

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
Guilford	Aetna Medicare	Aetna Medicare Dual (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H3146	002
Guilford	Aetna Medicare	Aetna Medicare Full Dual Care (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$28.20	\$615.00	Enhanced	H3146	022
Guilford	Alignment Health Plan	Alignment Health NC Duals (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5296	004
Guilford	Alignment Health Plan	Alignment Health Heart & Diabetes NCPlus (HMO-POS C-SNP)	HMO-POS C-SNP	Chronic Condition	\$36.20	\$615.00	Enhanced	H5296	009
Guilford	Alignment Health Plan	Alignment Health Heart & Diabetes Care (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$0.00	\$250.00	Enhanced	H5296	011
Guilford	BCBS of NC	Healthy Blue + Medicare (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$18.70	\$615.00	Enhanced	H9147	001
Guilford	Cigna HealthCare	HealthSpring TotalCare (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$19.70	\$615.00	Enhanced	H9725	003
Guilford	Cigna HealthCare	HealthSpring TotalCare Plus (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$28.20	\$615.00	Enhanced	H9725	013
Guilford	Devoted Health	DEVOTED DUAL PLUS 006 NC (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$35.00	\$615.00	Enhanced	H5299	006
Guilford	Devoted Health	DEVOTED DUAL 009 NC (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5299	009
Guilford	Devoted Health	DEVOTED DUAL FULL 013 NC (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5299	013
Guilford	Devoted Health	DEVOTED C-SNP PLUS 015 NC (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$36.20	\$615.00	Basic	H5299	015
Guilford	Devoted Health	DEVOTED C-SNP PREMIUM 017 NC (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$36.20	\$615.00	Basic	H5299	017
Guilford	HealthTeam Advantage	HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$0.00	\$300.00	Enhanced	H2624	001
Guilford	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$14.20	\$615.00	Enhanced	H1036	167
Guilford	Humana	Humana Dual Select H1036-307 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$13.00	\$615.00	Enhanced	H1036	307
Guilford	Humana	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$0.00	\$450.00	Enhanced	H1036	308
Guilford	Humana	Humana Gold Plus SNP-DE H1036-331 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$20.00	\$615.00	Enhanced	H1036	331

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
Guilford	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$30.40	\$615.00	Enhanced	H5525	036
Guilford	Humana	Humana Dual Select H5525-072 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$33.50	\$615.00	Enhanced	H5525	072
Guilford	Liberty Medicare Advantage	Liberty Medicare Advantage Nursing Home Plan (HMO I-SNP)	HMO I-SNP	Institutional	\$36.20	\$615.00	Basic	H6351	001
Guilford	Liberty Medicare Advantage	Liberty Medicare Advantage (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$0.00	\$0.00	Enhanced	H6351	004
Guilford	Liberty Medicare Advantage	Liberty Medicare Dual Plan (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$14.70	\$615.00	Basic	H6351	005
Guilford	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	HMO I-SNP	Institutional	\$36.20	\$615.00	Basic	H5374	001
Guilford	Provider Partners Health Plans	Provider Partners North Carolina Advantage Plan (HMO I-SNP)	HMO I-SNP	Institutional	\$36.20	\$615.00	Basic	H4439	001
Guilford	Provider Partners Health Plans	Provider Partners North Carolina Community Plan (HMO I-SNP)	HMO I-SNP	Institutional	\$0.00	\$615.00	Basic	H4439	002
Guilford	Provider Partners Health Plans	Provider Partners North Carolina Essential Plan (HMO I-SNP)	HMO I-SNP	Institutional	\$36.20	\$615.00	Basic	H4439	003
Guilford	UnitedHealthcare	UHC Nursing Home Plan NC-F001 (PPO I-SNP)	PPO I-SNP	Institutional	\$36.20	\$615.00	Basic	H0710	034
Guilford	UnitedHealthcare	UHC Dual Complete NC-S001 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H1889	005
Guilford	UnitedHealthcare	UHC Dual Complete NC-S2 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H1889	034
Guilford	UnitedHealthcare	UHC Dual Complete NC-D001 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$25.30	\$615.00	Enhanced	H5253	041
Guilford	UnitedHealthcare	UHC Dual Complete NC-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5253	116
Guilford	UnitedHealthcare	UHC Dual Complete NC-S3 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5253	184
Guilford	UnitedHealthcare	UHC Complete Care NC-28 (HMO-POS C-SNP)	HMO-POS C-SNP	Chronic Condition	\$0.00	\$355.00	Enhanced	H5253	189
Guilford	Wellcare	Wellcare Dual Liberty Open (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$25.80	\$395.00	Basic	H1914	008
Guilford	Wellcare	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$32.20	\$385.00	Basic	H4073	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
Guilford	Wellcare	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$27.50	\$615.00	Basic	H4073	003
Guilford	Wellcare	Wellcare Dual Liberty (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$36.20	\$425.00	Basic	H4073	004