2024 Medicare Advantage Plans in NC

County	Organization Name	Plan Name	Type of	Monthly		•	Additional				In-network
			Medicare	Consolidated	_			ID	ID	ID	MOOP
			Health Plan	Premium	Deductible	•	Offered in				Amount **
				(Includes Part			the Gap				
Mecklenburg	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	C + D)				H5521	241	0	\$6,500.00
Mecklenburg	Aetna Medicare	Aetna Medicare Essential Plan (PPO)	Local PPO	\$0.00	\$300.00	Enhanced	Voc	H5521	348	0	\$7,500.00
Mecklenburg	Aetna Medicare	Aetna Medicare Essential Flan (PPO)	Local PPO	\$0.00		Enhanced				0	\$5,900.00
Mecklenburg	Aetna Medicare	Aetna Medicare SmartFit Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Enhanced				0	\$4,500.00
Mecklenburg	Aetna Medicare	Aetna Medicare Value Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	Enhanced		H3146		0	\$5,500.00
Mecklenburg	Aetna Medicare	Aetna Medicare Value Plus Plan (HMO)	Local HMO	\$7.00	\$150.00	Enhanced		H3146	006	0	\$5,500.00
	BCBS of North Carolina	Blue Medicare Choice (HMO)	Local HMO	\$0.00	\$0.00	Enhanced				0	\$2,800.00
	BCBS of North Carolina	Blue Medicare Enhanced (HMO-POS)	Local HMO	\$19.00	\$0.00	Enhanced			024	1	\$3,150.00
Mecklenburg	BCBS of North Carolina	Blue Medicare Essential (HMO)	Local HMO	\$0.00	\$375.00	Enhanced		H3449	027	1	\$8,300.00
Mecklenburg	BCBS of North Carolina	Blue Medicare Essential Plus (HMO-POS)	Local HMO	\$0.00	\$150.00		Yes	H3449	023	1	\$3,500.00
	BCBS of North Carolina	Blue Medicare Freedom+ (PPO)	Local PPO *	·	,			H3404	004	0	\$8,850.00
Mecklenburg	BCBS of North Carolina	Blue Medicare Medical Only (HMO-POS)	Local HMO *					H3449	012	0	\$3,900.00
Mecklenburg	BCBS of North Carolina	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$29.00	\$0.00	Enhanced	Yes	H3404	003	1	\$4,900.00
Mecklenburg	Cigna Healthcare	Cigna Courage Medicare (HMO)	Local HMO *					H9725	005	0	\$6,350.00
Mecklenburg	Cigna Healthcare	Cigna Preferred Medicare (HMO)	Local HMO	\$0.00	\$0.00	Enhanced	No	H9725	009	1	\$3,900.00
Mecklenburg	Cigna Healthcare	Cigna Preferred Plus Medicare (HMO)	Local HMO	\$24.00	\$0.00	Enhanced	No	H9725	006	0	\$3,900.00
Mecklenburg	Cigna Healthcare	Cigna Preferred Savings Medicare (HMO)	Local HMO	\$0.00	\$0.00	Enhanced	No	H9725	012	0	\$6,350.00
Mecklenburg	Cigna Healthcare	Cigna Preferred Select Medicare (HMO)	Local HMO	\$0.00	\$0.00	Enhanced	No	H9725	014	0	\$3,900.00
Mecklenburg	Cigna Healthcare	Cigna True Choice Medicare (PPO)	Local PPO	\$0.00	\$0.00	Enhanced	No	H7849	113	1	\$4,900.00
Mecklenburg	Devoted Health	Devoted CORE North Carolina (HMO)	Local HMO	\$0.00	\$0.00	Enhanced	Yes	H5299	004	0	\$3,900.00
Mecklenburg	Devoted Health	Devoted GIVEBACK North Carolina (HMO)	Local HMO	\$0.00	\$395.00	Enhanced	Yes	H5299	012	0	\$6,700.00
Mecklenburg	Humana	Humana Gold Choice H8145-004 (PFFS)	PFFS	\$0.00	\$160.00	Enhanced	No	H8145	004	0	
Mecklenburg	Humana	Humana Gold Plus H1036-137 (HMO-POS)	Local HMO	\$0.00	\$0.00	Enhanced	No	H1036	137	0	\$4,900.00
Mecklenburg	Humana	Humana Gold Plus H1036-291 (HMO-POS)	Local HMO	\$0.00	\$0.00	Enhanced	No	H1036	291	0	\$3,600.00
Mecklenburg	Humana	Humana USAA Honor (PPO)	Local PPO *					H5216		0	\$8,850.00
Mecklenburg	Humana	Humana USAA Honor (PPO)	Local PPO *	\$0.00				H5525	065	0	\$8,850.00
Mecklenburg	Humana	Humana USAA Honor (Regional PPO)	Regional PPO *							0	\$7,550.00
Mecklenburg	Humana	HumanaChoice H5216-017 (PPO)	Local PPO	\$0.00	\$265.00	Enhanced	No	H5216	017	0	\$8,300.00

^{*} Indicates plan does not offer Part D drug coverage.

