

2026 Medicare Advantage Plans in NC

County Name	Company Name	Plan Name	Plan Type	Monthly Consolidated Premium (Part C + D)	Annual Part D Deductible Amount	Drug Benefit Category	Contract ID	Plan ID	Segment ID	In-Network Maximum Out-of-Pocket (MOOP) Amount**
Mitchell	Aetna Medicare	Aetna Medicare Value Plus (HMO)	HMO	\$32.20	\$615.00	Enhanced	H3146	006	0	\$5,500.00
Mitchell	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	\$0.00	\$615.00	Enhanced	H5521	236	0	\$6,750.00
Mitchell	Aetna Medicare	Aetna Medicare Eagle Giveback (PPO)	PPO	N/A	N/A	N/A	H5521	241	0	\$6,750.00
Mitchell	Aetna Medicare	Aetna Medicare Signature Giveback (PPO)	PPO	\$0.00	\$615.00	Enhanced	H5521	348	0	\$7,500.00
Mitchell	Alignment Health Plan	Alignment Health Platinum (HMO)	HMO	\$0.00	\$0.00	Enhanced	H5296	003	0	\$3,900.00
Mitchell	Alignment Health Plan	Alignment Health smartHMO (HMO)	HMO	\$0.00	\$615.00	Enhanced	H5296	006	0	\$3,400.00
Mitchell	Alignment Health Plan	Alignment Health Platinum Select (HMO)	HMO	\$0.00	\$225.00	Enhanced	H5296	010	0	\$5,900.00
Mitchell	Alignment Health Plan	Alignment Health AVA (PPO)	PPO	\$10.00	\$0.00	Enhanced	H7074	001	0	\$3,900.00
Mitchell	BCBS of NC	Blue Medicare PPO Enhanced (PPO)	PPO	\$53.00	\$100.00	Enhanced	H3404	003	2	\$6,300.00
Mitchell	BCBS of NC	Blue Medicare Freedom+ (PPO)	PPO	N/A	N/A	N/A	H3404	004	0	\$9,250.00
Mitchell	BCBS of NC	Blue Medicare Medical Only (HMO-POS)	HMO-POS	N/A	N/A	N/A	H3449	012	0	\$3,900.00
Mitchell	BCBS of NC	Blue Medicare Essential Plus (HMO-POS)	HMO-POS	\$0.00	\$615.00	Enhanced	H3449	023	2	\$5,400.00
Mitchell	BCBS of NC	Blue Medicare Enhanced (HMO-POS)	HMO-POS	\$40.00	\$100.00	Enhanced	H3449	024	2	\$4,200.00
Mitchell	BCBS of NC	Blue Medicare Essential (HMO)	HMO	\$0.00	\$615.00	Enhanced	H3449	027	2	\$9,250.00
Mitchell	Cigna HealthCare	HealthSpring True Choice (PPO)	PPO	\$0.00	\$615.00	Enhanced	H7849	113	2	\$4,350.00
Mitchell	Cigna HealthCare	HealthSpring Courage (HMO)	HMO	N/A	N/A	N/A	H9725	005	0	\$6,750.00
Mitchell	Cigna HealthCare	HealthSpring Preferred (HMO)	HMO	\$0.00	\$295.00	Enhanced	H9725	009	2	\$3,500.00
Mitchell	Cigna HealthCare	HealthSpring Preferred Savings (HMO)	HMO	\$0.00	\$0.00	Enhanced	H9725	015	2	\$6,400.00
Mitchell	Cigna HealthCare	HealthSpring Preferred Plus (HMO)	HMO	\$11.00	\$200.00	Enhanced	H9725	017	2	\$3,200.00
Mitchell	Devoted Health	DEVOTED CHOICE 005 NC (PPO)	PPO	\$0.00	\$370.00	Enhanced	H9700	005	0	\$5,300.00
Mitchell	Devoted Health	DEVOTED CHOICE GIVEBACK 006 NC (PPO)	PPO	\$0.00	\$605.00	Enhanced	H9700	006	0	\$8,000.00
Mitchell	Devoted Health	DEVOTED CHOICE MA ONLY 007 NC (PPO)	PPO	N/A	N/A	N/A	H9700	007	0	\$9,250.00
Mitchell	Humana	HumanaChoice Giveback H5216-017 (PPO)	PPO	\$0.00	\$450.00	Enhanced	H5216	017	0	\$9,250.00
Mitchell	Humana	HumanaChoice H5216-211 (PPO)	PPO	\$54.00	\$615.00	Enhanced	H5216	211	0	\$9,250.00
Mitchell	Humana	Humana USAA Honor Giveback (PPO)	PPO	N/A	N/A	N/A	H5216	343	0	\$9,250.00
Mitchell	Humana	HumanaChoice Giveback H5525-035 (PPO)	PPO	\$0.00	\$450.00	Enhanced	H5525	035	0	\$9,250.00
Mitchell	Humana	HumanaChoice H5525-050 (PPO)	PPO	\$0.00	\$350.00	Enhanced	H5525	050	0	\$9,250.00
Mitchell	Humana	Humana USAA Honor Giveback (PPO)	PPO	N/A	N/A	N/A	H5525	065	0	\$9,250.00
Mitchell	Humana	HumanaChoice H5525-070 (PPO)	PPO	\$24.00	\$615.00	Enhanced	H5525	070	0	\$9,250.00

