

2019
Medicare Special Need Plans for NC

County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Consolidated Premium* (Includes Part C + D)	Annual Drug Deductible	Coverage in Gap?	Contract ID	Plan ID
Alamance	Humana	Humana Gold Plus SNP-DE H1036-168 (HMO SNP)	Local HMO	Dual-Eligible	\$28.90	\$210.00	No	H1036	168
Alamance	Liberty Advantage (HMO SNP)	Liberty Advantage (HMO SNP)	Local HMO	Institutional	\$28.90	\$415.00	No	H6351	1
Alamance	Liberty Advantage (HMO SNP)	Liberty Advantage Gold (HMO SNP)	Local HMO	Institutional	\$175.00	\$-	No	H6351	2
Alamance	Liberty Advantage (HMO SNP)	Liberty at Home (HMO SNP)	Local HMO	Institutional	\$28.90	\$415.00	No	H6351	3
Alamance	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS SNP)	Local HMO	Institutional	\$28.90	\$200.00	No	H5253	43
Alamance	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO	Dual-Eligible	\$26.30	\$415.00	No	H5253	41
Alamance	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1
Alamance	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	Institutional	\$28.90	\$415.00	No	H5253	42
Alamance	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	Institutional	\$28.90	\$415.00	No	H0710	34
Alexander	Cigna-HealthSpring	Cigna-HealthSpring TotalCare Direct (HMO SNP)	Local HMO	Dual-Eligible	\$28.90	\$415.00	No	H9725	3
Alexander	Humana	HumanaChoice SNP-DE H5525-036 (PPO SNP)	Local PPO	Dual-Eligible	\$28.90	\$395.00	No	H5525	36
Alexander	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1
Alleghany	Humana	HumanaChoice SNP-DE H5525-036 (PPO SNP)	Local PPO	Dual-Eligible	\$28.90	\$395.00	No	H5525	36
Alleghany	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1
Anson	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO SNP)	Local HMO	Dual-Eligible	\$28.40	\$235.00	No	H1036	167
Anson	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1
Ashe	Humana	HumanaChoice SNP-DE H5525-036 (PPO SNP)	Local PPO	Dual-Eligible	\$28.90	\$395.00	No	H5525	36
Ashe	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1
Avery	Humana	HumanaChoice SNP-DE H5525-036 (PPO SNP)	Local PPO	Dual-Eligible	\$28.90	\$395.00	No	H5525	36
Avery	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1
Beaufort	Gateway Health Medicare Assured	Gateway Health Medicare Assured Diamond (HMO SNP)	Local HMO	Dual-Eligible	\$28.90	\$415.00	No	H9190	7
Beaufort	Gateway Health Medicare Assured	Gateway Health Medicare Assured Ruby (HMO SNP)	Local HMO	Dual-Eligible	\$28.90	\$415.00	No	H9190	8
Beaufort	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1

*Indicates plan does not offer Part D coverage

**MOOP: Maximum Out-of-Pocket (MOOP) limit on enrollee spending. Includes costs for all in-network Part A services

N/A = Not Applicable