

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 **
Lee	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	\$ -					H5521	241	0	\$ 6,500
Lee	Aetna Medicare	Aetna Medicare Premier Plus Plan (PPO)	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	H5521	170	0	\$ 4,500
Lee	Aetna Medicare	Aetna Medicare Value Plan (PPO)	Local PPO	\$ 18.00	\$ 150.00	Enhanced	Yes	EA	H5521	169	0	\$ 4,950
Lee	Blue Cross and Blue Shield of NC	Blue Medicare Enhanced (HMO)	Local HMO	\$ 49.00	\$ -	Enhanced	Yes	EA	H3449	024	3	\$ 4,900
Lee	Blue Cross and Blue Shield of NC	Blue Medicare Essential (HMO)	Local HMO	\$ -	\$ 375.00	Enhanced	Yes	EA	H3449	027	2	\$ 5,900
Lee	Blue Cross and Blue Shield of NC	Blue Medicare Essential Plus (HMO)	Local HMO	\$ 26.00	\$ 195.00	Enhanced	Yes	EA	H3449	023	5	\$ 5,900
Lee	Blue Cross and Blue Shield of NC	Blue Medicare Freedom+ (PPO)	Local PPO *	\$ -					H3404	004	0	\$ 7,550
Lee	Blue Cross and Blue Shield of NC	Blue Medicare Medical Only (HMO)	Local HMO *	\$ -					H3449	012	0	\$ 3,900
Lee	Blue Cross and Blue Shield of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$ 49.00	\$ -	Enhanced	Yes	EA	H3404	003	2	\$ 5,900
Lee	Exemplar Health	Exemplar Health Freedom 1 (MSA)	MSA *						H9295	001	0	\$ -
Lee	Exemplar Health	Exemplar Health Freedom 2 (MSA)	MSA *						H9295	002	0	\$ -
Lee	Exemplar Health	Exemplar Health Freedom 3 (MSA)	MSA *						H9295	003	0	\$ -
Lee	Experience Health, Inc.	Experience Health Medicare Advantage (HMO)	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	H3777	001	3	\$ 4,200
Lee	FirstMedicare Direct	FirstMedicare Direct POS Choice (HMO-POS)	Local HMO *	\$ -					H6306	015	0	\$ 5,000
Lee	FirstMedicare Direct	FirstMedicare Direct POS Plus (HMO-POS)	Local HMO	\$ 35.00	\$ -	Enhanced	Yes	EA	H6306	011	1	\$ 5,900
Lee	FirstMedicare Direct	FirstMedicare Direct POS Standard (HMO-POS)	Local HMO	\$ -	\$ 150.00	Enhanced	Yes	EA	H6306	012	1	\$ 6,500
Lee	FirstMedicare Direct	FirstMedicare Direct PPO Plus (PPO)	Local PPO	\$ 69.00	\$ -	Enhanced	Yes	EA	H8064	002	0	\$ 5,500
Lee	FirstMedicare Direct	FirstMedicare Direct PPO Premier (PPO)	Local PPO	\$ 149.00	\$ -	Enhanced	Yes	EA	H8064	004	0	\$ 6,700
Lee	Humana	Humana Gold Plus H6622-060 (HMO)	Local HMO	\$ -	\$ -	Enhanced	No	EA	H6622	060	0	\$ 4,200
Lee	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	\$ -					R1390	003	0	\$ 7,550
Lee	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	\$ 50.00	\$ 160.00	Enhanced	No	EA	H5216	211	0	\$ 6,700
Lee	Humana	HumanaChoice H5525-035 (PPO)	Local PPO	\$ -	\$ 265.00	Enhanced	No	EA	H5525	035	0	\$ 7,550
Lee	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$ -					R1390	001	0	\$ 6,950
Lee	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$ 98.80	\$ 480.00	Enhanced	No	EA	R1390	002	0	\$ 7,550
Lee	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *						H1924	001	0	\$ -
Lee	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *						H1924	004	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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Lee	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	Local PPO	\$ -	\$ 250.00	Enhanced	Yes	EA	H2577	017	0	\$ 6,700
Lee	UnitedHealthcare	AARP Medicare Advantage Patriot (HMO-POS)	Local HMO *	\$ -					H5253	040	0	\$ 3,600
Lee	UnitedHealthcare	AARP Medicare Advantage Plan 1 (HMO-POS)	Local HMO	\$ 48.00	\$ -	Enhanced	Yes	EA	H5253	104	0	\$ 4,900
Lee	UnitedHealthcare	AARP Medicare Advantage Plan 2 (HMO-POS)	Local HMO	\$ -	\$ 170.00	Enhanced	Yes	EA	H5253	103	0	\$ 5,900
Lee	Wellcare	Wellcare Assist Open (PPO)	Local PPO	\$ 32.90	\$ 480.00	Enhanced	No	EA	H7175	003	0	\$ 4,500
Lee	Wellcare	Wellcare Giveback Open (PPO)	Local PPO	\$ -	\$ 200.00	Enhanced	Yes	EA	H7175	004	0	\$ 7,550
Lee	Wellcare	Wellcare No Premium (HMO)	Local HMO	\$ -	\$ 150.00	Enhanced	No	EA	H4073	001	0	\$ 4,500
Lee	Wellcare	Wellcare No Premium Open (PPO)	Local PPO	\$ -	\$ 150.00	Enhanced	No	EA	H7175	001	0	\$ 5,500
Lee	Wellcare	Wellcare No Premium Value (HMO)	Local HMO	\$ -	\$ 150.00	Enhanced	No	EA	H0712	023	0	\$ 6,000
Lee	Wellcare	Wellcare Patriot No Premium Open (PPO)	Local PPO *	\$ -					H7175	005	0	\$ 5,500
Lee	Wellcare	Wellcare Premium Enhanced Open (PPO)	Local PPO	\$ 55.00	\$ 100.00	Enhanced	No	EA	H7175	006	0	\$ 4,500
Lee	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