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
Carteret	BCBS of NC	Healthy Blue + Medicare (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	$18.70	$615.00	Enhanced	H9147	001
Carteret	PruittHealth Premier	PruittHealth Premier (HMO I-SNP)	HMO I-SNP	Institutional	$36.20	$615.00	Basic	H6345	001
Carteret	UnitedHealthcare	UHC Dual Complete NC-S001 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	$36.20	$615.00	Enhanced	H1889	005
Carteret	UnitedHealthcare	UHC Dual Complete NC-S2 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	$36.20	$615.00	Enhanced	H1889	034
Carteret	UnitedHealthcare	UHC Dual Complete NC-D001 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	$25.30	$615.00	Enhanced	H5253	041
Carteret	UnitedHealthcare	UHC Dual Complete NC-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	$36.20	$615.00	Enhanced	H5253	116
Carteret	UnitedHealthcare	UHC Dual Complete NC-S3 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	$36.20	$615.00	Enhanced	H5253	184
Carteret	UnitedHealthcare	UHC Complete Care NC-27 (HMO-POS C-SNP)	HMO-POS C-SNP	Chronic Condition	$0.00	$440.00	Enhanced	H5253	188