2021
Medicare Special Needs Plans for NC

County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Consolidated Premium * (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Contract ID	Plan ID
Alamance	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	$30.30	$130.00	Enhanced	No	H3146	3
Alamance	BCBS of NC Senior Health	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	Dual-Eligible	$30.30	$445.00	Basic	No	H9147	1
Alamance	Humana	Humana Gold Plus SNP-DE H1036-168 (HMO D-SNP)	Local HMO	Dual-Eligible	$30.30	$425.00	Basic	No	H1036	168
Alamance	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	$30.30	$445.00	Basic	No	H6351	1
Alamance	Liberty Advantage	Liberty at Home (HMO I-SNP)	Local HMO	Institutional	$46.00	$-	Enhanced	No	H6351	3
Alamance	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	Institutional	$30.30	$445.00	Basic	No	H5374	1
Alamance	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	$30.30	$445.00	Basic	No	H0710	34
Alamance	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO	Dual-Eligible	$30.30	$445.00	Basic	No	H5253	41
Alamance	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS I-SNP)	Local HMO	Institutional	$30.30	$445.00	Basic	No	H5253	42
Alamance	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS I-SNP)	Local HMO	Institutional	$25.00	$200.00	Enhanced	No	H5253	43
Alamance	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	$30.60	$445.00	Basic	No	R1548	1

*Indicates plan does not offer Part D coverage

**MOOP: Maximum Out-of-Pocket limit on enrollee spending. Includes cost of all in-network Part A B services

N/A = Not Applicable

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Alexander	Cigna	Cigna TotalCare (HMO D-SNP)	Local HMO	Dual-Eligible	$29.50	$445.00	Basic	No	H9725	3
Alexander	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	$30.30	$415.00	Basic	No	H5525	36
Alexander	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	$30.60	$445.00	Basic	No	R1548	1
Alexander	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	$29.80	$445.00	Enhanced	No	H0712	25
Alexander	WellCare	WellCare Imperial (PPO D-SNP)	Local PPO	Dual-Eligible	$30.30	$445.00	Enhanced	No	H7175	2

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Alleghany	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	$30.30	$415.00	Basic	No	H5525	36
Alleghany	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	$30.60	$445.00	Basic	No	R1548	1

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Anson	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	Local HMO	Dual-Eligible	$28.90	$420.00	Basic	No	H1036	167
Anson	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	$30.60	$445.00	Basic	No	R1548	1

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Ashe	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	$30.30	$415.00	Basic	No	H5525	36
Ashe	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	$30.60	$445.00	Basic	No	R1548	1
Ashe	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	$29.80	$445.00	Enhanced	No	H0712	25
Ashe	WellCare	WellCare Imperial (PPO D-SNP)	Local PPO	Dual-Eligible	$30.30	$445.00	Enhanced	No	H7175	2

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Avery	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	$30.30	$415.00	Basic	No	H5525	36
Avery	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	$30.60	$445.00	Basic	No	R1548	1
Avery	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	$29.80	$445.00	Enhanced	No	H0712	25
Avery	WellCare	WellCare Imperial (PPO D-SNP)	Local PPO	Dual-Eligible	$30.30	$445.00	Enhanced	No	H7175	2

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