$ 5,900
Swain	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Swain	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Swain	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Swain	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Swain	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 43.00	\$ 95.00	H5253	080	\$ 4,700
Swain	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 170.00	H5253	079	\$ 5,900
Swain	WellCare	WellCare Value (HMO)	\$ -	\$ 165.00	H0712	023	\$ 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

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 **
Transylvania	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	239	\$ 5,900
Transylvania	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Transylvania	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Transylvania	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Transylvania	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Transylvania	FirstMedicare Direct	FirstMedicare Direct Healthy State HMO Plus	\$ 42.00	\$ 100.00	H6306	007	\$ 3,400
Transylvania	FirstMedicare Direct	FirstMedicare Direct Healthy State HMO Prime	\$ -	\$ 200.00	H6306	010	\$ 6,700
Transylvania	Humana	Humana Gold Plus H6622-025 (HMO)	\$ -	\$ 215.00	H6622	025	\$ 5,900
Transylvania	Humana	Humana Gold Plus H6622-026 (HMO)	\$ 29.00	\$ 160.00	H6622	026	\$ 3,400
Transylvania	Humana	HumanaChoice H5216-015 (PPO)	\$ 45.00	\$ 160.00	H5216	015	\$ 5,900
Transylvania	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Transylvania	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Transylvania	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Transylvania	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Transylvania	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 43.00	\$ 95.00	H5253	080	\$ 4,700
Transylvania	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 170.00	H5253	079	\$ 5,900
Transylvania	UnitedHealthcare	AARP MedicareComplete Plan 3 (HMO)	\$ -	\$ 170.00	H5253	105	\$ 6,700
Transylvania	WellCare	WellCare Value (HMO)	\$ -	\$ 165.00	H0712	023	\$ 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

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 **
Tyrrell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Tyrrell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Tyrrell	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Tyrrell	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Tyrrell	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Tyrrell	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Tyrrell	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Union	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Union	Aetna Medicare	Aetna Medicare Value Plan (HMO)	\$ -	\$ 145.00	H3931	081	\$ 4,950
Union	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Union	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Union	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Union	CARE N' CARE INSURANCE COMPANY OF NORTH	Teal Premier Pro (PPO)	\$ -	\$ -	H9808	006	\$ 3,400
Union	CARE N' CARE INSURANCE COMPANY OF NORTH	Teal Premier Pro Plus (PPO)	\$ 60.00	\$ -	H9808	007	\$ 3,100
Union	Cigna-HealthSpring	Cigna-HealthSpring Advantage Direct (HMO)	\$ -		H9725	005	\$ 6,700
Union	Cigna-HealthSpring	Cigna-HealthSpring Preferred Direct (HMO)	\$ -	\$ 300.00	H9725	001	\$ 6,700
Union	Cigna-HealthSpring	Cigna-HealthSpring PreferredPlus Direct	\$ 49.00	\$ -	H9725	006	\$ 4,900
Union	Humana	Humana Gold Plus H6622-057 (HMO)	\$ 22.00	\$ 160.00	H6622	057	\$ 3,400
Union	Humana	Humana Gold Plus H6622-058 (HMO)	\$ -	\$ 265.00	H6622	058	\$ 5,900
Union	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Union	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Union	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Union	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Union	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Union	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Union	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

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 **
Vance	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	139	\$ 5,900
Vance	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Vance	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Vance	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Vance	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Vance	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Vance	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Vance	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Vance	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -
Vance	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 48.00	\$ 95.00	H5253	104	\$ 5,500
Vance	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ 14.00	\$ 170.00	H5253	103	\$ 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

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 **
Wake	Aetna Medicare	Aetna Medicare Basics Plan (PPO)	\$ -		H5521	241	\$ 5,900
Wake	Aetna Medicare	Aetna Medicare Essential Plan (PPO)	\$ -	\$ 95.00	H5521	168	\$ 6,700
Wake	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ 45.00	\$ -	H5521	183	\$ 5,500
Wake	Aetna Medicare	Aetna Medicare Value Plan (HMO)	\$ -	\$ 145.00	H3931	081	\$ 4,950
Wake	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Wake	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Wake	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Wake	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Wake	FirstMedicare Direct	FirstMedicare Direct preferredPLUS (HMO)	\$ 28.90	\$ 415.00	H6306	006	\$ 6,700
Wake	FirstMedicare Direct	FirstMedicare Direct smartHMO (HMO)	\$ -	\$ -	H6306	005	\$ 3,400
Wake	Humana	Humana Gold Plus H1036-233 (HMO)	\$ -	\$ 195.00	H1036	233	\$ 3,400
Wake	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Wake	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Wake	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Wake	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Wake	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Wake	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 48.00	\$ 95.00	H5253	102	\$ 5,500
Wake	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ 14.00	\$ 170.00	H5253	039	\$ 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

