

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 **
Montgomery	BCBS of NC	Blue Medicare Medical Only (HMO)	Local HMO *	\$ -		H3449	012	0	\$ 4,400
Montgomery	BCBS of NC	Blue Medicare Essential Plus (HMO)	Local HMO	\$ 19.00	\$ 195.00	H3449	023	4	\$ 6,700
Montgomery	BCBS of NC	Blue Medicare Enhanced (HMO)	Local HMO	\$ 75.00	\$ -	H3449	024	3	\$ 5,500
Montgomery	BCBS of NC	Blue Medicare Essential (HMO)	Local HMO	\$ -	\$ 375.00	H3449	025	0	\$ 6,700
Montgomery	FirstMedicare Direct	FirstMedicare Direct POS Plus (HMO-POS)	Local HMO	\$ 45.00	\$ -	H6306	011	1	\$ 5,000
Montgomery	FirstMedicare Direct	FirstMedicare Direct POS Standard (HMO-POS)	Local HMO	\$ -	\$ 150.00	H6306	012	1	\$ 6,500
Montgomery	FirstMedicare Direct	FirstMedicare Direct POS Choice (HMO-POS)	Local HMO *	\$ -		H6306	015	0	\$ 5,000
Montgomery	FirstMedicare Direct	FirstMedicare Direct PPO Plus (PPO)	Local PPO	\$ 73.00	\$ -	H8064	002	0	\$ 5,500
Montgomery	FirstMedicare Direct	FirstMedicare Direct PPO Premier (PPO)	Local PPO	\$ 154.00	\$ -	H8064	004	0	\$ 6,700
Montgomery	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	\$ 50.00	\$ 160.00	H5216	211	0	\$ 6,700
Montgomery	Humana	HumanaChoice H5525-035 (PPO)	Local PPO	\$ -	\$ 265.00	H5525	035	0	\$ 6,700
Montgomery	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$ -		R1390	001	0	\$ 5,400
Montgomery	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$ 84.00	\$ 360.00	R1390	002	0	\$ 7,550
Montgomery	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	\$ -		R1390	003	0	\$ 6,700
Montgomery	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *			H1924	001	0	\$ -
Montgomery	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *			H1924	004	0	\$ -
Montgomery	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	Local PPO	\$ -	\$ 295.00	H2577	004	0	\$ 6,700
Montgomery	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)	Local PPO	\$ 26.00	\$ 195.00	H2577	018	0	\$ 5,900
Montgomery	UnitedHealthcare	AARP Medicare Advantage Patriot (PPO)	Local PPO *	\$ -		H2577	019	0	\$ 5,900

* 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