N/A: Medical Only Plan - no drug coverage

**MOOP: Maximum Out-of-Pocket limit on enrollee spending that includes costs for all in-network Part A and Part B services

2026 Medicare Advantage Plans in NC

County Name	Company Name	Plan Name	Plan Type	Monthly Consolidated Premium (Part C + D)	Annual Part D Deductible Amount	Drug Benefit Category	Contract ID	Plan ID	Segment ID	In-Network Maximum Out-of-Pocket (MOOP) Amount**
Mitchell	Humana	HumanaChoice H5525-083 (PPO)	PPO	\$0.00	\$450.00	Enhanced	H5525	083	0	\$9,250.00
Mitchell	Humana	HumanaChoice R0110-004 (Regional PPO)	Regional PPO	N/A	N/A	N/A	R0110	004	0	\$7,000.00
Mitchell	Humana	Humana Full Access R0110-005 (Regional PPO)	Regional PPO	\$117.00	\$615.00	Enhanced	R0110	005	0	\$9,250.00
Mitchell	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	N/A	N/A	N/A	R0110	006	0	\$9,250.00
Mitchell	Troy Medicare	Troy Medicare (HMO)	HMO	\$0.00	\$0.00	Enhanced	H4676	001	0	\$3,950.00
Mitchell	UnitedHealthcare	AARP Medicare Advantage Access from UHC NC-23 (PPO)	PPO	\$255.00	\$600.00	Enhanced	H2001	084	0	\$3,000.00
Mitchell	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx NC-MA02 (HMO-POS)	HMO-POS	N/A	N/A	N/A	H5253	040	0	\$7,900.00
Mitchell	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0008 (HMO-POS)	HMO-POS	\$0.00	\$520.00	Enhanced	H5253	079	0	\$6,700.00
Mitchell	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0009 (HMO-POS)	HMO-POS	\$48.00	\$440.00	Enhanced	H5253	080	0	\$5,400.00
Mitchell	UnitedHealthcare	AARP Medicare Advantage Giveback from UHC NC-13 (HMO-POS)	HMO-POS	\$0.00	\$600.00	Enhanced	H5253	105	0	\$8,900.00
Mitchell	UnitedHealthcare	AARP Medicare Advantage from UHC NC-24 (HMO-POS)	HMO-POS	\$0.00	\$520.00	Enhanced	H5253	185	0	\$5,400.00
Mitchell	Wellcare	Wellcare Simple Open (PPO)	PPO	\$0.00	\$615.00	Enhanced	H1914	007	0	\$4,300.00
Mitchell	Wellcare	Wellcare Assist Open (PPO)	PPO	\$31.00	\$480.00	Basic	H1914	009	0	\$4,201.00
Mitchell	Wellcare	Wellcare Giveback Open (PPO)	PPO	\$0.00	\$615.00	Enhanced	H1914	010	0	\$8,300.00
Mitchell	Wellcare	Wellcare Patriot Giveback Open (PPO)	PPO	N/A	N/A	N/A	H1914	011	0	\$8,850.00
Mitchell	Wellcare	Wellcare Simple (HMO-POS)	HMO-POS	\$0.00	\$615.00	Enhanced	H4073	001	0	\$4,200.00

N/A: Medical Only Plan - no drug coverage

**MOOP: Maximum Out-of-Pocket limit on enrollee spending that includes costs for all in-network Part A and Part B services