

2022
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	Drug Benefit Type	Additional Coverage Offered in the Gap	Drug Benefit Type Detail	Contract ID	Plan ID	Segment ID
Brunswick	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	\$ -					H5521	241	0
Brunswick	Aetna Medicare	Aetna Medicare Essential Plan (PPO)	Local PPO	\$ -	\$ 200.00	Enhanced	Yes	EA	H5521	348	0
Brunswick	Aetna Medicare	Aetna Medicare Value Plan (PPO)	Local PPO	\$ 18.00	\$ 150.00	Enhanced	Yes	EA	H5521	169	0
Brunswick	Blue Cross and Blue Shield of NC	Blue Medicare Essential (HMO)	Local HMO	\$ -	\$ 375.00	Enhanced	Yes	EA	H3449	027	2
Brunswick	Blue Cross and Blue Shield of NC	Blue Medicare Essential Plus (HMO)	Local HMO	\$ -	\$ 195.00	Enhanced	Yes	EA	H3449	023	2
Brunswick	Blue Cross and Blue Shield of NC	Blue Medicare Freedom+ (PPO)	Local PPO *	\$ -					H3404	004	0
Brunswick	Blue Cross and Blue Shield of NC	Blue Medicare Medical Only (HMO)	Local HMO *	\$ -					H3449	012	0
Brunswick	Blue Cross and Blue Shield of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$ 49.00	\$ -	Enhanced	Yes	EA	H3404	003	2
Brunswick	Exemplar Health	Exemplar Health Freedom 1 (MSA)	MSA *						H9295	001	0
Brunswick	Exemplar Health	Exemplar Health Freedom 2 (MSA)	MSA *						H9295	002	0
Brunswick	Exemplar Health	Exemplar Health Freedom 3 (MSA)	MSA *						H9295	003	0
Brunswick	FirstMedicare Direct	New Hanover Health Advantage Platinum (HMO-POS)	Local HMO	\$ 45.00	\$ -	Enhanced	Yes	EA	H6306	014	0
Brunswick	FirstMedicare Direct	New Hanover Health Advantage Select (HMO-POS)	Local HMO	\$ -	\$ 150.00	Enhanced	Yes	EA	H6306	013	0
Brunswick	Humana	Humana Gold Plus H6622-061 (HMO)	Local HMO	\$ -	\$ 95.00	Enhanced	No	EA	H6622	061	0
Brunswick	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO	\$ -					R1390	003	0
Brunswick	Humana	HumanaChoice H5525-034 (PPO)	Local PPO	\$ 136.00	\$ 190.00	Enhanced	No	EA	H5525	034	0
Brunswick	Humana	HumanaChoice H5525-035 (PPO)	Local PPO	\$ -	\$ 265.00	Enhanced	No	EA	H5525	035	0
Brunswick	Humana	HumanaChoice R1390-001 (Regional PPO)	*	\$ -					R1390	001	0
Brunswick	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$ 98.80	\$ 480.00	Enhanced	No	EA	R1390	002	0

*Indicates plan does not offer Part D drug coverage.

MOOP: Maximum Out of Pocket limit enrollee spending. Includes cost for all in network Part A **Services

N/A - Non Applicable

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Brunswick	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *						H1924	001	0
Brunswick	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *						H1924	004	0

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In-network MOOP Amount **
\$ 6,500
\$ 7,500
\$ 4,950
\$ 5,900
\$ 4,900
\$ 7,550
\$ 3,900
\$ 5,900
\$ -
\$ -
\$ -
\$ 5,500
\$ 4,500
\$ 3,900
\$ 7,550
\$ 6,700
\$ 7,550
\$ 6,950
\$ 7,550

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N/A - Non Applicable

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In-network MOOP Amount **	
\$	-
\$	-

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N/A - Non Applicable