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 **
Warren	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	139	\$ 5,900
Warren	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Warren	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Warren	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Warren	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Warren	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Warren	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Warren	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Warren	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Warren	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Washington	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Washington	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Washington	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Washington	Humana	HumanaChoice H5525-026 (PPO)	\$ 65.00	\$ 265.00	H5525	026	\$ 6,700
Washington	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Washington	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Washington	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Washington	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Watauga	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Watauga	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Watauga	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Watauga	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Watauga	Humana	Humana Gold Choice H8145-063 (PFFS)	\$ 79.00	\$ 215.00	H8145	063	\$ -
Watauga	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Watauga	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Watauga	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Watauga	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -

* 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

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 **
Wayne	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Wayne	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Wayne	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Wayne	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Wayne	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Wayne	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Wayne	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -
Wayne	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 48.00	\$ 95.00	H5253	104	\$ 5,500
Wayne	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ 14.00	\$ 170.00	H5253	103	\$ 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

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 **
Wilkes	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	139	\$ 5,900
Wilkes	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Wilkes	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Wilkes	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Wilkes	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Wilkes	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Wilkes	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Wilkes	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Wilkes	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	\$ 46.00	\$ 165.00	H2228	018	\$ 4,500
Wilkes	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Wilkes	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Wilkes	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

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 **
Wilson	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	243	\$ 5,900
Wilson	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Wilson	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Wilson	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 87.70	\$ -	H3404	003	\$ 5,900
Wilson	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Wilson	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Wilson	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Wilson	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -
Wilson	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 48.00	\$ 95.00	H5253	104	\$ 5,500
Wilson	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ 14.00	\$ 170.00	H5253	103	\$ 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

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 **
Yadkin	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Yadkin	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Yadkin	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 57.60	\$ 375.00	H3449	023	\$ 6,700
Yadkin	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Yadkin	Cigna-HealthSpring	Cigna-HealthSpring Advantage Direct (HMO)	\$ -		H9725	005	\$ 6,700
Yadkin	Cigna-HealthSpring	Cigna-HealthSpring Preferred Direct (HMO)	\$ -	\$ 300.00	H9725	001	\$ 6,700
Yadkin	Cigna-HealthSpring	Cigna-HealthSpring PreferredPlus Direct	\$ 49.00	\$ -	H9725	006	\$ 4,900
Yadkin	Humana	Humana Gold Plus H1036-275 (HMO)	\$ -	\$ 160.00	H1036	275	\$ 5,400
Yadkin	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Yadkin	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Yadkin	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Yadkin	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Yadkin	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	\$ 46.00	\$ 165.00	H2228	018	\$ 4,500
Yadkin	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Yadkin	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 28.00	\$ 50.00	H5253	037	\$ 4,400
Yadkin	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

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 **
Yancey	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 195.00	H5521	236	\$ 5,500
Yancey	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 53.60	\$ -	H3449	024	\$ 5,500
Yancey	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ -	\$ 375.00	H3449	023	\$ 5,800
Yancey	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Yancey	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	\$ 77.70	\$ -	H3404	003	\$ 5,900
Yancey	FirstMedicare Direct	FirstMedicare Direct Healthy State HMO Plus	\$ 42.00	\$ 100.00	H6306	007	\$ 3,400
Yancey	FirstMedicare Direct	FirstMedicare Direct Healthy State HMO Prime	\$ -	\$ 200.00	H6306	010	\$ 6,700
Yancey	Humana	Humana Gold Choice H8145-063 (PFFS)	\$ 79.00	\$ 215.00	H8145	063	\$ -
Yancey	Humana	Humana Gold Plus H6622-025 (HMO)	\$ -	\$ 215.00	H6622	025	\$ 5,900
Yancey	Humana	Humana Gold Plus H6622-026 (HMO)	\$ 29.00	\$ 160.00	H6622	026	\$ 3,400
Yancey	Humana	HumanaChoice H5216-015 (PPO)	\$ 45.00	\$ 160.00	H5216	015	\$ 5,900
Yancey	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Yancey	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Yancey	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	001	\$ -
Yancey	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	\$ -		H5253	040	\$ 4,400
Yancey	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 43.00	\$ 95.00	H5253	080	\$ 4,700
Yancey	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ -	\$ 170.00	H5253	079	\$ 5,900

* Indicates plan does not offer Part D drug coverage.

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N/A = Non Applicable