

2026 Medicare Advantage Special Needs Plans

County	Company Name	Plan Name	Plan Type	SNP Type	Total Monthly Premium	Annual Part D Deductible Amount	Drug Benefit Category	Contract ID	Plan ID
Caldwell	Aetna Medicare	Aetna Medicare Dual (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H3146	002
Caldwell	Aetna Medicare	Aetna Medicare Full Dual Care (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$28.20	\$615.00	Enhanced	H3146	022
Caldwell	BCBS of NC	Healthy Blue + Medicare (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$18.70	\$615.00	Enhanced	H9147	001
Caldwell	Devoted Health	DEVOTED DUAL PLUS 006 NC (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$35.00	\$615.00	Enhanced	H5299	006
Caldwell	Devoted Health	DEVOTED DUAL 009 NC (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5299	009
Caldwell	Devoted Health	DEVOTED DUAL FULL 013 NC (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5299	013
Caldwell	Devoted Health	DEVOTED C-SNP PLUS 015 NC (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$36.20	\$615.00	Basic	H5299	015
Caldwell	Devoted Health	DEVOTED C-SNP PREMIUM 016 NC (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$36.20	\$615.00	Basic	H5299	016
Caldwell	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$14.20	\$615.00	Enhanced	H1036	167
Caldwell	Humana	Humana Dual Select H1036-307 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$13.00	\$615.00	Enhanced	H1036	307
Caldwell	Humana	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$0.00	\$450.00	Enhanced	H1036	308
Caldwell	Humana	Humana Gold Plus SNP-DE H1036-331 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$20.00	\$615.00	Enhanced	H1036	331
Caldwell	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$30.40	\$615.00	Enhanced	H5525	036
Caldwell	Humana	Humana Dual Select H5525-072 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$33.50	\$615.00	Enhanced	H5525	072
Caldwell	Liberty Medicare Advantage	Liberty Medicare Advantage Nursing Home Plan (HMO I-SNP)	HMO I-SNP	Institutional	\$36.20	\$615.00	Basic	H6351	001
Caldwell	Liberty Medicare Advantage	Liberty Medicare Advantage (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$0.00	\$0.00	Enhanced	H6351	004
Caldwell	Liberty Medicare Advantage	Liberty Medicare Dual Plan (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$14.70	\$615.00	Basic	H6351	005
Caldwell	Troy Medicare	Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$31.30	\$615.00	Enhanced	H4676	002

2026 Medicare Advantage Special Needs Plans

County	Company Name	Plan Name	Plan Type	SNP Type	Total Monthly Premium	Annual Part D Deductible Amount	Drug Benefit Category	Contract ID	Plan ID
Caldwell	UnitedHealthcare	UHC Nursing Home Plan NC-F001 (PPO I-SNP)	PPO I-SNP	Institutional	\$36.20	\$615.00	Basic	H0710	034
Caldwell	UnitedHealthcare	UHC Dual Complete NC-S001 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H1889	005
Caldwell	UnitedHealthcare	UHC Dual Complete NC-S2 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H1889	034
Caldwell	UnitedHealthcare	UHC Dual Complete NC-D001 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$25.30	\$615.00	Enhanced	H5253	041
Caldwell	UnitedHealthcare	UHC Dual Complete NC-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5253	116
Caldwell	UnitedHealthcare	UHC Dual Complete NC-S3 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5253	184
Caldwell	UnitedHealthcare	UHC Complete Care NC-25 (HMO-POS C-SNP)	HMO-POS C-SNP	Chronic Condition	\$0.00	\$520.00	Enhanced	H5253	186
Caldwell	Wellcare	Wellcare Dual Liberty Open (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$25.80	\$395.00	Basic	H1914	008
Caldwell	Wellcare	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$32.20	\$385.00	Basic	H4073	002
Caldwell	Wellcare	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$27.50	\$615.00	Basic	H4073	003
Caldwell	Wellcare	Wellcare Dual Liberty (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$36.20	\$425.00	Basic	H4073	004