

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 **
Forsyth	Aetna Medicare	Aetna Medicare Value Plus Plan (HMO)	Local HMO	\$ 20.00	\$ 195.00	H3146	006	0	\$ 5,500
Forsyth	Aetna Medicare	Aetna Medicare Prime (HMO)	Local HMO	\$ -	\$ -	H3146	007	0	\$ 4,500
Forsyth	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$ -	\$ 150.00	H5521	081	0	\$ 7,000
Forsyth	Aetna Medicare	Aetna Medicare Premier Plus Plan (PPO)	Local PPO	\$ -	\$ 150.00	H5521	170	0	\$ 5,000
Forsyth	BCBS of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$ 59.00	\$ -	H3404	003	1	\$ 5,900
Forsyth	BCBS of NC	Blue Medicare Medical Only (HMO)	Local HMO *	\$ -		H3449	012	0	\$ 4,400
Forsyth	BCBS of NC	Blue Medicare Essential Plus (HMO)	Local HMO	\$ -	\$ 195.00	H3449	023	1	\$ 4,200
Forsyth	BCBS of NC	Blue Medicare Choice (HMO)	Local HMO	\$ -	\$ -	H3449	026	0	\$ 3,900
Forsyth	CARE N' CARE INSURANCE COMPANY OF NC	HealthTeam Advantage Plan I (PPO)	Local PPO	\$ -	\$ -	H9808	004	0	\$ 3,400
Forsyth	CARE N' CARE INSURANCE COMPANY OF NC	HealthTeam Advantage Plan II (PPO)	Local PPO	\$ 60.00	\$ -	H9808	005	0	\$ 3,100
Forsyth	Cigna	Cigna True Choice Medicare (PPO)	Local PPO	\$ -	\$ -	H7849	011	0	\$ 5,750
Forsyth	Cigna	Cigna Preferred Medicare (HMO)	Local HMO	\$ -	\$ -	H9725	001	0	\$ 4,900
Forsyth	Cigna	Cigna Fundamental Medicare (HMO)	Local HMO *	\$ -		H9725	005	0	\$ 4,900
Forsyth	Cigna	Cigna Preferred Plus Medicare (HMO)	Local HMO	\$ 29.00	\$ -	H9725	006	0	\$ 3,900
Forsyth	Humana	Humana Gold Plus H1036-291 (HMO)	Local HMO	\$ -	\$ -	H1036	291	0	\$ 3,900
Forsyth	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	\$ 50.00	\$ 160.00	H5216	211	0	\$ 6,700
Forsyth	Humana	Humana Gold Choice H8145-004 (PFFS)	PFFS	\$ 86.00	\$ 160.00	H8145	004	0	\$ -
Forsyth	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$ -		R1390	001	0	\$ 5,400
Forsyth	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$ 84.00	\$ 360.00	R1390	002	0	\$ 7,550
Forsyth	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	\$ -		R1390	003	0	\$ 6,700
Forsyth	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *			H1924	001	0	\$ -
Forsyth	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *			H1924	004	0	\$ -
Forsyth	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	Local PPO	\$ 38.00	\$ 50.00	H2228	018	0	\$ 3,900
Forsyth	UnitedHealthcare	AARP Medicare Advantage Plan 1 (HMO-POS)	Local HMO	\$ 27.00	\$ 50.00	H5253	037	0	\$ 3,600

* 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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Forsyth	UnitedHealthcare	AARP Medicare Advantage Plan 2 (HMO-POS)	Local HMO	\$ -	\$ 95.00	H5253	038	0	\$ 4,500
Forsyth	UnitedHealthcare	AARP Medicare Advantage Patriot (HMO-POS)	Local HMO *	\$ -		H5253	040	0	\$ 3,600
Forsyth	UnitedHealthcare	AARP Medicare Advantage Walgreens (HMO-POS)	Local HMO	\$ -	\$ 435.00	H5253	110	0	\$ 6,700

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