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 **
Rutherford	Aetna Medicare	Aetna Medicare Value Plus Plan (HMO)	Local HMO	$ 20.00	$ 195.00	H3146	005	0	$ 6,500
Rutherford	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	$ -	$ 150.00	H5521	236	0	$ 6,900
Rutherford	BCBS of NC	Blue Medicare Medical Only (HMO)	Local HMO *	$ -		H3449	012	0	$ 4,400
Rutherford	BCBS of NC	Blue Medicare Essential Plus (HMO)	Local HMO	$ -	$ 195.00	H3449	023	1	$ 4,200
Rutherford	BCBS of NC	Blue Medicare Enhanced (HMO)	Local HMO	$ 39.00	$ -	H3449	024	1	$ 3,900
Rutherford	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	$ 50.00	$ 160.00	H5216	211	0	$ 6,700
Rutherford	Humana	Humana Gold Plus H6622-025 (HMO-POS)	Local HMO	$ -	$ 215.00	H6622	025	0	$ 5,900
Rutherford	Humana	Humana Gold Plus H6622-026 (HMO)	Local HMO	$ 29.00	$ -	H6622	026	0	$ 4,400
Rutherford	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	$ -		R1390	001	0	$ 5,400
Rutherford	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	$ 84.00	$ 360.00	R1390	002	0	$ 7,550
Rutherford	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	$ -		R1390	003	0	$ 6,700
Rutherford	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *			H1924	001	0	$ -
Rutherford	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *			H1924	004	0	$ -
Rutherford	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	Local PPO	$ -	$ 250.00	H2577	016	0	$ 6,700
Rutherford	UnitedHealthcare	AARP Medicare Advantage Patriot (HMO-POS)	Local HMO *	$ -		H5253	040	0	$ 3,600
Rutherford	UnitedHealthcare	AARP Medicare Advantage Plan 2 (HMO-POS)	Local HMO	$ -	$ 170.00	H5253	079	0	$ 5,900
Rutherford	UnitedHealthcare	AARP Medicare Advantage Plan 1 (HMO-POS)	Local HMO	$ 43.00	$ 95.00	H5253	080	0	$ 4,700
Rutherford	UnitedHealthcare	AARP Medicare Advantage Walgreens (HMO-POS)	Local HMO	$ -	$ 435.00	H5253	105	0	$ 6,700

* 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