

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
Moore	Humana	HumanaChoice SNP-DE H5525-036 (PPO SNP)	Local PPO	Dual-Eligible	\$28.90	\$395.00	No	H5525	36
Moore	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1
Moore	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	Institutional	\$28.90	\$415.00	No	H0710	34
Nash	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1
Nash	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	Institutional	\$28.90	\$415.00	No	H0710	34
New Hanover	Humana	HumanaChoice SNP-DE H5525-036 (PPO SNP)	Local PPO	Dual-Eligible	\$28.90	\$395.00	No	H5525	36
New Hanover	Liberty Advantage (HMO SNP)	Liberty Advantage (HMO SNP)	Local HMO	Institutional	\$28.90	\$415.00	No	H6351	1
New Hanover	Liberty Advantage (HMO SNP)	Liberty Advantage Gold (HMO SNP)	Local HMO	Institutional	\$175.00	\$-	No	H6351	2
New Hanover	Liberty Advantage (HMO SNP)	Liberty at Home (HMO SNP)	Local HMO	Institutional	\$28.90	\$415.00	No	H6351	3
New Hanover	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1
Northampton	Gateway Health Medicare Assured	Gateway Health Medicare Assured Diamond (HMO SNP)	Local HMO	Dual-Eligible	\$28.90	\$415.00	No	H9190	7
Northampton	Gateway Health Medicare Assured	Gateway Health Medicare Assured Ruby (HMO SNP)	Local HMO	Dual-Eligible	\$28.90	\$415.00	No	H9190	8
Northampton	Humana	HumanaChoice SNP-DE H5525-036 (PPO SNP)	Local PPO	Dual-Eligible	\$28.90	\$395.00	No	H5525	36
Northampton	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1
Onslow	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