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**
Pender	Aetna Medicare	Aetna Medicare Value Plus (HMO)	HMO	$32.20	$615.00	Enhanced	H3146	006	0	$5,500.00
Pender	Aetna Medicare	Aetna Medicare Enhanced (PPO)	PPO	$20.00	$615.00	Enhanced	H5521	169	0	$5,900.00
Pender	Aetna Medicare	Aetna Medicare Eagle Giveback (PPO)	PPO	N/A	N/A	N/A	H5521	241	0	$6,750.00
Pender	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	$0.00	$615.00	Enhanced	H5521	243	0	$6,750.00
Pender	Aetna Medicare	Aetna Medicare Signature Giveback (PPO)	PPO	$0.00	$615.00	Enhanced	H5521	348	0	$7,500.00
Pender	BCBS of NC	Blue Medicare PPO Enhanced (PPO)	PPO	$53.00	$100.00	Enhanced	H3404	003	2	$6,300.00
Pender	BCBS of NC	Blue Medicare Freedom+ (PPO)	PPO	N/A	N/A	N/A	H3404	004	0	$9,250.00
Pender	BCBS of NC	Blue Medicare Medical Only (HMO-POS)	HMO-POS	N/A	N/A	N/A	H3449	012	0	$3,900.00
Pender	BCBS of NC	Blue Medicare Essential Plus (HMO-POS)	HMO-POS	$0.00	$615.00	Enhanced	H3449	023	5	$7,450.00
Pender	BCBS of NC	Blue Medicare Enhanced (HMO-POS)	HMO-POS	$47.00	$100.00	Enhanced	H3449	024	3	$4,200.00
Pender	BCBS of NC	Blue Medicare Essential (HMO)	HMO	$0.00	$615.00	Enhanced	H3449	027	2	$9,250.00
Pender	Devoted Health	DEVOTED CHOICE MA ONLY 007 NC (PPO)	PPO	N/A	N/A	N/A	H9700	007	0	$9,250.00
Pender	Devoted Health	DEVOTED CHOICE 008 NC (PPO)	PPO	$0.00	$270.00	Enhanced	H9700	008	0	$5,900.00
Pender	Devoted Health	DEVOTED CHOICE GIVEBACK 009 NC (PPO)	PPO	$0.00	$605.00	Enhanced	H9700	009	0	$9,250.00
Pender	HealthTeam Advantage	HealthTeam Advantage Eagle Plan (PPO)	PPO	N/A	N/A	N/A	H9808	009	0	$4,500.00
Pender	HealthTeam Advantage	HealthTeam Advantage Vitality Plan (PPO)	PPO	$0.00	$300.00	Enhanced	H9808	010	0	$4,200.00
Pender	Humana	Humana Gold Plus H1036-335 (HMO-POS)	HMO-POS	$0.00	$250.00	Enhanced	H1036	335	2	$3,950.00
Pender	Humana	Humana Full Access H5525-034 (PPO)	PPO	$129.00	$615.00	Enhanced	H5525	034	0	$9,250.00
Pender	Humana	HumanaChoice Giveback H5525-035 (PPO)	PPO	$0.00	$450.00	Enhanced	H5525	035	0	$9,250.00
Pender	Humana	HumanaChoice H5525-049 (PPO)	PPO	$29.00	$350.00	Enhanced	H5525	049	0	$9,250.00
Pender	Humana	HumanaChoice H5525-050 (PPO)	PPO	$0.00	$350.00	Enhanced	H5525	050	0	$9,250.00
Pender	Humana	Humana USAA Honor Giveback (PPO)	PPO	N/A	N/A	N/A	H5525	065	0	$9,250.00
Pender	Humana	HumanaChoice H5525-070 (PPO)	PPO	$24.00	$615.00	Enhanced	H5525	070	0	$9,250.00
Pender	Humana	HumanaChoice H5525-083 (PPO)	PPO	$0.00	$450.00	Enhanced	H5525	083	0	$9,250.00
Pender	Humana	Humana Gold Plus H6622-061 (HMO-POS)	HMO-POS	$0.00	$350.00	Enhanced	H6622	061	0	$9,250.00
Pender	Humana	HumanaChoice R0110-004 (Regional PPO)	Regional PPO	N/A	N/A	N/A	R0110	004	0	$7,000.00
Pender	Humana	Humana Full Access R0110-005 (Regional PPO)	Regional PPO	$117.00	$615.00	Enhanced	R0110	005	0	$9,250.00
Pender	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	N/A	N/A	N/A	R0110	006	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

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Pender	UnitedHealthcare	AARP Medicare Advantage Access from UHC NC-23 (PPO)	PPO	$255.00	$600.00	Enhanced	H2001	084	0	$3,000.00
Pender	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0001 (PPO)	PPO	$0.00	$440.00	Enhanced	H2001	090	0	$6,700.00
Pender	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0004 (PPO)	PPO	$29.00	$440.00	Enhanced	H2001	102	0	$6,200.00
Pender	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx NC-MA01 (PPO)	PPO	N/A	N/A	N/A	H2001	103	0	$8,900.00
Pender	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0019 (PPO)	PPO	$25.00	$520.00	Enhanced	H2406	115	0	$6,700.00
Pender	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
Pender	UnitedHealthcare	AARP Medicare Advantage from UHC NC-26 (HMO-POS)	HMO-POS	$0.00	$440.00	Enhanced	H5253	187	0	$5,400.00

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