

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**
Washington	Aetna Medicare	Aetna Medicare Value Plus (HMO)	HMO	\$32.20	\$615.00	Enhanced	H3146	006	0	\$5,500.00
Washington	Aetna Medicare	Aetna Medicare Eagle Giveback (PPO)	PPO	N/A	N/A	N/A	H5521	241	0	\$6,750.00
Washington	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	\$0.00	\$615.00	Enhanced	H5521	243	0	\$6,750.00
Washington	Aetna Medicare	Aetna Medicare Signature Giveback (PPO)	PPO	\$0.00	\$615.00	Enhanced	H5521	348	0	\$7,500.00
Washington	BCBS of NC	Blue Medicare PPO Enhanced (PPO)	PPO	\$53.00	\$100.00	Enhanced	H3404	003	2	\$6,300.00
Washington	BCBS of NC	Blue Medicare Freedom+ (PPO)	PPO	N/A	N/A	N/A	H3404	004	0	\$9,250.00
Washington	BCBS of NC	Blue Medicare Medical Only (HMO-POS)	HMO-POS	N/A	N/A	N/A	H3449	012	0	\$3,900.00
Washington	BCBS of NC	Blue Medicare Essential Plus (HMO-POS)	HMO-POS	\$0.00	\$615.00	Enhanced	H3449	023	5	\$7,450.00
Washington	BCBS of NC	Blue Medicare Enhanced (HMO-POS)	HMO-POS	\$47.00	\$100.00	Enhanced	H3449	024	3	\$4,200.00
Washington	BCBS of NC	Blue Medicare Essential (HMO)	HMO	\$0.00	\$615.00	Enhanced	H3449	027	2	\$9,250.00
Washington	Humana	HumanaChoice Giveback H5525-035 (PPO)	PPO	\$0.00	\$450.00	Enhanced	H5525	035	0	\$9,250.00
Washington	Humana	HumanaChoice H5525-049 (PPO)	PPO	\$29.00	\$350.00	Enhanced	H5525	049	0	\$9,250.00
Washington	Humana	HumanaChoice H5525-050 (PPO)	PPO	\$0.00	\$350.00	Enhanced	H5525	050	0	\$9,250.00
Washington	Humana	Humana USAA Honor Giveback (PPO)	PPO	N/A	N/A	N/A	H5525	065	0	\$9,250.00
Washington	Humana	HumanaChoice H5525-070 (PPO)	PPO	\$24.00	\$615.00	Enhanced	H5525	070	0	\$9,250.00
Washington	Humana	HumanaChoice H5525-083 (PPO)	PPO	\$0.00	\$450.00	Enhanced	H5525	083	0	\$9,250.00
Washington	Humana	HumanaChoice R0110-004 (Regional PPO)	Regional PPO	N/A	N/A	N/A	R0110	004	0	\$7,000.00

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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Washington	Humana	Humana Full Access R0110-005 (Regional PPO)	Regional PPO	\$117.00	\$615.00	Enhanced	R0110	005	0	\$9,250.00
Washington	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	N/A	N/A	N/A	R0110	006	0	\$9,250.00
Washington	UnitedHealthcare	AARP Medicare Advantage Access from UHC NC-23 (PPO)	PPO	\$255.00	\$600.00	Enhanced	H2001	084	0	\$3,000.00
Washington	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0001 (PPO)	PPO	\$0.00	\$440.00	Enhanced	H2001	090	0	\$6,700.00
Washington	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0004 (PPO)	PPO	\$29.00	\$440.00	Enhanced	H2001	102	0	\$6,200.00
Washington	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx NC-MA01 (PPO)	PPO	N/A	N/A	N/A	H2001	103	0	\$8,900.00
Washington	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0019 (PPO)	PPO	\$25.00	\$520.00	Enhanced	H2406	115	0	\$6,700.00
Washington	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
Washington	UnitedHealthcare	AARP Medicare Advantage from UHC NC-26 (HMO-POS)	HMO-POS	\$0.00	\$440.00	Enhanced	H5253	187	0	\$5,400.00

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