

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 **
Lincoln	Aetna Medicare	Aetna Medicare Value Plan (HMO)	Local HMO	\$ -	\$ -	H3146	001	0	\$ 5,500
Lincoln	Aetna Medicare	Aetna Medicare Value Plus Plan (HMO)	Local HMO	\$ 20.00	\$ 195.00	H3146	010	0	\$ 4,950
Lincoln	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$ -	\$ 150.00	H5521	081	0	\$ 7,000
Lincoln	BCBS of NC	Blue Medicare Medical Only (HMO)	Local HMO *	\$ -		H3449	012	0	\$ 4,400
Lincoln	BCBS of NC	Blue Medicare Essential Plus (HMO)	Local HMO	\$ 39.00	\$ 195.00	H3449	023	5	\$ 6,700
Lincoln	BCBS of NC	Blue Medicare Enhanced (HMO)	Local HMO	\$ 75.00	\$ -	H3449	024	3	\$ 5,500
Lincoln	BCBS of NC	Blue Medicare Essential (HMO)	Local HMO	\$ -	\$ 375.00	H3449	025	0	\$ 6,700
Lincoln	CARE N' CARE INSURANCE COMPANY OF NC	HealthTeam Advantage Plan I (PPO)	Local PPO	\$ -	\$ -	H9808	004	0	\$ 3,400
Lincoln	CARE N' CARE INSURANCE COMPANY OF NC	HealthTeam Advantage Plan II (PPO)	Local PPO	\$ 60.00	\$ -	H9808	005	0	\$ 3,100
Lincoln	Cigna	Cigna True Choice Medicare (PPO)	Local PPO	\$ -	\$ -	H7849	019	0	\$ 5,750
Lincoln	Cigna	Cigna Preferred Medicare (HMO)	Local HMO	\$ -	\$ -	H9725	001	0	\$ 4,900
Lincoln	Cigna	Cigna Fundamental Medicare (HMO)	Local HMO *	\$ -		H9725	005	0	\$ 4,900
Lincoln	Cigna	Cigna Preferred Plus Medicare (HMO)	Local HMO	\$ 29.00	\$ -	H9725	006	0	\$ 3,900
Lincoln	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	\$ 50.00	\$ 160.00	H5216	211	0	\$ 6,700
Lincoln	Humana	Humana Gold Plus H6622-057 (HMO)	Local HMO	\$ -	\$ 160.00	H6622	057	0	\$ 4,400
Lincoln	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$ -		R1390	001	0	\$ 5,400
Lincoln	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$ 84.00	\$ 360.00	R1390	002	0	\$ 7,550
Lincoln	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	\$ -		R1390	003	0	\$ 6,700
Lincoln	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *			H1924	001	0	\$ -
Lincoln	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *			H1924	004	0	\$ -
Lincoln	UnitedHealthcare	AARP Medicare Advantage Plan 1 (HMO-POS)	Local HMO	\$ 27.00	\$ 50.00	H5253	037	0	\$ 3,600
Lincoln	UnitedHealthcare	AARP Medicare Advantage Plan 2 (HMO-POS)	Local HMO	\$ -	\$ 95.00	H5253	038	0	\$ 4,500
Lincoln	UnitedHealthcare	AARP Medicare Advantage Patriot (HMO-POS)	Local HMO *	\$ -		H5253	040	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