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		Contract ID	Plan ID
Cabarrus	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$28.80	\$130.00	Enhanced	No	H3146	8
Cabarrus	BCBS of NC Senior Health	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$445.00	Basic	No	H9147	1
Cabarrus	Cigna	Cigna TotalCare (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.50	\$445.00	Basic	No	H9725	3
Cabarrus	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	Local HMO	Dual-Eligible	\$28.90	\$420.00	Basic	No	H1036	167
Cabarrus	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5374	1
Cabarrus	PruittHealth Premier	PruittHealth Premier (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6345	1
Cabarrus	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00	Basic	No	H0710	34
Cabarrus	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5253	42
Cabarrus	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS I-SNP)	Local HMO	Institutional	\$25.00	\$200.00	Enhanced	No	H5253	43
Cabarrus	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		Type of Medicare Health Plan		(Includes	Annual	Drug Benefit	Additional Coverage Offered in the Gap		Plan ID
Caldwell	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	Local HMO	Dual-Eligible	\$28.90	\$420.00		No	H1036	167
Caldwell	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00	Basic	No	H0710	34
Caldwell	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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2021 Medicare Special Needs Plans for NC

			Type of	Special	(Includes	Annual Drug	Drug	Additional Coverage	Contract	
County	Organization Name		Medicare Health Plan	Needs Plan Type	Part C + D)	Deductibl		Offered in the Gap		Plan ID
Camden	Humana		Local PPO	Dual-Eligible	\$30.30	\$415.00			H5525	36
Camden	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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<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		(Includes	Annual		Additional Coverage Offered in	Contract	
County	Organization Name		Health Plan	Туре	D)	е				Plan ID
Carteret	PruittHealth Premier	PruittHealth Premier (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6345	1
Carteret	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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<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	(Includes	Annual Drug Deductibl	Drug	Additional Coverage Offered in	Contract	
County	Organization Name	Plan Name	Health Plan	Туре	D)	e	Туре	the Gap	ID	Plan ID
Caswell	Humana	Humana Gold Plus SNP-DE H1036-168 (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$425.00	Basic	No	H1036	168
Caswell	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$445.00	Basic	No	H5253	41
Caswell	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1
Caswell	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.80	\$445.00	Enhanced	No	H0712	25
Caswell	WellCare	WellCare Imperial (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$445.00	Enhanced	No	H7175	2

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<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 Benefit		Contract ID	Plan ID
Catawba	Cigna	Cigna TotalCare (HMO D-SNP)		Dual-Eligible	\$29.50	\$445.00		-	H9725	3
Catawba	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	Local HMO	Dual-Eligible	\$28.90	\$420.00	Basic	No	H1036	167
Catawba	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6351	1
Catawba	Liberty Advantage	Liberty at Home (HMO I-SNP)	Local HMO	Institutional	\$46.00	\$-	Enhanced	No	H6351	3
Catawba	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5374	1
Catawba	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00	Basic	No	H0710	34
Catawba	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$445.00	Basic	No	H5253	41
Catawba	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1
Catawba	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.80	\$445.00	Enhanced	No	H0712	25
Catawba	WellCare	WellCare Imperial (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$445.00	Enhanced	No	H7175	2

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<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	Monthly Consolida ted Premium * (Includes Part C +	Annual Drug Deductibl		Additional Coverage Offered in	Contract	
County	Organization Name	Plan Name	<b>Health Plan</b>	Туре	D)	e	Туре	the Gap	ID	Plan ID
Chatham	Lumana	HumanaChoice SND DE HEEZE 026 (DDO D SND)								0.0
J	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Chatham	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local PPO Local HMO	Dual-Eligible Institutional	\$30.30 \$30.30	\$415.00 \$445.00			H5525 H6351	36
		·	+	<del> </del>		\$445.00		No	<del> </del>	1 36
Chatham	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic Enhanced	No No	H6351	36 1 3 34
Chatham Chatham	Liberty Advantage Liberty Advantage	Liberty Advantage (HMO I-SNP) Liberty at Home (HMO I-SNP)	Local HMO Local HMO	Institutional Institutional	\$30.30 \$46.00	\$445.00 \$-	Basic Enhanced Basic	No No No	H6351 H6351	1 3
Chatham Chatham Chatham	Liberty Advantage Liberty Advantage UnitedHealthcare	Liberty Advantage (HMO I-SNP) Liberty at Home (HMO I-SNP) UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local HMO Local HMO Local PPO	Institutional Institutional Institutional	\$30.30 \$46.00 \$30.30	\$445.00 \$- \$445.00	Basic Enhanced Basic Basic	No No No No	H6351 H6351 H0710	1 3 34
Chatham Chatham Chatham Chatham	Liberty Advantage Liberty Advantage UnitedHealthcare UnitedHealthcare	Liberty Advantage (HMO I-SNP) Liberty at Home (HMO I-SNP) UnitedHealthcare Nursing Home Plan (PPO I-SNP) UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO Local HMO Local PPO Local HMO	Institutional Institutional Institutional Dual-Eligible	\$30.30 \$46.00 \$30.30 \$30.30	\$445.00 \$- \$445.00 \$445.00	Basic Enhanced Basic Basic	No No No No	H6351 H6351 H0710 H5253	1 3 34 41

<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