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 **
Yancey	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	$ -					H5521	241	0	$ 6,500
Yancey	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	$ -	$ 150.00	Enhanced	Yes	EA	H5521	236	0	$ 6,500
Yancey	Aetna Medicare	Aetna Medicare Value Plus Plan (HMO)	Local HMO	$ 24.00	$ 95.00	Enhanced	Yes	EA	H3146	005	0	$ 6,500
Yancey	Blue Cross and Blue Shield of NC	Blue Medicare Enhanced (HMO)	Local HMO	$ 34.00	$ -	Enhanced	Yes	EA	H3449	024	2	$ 4,500
Yancey	Blue Cross and Blue Shield of NC	Blue Medicare Essential (HMO)	Local HMO	$ -	$ 375.00	Enhanced	Yes	EA	H3449	027	2	$ 5,900
Yancey	Blue Cross and Blue Shield of NC	Blue Medicare Essential Plus (HMO)	Local HMO	$ -	$ 195.00	Enhanced	Yes	EA	H3449	023	2	$ 4,900
Yancey	Blue Cross and Blue Shield of NC	Blue Medicare Freedom+ (PPO)	Local PPO *	$ -					H3404	004	0	$ 7,550
Yancey	Blue Cross and Blue Shield of NC	Blue Medicare Medical Only (HMO)	Local HMO *	$ -					H3449	012	0	$ 3,900
Yancey	Blue Cross and Blue Shield of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	$ 49.00	$ -	Enhanced	Yes	EA	H3404	003	2	$ 5,900
Yancey	Exemplar Health	Exemplar Health Freedom 1 (MSA)	MSA *						H9295	001	0	$ -
Yancey	Exemplar Health	Exemplar Health Freedom 2 (MSA)	MSA *						H9295	002	0	$ -
Yancey	Exemplar Health	Exemplar Health Freedom 3 (MSA)	MSA *						H9295	003	0	$ -
Yancey	FirstMedicare Direct	FirstMedicare Direct POS Plus (HMO-POS)	Local HMO	$ 39.00	$ -	Enhanced	Yes	EA	H6306	011	3	$ 3,450
Yancey	FirstMedicare Direct	FirstMedicare Direct POS Standard (HMO-POS)	Local HMO	$ -	$ 150.00	Enhanced	Yes	EA	H6306	012	5	$ 6,700
Yancey	Humana	Humana Gold Choice H8145-004 (PFFS)	PFFS	$ 87.00	$ 160.00	Enhanced	No	EA	H8145	004	0	$ -
Yancey	Humana	Humana Gold Plus H6622-025 (HMO-POS)	Local HMO	$ -	$ 150.00	Enhanced	No	EA	H6622	025	0	$ 5,900
Yancey	Humana	Humana Gold Plus H6622-026 (HMO-POS)	Local HMO	$ 30.00	$ -	Enhanced	No	EA	H6622	026	0	$ 4,400
Yancey	Humana	Humana Honor R1390-003 (Regional PPO)	Regional PPO *	$ -					R1390	003	0	$ 7,550
Yancey	Humana	HumanaChoice H5216-017 (PPO)	Local PPO	$ -	$ 265.00	Enhanced	No	EA	H5216	017	0	$ 7,550
Yancey	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	$ 50.00	$ 160.00	Enhanced	No	EA	H5216	211	0	$ 6,700
Yancey	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	$ -					R1390	001	0	$ 6,950
Yancey	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	$ 98.80	$ 480.00	Enhanced	No	EA	R1390	002	0	$ 7,550
Yancey	Lasso Healthcare	Lasso Healthcare Growth (MSA)	MSA *						H1924	001	0	$ -
Yancey	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)	MSA *						H1924	004	0	$ -
Yancey	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)	Local PPO	$ -	$ 250.00	Enhanced	Yes	EA	H2577	016	0	$ 6,700
Yancey	UnitedHealthcare	AARP Medicare Advantage Patriot (HMO-POS)	Local HMO *	$ -					H5253	040	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

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 **
Yancey	UnitedHealthcare	AARP Medicare Advantage Plan 1 (HMO-POS)	Local HMO	$ 43.00	$ -	Enhanced	Yes	EA	H5253	080	0	$ 4,700
Yancey	UnitedHealthcare	AARP Medicare Advantage Plan 2 (HMO-POS)	Local HMO	$ -	$ 170.00	Enhanced	Yes	EA	H5253	079	0	$ 5,900
Yancey	UnitedHealthcare	AARP Medicare Advantage Walgreens (HMO-POS)	Local HMO	$ -	$ 435.00	Enhanced	Yes	EA	H5253	105	0	$ 6,700
Yancey	Wellcare	Wellcare Assist Open (PPO)	Local PPO	$ 32.90	$ 480.00	Enhanced	No	EA	H7175	003	0	$ 4,500
Yancey	Wellcare	Wellcare Giveback Open (PPO)	Local PPO	$ -	$ 200.00	Enhanced	Yes	EA	H7175	004	0	$ 7,550
Yancey	Wellcare	Wellcare No Premium (HMO)	Local HMO	$ -	$ 150.00	Enhanced	No	EA	H4073	001	0	$ 4,500
Yancey	Wellcare	Wellcare No Premium Open (PPO)	Local PPO	$ -	$ 150.00	Enhanced	No	EA	H7175	001	0	$ 5,500
Yancey	Wellcare	Wellcare No Premium Value (HMO)	Local HMO	$ -	$ 150.00	Enhanced	No	EA	H0712	023	0	$ 6,000
Yancey	Wellcare	Wellcare Patriot No Premium Open (PPO)	Local PPO *	$ -					H7175	005	0	$ 5,500
Yancey	Wellcare	Wellcare Premium Enhanced Open (PPO)	Local PPO	$ 55.00	$ 100.00	Enhanced	No	EA	H7175	006	0	$ 4,500
Yancey	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.

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N/A - Non Applicable