

**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