

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 **
Forsyth	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	\$ -					H5521	241	0	\$ 6,500
Forsyth	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$ -	\$ 150.00	Enhanced	Yes	EA	H5521	081	0	\$ 5,900
Forsyth	Aetna Medicare	Aetna Medicare Premier Plus Plan (PPO)	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	H5521	170	0	\$ 4,500
Forsyth	Aetna Medicare	Aetna Medicare Prime (HMO-POS)	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	H3146	007	0	\$ 4,500
Forsyth	Aetna Medicare	Aetna Medicare Value Plus Plan (HMO)	Local HMO	\$ 24.00	\$ 95.00	Enhanced	Yes	EA	H3146	006	0	\$ 5,500
Forsyth	Alignment Health Plan	AVA (HMO-POS)	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	H5296	003	0	\$ 2,499
Forsyth	Alignment Health Plan	AVA (PPO)	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	H7074	001	0	\$ 3,900
Forsyth	ApexHealth	ApexBold (HMO)	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	H9828	003	0	\$ 6,500
Forsyth	Blue Cross and Blue Shield of NC	Blue Medicare Choice (HMO)	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	H3449	026	0	\$ 3,400
Forsyth	Blue Cross and Blue Shield of NC	Blue Medicare Essential (HMO)	Local HMO	\$ -	\$ 375.00	Enhanced	Yes	EA	H3449	027	1	\$ 5,900
Forsyth	Blue Cross and Blue Shield of NC	Blue Medicare Essential Plus (HMO)	Local HMO	\$ -	\$ 195.00	Enhanced	Yes	EA	H3449	023	1	\$ 4,200
Forsyth	Blue Cross and Blue Shield of NC	Blue Medicare Freedom+ (PPO)	Local PPO *	\$ -					H3404	004	0	\$ 7,550
Forsyth	Blue Cross and Blue Shield of NC	Blue Medicare Medical Only (HMO)	Local HMO *	\$ -					H3449	012	0	\$ 3,900
Forsyth	Blue Cross and Blue Shield of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$ 29.00	\$ -	Enhanced	Yes	EA	H3404	003	1	\$ 5,900
Forsyth	COMPANY OF NC	HealthTeam Advantage Plan I (PPO)	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	H9808	004	0	\$ 3,450
Forsyth	COMPANY OF NC	HealthTeam Advantage Plan II (PPO)	Local PPO	\$ 75.00	\$ -	Enhanced	Yes	EA	H9808	005	0	\$ 3,200
Forsyth	Cigna	Cigna Fundamental Medicare (HMO)	Local HMO *	\$ -					H9725	005	0	\$ 4,900
Forsyth	Cigna	Cigna Preferred Medicare (HMO)	Local HMO	\$ -	\$ -	Enhanced	No	EA	H9725	001	0	\$ 4,900
Forsyth	Cigna	Cigna Preferred Plus Medicare (HMO)	Local HMO	\$ 29.00	\$ -	Enhanced	No	EA	H9725	006	0	\$ 3,900
Forsyth	Cigna	Cigna True Choice Medicare (PPO)	Local PPO	\$ -	\$ -	Enhanced	No	EA	H7849	011	0	\$ 6,000
Forsyth	Exemplar Health	Exemplar Health Freedom 1 (MSA)	MSA *						H9295	001	0	\$ -
Forsyth	Exemplar Health	Exemplar Health Freedom 2 (MSA)	MSA *						H9295	002	0	\$ -
Forsyth	Exemplar Health	Exemplar Health Freedom 3 (MSA)	MSA *						H9295	003	0	\$ -
Forsyth	Humana	Humana Gold Choice H8145-004 (PFFS)	PFFS	\$ 87.00	\$ 160.00	Enhanced	No	EA	H8145	004	0	\$ -
Forsyth	Humana	Humana Gold Plus H1036-291 (HMO)	Local HMO	\$ -	\$ -	Enhanced	No	EA	H1036	291	0	\$ 3,900
Forsyth	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	\$ -					R1390	003	0	\$ 7,550

*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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Forsyth	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	\$ 50.00	\$ 160.00	Enhanced	No	EA	H5216	211	0	\$ 6,700
Forsyth	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$ -					R1390	001	0	\$ 6,950
Forsyth	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$ 98.80	\$ 480.00	Enhanced	No	EA	R1390	002	0	\$ 7,550
Forsyth	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *						H1924	001	0	\$ -
Forsyth	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *						H1924	004	0	\$ -
Forsyth	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	Local PPO	\$ 38.00	\$ -	Enhanced	Yes	EA	H2228	018	0	\$ 3,900
Forsyth	UnitedHealthcare	AARP Medicare Advantage Patriot (HMO-POS)	Local HMO *	\$ -					H5253	040	0	\$ 3,600
Forsyth	UnitedHealthcare	AARP Medicare Advantage Plan 1 (HMO-POS)	Local HMO	\$ 27.00	\$ -	Enhanced	Yes	EA	H5253	037	0	\$ 3,600
Forsyth	UnitedHealthcare	AARP Medicare Advantage Plan 2 (HMO-POS)	Local HMO	\$ -	\$ 95.00	Enhanced	Yes	EA	H5253	038	0	\$ 4,500
Forsyth	UnitedHealthcare	AARP Medicare Advantage Walgreens (HMO-POS)	Local HMO	\$ -	\$ 435.00	Enhanced	Yes	EA	H5253	110	0	\$ 6,700
Forsyth	Wellcare	Wellcare Assist Open (PPO)	Local PPO	\$ 32.90	\$ 480.00	Enhanced	No	EA	H7175	003	0	\$ 4,500
Forsyth	Wellcare	Wellcare Giveback Open (PPO)	Local PPO	\$ -	\$ 200.00	Enhanced	Yes	EA	H7175	004	0	\$ 7,550
Forsyth	Wellcare	Wellcare No Premium (HMO)	Local HMO	\$ -	\$ 150.00	Enhanced	No	EA	H4073	001	0	\$ 4,500
Forsyth	Wellcare	Wellcare No Premium Open (PPO)	Local PPO	\$ -	\$ 150.00	Enhanced	No	EA	H7175	001	0	\$ 5,500
Forsyth	Wellcare	Wellcare No Premium Value (HMO)	Local HMO	\$ -	\$ 150.00	Enhanced	No	EA	H0712	023	0	\$ 6,000
Forsyth	Wellcare	Wellcare Patriot No Premium Open (PPO)	Local PPO *	\$ -					H7175	005	0	\$ 5,500
Forsyth	Wellcare	Wellcare Premium Enhanced Open (PPO)	Local PPO	\$ 55.00	\$ 100.00	Enhanced	No	EA	H7175	006	0	\$ 4,500
Forsyth	Wellcare	Wellcare Premium Ultra Open (PPO)	Local PPO	\$ 99.00	\$ 100.00	Enhanced	No	EA	H7175	007	0	\$ 3,450

*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