

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