## **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.

		et (MOOP) limit on enrollee spending that includes costs		Monthly Consolidated Premium (Part	Annual Part D Deductible	Drug Benefit			Segment	In-Network Maximum Out- of-Pocket (MOOP)
	Company Name	Plan Name	Plan Type	C + D)	Amount	Category	ID	ID	ID	Amount **
Pasquotank	Aetna Medicare	Aetna Medicare Value Plus (HMO)	НМО	\$15.00		Enhanced	H3146	6	0	70,000.00
Pasquotank	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO			Not Applicable	H5521	241	0	40).00.00
Pasquotank	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	\$0.00	<b>.</b>	Enhanced	H5521	243	•	
Pasquotank	Aetna Medicare	Aetna Medicare Essential (PPO)	PPO	\$0.00		Enhanced	H5521	348	0	7.700000
Pasquotank	BCBS of NC	Blue Medicare Freedom+ (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H3404	4	0	\$9,350.00
Pasquotank	BCBS of NC	Blue Medicare Medical Only (HMO-POS)	HMO-POS	\$0.00	Not Applicable	Not Applicable	H3449	12	0	\$3,900.00
Pasquotank	BCBS of NC	Blue Medicare Essential Plus (HMO-POS)	HMO-POS	\$0.00	\$375.00	Enhanced	H3449	23	4	\$5,200.00
Pasquotank	BCBS of NC	Blue Medicare Enhanced (HMO-POS)	HMO-POS	\$34.00	\$0.00	Enhanced	H3449	24		\$3,150.00
Pasquotank	BCBS of NC	Blue Medicare Essential (HMO)	НМО	\$0.00	\$590.00	Enhanced	H3449	27	2	\$8,300.00
Pasquotank	Humana	Humana Gold Plus H1036-291 (HMO-POS)	HMO-POS	\$0.00	\$250.00	Enhanced	H1036	291	0	\$6,750.00
Pasquotank	Humana	HumanaChoice Giveback H5525-035 (PPO)	PPO	\$0.00	\$450.00	Enhanced	H5525	35	0	\$9,350.00
Pasquotank	Humana	HumanaChoice H5525-049 (PPO)	PPO	\$31.00	\$350.00	Enhanced	H5525	49	0	\$9,350.00
Pasquotank	Humana	HumanaChoice H5525-050 (PPO)	PPO	\$0.00	\$350.00	Enhanced	H5525	50	0	\$9,350.00
Pasquotank	Humana	Humana USAA Honor Giveback (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H5525	65	0	\$9,350.00
Pasquotank	Humana	HumanaChoice H5525-070 (PPO)	PPO	\$51.20	\$590.00	Enhanced	H5525	70	0	\$9,350.00
Pasquotank	Humana	HumanaChoice H5525-083 (PPO)	PPO	\$0.00	\$450.00	Enhanced	H5525	83	0	\$9,350.00
Pasquotank	Humana	HumanaChoice R0110-004 (Regional PPO)	Regional PPO	\$0.00	Not Applicable	Not Applicable	R0110	4	0	\$7,550.00
Pasquotank	Humana	Humana Full Access R0110-005 (Regional PPO)	Regional PPO	\$128.00	\$480.00	Enhanced	R0110	5	0	\$9,350.00
Pasquotank	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	\$0.00	Not Applicable	Not Applicable	R0110	6	0	\$9,350.00
Pasquotank	Sentara Medicare	Sentara Medicare Value (HMO)	НМО	\$0.00	\$150.00	Enhanced	H8823	1	0	\$3,600.00
Pasquotank	UnitedHealthcare	AARP Medicare Advantage Access from UHC NC-23 (PPO)	PPO	\$247.00	\$570.00	Enhanced	H2001	84	0	\$3,000.00
Pasquotank	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0001 (PPO)	PPO	\$0.00	\$255.00	Enhanced	H2001	90	0	\$6,700.00
Pasquotank	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0004 (PPO)	PPO	\$22.00	\$255.00	Enhanced	H2001	102	0	\$5,900.00

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County Name	Company Name	Plan Name	Plan Type	Monthly Consolidated Premium (Part C + D)	Annual Part D Deductible Amount	Drug Benefit Category	Contract ID		Segment ID	In-Network Maximum Out- of-Pocket (MOOP) Amount **
Pasquotank	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx NC-MA01 (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H2001	103	0	\$7,900.00
Pasquotank	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0019 (PPO)	PPO	\$27.00	\$420.00	Enhanced	H2406	115	0	\$6,700.00
Pasquotank	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
Pasquotank	UnitedHealthcare	AARP Medicare Advantage from UHC NC-26 (HMO-POS)	HMO-POS	\$0.00	\$340.00	Enhanced	H5253	187	0	\$4,900.00