

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
Pender	Aetna Medicare	Aetna Medicare Dual (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H3146	002
Pender	BCBS of NC	Healthy Blue + Medicare (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$18.70	\$615.00	Enhanced	H9147	001
Pender	Devoted Health	DEVOTED DUAL PLUS 006 NC (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$35.00	\$615.00	Enhanced	H5299	006
Pender	Devoted Health	DEVOTED DUAL 009 NC (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5299	009
Pender	Devoted Health	DEVOTED DUAL FULL 013 NC (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5299	013
Pender	Devoted Health	DEVOTED C-SNP PREMIUM 014 NC (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$36.20	\$615.00	Basic	H5299	014
Pender	Devoted Health	DEVOTED C-SNP PLUS 015 NC (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$36.20	\$615.00	Basic	H5299	015
Pender	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$14.20	\$615.00	Enhanced	H1036	167
Pender	Humana	Humana Dual Select H1036-307 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$13.00	\$615.00	Enhanced	H1036	307
Pender	Humana	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$0.00	\$450.00	Enhanced	H1036	308
Pender	Humana	Humana Gold Plus SNP-DE H1036-331 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$20.00	\$615.00	Enhanced	H1036	331
Pender	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$30.40	\$615.00	Enhanced	H5525	036
Pender	Humana	Humana Dual Select H5525-072 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$33.50	\$615.00	Enhanced	H5525	072
Pender	Liberty Medicare Advantage	Liberty Medicare Advantage Nursing Home Plan (HMO I-SNP)	HMO I-SNP	Institutional	\$36.20	\$615.00	Basic	H6351	001
Pender	Liberty Medicare Advantage	Liberty Medicare Advantage (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$0.00	\$0.00	Enhanced	H6351	004
Pender	Liberty Medicare Advantage	Liberty Medicare Dual Plan (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$14.70	\$615.00	Basic	H6351	005
Pender	Provider Partners Health Plans	Provider Partners North Carolina Advantage Plan (HMO I-SNP)	HMO I-SNP	Institutional	\$36.20	\$615.00	Basic	H4439	001
Pender	Provider Partners Health Plans	Provider Partners North Carolina Community Plan (HMO I-SNP)	HMO I-SNP	Institutional	\$0.00	\$615.00	Basic	H4439	002

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Pender	Provider Partners Health Plans	Provider Partners North Carolina Essential Plan (HMO I-SNP)	HMO I-SNP	Institutional	\$36.20	\$615.00	Basic	H4439	003
Pender	UnitedHealthcare	UHC Dual Complete NC-S001 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H1889	005
Pender	UnitedHealthcare	UHC Dual Complete NC-S2 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H1889	034
Pender	UnitedHealthcare	UHC Dual Complete NC-D001 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$25.30	\$615.00	Enhanced	H5253	041
Pender	UnitedHealthcare	UHC Dual Complete NC-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5253	116
Pender	UnitedHealthcare	UHC Dual Complete NC-S3 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5253	184
Pender	UnitedHealthcare	UHC Complete Care NC-27 (HMO-POS C-SNP)	HMO-POS C-SNP	Chronic Condition	\$0.00	\$440.00	Enhanced	H5253	188