

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 **
Stanly	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	\$ -	\$ 145.00	H5521	081	\$ 5,900
Stanly	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Stanly	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Stanly	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Stanly	CARE N' CARE INSURANCE COMPANY OF NORTH	Teal Premier Pro (PPO)	\$ -	\$ -	H9808	006	\$ 3,400
Stanly	CARE N' CARE INSURANCE COMPANY OF NORTH	Teal Premier Pro Plus (PPO)	\$ 60.00	\$ -	H9808	007	\$ 3,100
Stanly	Humana	Humana Gold Plus H1036-137 (HMO)	\$ 22.00	\$ 160.00	H1036	137	\$ 3,400
Stanly	Humana	Humana Gold Plus H1036-263 (HMO)	\$ -	\$ 265.00	H1036	263	\$ 5,900
Stanly	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Stanly	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Stanly	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Stanly	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