

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 **
Edgecombe	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Edgecombe	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	Institutional	\$30.20	\$405.00	No	H0710	34	0
Forsyth	Cigna-HealthSpring	Cigna-HealthSpring TotalCare (HMO SNP)	Local HMO	Dual-Eligible	\$30.20	\$405.00	No	H9725	3	0
Forsyth	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
Forsyth	Liberty Advantage (HMO SNP)	Liberty Advantage (HMO SNP)	Local HMO	Institutional	\$30.10	\$405.00	No	H6351	1	0
Forsyth	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS SNP)	Local HMO	Institutional	\$30.00	\$200.00	No	H5253	43	0
Forsyth	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO	Dual-Eligible	\$20.30	\$405.00	No	H5253	41	0
Forsyth	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Forsyth	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	Institutional	\$30.20	\$405.00	No	H5253	42	0
Forsyth	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	Institutional	\$30.20	\$405.00	No	H0710	34	0
Franklin	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Gaston	Cigna-HealthSpring	Cigna-HealthSpring TotalCare (HMO SNP)	Local HMO	Dual-Eligible	\$30.20	\$405.00	No	H9725	3	0
Gaston	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
Gaston	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS SNP)	Local HMO	Institutional	\$30.00	\$200.00	No	H5253	43	0
Gaston	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Gaston	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	Institutional	\$30.20	\$405.00	No	H5253	42	0
Gaston	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO	Institutional	\$30.20	\$405.00	No	H0710	34	0
Gates	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Graham	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Granville	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Greene	Gateway Health Medicare Assured	Gateway Health Medicare Assured Diamond (HMO SNP)	Local HMO	Dual-Eligible	\$30.10	\$405.00	No	H9190	7	0
Greene	Gateway Health Medicare Assured	Gateway Health Medicare Assured Ruby (HMO SNP)	Local HMO	Dual-Eligible	\$30.10	\$405.00	No	H9190	8	0
Greene	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Guilford	Cigna-HealthSpring	Cigna-HealthSpring TotalCare (HMO SNP)	Local HMO	Dual-Eligible	\$30.20	\$405.00	No	H9725	3	0
Guilford	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
Guilford	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS SNP)	Local HMO	Institutional	\$30.00	\$200.00	No	H5253	43	0
Guilford	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO	Dual-Eligible	\$20.30	\$405.00	No	H5253	41	0
Guilford	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	Regional PPO	Dual-Eligible	\$25.20	\$405.00	No	R1548	1	0
Guilford	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	Institutional	\$30.20	\$405.00	No	H5253	42	0
Guilford	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