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 **
Robeson	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	$ -					H5521	241	0	$ 6,500
Robeson	Aetna Medicare	Aetna Medicare Essential Plan (PPO)	Local PPO	$ -	$ 200.00	Enhanced	Yes	EA	H5521	348	0	$ 7,500
Robeson	Aetna Medicare	Aetna Medicare Value Plan (PPO)	Local PPO	$ 18.00	$ 150.00	Enhanced	Yes	EA	H5521	169	0	$ 4,950
Robeson	Blue Cross and Blue Shield of NC	Blue Medicare Enhanced (HMO)	Local HMO	$ 49.00	$ -	Enhanced	Yes	EA	H3449	024	3	$ 4,900
Robeson	Blue Cross and Blue Shield of NC	Blue Medicare Essential (HMO)	Local HMO	$ -	$ 375.00	Enhanced	Yes	EA	H3449	027	2	$ 5,900
Robeson	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
Robeson	Blue Cross and Blue Shield of NC	Blue Medicare Freedom+ (PPO)	Local PPO *	$ -					H3404	004	0	$ 7,550
Robeson	Blue Cross and Blue Shield of NC	Blue Medicare Medical Only (HMO)	Local HMO *	$ -					H3449	012	0	$ 3,900
Robeson	Blue Cross and Blue Shield of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	$ 49.00	$ -	Enhanced	Yes	EA	H3404	003	2	$ 5,900
Robeson	Clear Spring Health	Clear Spring Health Essential (PPO)	Local PPO	$ 39.00	$ 100.00	Enhanced	Yes	EA	H2020	003	0	$ 4,500
Robeson	Clear Spring Health	Clear Spring Health Essential Plus (PPO)	Local PPO	$ 76.00	$ -	Enhanced	Yes	EA	H2020	005	0	$ 4,000
Robeson	Exemplar Health	Exemplar Health Freedom 1 (MSA)	MSA *						H9295	001	0	$ -
Robeson	Exemplar Health	Exemplar Health Freedom 2 (MSA)	MSA *						H9295	002	0	$ -
Robeson	Exemplar Health	Exemplar Health Freedom 3 (MSA)	MSA *						H9295	003	0	$ -
Robeson	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	$ -					R1390	003	0	$ 7,550
Robeson	Humana	HumanaChoice H5525-035 (PPO)	Local PPO	$ -	$ 265.00	Enhanced	No	EA	H5525	035	0	$ 7,550
Robeson	Humana	HumanaChoice H5525-049 (PPO)	Local PPO	$ 25.00	$ 95.00	Enhanced	No	EA	H5525	049	0	$ 5,900
Robeson	Humana	HumanaChoice H5525-050 (PPO)	Local PPO	$ -	$ 265.00	Enhanced	No	EA	H5525	050	0	$ 6,200
Robeson	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	$ -					R1390	001	0	$ 6,950
Robeson	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	$ 98.80	$ 480.00	Enhanced	No	EA	R1390	002	0	$ 7,550
Robeson	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *						H1924	001	0	$ -
Robeson	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *						H1924	004	0	$ -
Robeson	Troy Medicare	Troy Medicare (HMO)	Local HMO	$ -	$ -	Enhanced	Yes	EA	H4676	001	0	$ 5,000
Robeson	Wellcare	Wellcare Assist Open (PPO)	Local PPO	$ 32.90	$ 480.00	Enhanced	No	EA	H7175	003	0	$ 4,500
Robeson	Wellcare	Wellcare Giveback Open (PPO)	Local PPO	$ -	$ 200.00	Enhanced	Yes	EA	H7175	004	0	$ 7,550
Robeson	Wellcare	Wellcare No Premium (HMO)	Local HMO	$ -	$ 150.00	Enhanced	No	EA	H4073	001	0	$ 4,500
Robeson	Wellcare	Wellcare No Premium Open (PPO)	Local PPO	$ -	$ 150.00	Enhanced	No	EA	H7175	001	0	$ 5,500
Robeson	Wellcare	Wellcare No Premium Value (HMO)	Local HMO	$ -	$ 150.00	Enhanced	No	EA	H0712	023	0	$ 6,000
Robeson	Wellcare	Wellcare Patriot No Premium Open (PPO)	Local PPO *	$ -					H7175	005	0	$ 5,500
Robeson	Wellcare	Wellcare Premium Enhanced Open (PPO)	Local PPO	$ 55.00	$ 100.00	Enhanced	No	EA	H7175	006	0	$ 4,500

*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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Robeson	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