

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 **
Person	Aetna Medicare	Aetna Medicare Value Plan (HMO)	Local HMO	\$ -	\$ -	H3146	004	0	\$ 5,500
Person	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$ -	\$ 150.00	H5521	081	0	\$ 7,000
Person	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	\$ -		H5521	241	0	\$ 6,500
Person	BCBS of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$ 69.00	\$ -	H3404	003	2	\$ 5,900
Person	BCBS of NC	Blue Medicare Medical Only (HMO)	Local HMO *	\$ -		H3449	012	0	\$ 4,400
Person	BCBS of NC	Blue Medicare Essential Plus (HMO)	Local HMO	\$ -	\$ 195.00	H3449	023	2	\$ 5,400
Person	BCBS of NC	Blue Medicare Enhanced (HMO)	Local HMO	\$ 49.00	\$ -	H3449	024	2	\$ 4,900
Person	Experience Health, Inc.	Experience Health Medicare Advantage (HMO)	Local HMO	\$ -	\$ 100.00	H3777	001	2	\$ 4,980
Person	Humana	Humana Gold Plus H1036-291 (HMO)	Local HMO	\$ -	\$ -	H1036	291	0	\$ 3,900
Person	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	\$ 50.00	\$ 160.00	H5216	211	0	\$ 6,700
Person	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$ -		R1390	001	0	\$ 5,400
Person	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$ 84.00	\$ 360.00	R1390	002	0	\$ 7,550
Person	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	\$ -		R1390	003	0	\$ 6,700
Person	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *			H1924	001	0	\$ -
Person	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *			H1924	004	0	\$ -
Person	UnitedHealthcare	AARP Medicare Advantage Plan 1 (HMO-POS)	Local HMO	\$ 27.00	\$ 50.00	H5253	037	0	\$ 3,600
Person	UnitedHealthcare	AARP Medicare Advantage Plan 2 (HMO-POS)	Local HMO	\$ -	\$ 95.00	H5253	038	0	\$ 4,500
Person	UnitedHealthcare	AARP Medicare Advantage Patriot (HMO-POS)	Local HMO *	\$ -		H5253	040	0	\$ 3,600
Person	WellCare	WellCare Value (HMO)	Local HMO	\$ -	\$ 150.00	H0712	022	0	\$ 5,500
Person	WellCare	WellCare Premier (PPO)	Local PPO	\$ -	\$ 100.00	H7175	001	0	\$ 5,500
Person	WellCare	WellCare Summit (PPO)	Local PPO	\$ 22.20	\$ 445.00	H7175	003	0	\$ 6,000
Person	WellCare	WellCare Absolute (PPO)	Local PPO	\$ -	\$ 200.00	H7175	004	0	\$ 7,550
Person	WellCare	WellCare Patriot (PPO)	Local PPO *	\$ -		H7175	005	0	\$ 5,500

* 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