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 **
Anson	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	$ -	$ 150.00	H5521	081	0	$ 7,000
Anson	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	$ -		H5521	241	0	$ 6,500
Anson	BCBS of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	$ 69.00	$ -	H3404	003	2	$ 5,900
Anson	BCBS of NC	Blue Medicare Medical Only (HMO)	Local HMO *	$ -		H3449	012	0	$ 4,400
Anson	BCBS of NC	Blue Medicare Essential Plus (HMO)	Local HMO	$ 19.00	$ 195.00	H3449	023	4	$ 6,700
Anson	BCBS of NC	Blue Medicare Essential (HMO)	Local HMO	$ -	$ 375.00	H3449	025	0	$ 6,700
Anson	CARE N' CARE INSURANCE COMPANY OF NC	HealthTeam Advantage Plan I (PPO)	Local PPO	$ -	$ -	H9808	004	0	$ 3,400
Anson	CARE N' CARE INSURANCE COMPANY OF NC	HealthTeam Advantage Plan II (PPO)	Local PPO	$ 60.00	$ -	H9808	005	0	$ 3,100
Anson	Humana	Humana Gold Plus H1036-137 (HMO)	Local HMO	$ -	$ -	H1036	137	0	$ 4,400
Anson	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	$ 50.00	$ 160.00	H5216	211	0	$ 6,700
Anson	Humana	Humana Gold Choice H8145-004 (PFFS)	PFFS	$ 86.00	$ 160.00	H8145	004	0	$ -
Anson	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	$ -		R1390	001	0	$ 5,400
Anson	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	$ 84.00	$ 360.00	R1390	002	0	$ 7,550
Anson	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	$ -		R1390	003	0	$ 6,700
Anson	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *			H1924	001	0	$ -
Anson	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *			H1924	004	0	$ -
Anson	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	Local PPO	$ -	$ 295.00	H2577	004	0	$ 6,700
Anson	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)	Local PPO	$ 26.00	$ 195.00	H2577	018	0	$ 5,900
Anson	UnitedHealthcare	AARP Medicare Advantage Patriot (PPO)	Local PPO *	$ -		H2577	019	0	$ 5,900

* 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