

**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 | In-network MOOP Amount ** |
|----------|-------------------|-------------------------------------------|------------------------------|----------------------------------------------------|------------------------|-------------------|----------------------------------------|--------------------------|-------------|---------|------------|---------------------------|
| Cherokee | Aetna Medicare    | Aetna Medicare Premier Plan (PPO)         | Local PPO                    | \$ -                                               | \$ 150.00              | Enhanced          | Yes                                    | EA                       | H5521       | 236     | 0          | \$ 6,500                  |
| Cherokee | Aetna Medicare    | Aetna Medicare Value Plus Plan (HMO)      | Local HMO                    | \$ 24.00                                           | \$ 95.00               | Enhanced          | Yes                                    | EA                       | H3146       | 005     | 0          | \$ 6,500                  |
| Cherokee | Exemplar Health   | Exemplar Health Freedom 1 (MSA)           | MSA *                        |                                                    |                        |                   |                                        |                          | H9295       | 001     | 0          | \$ -                      |
| Cherokee | Exemplar Health   | Exemplar Health Freedom 2 (MSA)           | MSA *                        |                                                    |                        |                   |                                        |                          | H9295       | 002     | 0          | \$ -                      |
| Cherokee | Exemplar Health   | Exemplar Health Freedom 3 (MSA)           | MSA *                        |                                                    |                        |                   |                                        |                          | H9295       | 003     | 0          | \$ -                      |
| Cherokee | Humana            | Humana Gold Choice H8145-004 (PFFS)       | PFFS                         | \$ 87.00                                           | \$ 160.00              | Enhanced          | No                                     | EA                       | H8145       | 004     | 0          | \$ -                      |
| Cherokee | Humana            | Humana Gold Plus H6622-025 (HMO-POS)      | Local HMO                    | \$ -                                               | \$ 150.00              | Enhanced          | No                                     | EA                       | H6622       | 025     | 0          | \$ 5,900                  |
| Cherokee | Humana            | Humana Gold Plus H6622-026 (HMO-POS)      | Local HMO                    | \$ 30.00                                           | \$ -                   | Enhanced          | No                                     | EA                       | H6622       | 026     | 0          | \$ 4,400                  |
| Cherokee | Humana            | Humana Honor R1390-003 (Regional PPO)     | Regional PPO *               | \$ -                                               |                        |                   |                                        |                          | R1390       | 003     | 0          | \$ 7,550                  |
| Cherokee | Humana            | HumanaChoice H5216-017 (PPO)              | Local PPO                    | \$ -                                               | \$ 265.00              | Enhanced          | No                                     | EA                       | H5216       | 017     | 0          | \$ 7,550                  |
| Cherokee | Humana            | HumanaChoice H5216-211 (PPO)              | Local PPO                    | \$ 50.00                                           | \$ 160.00              | Enhanced          | No                                     | EA                       | H5216       | 211     | 0          | \$ 6,700                  |
| Cherokee | Humana            | HumanaChoice R1390-001 (Regional PPO)     | Regional PPO *               | \$ -                                               |                        |                   |                                        |                          | R1390       | 001     | 0          | \$ 6,950                  |
| Cherokee | Humana            | HumanaChoice R1390-002 (Regional PPO)     | Regional PPO                 | \$ 98.80                                           | \$ 480.00              | Enhanced          | No                                     | EA                       | R1390       | 002     | 0          | \$ 7,550                  |
| Cherokee | Lasso Healthcare  | Lasso Healthcare Growth (MSA)             | MSA *                        |                                                    |                        |                   |                                        |                          | H1924       | 001     | 0          | \$ -                      |
| Cherokee | Lasso Healthcare  | Lasso Healthcare Growth Plus (MSA)        | MSA *                        |                                                    |                        |                   |                                        |                          | H1924       | 004     | 0          | \$ -                      |
| Cherokee | UnitedHealthcare  | AARP Medicare Advantage Choice (PPO)      | Local PPO                    | \$ -                                               | \$ 250.00              | Enhanced          | Yes                                    | EA                       | H2577       | 016     | 0          | \$ 6,700                  |
| Cherokee | UnitedHealthcare  | AARP Medicare Advantage Patriot (HMO-POS) | Local HMO *                  | \$ -                                               |                        |                   |                                        |                          | H5253       | 040     | 0          | \$ 3,600                  |
| Cherokee | UnitedHealthcare  | AARP Medicare Advantage Plan 1 (HMO-POS)  | Local HMO                    | \$ 43.00                                           | \$ -                   | Enhanced          | Yes                                    | EA                       | H5253       | 080     | 0          | \$ 4,700                  |
| Cherokee | UnitedHealthcare  | AARP Medicare Advantage Plan 2 (HMO-POS)  | Local HMO                    | \$ -                                               | \$ 170.00              | Enhanced          | Yes                                    | EA                       | H5253       | 079     | 0          | \$ 5,900                  |

\*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**

**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 | In-network MOOP Amount ** |
|----------|-------------------|---------------------------------------------|------------------------------|----------------------------------------------------|------------------------|-------------------|----------------------------------------|--------------------------|-------------|---------|------------|---------------------------|
| Cherokee | UnitedHealthcare  | AARP Medicare Advantage Walgreens (HMO-POS) | Local HMO                    | \$ -                                               | \$ 435.00              | Enhanced          | Yes                                    | EA                       | H5253       | 105     | 0          | \$ 6,700                  |

\*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**