

**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 ** |
|--------|-------------------|---------------------------------------------|------------------------------|----------------------------------------------------|------------------------|-------------|---------|------------|---------------------------|
| Graham | Aetna Medicare    | Aetna Medicare Value Plan (PPO)             | Local PPO                    | \$ 18.00                                           | \$ 150.00              | H5521       | 239     | 0          | \$ 6,900                  |
| Graham | Humana            | HumanaChoice H5216-211 (PPO)                | Local PPO                    | \$ 50.00                                           | \$ 160.00              | H5216       | 211     | 0          | \$ 6,700                  |
| Graham | Humana            | Humana Gold Plus H6622-025 (HMO-POS)        | Local HMO                    | \$ -                                               | \$ 215.00              | H6622       | 025     | 0          | \$ 5,900                  |
| Graham | Humana            | Humana Gold Plus H6622-026 (HMO)            | Local HMO                    | \$ 29.00                                           | \$ -                   | H6622       | 026     | 0          | \$ 4,400                  |
| Graham | Humana            | HumanaChoice R1390-001 (Regional PPO)       | Regional PPO *               | \$ -                                               |                        | R1390       | 001     | 0          | \$ 5,400                  |
| Graham | Humana            | HumanaChoice R1390-002 (Regional PPO)       | Regional PPO                 | \$ 84.00                                           | \$ 360.00              | R1390       | 002     | 0          | \$ 7,550                  |
| Graham | Humana            | Humana Honor R1390-003 (Regional PPO)       | Regional PPO *               | \$ -                                               |                        | R1390       | 003     | 0          | \$ 6,700                  |
| Graham | Lasso Healthcare  | Lasso Healthcare Growth (MSA)               | MSA *                        |                                                    |                        | H1924       | 001     | 0          | \$ -                      |
| Graham | Lasso Healthcare  | Lasso Healthcare Growth Plus (MSA)          | MSA *                        |                                                    |                        | H1924       | 004     | 0          | \$ -                      |
| Graham | UnitedHealthcare  | AARP Medicare Advantage Choice (PPO)        | Local PPO                    | \$ -                                               | \$ 250.00              | H2577       | 016     | 0          | \$ 6,700                  |
| Graham | UnitedHealthcare  | AARP Medicare Advantage Patriot (HMO-POS)   | Local HMO *                  | \$ -                                               |                        | H5253       | 040     | 0          | \$ 3,600                  |
| Graham | UnitedHealthcare  | AARP Medicare Advantage Plan 2 (HMO-POS)    | Local HMO                    | \$ -                                               | \$ 170.00              | H5253       | 079     | 0          | \$ 5,900                  |
| Graham | UnitedHealthcare  | AARP Medicare Advantage Plan 1 (HMO-POS)    | Local HMO                    | \$ 43.00                                           | \$ 95.00               | H5253       | 080     | 0          | \$ 4,700                  |
| Graham | UnitedHealthcare  | AARP Medicare Advantage Walgreens (HMO-POS) | Local HMO                    | \$ -                                               | \$ 435.00              | H5253       | 105     | 0          | \$ 6,700                  |

\* 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