

**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 **
Vance	Aetna Medicare	Aetna Medicare Value Plan (PPO)	\$ 22.00	\$ 195.00	H5521	139	\$ 5,900
Vance	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Enhanced (HMO)	\$ 85.60	\$ -	H3449	024	\$ 5,500
Vance	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Essential (HMO)	\$ 23.60	\$ 375.00	H3449	023	\$ 6,700
Vance	Blue Cross and Blue Shield of North Carolina	Blue Medicare HMO Medical Only (HMO)	\$ -		H3449	012	\$ 5,500
Vance	Humana	HumanaChoice H5216-015 (PPO)	\$ 49.00	\$ 160.00	H5216	015	\$ 6,700
Vance	Humana	HumanaChoice H5525-035 (PPO)	\$ -	\$ 265.00	H5525	035	\$ 6,700
Vance	Humana	HumanaChoice R1390-001 (Regional PPO)	\$ -		R1390	001	\$ 3,400
Vance	Humana	HumanaChoice R1390-002 (Regional PPO)	\$ 79.00	\$ 360.00	R1390	002	\$ 6,700
Vance	Lasso Healthcare	Lasso Healthcare (MSA)			H1924	003	\$ -
Vance	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	\$ 48.00	\$ 95.00	H5253	104	\$ 5,500
Vance	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	\$ 14.00	\$ 170.00	H5253	103	\$ 6,700

\* 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