

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