

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 ** |
|--------|---------------------------------|--|------------------------------|--|------------------------------|-----------------------------|--------------|-------------|---------|---------------------------|
| Yadkin | Cigna-HealthSpring | Cigna-HealthSpring TotalCare (HMO SNP) | Local HMO | Dual-Eligible | \$30.20 | \$405.00 | No | H9725 | 3 | 0 |
| Yadkin | 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 |
| Yadkin | UnitedHealthcare | UnitedHealthcare Assisted Living Plan (HMO-POS SNP) | Local HMO | Institutional | \$30.00 | \$200.00 | No | H5253 | 43 | 0 |
| Yadkin | UnitedHealthcare | UnitedHealthcare Dual Complete (HMO SNP) | Local HMO | Dual-Eligible | \$20.30 | \$405.00 | No | H5253 | 41 | 0 |
| Yadkin | UnitedHealthcare | UnitedHealthcare Dual Complete RP (Regional PPO SNP) | Regional PPO | Dual-Eligible | \$25.20 | \$405.00 | No | R1548 | 1 | 0 |
| Yadkin | UnitedHealthcare | UnitedHealthcare Nursing Home Plan (HMO SNP) | Local HMO | Institutional | \$30.20 | \$405.00 | No | H5253 | 42 | 0 |
| Yadkin | UnitedHealthcare | UnitedHealthcare Nursing Home Plan (PPO SNP) | Local PPO | Institutional | \$30.20 | \$405.00 | No | H0710 | 34 | 0 |
| Yancey | Gateway Health Medicare Assured | Gateway Health Medicare Assured Diamond (HMO SNP) | Local HMO | Dual-Eligible | \$30.10 | \$405.00 | No | H9190 | 7 | 0 |
| Yancey | Gateway Health Medicare Assured | Gateway Health Medicare Assured Ruby (HMO SNP) | Local HMO | Dual-Eligible | \$30.10 | \$405.00 | No | H9190 | 8 | 0 |
| Yancey | UnitedHealthcare | UnitedHealthcare Dual Complete RP (Regional PPO SNP) | Regional PPO | Dual-Eligible | \$25.20 | \$405.00 | No | R1548 | 1 | 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