

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
Wayne	Aetna Medicare	Aetna Medicare Dual (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H3146	002
Wayne	BCBS of NC	Healthy Blue + Medicare (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$18.70	\$615.00	Enhanced	H9147	001
Wayne	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$14.20	\$615.00	Enhanced	H1036	167
Wayne	Humana	Humana Dual Select H1036-307 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$13.00	\$615.00	Enhanced	H1036	307
Wayne	Humana	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$0.00	\$450.00	Enhanced	H1036	308
Wayne	Humana	Humana Gold Plus SNP-DE H1036-331 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$20.00	\$615.00	Enhanced	H1036	331
Wayne	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$30.40	\$615.00	Enhanced	H5525	036
Wayne	Humana	Humana Dual Select H5525-072 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$33.50	\$615.00	Enhanced	H5525	072
Wayne	Liberty Medicare Advantage	Liberty Medicare Advantage Nursing Home Plan (HMO I-SNP)	HMO I-SNP	Institutional	\$36.20	\$615.00	Basic	H6351	001
Wayne	Liberty Medicare Advantage	Liberty Medicare Advantage (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$0.00	\$0.00	Enhanced	H6351	004
Wayne	Liberty Medicare Advantage	Liberty Medicare Dual Plan (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$14.70	\$615.00	Basic	H6351	005
Wayne	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	HMO I-SNP	Institutional	\$36.20	\$615.00	Basic	H5374	001
Wayne	UnitedHealthcare	UHC Nursing Home Plan NC-F001 (PPO I-SNP)	PPO I-SNP	Institutional	\$36.20	\$615.00	Basic	H0710	034
Wayne	UnitedHealthcare	UHC Dual Complete NC-S001 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H1889	005
Wayne	UnitedHealthcare	UHC Dual Complete NC-S2 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H1889	034
Wayne	UnitedHealthcare	UHC Dual Complete NC-D001 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$25.30	\$615.00	Enhanced	H5253	041
Wayne	UnitedHealthcare	UHC Dual Complete NC-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5253	116
Wayne	UnitedHealthcare	UHC Dual Complete NC-S3 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5253	184

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
Wayne	UnitedHealthcare	UHC Complete Care NC-28 (HMO-POS C-SNP)	HMO-POS C-SNP	Chronic Condition	\$0.00	\$355.00	Enhanced	H5253	189