

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 **
Pender	Aetna Medicare	Aetna Medicare Value Plan (PPO)	Local PPO	\$ 18.00	\$ 150.00	H5521	169	0	\$ 4,950
Pender	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	\$ -		H5521	241	0	\$ 6,500
Pender	BCBS of NC	Blue Medicare Medical Only (HMO)	Local HMO *	\$ -		H3449	012	0	\$ 4,400
Pender	BCBS of NC	Blue Medicare Essential Plus (HMO)	Local HMO	\$ 39.00	\$ 195.00	H3449	023	5	\$ 6,700
Pender	BCBS of NC	Blue Medicare Enhanced (HMO)	Local HMO	\$ 75.00	\$ -	H3449	024	3	\$ 5,500
Pender	BCBS of NC	Blue Medicare Essential (HMO)	Local HMO	\$ -	\$ 375.00	H3449	025	0	\$ 6,700
Pender	FirstMedicare Direct	New Hanover Health FirstMedicare Select (HMO-POS)	Local HMO	\$ -	\$ 275.00	H6306	013	0	\$ 4,500
Pender	FirstMedicare Direct	New Hanover Health FirstMedicare Platinum (HMO-POS)	Local HMO	\$ 45.00	\$ -	H6306	014	0	\$ 4,000
Pender	Humana	HumanaChoice H5525-026 (PPO)	Local PPO	\$ 71.00	\$ 265.00	H5525	026	0	\$ 6,700
Pender	Humana	HumanaChoice H5525-034 (PPO)	Local PPO	\$ 135.00	\$ 190.00	H5525	034	0	\$ 6,700
Pender	Humana	HumanaChoice H5525-035 (PPO)	Local PPO	\$ -	\$ 265.00	H5525	035	0	\$ 6,700
Pender	Humana	Humana Gold Plus H6622-061 (HMO)	Local HMO	\$ -	\$ 95.00	H6622	061	0	\$ 3,900
Pender	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$ -		R1390	001	0	\$ 5,400
Pender	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$ 84.00	\$ 360.00	R1390	002	0	\$ 7,550
Pender	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	\$ -		R1390	003	0	\$ 6,700
Pender	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *			H1924	001	0	\$ -
Pender	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *			H1924	004	0	\$ -
Pender	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	Local PPO	\$ -	\$ 295.00	H2577	004	0	\$ 6,700
Pender	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)	Local PPO	\$ 26.00	\$ 195.00	H2577	018	0	\$ 5,900
Pender	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