

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
Yancey	Aetna Medicare	Aetna Medicare Dual (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H3146	002
Yancey	BCBS of NC	Healthy Blue + Medicare (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$18.70	\$615.00	Enhanced	H9147	001
Yancey	Cigna HealthCare	HealthSpring TotalCare (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$19.70	\$615.00	Enhanced	H9725	003
Yancey	Cigna HealthCare	HealthSpring TotalCare Plus (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$28.20	\$615.00	Enhanced	H9725	013
Yancey	Devoted Health	DEVOTED DUAL PLUS 006 NC (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$35.00	\$615.00	Enhanced	H5299	006
Yancey	Devoted Health	DEVOTED DUAL 009 NC (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5299	009
Yancey	Devoted Health	DEVOTED DUAL FULL 013 NC (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5299	013
Yancey	Devoted Health	DEVOTED C-SNP PLUS 015 NC (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$36.20	\$615.00	Basic	H5299	015
Yancey	Devoted Health	DEVOTED C-SNP PREMIUM 018 NC (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$36.20	\$615.00	Basic	H5299	018
Yancey	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$14.20	\$615.00	Enhanced	H1036	167
Yancey	Humana	Humana Dual Select H1036-307 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$13.00	\$615.00	Enhanced	H1036	307
Yancey	Humana	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	HMO C-SNP	Chronic Condition	\$0.00	\$450.00	Enhanced	H1036	308
Yancey	Humana	Humana Gold Plus SNP-DE H1036-331 (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$20.00	\$615.00	Enhanced	H1036	331
Yancey	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$30.40	\$615.00	Enhanced	H5525	036
Yancey	Humana	Humana Dual Select H5525-072 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$33.50	\$615.00	Enhanced	H5525	072
Yancey	Humana	Humana Dual Select H6622-027 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$29.00	\$615.00	Enhanced	H6622	027
Yancey	Troy Medicare	Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP)	HMO D-SNP	Dual-Eligible	\$31.30	\$615.00	Enhanced	H4676	002
Yancey	UnitedHealthcare	UHC Dual Complete NC-S001 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H1889	005

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
Yancey	UnitedHealthcare	UHC Dual Complete NC-S2 (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H1889	034
Yancey	UnitedHealthcare	UHC Dual Complete NC-D001 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$25.30	\$615.00	Enhanced	H5253	041
Yancey	UnitedHealthcare	UHC Dual Complete NC-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5253	116
Yancey	UnitedHealthcare	UHC Dual Complete NC-S3 (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$36.20	\$615.00	Enhanced	H5253	184
Yancey	UnitedHealthcare	UHC Complete Care NC-25 (HMO-POS C-SNP)	HMO-POS C-SNP	Chronic Condition	\$0.00	\$520.00	Enhanced	H5253	186
Yancey	Wellcare	Wellcare Dual Liberty Open (PPO D-SNP)	PPO D-SNP	Dual-Eligible	\$25.80	\$395.00	Basic	H1914	008
Yancey	Wellcare	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$32.20	\$385.00	Basic	H4073	002
Yancey	Wellcare	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$27.50	\$615.00	Basic	H4073	003
Yancey	Wellcare	Wellcare Dual Liberty (HMO-POS D-SNP)	HMO-POS D-SNP	Dual-Eligible	\$36.20	\$425.00	Basic	H4073	004