2021 Medicare Special Needs Plans for NC

					Monthly Consolida ted Premium					
					*	Annual		Additional		
			* *	-	(Includes	_		Coverage		
Commen	Out of the Manne	Diag Name				Deductibl		Offered in		Diam ID
County	Organization Name	Plan Name	Health Plan	Туре	D)	е	Туре	the Gap	ID	Plan ID
Beaufort	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Beaufort	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1

<sup>\*</sup>Indicates plan does not offer Part D coverage

<sup>\*\*</sup>MOOP: Maximum Out-of-Pocket limit on enrollee spending. Includes cost of all in-network Part A B services N/A = Not Applicable

2021 Medicare Special Needs Plans for NC

			Type of Medicare	Special Needs Plan	l_,	Annual	Drug Benefit	Additional Coverage Offered in		
County	Organization Name	Plan Name	Health Plan	Туре	D)	е	Туре	the Gap	ID	Plan ID
Bertie	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Bertie	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6351	1
Bertie	Liberty Advantage	Liberty at Home (HMO I-SNP)	Local HMO	Institutional	\$46.00	\$-	Enhanced	No	H6351	3
Bertie	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1

<sup>\*</sup>Indicates plan does not offer Part D coverage

<sup>\*\*</sup>MOOP: Maximum Out-of-Pocket limit on enrollee spending. Includes cost of all in-network Part A B services N/A = Not Applicable

2021 Medicare Special Needs Plans for NC

County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Consolida ted Premium * (Includes Part C + D)	Annual Drug Deductibl e	Drug Benefit	Additional Coverage Offered in the Gap		Plan ID
Bladen	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Bladen	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6351	1
Bladen	Liberty Advantage	Liberty at Home (HMO I-SNP)	Local HMO	Institutional	\$46.00	\$-	Enhanced	No	H6351	3
Bladen	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1
Bladen	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.80	\$445.00	Enhanced	No	H0712	25
biaueii		<u>, , , , , , , , , , , , , , , , , , , </u>								

<sup>\*</sup>Indicates plan does not offer Part D coverage

<sup>\*\*</sup>MOOP: Maximum Out-of-Pocket limit on enrollee spending. Includes cost of all in-network Part A B services N/A = Not Applicable

2021 Medicare Special Needs Plans for NC

		Diag Manage	Type of Medicare	Special Needs Plan	l_,	Annual	Drug Benefit	Additional Coverage Offered in		
County	Organization Name	Plan Name	Health Plan	Туре	D)	е	Туре	the Gap	ID	Plan ID
Brunswick	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Brunswick	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6351	1
Brunswick	Liberty Advantage	Liberty at Home (HMO I-SNP)	Local HMO	Institutional	\$46.00	\$-	Enhanced	No	H6351	3
Brunswick	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1

<sup>\*</sup>Indicates plan does not offer Part D coverage

<sup>\*\*</sup>MOOP: Maximum Out-of-Pocket limit on enrollee spending. Includes cost of all in-network Part A B services N/A = Not Applicable

2021 Medicare Special Needs Plans for NC

County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	-	Annual Drug Deductibl e	Drug Benefit	Additional Coverage Offered in the Gap		Plan ID
Buncombe	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$130.00	Enhanced	No	H3146	9
Buncombe	BCBS of NC Senior Health	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$445.00	Basic	No	H9147	1
Buncombe	Humana	Humana Gold Plus SNP-DE H6622-027 (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$425.00	Basic	No	H6622	27
Buncombe	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6351	1
Buncombe	Liberty Advantage	Liberty at Home (HMO I-SNP)	Local HMO	Institutional	\$46.00	\$-	Enhanced	No	H6351	3
Buncombe	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5374	1
Buncombe	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00	Basic	No	H0710	34
Buncombe	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$445.00	Basic	No	H5253	41
Buncombe	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5253	42
Buncombe	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS I-SNP)	Local HMO	Institutional	\$25.00	\$200.00	Enhanced	No	H5253	43
Buncombe	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1
Buncombe	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.80	\$445.00	Enhanced	No	H0712	25
Buncombe	WellCare	WellCare Imperial (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$445.00	Enhanced	No	H7175	2

<sup>\*</sup>Indicates plan does not offer Part D coverage

<sup>\*\*</sup>MOOP: Maximum Out-of-Pocket limit on enrollee spending. Includes cost of all in-network Part A B services N/A = Not Applicable

2021 Medicare Special Needs Plans for NC

			Type of Medicare		Monthly Consolida ted Premium * (Includes Part C +	Annual	Drug	Additional Coverage Offered in	Contract	
County	Organization Name	Plan Name	Health Plan	Туре	D)	e	Туре	the Gap	ID	Plan ID
Burke	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	Local HMO	Dual-Eligible	\$28.90	\$420.00	Basic	No	H1036	167
Burke	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00	Basic	No	H0710	34
Burke	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1

<sup>\*</sup>Indicates plan does not offer Part D coverage

<sup>\*\*</sup>MOOP: Maximum Out-of-Pocket limit on enrollee spending. Includes cost of all in-network Part A B services N/A = Not Applicable