

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 **
Mecklenburg	Aetna Medicare	Aetna Medicare Value Plan (HMO)	Local HMO	\$ -	\$ -	H3146	001	0	\$ 5,500
Mecklenburg	Aetna Medicare	Aetna Medicare Value Plus Plan (HMO)	Local HMO	\$ 20.00	\$ 195.00	H3146	010	0	\$ 4,950
Mecklenburg	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$ -	\$ 150.00	H5521	081	0	\$ 7,000
Mecklenburg	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	\$ -		H5521	241	0	\$ 6,500
Mecklenburg	BCBS of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$ 59.00	\$ -	H3404	003	1	\$ 5,900
Mecklenburg	BCBS of NC	Blue Medicare Medical Only (HMO)	Local HMO *	\$ -		H3449	012	0	\$ 4,400
Mecklenburg	BCBS of NC	Blue Medicare Essential Plus (HMO)	Local HMO	\$ -	\$ 195.00	H3449	023	1	\$ 4,200
Mecklenburg	BCBS of NC	Blue Medicare Choice (HMO)	Local HMO	\$ -	\$ -	H3449	026	0	\$ 3,900
Mecklenburg	Cigna	Cigna True Choice Medicare (PPO)	Local PPO	\$ -	\$ -	H7849	019	0	\$ 5,750
Mecklenburg	Cigna	Cigna Preferred Medicare (HMO)	Local HMO	\$ -	\$ -	H9725	001	0	\$ 4,900
Mecklenburg	Cigna	Cigna Fundamental Medicare (HMO)	Local HMO *	\$ -		H9725	005	0	\$ 4,900
Mecklenburg	Cigna	Cigna Preferred Plus Medicare (HMO)	Local HMO	\$ 29.00	\$ -	H9725	006	0	\$ 3,900
Mecklenburg	Humana	Humana Gold Plus H1036-137 (HMO)	Local HMO	\$ -	\$ -	H1036	137	0	\$ 4,400
Mecklenburg	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	\$ 50.00	\$ 160.00	H5216	211	0	\$ 6,700
Mecklenburg	Humana	Humana Gold Choice H8145-004 (PFFS)	PFFS	\$ 86.00	\$ 160.00	H8145	004	0	\$ -
Mecklenburg	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$ -		R1390	001	0	\$ 5,400
Mecklenburg	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$ 84.00	\$ 360.00	R1390	002	0	\$ 7,550
Mecklenburg	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	\$ -		R1390	003	0	\$ 6,700
Mecklenburg	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *			H1924	001	0	\$ -
Mecklenburg	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *			H1924	004	0	\$ -
Mecklenburg	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	Local PPO	\$ 38.00	\$ 50.00	H2228	018	0	\$ 3,900
Mecklenburg	UnitedHealthcare	AARP Medicare Advantage Plan 1 (HMO-POS)	Local HMO	\$ 27.00	\$ 50.00	H5253	037	0	\$ 3,600
Mecklenburg	UnitedHealthcare	AARP Medicare Advantage Plan 2 (HMO-POS)	Local HMO	\$ -	\$ 95.00	H5253	038	0	\$ 4,500
Mecklenburg	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

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Mecklenburg	UnitedHealthcare	AARP Medicare Advantage Walgreens (HMO-POS)	Local HMO	\$ -	\$ 435.00	H5253	110	0	\$ 6,700
Mecklenburg	UnitedHealthcare	Erickson Advantage Signature with Drugs (HMO-POS)	Local HMO	\$ 199.00	\$ -	H5652	001	0	\$ 2,600
Mecklenburg	UnitedHealthcare	Erickson Advantage Liberty without Drugs (HMO-POS)	Local HMO *	\$ -		H5652	002	0	\$ 6,700
Mecklenburg	UnitedHealthcare	Erickson Advantage Freedom (HMO-POS)	Local HMO	\$ 70.00	\$ 200.00	H5652	006	0	\$ 4,300
Mecklenburg	UnitedHealthcare	Erickson Advantage Liberty with Drugs (HMO-POS)	Local HMO	\$ -	\$ 400.00	H5652	008	0	\$ 6,700

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