

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 **
Pender	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	\$ -					H5521	241	0	\$ 6,500
Pender	Aetna Medicare	Aetna Medicare Essential Plan (PPO)	Local PPO	\$ -	\$ 200.00	Enhanced	Yes	EA	H5521	348	0	\$ 7,500
Pender	Aetna Medicare	Aetna Medicare Value Plan (PPO)	Local PPO	\$ 18.00	\$ 150.00	Enhanced	Yes	EA	H5521	169	0	\$ 4,950
Pender	Blue Cross and Blue Shield of NC	Blue Medicare Enhanced (HMO)	Local HMO	\$ 49.00	\$ -	Enhanced	Yes	EA	H3449	024	3	\$ 4,900
Pender	Blue Cross and Blue Shield of NC	Blue Medicare Essential (HMO)	Local HMO	\$ -	\$ 375.00	Enhanced	Yes	EA	H3449	027	2	\$ 5,900
Pender	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
Pender	Blue Cross and Blue Shield of NC	Blue Medicare Freedom+ (PPO)	Local PPO *	\$ -					H3404	004	0	\$ 7,550
Pender	Blue Cross and Blue Shield of NC	Blue Medicare Medical Only (HMO)	Local HMO *	\$ -					H3449	012	0	\$ 3,900
Pender	Exemplar Health	Exemplar Health Freedom 1 (MSA)	MSA *						H9295	001	0	\$ -
Pender	Exemplar Health	Exemplar Health Freedom 2 (MSA)	MSA *						H9295	002	0	\$ -
Pender	Exemplar Health	Exemplar Health Freedom 3 (MSA)	MSA *						H9295	003	0	\$ -
Pender	FirstMedicare Direct	New Hanover Health Advantage Platinum (HMO-POS)	Local HMO	\$ 45.00	\$ -	Enhanced	Yes	EA	H6306	014	0	\$ 5,500
Pender	FirstMedicare Direct	New Hanover Health Advantage Select (HMO-POS)	Local HMO	\$ -	\$ 150.00	Enhanced	Yes	EA	H6306	013	0	\$ 4,500
Pender	Humana	Humana Gold Plus H6622-061 (HMO)	Local HMO	\$ -	\$ 95.00	Enhanced	No	EA	H6622	061	0	\$ 3,900
Pender	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	\$ -					R1390	003	0	\$ 7,550
Pender	Humana	HumanaChoice H5525-026 (PPO)	Local PPO	\$ 72.00	\$ 265.00	Enhanced	No	EA	H5525	026	0	\$ 6,700
Pender	Humana	HumanaChoice H5525-034 (PPO)	Local PPO	\$ 136.00	\$ 190.00	Enhanced	No	EA	H5525	034	0	\$ 6,700
Pender	Humana	HumanaChoice H5525-035 (PPO)	Local PPO	\$ -	\$ 265.00	Enhanced	No	EA	H5525	035	0	\$ 7,550
Pender	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$ -					R1390	001	0	\$ 6,950
Pender	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$ 98.80	\$ 480.00	Enhanced	No	EA	R1390	002	0	\$ 7,550
Pender	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *						H1924	001	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

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 **
Pender	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *						H1924	004	0	\$ -
Pender	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	Local PPO	\$ -	\$ 95.00	Enhanced	Yes	EA	H2577	004	0	\$ 6,700
Pender	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)	Local PPO	\$ 26.00	\$ -	Enhanced	Yes	EA	H2577	018	0	\$ 5,900
Pender	UnitedHealthcare	AARP Medicare Advantage Patriot (PPO)	Local PPO *	\$ -					H2577	019	0	\$ 3,600

*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