2021

Medicare Advantage Plans for NC

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Annual Drug Deductible	Contract ID	Plan ID	Segment ID	In-network MOOP Amount **
Alamance	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	$ -	$ 150.00	H5521	081	0	$ 7,000
Alamance	Aetna Medicare	Aetna Medicare Premier Plus Plan (PPO)	Local PPO	$ -	$ 150.00	H5521	170	0	$ 5,000
Alamance	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	$ -		H5521	241	0	$ 6,500
Alamance	BCBS of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	$ 59.00	$ -	H3404	003	1	$ 5,900
Alamance	BCBS of NC	Blue Medicare Medical Only (HMO)	Local HMO *	$ -		H3449	012	0	$ 4,400
Alamance	BCBS of NC	Blue Medicare Essential Plus (HMO)	Local HMO	$ -	$ 195.00	H3449	023	1	$ 4,200
Alamance	BCBS of NC	Blue Medicare Enhanced (HMO)	Local HMO	$ 39.00	$ -	H3449	024	1	$ 3,900
Alamance	CARE N' CARE INSURANCE COMPANY OF NC	HealthTeam Advantage Plan I (PPO)	Local PPO	$ -	$ -	H9808	004	0	$ 3,400
Alamance	CARE N' CARE INSURANCE COMPANY OF NC	HealthTeam Advantage Plan II (PPO)	Local PPO	$ 60.00	$ -	H9808	005	0	$ 3,100
Alamance	Humana	Humana Gold Plus H1036-291 (HMO)	Local HMO	$ -	$ -	H1036	291	0	$ 3,900
Alamance	Humana	HumanaChoice H5216-017 (PPO)	Local PPO	$ -	$ 265.00	H5216	017	0	$ 6,700
Alamance	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	$ 50.00	$ 160.00	H5216	211	0	$ 6,700
Alamance	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	$ -		R1390	001	0	$ 5,400
Alamance	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	$ 84.00	$ 360.00	R1390	002	0	$ 7,550
Alamance	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	$ -		R1390	003	0	$ 6,700
Alamance	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *			H1924	001	0	$ -
Alamance	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *			H1924	004	0	$ -
Alamance	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	Local PPO	$ 38.00	$ 50.00	H2228	018	0	$ 3,900
Alamance	UnitedHealthcare	AARP Medicare Advantage Plan 1 (HMO-POS)	Local HMO	$ 27.00	$ 50.00	H5253	037	0	$ 3,600
Alamance	UnitedHealthcare	AARP Medicare Advantage Plan 2 (HMO-POS)	Local HMO	$ -	$ 95.00	H5253	038	0	$ 4,500
Alamance	UnitedHealthcare	AARP Medicare Advantage Patriot (HMO-POS)	Local HMO *	$ -		H5253	040	0	$ 3,600
Alamance	UnitedHealthcare	AARP Medicare Advantage Walgreens (HMO-POS)	Local HMO	$ -	$ 435.00	H5253	110	0	$ 6,700

* Indicares plan does not offer Part D drug coverage.

**MOOP: Maximum Out of Pocket limit on enrollee spending. Includes costs for all in-network Part A B Services.

N/A = Non Applicable