

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