^{**} MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services. N/A is defined as Not Applicable

2024 Medicare Advantage Plans in NC

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium	Annual Drug Deductible	Benefit	Additional Coverage Offered in	Contract ID	Plan ID	Segment ID	In-network MOOP Amount **
			Treater Flam	(Includes Part C + D)			the Gap				Amount
Mecklenburg	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	\$55.00	\$160.00	Enhanced	No	H5216	211	0	\$8,850.00
Mecklenburg	Humana	HumanaChoice H5525-035 (PPO)	Local PPO	\$0.00	\$0.00	Enhanced	No	H5525	035	0	\$8,000.00
Mecklenburg	Humana	HumanaChoice H5525-050 (PPO)	Local PPO	\$0.00	\$0.00	Enhanced	No	H5525	050	0	\$6,350.00
Mecklenburg	Humana	HumanaChoice H5525-070 (PPO)	Local PPO	\$46.90	\$545.00	Enhanced	Yes	H5525	070	0	\$7,550.00
Mecklenburg	Humana	HumanaChoice H5525-071 (PPO)	Local PPO	\$0.00	\$0.00	Enhanced	Yes	H5525	071	0	\$2,900.00
Mecklenburg	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *					R1390	001	0	\$6,350.00
Mecklenburg	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$105.00	\$480.00	Enhanced	No	R1390	002	0	\$7,550.00
Mecklenburg	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0014 (HMO-POS)	Local HMO	\$0.00	\$435.00	Enhanced	Yes	H5253	110	0	\$8,300.00
Mecklenburg	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0015 (HMO-POS)	Local HMO	\$0.00	\$0.00	Enhanced	Yes	H5253	117	0	\$3,600.00
Mecklenburg	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0016 (PPO)	Local PPO	\$39.00	\$0.00	Enhanced	Yes	H2406	034	0	\$3,800.00
Mecklenburg	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0017 (PPO)	Local PPO	\$0.00	\$0.00	Enhanced	Yes	H2406	098	0	\$4,900.00
Mecklenburg	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0021 (HMO-POS)	Local HMO	\$29.00	\$0.00	Enhanced	Yes	H5253	037	0	\$3,600.00
Mecklenburg	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0022 (HMO-POS)	Local HMO	\$0.00	\$0.00	Enhanced	Yes	H5253	038	0	\$4,500.00
Mecklenburg	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx NC-MA02 (HMO-POS)	Local HMO *					H5253	040	0	\$6,900.00
Mecklenburg	UnitedHealthcare	Erickson Advantage Freedom (HMO-POS)	Local HMO	\$64.00	\$0.00	Enhanced	Yes	H5652	006	0	\$4,300.00
Mecklenburg	UnitedHealthcare	Erickson Advantage Liberty (HMO-POS)	Local HMO	\$0.00	\$0.00	Enhanced	Yes	H5652	800	0	\$7,300.00
Mecklenburg	UnitedHealthcare	Erickson Advantage Liberty no Rx (HMO-POS)	Local HMO *					H5652	002	0	\$7,300.00
Mecklenburg	UnitedHealthcare	Erickson Advantage Signature (HMO-POS)	Local HMO	\$168.00	\$0.00	Enhanced	Yes	H5652	001	0	\$2,600.00
Mecklenburg	Wellcare	Wellcare Assist Open (PPO)	Local PPO	\$36.40	\$430.00	Basic	No	H7175	003	0	\$6,000.00
Mecklenburg	Wellcare	Wellcare Giveback Open (PPO)	Local PPO	\$0.00	\$545.00	Enhanced	Yes	H7175	004	0	\$8,300.00
Mecklenburg	Wellcare	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$450.00	Enhanced	No	H4073	001	0	\$4,500.00

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2024 Medicare Advantage Plans in NC

County	Organization Name	Plan Name	Type of	Monthly	Annual	Drug	Additional	Contract	Plan	Segment	In-network
			Medicare	Consolidated	Drug	Benefit	Coverage	ID	ID	ID	MOOP
			Health Plan	Premium	Deductible	Туре	Offered in				Amount **
				(Includes Part			the Gap				
				C + D)							
Mecklenburg	Wellcare	Wellcare No Premium Open (PPO)	Local PPO	\$0.00	\$250.00	Enhanced	No	H7175	001	0	\$3,900.00
Mecklenburg	Wellcare	Wellcare No Premium Value (HMO)	Local HMO	\$0.00	\$150.00	Enhanced	No	H0712	023	0	\$6,000.00
Mecklenburg	Wellcare	Wellcare Patriot Giveback Open (PPO)	Local PPO *					H7175	005	0	\$8,850.00

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