

**2018**  
**Medicare Special Need Plans for NC**

County	Organization Name	Plan Name	Type of Medicare Health Plan	Plan Premium (For Part C and D Coverage)	Monthly Consolidated Premium	Annual Drug Plan Deductible	Covg in Gap?	Contract ID	Plan ID	In-network MOOP Amount **
Alamance	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-168 (HMO SNP)	Local HMO	Dual-Eligible	\$30.10	\$195.00	No	H1036	168	0
Alamance	Liberty Advantage (HMO SNP)	Liberty Advantage (HMO SNP)	Local HMO	Institutional	\$30.10	\$405.00	No	H6351	1	0
Alamance	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS SNP)	Local HMO	Institutional	\$30.00	\$200.00	No	H5253	43	0
Alamance	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO	Dual-Eligible	\$20.30	\$405.00	No	H5253	41	0
Alamance	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Alamance	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	Institutional	\$30.20	\$405.00	No	H5253	42	0
Alamance	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	Institutional	\$30.20	\$405.00	No	H0710	34	0
Alexander	Cigna-HealthSpring	Cigna-HealthSpring TotalCare (HMO SNP)	Local HMO	Dual-Eligible	\$30.20	\$405.00	No	H9725	3	0
Alexander	Gateway Health Medicare Assured	Gateway Health Medicare Assured Diamond (HMO SNP)	Local HMO	Dual-Eligible	\$30.10	\$405.00	No	H9190	7	0
Alexander	Gateway Health Medicare Assured	Gateway Health Medicare Assured Ruby (HMO SNP)	Local HMO	Dual-Eligible	\$30.10	\$405.00	No	H9190	8	0
Alexander	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Alleghany	Gateway Health Medicare Assured	Gateway Health Medicare Assured Diamond (HMO SNP)	Local HMO	Dual-Eligible	\$30.10	\$405.00	No	H9190	7	0
Alleghany	Gateway Health Medicare Assured	Gateway Health Medicare Assured Ruby (HMO SNP)	Local HMO	Dual-Eligible	\$30.10	\$405.00	No	H9190	8	0
Alleghany	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Anson	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-167 (HMO SNP)	Local HMO	Dual-Eligible	\$25.60	\$235.00	No	H1036	167	0
Anson	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Ashe	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Avery	Gateway Health Medicare Assured	Gateway Health Medicare Assured Diamond (HMO SNP)	Local HMO	Dual-Eligible	\$30.10	\$405.00	No	H9190	7	0
Avery	Gateway Health Medicare Assured	Gateway Health Medicare Assured Ruby (HMO SNP)	Local HMO	Dual-Eligible	\$30.10	\$405.00	No	H9190	8	0
Avery	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Beaufort	Gateway Health Medicare Assured	Gateway Health Medicare Assured Diamond (HMO SNP)	Local HMO	Dual-Eligible	\$30.10	\$405.00	No	H9190	7	0
Beaufort	Gateway Health Medicare Assured	Gateway Health Medicare Assured Ruby (HMO SNP)	Local HMO	Dual-Eligible	\$30.10	\$405.00	No	H9190	8	0
Beaufort	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Bertie	Gateway Health Medicare Assured	Gateway Health Medicare Assured Diamond (HMO SNP)	Local HMO	Dual-Eligible	\$30.10	\$405.00	No	H9190	7	0
Bertie	Gateway Health Medicare Assured	Gateway Health Medicare Assured Ruby (HMO SNP)	Local HMO	Dual-Eligible	\$30.10	\$405.00	No	H9190	8	0
Bertie	Liberty Advantage (HMO SNP)	Liberty Advantage (HMO SNP)	Local HMO	Institutional	\$30.10	\$405.00	No	H6351	1	0
Bertie	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Bladen	Gateway Health Medicare Assured	Gateway Health Medicare Assured Diamond (HMO SNP)	Local HMO	Dual-Eligible	\$30.10	\$405.00	No	H9190	7	0
Bladen	Gateway Health Medicare Assured	Gateway Health Medicare Assured Ruby (HMO SNP)	Local HMO	Dual-Eligible	\$30.10	\$405.00	No	H9190	8	0
Bladen	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Brunswick	Liberty Advantage (HMO SNP)	Liberty Advantage (HMO SNP)	Local HMO	Institutional	\$30.10	\$405.00	No	H6351	1	0
Brunswick	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Buncombe	Humana WI Health Organization Insurance	Humana Gold Plus SNP-DE H6622-027 (HMO SNP)	Local HMO	Dual-Eligible	\$23.70	\$280.00	No	H6622	27	0
Buncombe	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS SNP)	Local HMO	Institutional	\$30.00	\$200.00	No	H5253	43	0
Buncombe	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO	Dual-Eligible	\$20.30	\$405.00	No	H5253	41	0
Buncombe	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Buncombe	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	Institutional	\$30.20	\$405.00	No	H5253	42	0
Buncombe	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	Institutional	\$30.20	\$405.00	No	H0710	34	0
Buncombe	WellCare	WellCare Access (HMO SNP)	Local HMO	Dual-Eligible	\$19.30	\$405.00	No	H0712	25	0
Burke	Humana Medical Plan, Inc.	Humana Gold Plus SNP-DE H1036-167 (HMO SNP)	Local HMO	Dual-Eligible	\$25.60	\$235.00	No	H1036	167	0
Burke	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Burke	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	Institutional	\$30.20	\$405.00	No	H5253	42	0
Burke	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	Institutional	\$30.20	\$405.00	No	H0710	34	0

\* 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 and B Services.

N/A = Not Applicable