2025 Medicare Advantage Plans In NC

Not Applicable = No Drug Coverage/Plan is Medical Only

**MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County Name	Company Name	Plan Name	Plan Type	Monthly Consolidated Premium (Part C + D)	Annual Part D Deductible Amount	Drug Benefit Category	Contract	Plan ID	Segment ID	In-Network Maximum Out- of-Pocket (MOOP) Amount **
Camden	Aetna Medicare	Aetna Medicare Value Plus (HMO)	НМО	\$15.00		Enhanced	H3146	6	0	
Camden	Aetna Medicare	Aetna Medicare Value Fius (FINO) Aetna Medicare Eagle (PPO)	PPO	·	•	Not Applicable	H5521	241	0	
Camden	Aetna Medicare	Aetna Medicare Lagie (PPO)	PPO	\$0.00		Enhanced	H5521	243	0	
Camden	Aetna Medicare	Aetna Medicare Valde (FFO) Aetna Medicare Essential (PPO)	PPO	\$0.00		Enhanced	H5521	348	0	
Camden	BCBS of NC	Blue Medicare Freedom+ (PPO)	PPO		·	Not Applicable	H3404	340	0	
Camden	BCBS of NC	Blue Medicare Medical Only (HMO-POS)	HMO-POS			Not Applicable	H3449	12	0	
Camden	BCBS of NC	Blue Medicare Essential Plus (HMO-POS)	HMO-POS	\$0.00		Enhanced	H3449	23		\$5,200.00
Camden	BCBS of NC	Blue Medicare Enhanced (HMO-POS)	HMO-POS	\$34.00	-	Enhanced	H3449	24	2	\$3,200.00
Camden	BCBS of NC	Blue Medicare Essential (HMO)	HMO	\$0.00		Enhanced	H3449	27	2	\$8,300.00
Camden	Humana	HumanaChoice H5525-026 (PPO)	PPO	\$90.00	·	Enhanced	H5525	26	0	
Camden	Humana	HumanaChoice H5525-050 (PPO)	PPO	\$0.00	-	Enhanced	H5525	50		
Camden	Humana	Humana USAA Honor Giveback (PPO)	PPO	· ·	•	Not Applicable	H5525	65	0	
Camden	Humana	HumanaChoice H5525-070 (PPO)	PPO	\$51.20		Enhanced	H5525	70	_	
Camden	Humana	HumanaChoice H5525-083 (PPO)	PPO	\$0.00	·	Enhanced	H5525	83	0	
Camden	Humana	HumanaChoice R0110-004 (Regional PPO)	Regional PPO	•	Not Applicable	Not Applicable	R0110	1	0	
Camden	Humana	Humana Full Access R0110-005 (Regional PPO)	Regional PPO	\$128.00		Enhanced	R0110	5	0	. ,
Camden	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	·	Not Applicable	Not Applicable	R0110	6		. ,
	UnitedHealthcare	AARP Medicare Advantage Access from UHC NC-23 (PPO)	PPO	\$247.00		Enhanced	H2001	84	0	
Camden	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0001 (PPO)	PPO	\$0.00	\$255.00	Enhanced	H2001	90	0	\$6,700.00
Camden	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0004 (PPO)	PPO	\$22.00	\$255.00	Enhanced	H2001	102	0	\$5,900.00
Camden	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx NC-MA01 (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H2001	103	0	\$7,900.00
Camden	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx NC-MA02 (HMO-POS)	HMO-POS	\$0.00	Not Applicable	Not Applicable	H5253	40	0	\$7,900.00

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		to (
										In-Network
				Monthly						Maximum Out-
				Consolidated	Annual Part D					of-Pocket
				Premium (Part	Deductible	Drug Benefit	Contract	Plan	Segment	(MOOP)
County Name	Company Name	Plan Name	Plan Type	C + D)	Amount	Category	ID	ID	ID	Amount **
Camden	UnitedHealthcare	AARP Medicare Advantage from UHC NC-26 (HMO-POS)	HMO-POS	\$0.00	\$340.00	Enhanced	H5253	187	0	\$4,900.00