

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 **
Wake	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	\$ -					H5521	241	0	\$ 6,500
Wake	Aetna Medicare	Aetna Medicare Essential Plan (PPO)	Local PPO	\$ -	\$ 150.00	Enhanced	Yes	EA	H5521	168	0	\$ 6,800
Wake	Aetna Medicare	Aetna Medicare Value Plan (HMO-POS)	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	H3146	004	0	\$ 5,500
Wake	Alignment Health Plan	Alignment Health Plan NC Premier (HMO)	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	H5296	001	0	\$ 2,499
Wake	Alignment Health Plan	AVA (HMO-POS)	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	H5296	003	0	\$ 2,499
Wake	Alignment Health Plan	AVA (PPO)	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	H7074	001	0	\$ 3,900
Wake	Blue Cross and Blue Shield of NC	Blue Medicare Choice (HMO)	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	H3449	026	0	\$ 3,400
Wake	Blue Cross and Blue Shield of NC	Blue Medicare Enhanced (HMO)	Local HMO	\$ 19.00	\$ -	Enhanced	Yes	EA	H3449	024	1	\$ 3,900
Wake	Blue Cross and Blue Shield of NC	Blue Medicare Essential (HMO)	Local HMO	\$ -	\$ 375.00	Enhanced	Yes	EA	H3449	027	1	\$ 5,900
Wake	Blue Cross and Blue Shield of NC	Blue Medicare Essential Plus (HMO)	Local HMO	\$ -	\$ 195.00	Enhanced	Yes	EA	H3449	023	1	\$ 4,200
Wake	Blue Cross and Blue Shield of NC	Blue Medicare Medical Only (HMO)	Local HMO *	\$ -					H3449	012	0	\$ 3,900
Wake	Blue Cross and Blue Shield of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$ 29.00	\$ -	Enhanced	Yes	EA	H3404	003	1	\$ 5,900
Wake	Exemplar Health	Exemplar Health Freedom 1 (MSA)	MSA *						H9295	001	0	\$ -
Wake	Exemplar Health	Exemplar Health Freedom 2 (MSA)	MSA *						H9295	002	0	\$ -
Wake	Exemplar Health	Exemplar Health Freedom 3 (MSA)	MSA *						H9295	003	0	\$ -
Wake	Experience Health, Inc.	Experience Health Medicare Advantage (HMO)	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	H3777	001	4	\$ 4,200
Wake	FirstMedicare Direct	FirstMedicare Direct SmartHMO (HMO)	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	H6306	005	0	\$ 2,900
Wake	Humana	Humana Gold Plus H1036-233 (HMO)	Local HMO	\$ -	\$ -	Enhanced	No	EA	H1036	233	0	\$ 4,200
Wake	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	\$ -					R1390	003	0	\$ 7,550
Wake	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	\$ 50.00	\$ 160.00	Enhanced	No	EA	H5216	211	0	\$ 6,700
Wake	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$ -					R1390	001	0	\$ 6,950
Wake	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$ 98.80	\$ 480.00	Enhanced	No	EA	R1390	002	0	\$ 7,550
Wake	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *						H1924	001	0	\$ -
Wake	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *						H1924	004	0	\$ -
Wake	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	Local PPO	\$ -	\$ 250.00	Enhanced	Yes	EA	H2577	017	0	\$ 6,700
Wake	UnitedHealthcare	AARP Medicare Advantage Patriot (HMO-POS)	Local HMO *	\$ -					H5253	040	0	\$ 3,600
Wake	UnitedHealthcare	AARP Medicare Advantage Plan 1 (HMO-POS)	Local HMO	\$ 38.00	\$ -	Enhanced	Yes	EA	H5253	102	0	\$ 4,900
Wake	UnitedHealthcare	AARP Medicare Advantage Plan 2 (HMO-POS)	Local HMO	\$ -	\$ 170.00	Enhanced	Yes	EA	H5253	039	0	\$ 5,400

*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 **
Wake	Wellcare	Wellcare Assist Open (PPO)	Local PPO	\$ 32.90	\$ 480.00	Enhanced	No	EA	H7175	003	0	\$ 4,500
Wake	Wellcare	Wellcare Giveback Open (PPO)	Local PPO	\$ -	\$ 200.00	Enhanced	Yes	EA	H7175	004	0	\$ 7,550
Wake	Wellcare	Wellcare No Premium (HMO)	Local HMO	\$ -	\$ 150.00	Enhanced	No	EA	H4073	001	0	\$ 4,500
Wake	Wellcare	Wellcare No Premium Open (PPO)	Local PPO	\$ -	\$ 150.00	Enhanced	No	EA	H7175	001	0	\$ 5,500
Wake	Wellcare	Wellcare No Premium Value (HMO)	Local HMO	\$ -	\$ 150.00	Enhanced	No	EA	H0712	023	0	\$ 6,000
Wake	Wellcare	Wellcare Patriot No Premium Open (PPO)	Local PPO *	\$ -					H7175	005	0	\$ 5,500
Wake	Wellcare	Wellcare Premium Enhanced Open (PPO)	Local PPO	\$ 55.00	\$ 100.00	Enhanced	No	EA	H7175	006	0	\$ 4,500
Wake	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