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
Person	Aetna Medicare	Aetna Medicare Dual (HMO D-SNP)	HMO D-SNP	Dual-Eligible	$36.20	$615.00	Enhanced	H3146	002
Person	BCBS of NC	Healthy Blue + Medicare (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	$18.70	$615.00	Enhanced	H9147	001
Person	Devoted Health	DEVOTED DUAL PLUS 006 NC (HMO D-SNP)	HMO D-SNP	Dual-Eligible	$35.00	$615.00	Enhanced	H5299	006
Person	Devoted Health	DEVOTED DUAL 009 NC (HMO D-SNP)	HMO D-SNP	Dual-Eligible	$36.20	$615.00	Enhanced	H5299	009
Person	Devoted Health	DEVOTED DUAL FULL 013 NC (HMO D-SNP)	HMO D-SNP	Dual-Eligible	$36.20	$615.00	Enhanced	H5299	013
Person	Devoted Health	DEVOTED C-SNP PLUS 015 NC (HMO C-SNP)	HMO C-SNP	Chronic Condition	$36.20	$615.00	Basic	H5299	015
Person	Devoted Health	DEVOTED C-SNP PREMIUM 017 NC (HMO C-SNP)	HMO C-SNP	Chronic Condition	$36.20	$615.00	Basic	H5299	017
Person	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	$14.20	$615.00	Enhanced	H1036	167
Person	Humana	Humana Dual Select H1036-307 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	$13.00	$615.00	Enhanced	H1036	307
Person	Humana	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	HMO C-SNP	Chronic Condition	$0.00	$450.00	Enhanced	H1036	308
Person	Humana	Humana Gold Plus SNP-DE H1036-331 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	$20.00	$615.00	Enhanced	H1036	331
Person	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	$30.40	$615.00	Enhanced	H5525	036
Person	Humana	Humana Dual Select H5525-072 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	$33.50	$615.00	Enhanced	H5525	072
Person	Liberty Medicare Advantage	Liberty Medicare Advantage Nursing Home Plan (HMO I-SNP)	HMO I-SNP	Institutional	$36.20	$615.00	Basic	H6351	001
Person	Liberty Medicare Advantage	Liberty Medicare Advantage (HMO C-SNP)	HMO C-SNP	Chronic Condition	$0.00	$0.00	Enhanced	H6351	004
Person	Liberty Medicare Advantage	Liberty Medicare Dual Plan (HMO D-SNP)	HMO D-SNP	Dual-Eligible	$14.70	$615.00	Basic	H6351	005
Person	Troy Medicare	Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP)	HMO D-SNP	Dual-Eligible	$31.30	$615.00	Enhanced	H4676	002
Person	UnitedHealthcare	UHC Dual Complete NC-S001 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	$36.20	$615.00	Enhanced	H1889	005

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Person	UnitedHealthcare	UHC Dual Complete NC-S2 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	$36.20	$615.00	Enhanced	H1889	034
Person	UnitedHealthcare	UHC Dual Complete NC-D001 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	$25.30	$615.00	Enhanced	H5253	041
Person	UnitedHealthcare	UHC Dual Complete NC-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	$36.20	$615.00	Enhanced	H5253	116
Person	UnitedHealthcare	UHC Dual Complete NC-S3 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	$36.20	$615.00	Enhanced	H5253	184
Person	UnitedHealthcare	UHC Complete Care NC-28 (HMO-POS C-SNP)	HMO-POS C-SNP	Chronic Condition	$0.00	$355.00	Enhanced	H5253	189
Person	Wellcare	Wellcare Dual Liberty Open (PPO D-SNP)	PPO D-SNP	Dual-Eligible	$25.80	$395.00	Basic	H1914	008
Person	Wellcare	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	$32.20	$385.00	Basic	H4073	002
Person	Wellcare	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	$27.50	$615.00	Basic	H4073	003
Person	Wellcare	Wellcare Dual Liberty (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	$36.20	$425.00	Basic	H4073	004