

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 **
Chatham	Aetna Medicare	Aetna Medicare Value Plan (PPO)	Local PPO	\$ 18.00	\$ 150.00	H5521	169	0	\$ 4,950
Chatham	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	\$ -		H5521	241	0	\$ 6,500
Chatham	Alignment Health Plan	NC Premier (HMO)	Local HMO	\$ -	\$ -	H5296	001	0	\$ 3,400
Chatham	Alignment Health Plan	NCPlus (HMO)	Local HMO	\$ 13.90	\$ 445.00	H5296	002	0	\$ 6,700
Chatham	Alignment Health Plan	Platinum (HMO-POS)	Local HMO	\$ -	\$ -	H5296	003	0	\$ 3,400
Chatham	BCBS of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$ 69.00	\$ -	H3404	003	2	\$ 5,900
Chatham	BCBS of NC	Blue Medicare Medical Only (HMO)	Local HMO *	\$ -		H3449	012	0	\$ 4,400
Chatham	BCBS of NC	Blue Medicare Essential Plus (HMO)	Local HMO	\$ 19.00	\$ 195.00	H3449	023	4	\$ 6,700
Chatham	BCBS of NC	Blue Medicare Enhanced (HMO)	Local HMO	\$ 75.00	\$ -	H3449	024	3	\$ 5,500
Chatham	BCBS of NC	Blue Medicare Essential (HMO)	Local HMO	\$ -	\$ 375.00	H3449	025	0	\$ 6,700
Chatham	FirstMedicare Direct	FirstMedicare Direct POS Plus (HMO-POS)	Local HMO	\$ 45.00	\$ -	H6306	011	1	\$ 5,000
Chatham	FirstMedicare Direct	FirstMedicare Direct POS Standard (HMO-POS)	Local HMO	\$ -	\$ 150.00	H6306	012	1	\$ 6,500
Chatham	FirstMedicare Direct	FirstMedicare Direct POS Choice (HMO-POS)	Local HMO *	\$ -		H6306	015	0	\$ 5,000
Chatham	FirstMedicare Direct	FirstMedicare Direct PPO Plus (PPO)	Local PPO	\$ 73.00	\$ -	H8064	002	0	\$ 5,500
Chatham	FirstMedicare Direct	FirstMedicare Direct PPO Premier (PPO)	Local PPO	\$ 154.00	\$ -	H8064	004	0	\$ 6,700
Chatham	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	\$ 50.00	\$ 160.00	H5216	211	0	\$ 6,700
Chatham	Humana	HumanaChoice H5525-035 (PPO)	Local PPO	\$ -	\$ 265.00	H5525	035	0	\$ 6,700
Chatham	Humana	Humana Gold Plus H6622-060 (HMO)	Local HMO	\$ -	\$ -	H6622	060	0	\$ 4,200
Chatham	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$ -		R1390	001	0	\$ 5,400
Chatham	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$ 84.00	\$ 360.00	R1390	002	0	\$ 7,550
Chatham	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	\$ -		R1390	003	0	\$ 6,700
Chatham	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *			H1924	001	0	\$ -
Chatham	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *			H1924	004	0	\$ -
Chatham	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	Local PPO	\$ 38.00	\$ 50.00	H2228	018	0	\$ 3,900

* Indicates 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

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Chatham	UnitedHealthcare	AARP Medicare Advantage Plan 1 (HMO-POS)	Local HMO	\$ 27.00	\$ 50.00	H5253	037	0	\$ 3,600
Chatham	UnitedHealthcare	AARP Medicare Advantage Plan 2 (HMO-POS)	Local HMO	\$ -	\$ 95.00	H5253	038	0	\$ 4,500
Chatham	UnitedHealthcare	AARP Medicare Advantage Patriot (HMO-POS)	Local HMO *	\$ -		H5253	040	0	\$ 3,600

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