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 **
New Hanover	Blue Cross and Blue Shield of NC	Blue Medicare Enhanced (HMO)	Local HMO	$ 34.00	$ -	Enhanced	Yes	EA	H3449	024	2	$ 4,500
New Hanover	Blue Cross and Blue Shield of NC	Blue Medicare Essential (HMO)	Local HMO	$ -	$ 375.00	Enhanced	Yes	EA	H3449	027	2	$ 5,900
New Hanover	Blue Cross and Blue Shield of NC	Blue Medicare Essential Plus (HMO)	Local HMO	$ -	$ 195.00	Enhanced	Yes	EA	H3449	023	2	$ 4,900
New Hanover	Blue Cross and Blue Shield of NC	Blue Medicare Freedom+ (PPO)	Local PPO *	$ -					H3404	004	0	$ 7,550
New Hanover	Blue Cross and Blue Shield of NC	Blue Medicare Medical Only (HMO)	Local HMO *	$ -					H3449	012	0	$ 3,900
New Hanover	Blue Cross and Blue Shield of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	$ 49.00	$ -	Enhanced	Yes	EA	H3404	003	2	$ 5,900
New Hanover	Exemplar Health	Exemplar Health Freedom 1 (MSA)	MSA *						H9295	001	0	$ -
New Hanover	Exemplar Health	Exemplar Health Freedom 2 (MSA)	MSA *						H9295	002	0	$ -
New Hanover	Exemplar Health	Exemplar Health Freedom 3 (MSA)	MSA *						H9295	003	0	$ -
New Hanover	FirstMedicare Direct	New Hanover Health Advantage Platinum (HMO-POS)	Local HMO	$ 45.00	$ -	Enhanced	Yes	EA	H6306	014	0	$ 5,500
New Hanover	FirstMedicare Direct	New Hanover Health Advantage Select (HMO-POS)	Local HMO	$ -	$ 150.00	Enhanced	Yes	EA	H6306	013	0	$ 4,500
New Hanover	Humana	Humana Gold Plus H6622-061 (HMO)	Local HMO	$ -	$ 95.00	Enhanced	No	EA	H6622	061	0	$ 3,900
New Hanover	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	$ -					R1390	003	0	$ 7,550
New Hanover	Humana	HumanaChoice H5525-026 (PPO)	Local PPO	$ 72.00	$ 265.00	Enhanced	No	EA	H5525	026	0	$ 6,700
New Hanover	Humana	HumanaChoice H5525-034 (PPO)	Local PPO	$ 136.00	$ 190.00	Enhanced	No	EA	H5525	034	0	$ 6,700
New Hanover	Humana	HumanaChoice H5525-035 (PPO)	Local PPO	$ -	$ 265.00	Enhanced	No	EA	H5525	035	0	$ 7,550
New Hanover	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	$ -					R1390	001	0	$ 6,950
New Hanover	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	$ 98.80	$ 480.00	Enhanced	No	EA	R1390	002	0	$ 7,550
New Hanover	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *						H1924	001	0	$ -
New Hanover	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