

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 **
Yancey	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$ -	\$ 150.00	H5521	236	0	\$ 6,900
Yancey	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	\$ -		H5521	241	0	\$ 6,500
Yancey	BCBS of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$ 69.00	\$ -	H3404	003	2	\$ 5,900
Yancey	BCBS of NC	Blue Medicare Medical Only (HMO)	Local HMO *	\$ -		H3449	012	0	\$ 4,400
Yancey	BCBS of NC	Blue Medicare Essential Plus (HMO)	Local HMO	\$ -	\$ 195.00	H3449	023	2	\$ 5,400
Yancey	BCBS of NC	Blue Medicare Enhanced (HMO)	Local HMO	\$ 49.00	\$ -	H3449	024	2	\$ 4,900
Yancey	FirstMedicare Direct	FirstMedicare Direct POS Plus (HMO-POS)	Local HMO	\$ 39.00	\$ -	H6306	011	3	\$ 3,450
Yancey	FirstMedicare Direct	FirstMedicare Direct POS Standard (HMO-POS)	Local HMO	\$ -	\$ 150.00	H6306	012	5	\$ 6,700
Yancey	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	\$ 50.00	\$ 160.00	H5216	211	0	\$ 6,700
Yancey	Humana	Humana Gold Plus H6622-025 (HMO-POS)	Local HMO	\$ -	\$ 215.00	H6622	025	0	\$ 5,900
Yancey	Humana	Humana Gold Plus H6622-026 (HMO)	Local HMO	\$ 29.00	\$ -	H6622	026	0	\$ 4,400
Yancey	Humana	Humana Gold Choice H8145-004 (PFFS)	PFFS	\$ 86.00	\$ 160.00	H8145	004	0	\$ -
Yancey	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$ -		R1390	001	0	\$ 5,400
Yancey	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$ 84.00	\$ 360.00	R1390	002	0	\$ 7,550
Yancey	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	\$ -		R1390	003	0	\$ 6,700
Yancey	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *			H1924	001	0	\$ -
Yancey	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *			H1924	004	0	\$ -
Yancey	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	Local PPO	\$ -	\$ 250.00	H2577	016	0	\$ 6,700
Yancey	UnitedHealthcare	AARP Medicare Advantage Patriot (HMO-POS)	Local HMO *	\$ -		H5253	040	0	\$ 3,600
Yancey	UnitedHealthcare	AARP Medicare Advantage Plan 2 (HMO-POS)	Local HMO	\$ -	\$ 170.00	H5253	079	0	\$ 5,900
Yancey	UnitedHealthcare	AARP Medicare Advantage Plan 1 (HMO-POS)	Local HMO	\$ 43.00	\$ 95.00	H5253	080	0	\$ 4,700
Yancey	UnitedHealthcare	AARP Medicare Advantage Walgreens (HMO-POS)	Local HMO	\$ -	\$ 435.00	H5253	105	0	\$ 6,700
Yancey	WellCare	WellCare Value (HMO)	Local HMO	\$ -	\$ 150.00	H0712	023	0	\$ 5,500
Yancey	WellCare	WellCare Premier (PPO)	Local PPO	\$ -	\$ 100.00	H7175	001	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

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Yancey	WellCare	WellCare Summit (PPO)	Local PPO	\$ 22.20	\$ 445.00	H7175	003	0	\$ 6,000
Yancey	WellCare	WellCare Absolute (PPO)	Local PPO	\$ -	\$ 200.00	H7175	004	0	\$ 7,550
Yancey	WellCare	WellCare Patriot (PPO)	Local PPO *	\$ -		H7175	005	0	\$ 5,500

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