

**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 **
Carteret	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$ -		R1390	001	0	\$ 5,400
Carteret	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$ 84.00	\$ 360.00	R1390	002	0	\$ 7,550
Carteret	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	\$ -		R1390	003	0	\$ 6,700
Carteret	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *			H1924	001	0	\$ -
Carteret	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *			H1924	004	0	\$ -

\* 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