

**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
Orange	Fresenius Health Plans	Fresenius Total Health (HMO SNP)	Local HMO	Chronic or Disab	\$28.90	\$415.00	No	H6320	1
Orange	Gateway Health Medicare Assured	Gateway Health Medicare Assured Diamond (HMO SNP)	Local HMO	Dual-Eligible	\$28.90	\$415.00	No	H9190	7
Orange	Gateway Health Medicare Assured	Gateway Health Medicare Assured Ruby (HMO SNP)	Local HMO	Dual-Eligible	\$28.90	\$415.00	No	H9190	8
Orange	Humana	HumanaChoice SNP-DE H5525-036 (PPO SNP)	Local PPO	Dual-Eligible	\$28.90	\$395.00	No	H5525	36
Orange	Liberty Advantage (HMO SNP)	Liberty Advantage (HMO SNP)	Local HMO	Institutional	\$28.90	\$415.00	No	H6351	1
Orange	Liberty Advantage (HMO SNP)	Liberty Advantage Gold (HMO SNP)	Local HMO	Institutional	\$175.00	\$-	No	H6351	2
Orange	Liberty Advantage (HMO SNP)	Liberty at Home (HMO SNP)	Local HMO	Institutional	\$28.90	\$415.00	No	H6351	3
Orange	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS SNP)	Local HMO	Institutional	\$28.90	\$200.00	No	H5253	43
Orange	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO	Dual-Eligible	\$26.30	\$415.00	No	H5253	41
Orange	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1
Orange	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	Institutional	\$28.90	\$415.00	No	H5253	42
Orange	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	Institutional	\$28.90	\$415.00	No	H0710	34
Orange	WellCare	WellCare Access (HMO SNP)	Local HMO	Dual-Eligible	\$21.90	\$415.00	No	H0712	25
Pamlico	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1
Pasquotank	Humana	HumanaChoice SNP-DE H5525-036 (PPO SNP)	Local PPO	Dual-Eligible	\$28.90	\$395.00	No	H5525	36
Pasquotank	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1
Pender	Humana	HumanaChoice SNP-DE H5525-036 (PPO SNP)	Local PPO	Dual-Eligible	\$28.90	\$395.00	No	H5525	36
Pender	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1
Perquimans	Humana	HumanaChoice SNP-DE H5525-036 (PPO SNP)	Local PPO	Dual-Eligible	\$28.90	\$395.00	No	H5525	36
Perquimans	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1
Person	Humana	Humana Gold Plus SNP-DE H1036-168 (HMO SNP)	Local HMO	Dual-Eligible	\$28.90	\$210.00	No	H1036	168
Person	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO	Dual-Eligible	\$26.30	\$415.00	No	H5253	41
Person	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$26.30	\$415.00	No	R1548	1
Person	WellCare	WellCare Access (HMO SNP)	Local HMO	Dual-Eligible	\$21.90	\$415.00	No	H0712	25

\*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**