

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