**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 ** |
|---|---|---|---|---|---|---|---|---|---|
| Iredell | Aetna Medicare | Aetna Medicare Value Plan (HMO) | Local HMO | $ - | $ - | H3146 | 001 | 0 | $ 5,500 |
| Iredell | Aetna Medicare | Aetna Medicare Premier Plan (PPO) | Local PPO | $ - | $ 150.00 | H5521 | 081 | 0 | $ 7,000 |
| Iredell | BCBS of NC | Blue Medicare PPO Enhanced (PPO) | Local PPO | $ 69.00 | $ - | H3404 | 003 | 2 | $ 5,900 |
| Iredell | BCBS of NC | Blue Medicare Medical Only (HMO) | Local HMO * | $ - | | H3449 | 012 | 0 | $ 4,400 |
| Iredell | BCBS of NC | Blue Medicare Essential Plus (HMO) | Local HMO | $ 39.00 | $ 195.00 | H3449 | 023 | 5 | $ 6,700 |
| Iredell | BCBS of NC | Blue Medicare Essential (HMO) | Local HMO | $ - | $ 375.00 | H3449 | 025 | 0 | $ 6,700 |
| Iredell | Cigna | Cigna True Choice Medicare (PPO) | Local PPO | $ - | $ - | H7849 | 019 | 0 | $ 5,750 |
| Iredell | Cigna | Cigna Preferred Medicare (HMO) | Local HMO | $ - | $ - | H9725 | 001 | 0 | $ 4,900 |
| Iredell | Cigna | Cigna Fundamental Medicare (HMO) | Local HMO * | $ - | | H9725 | 005 | 0 | $ 4,900 |
| Iredell | Cigna | Cigna Preferred Plus Medicare (HMO) | Local HMO | $ 29.00 | $ - | H9725 | 006 | 0 | $ 3,900 |
| Iredell | Humana | Humana Gold Plus H1036-137 (HMO) | Local HMO | $ - | $ - | H1036 | 137 | 0 | $ 4,400 |
| Iredell | Humana | HumanaChoice H5216-211 (PPO) | Local PPO | $ 50.00 | $ 160.00 | H5216 | 211 | 0 | $ 6,700 |
| Iredell | Humana | HumanaChoice R1390-001 (Regional PPO) | Regional PPO * | $ - | | R1390 | 001 | 0 | $ 5,400 |
| Iredell | Humana | HumanaChoice R1390-002 (Regional PPO) | Regional PPO | $ 84.00 | $ 360.00 | R1390 | 002 | 0 | $ 7,550 |
| Iredell | Humana | Humana Honor R1390-003 (Regional PPO) | Regional PPO * | $ - | | R1390 | 003 | 0 | $ 6,700 |
| Iredell | Lasso Healthcare | Lasso Healthcare Growth (MSA) | MSA * | | | H1924 | 001 | 0 | $ - |
| Iredell | Lasso Healthcare | Lasso Healthcare Growth Plus (MSA) | MSA * | | | H1924 | 004 | 0 | $ - |
| Iredell | Troy Medicare | Troy Medicare (HMO) | Local HMO | $ - | $ - | H4676 | 001 | 0 | $ 5,900 |
| Iredell | UnitedHealthcare | AARP Medicare Advantage Plan 1 (HMO-POS) | Local HMO | $ 27.00 | $ 50.00 | H5253 | 037 | 0 | $ 3,600 |
| Iredell | UnitedHealthcare | AARP Medicare Advantage Plan 2 (HMO-POS) | Local HMO | $ - | $ 95.00 | H5253 | 038 | 0 | $ 4,500 |
| Iredell | UnitedHealthcare | AARP Medicare Advantage Patriot (HMO-POS) | Local HMO * | $ - | | H5253 | 040 | 0 | $ 3,600 |
| Iredell | WellCare | WellCare Value (HMO) | Local HMO | $ - | $ 150.00 | H0712 | 023 | 0 | $ 5,500 |
| Iredell | WellCare | WellCare Premier (PPO) | Local PPO | $ - | $ 100.00 | H7175 | 001 | 0 | $ 5,500 |
| Iredell | WellCare | WellCare Summit (PPO) | Local PPO | $ 22.20 | $ 445.00 | H7175 | 003 | 0 | $ 6,000 |

* 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

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|---|---|---|---|---|---|---|---|---|---|
| Iredell | WellCare | WellCare Absolute (PPO) | Local PPO | $ - | $ 200.00 | H7175 | 004 | 0 | $ 7,550 |
| Iredell | WellCare | WellCare Patriot (PPO) | Local PPO * | $ - | | H7175 | 005 | 0 | $ 5,500 |

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**MOOP: Maximum Out of Pocket limit on enrollee spending. Includes costs for all in-network Part A B Services.

N/A = Non Applicable