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 **
Moore	BCBS of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	$ 69.00	$ -	H3404	003	2	$ 5,900
Moore	BCBS of NC	Blue Medicare Medical Only (HMO)	Local HMO *	$ -		H3449	012	0	$ 4,400
Moore	BCBS of NC	Blue Medicare Essential Plus (HMO)	Local HMO	$ -	$ 195.00	H3449	023	2	$ 5,400
Moore	BCBS of NC	Blue Medicare Enhanced (HMO)	Local HMO	$ 49.00	$ -	H3449	024	2	$ 4,900
Moore	FirstMedicare Direct	FirstMedicare Direct POS Plus (HMO-POS)	Local HMO	$ 45.00	$ -	H6306	011	1	$ 5,000
Moore	FirstMedicare Direct	FirstMedicare Direct POS Standard (HMO-POS)	Local HMO	$ -	$ 150.00	H6306	012	1	$ 6,500
Moore	FirstMedicare Direct	FirstMedicare Direct POS Choice (HMO-POS)	Local HMO *	$ -		H6306	015	0	$ 5,000
Moore	FirstMedicare Direct	FirstMedicare Direct PPO Plus (PPO)	Local PPO	$ 73.00	$ -	H8064	002	0	$ 5,500
Moore	FirstMedicare Direct	FirstMedicare Direct PPO Premier (PPO)	Local PPO	$ 154.00	$ -	H8064	004	0	$ 6,700
Moore	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	$ 50.00	$ 160.00	H5216	211	0	$ 6,700
Moore	Humana	HumanaChoice H5525-035 (PPO)	Local PPO	$ -	$ 265.00	H5525	035	0	$ 6,700
Moore	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	$ -		R1390	001	0	$ 5,400
Moore	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	$ 84.00	$ 360.00	R1390	002	0	$ 7,550
Moore	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	$ -		R1390	003	0	$ 6,700
Moore	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *			H1924	001	0	$ -
Moore	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *			H1924	004	0	$ -
Moore	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	Local PPO	$ -	$ 295.00	H2577	004	0	$ 6,700
Moore	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)	Local PPO	$ 26.00	$ 195.00	H2577	018	0	$ 5,900
Moore	UnitedHealthcare	AARP Medicare Advantage Patriot (PPO)	Local PPO *	$ -		H2577	019	0	$ 5,900

* 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