2021 Medicare Special Needs Plans for NC

County	Organization Namo		Type of Medicare Health Plan	Special Needs Plan	- >	Annual	Drug Benefit	Additional Coverage Offered in		Plan ID
County	Organization Name	Plan Name	Health Plan	Туре	D)	е	Туре	the Gap	ID	Pian ID
Cherokee	Humana	Humana Gold Plus SNP-DE H6622-027 (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$425.00	Basic	No	H6622	27
Cherokee	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

2021 Medicare Special Needs Plans for NC

			**	Special	Monthly Consolida ted Premium * (Includes Part C +	Annual	Drug	Additional Coverage Offered in	Contract	
County	Organization Name	Plan Name		_	D)	e				Plan ID
Chowan	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Chowan	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

					Monthly Consolida ted Premium					
			Type of	Special	* (Includes	Annual Drug		Additional Coverage		
			Medicare	Needs Plan	Part C +	Deductibl	Benefit	Offered in	Contract	
County	Organization Name	Plan Name	Health Plan	Туре	D)	e	Туре	the Gap	ID	Plan ID
Clay	Humana	Humana Gold Plus SNP-DE H6622-027 (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$425.00	Basic	No	H6622	27
Clay	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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^{**}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 Deductibl	Drug	Additional Coverage Offered in	Contract	
County	Organization Name	Plan Name	Health Plan	Туре	D)	e	Туре	the Gap	ID	Plan ID
Cleveland	Cigna	Cigna TotalCare (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.50	\$445.00	Basic	No	H9725	3
Cleveland	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Cleveland	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00	Basic	No	H0710	34
Cleveland	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5253	42
Cleveland	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 Medicare	Special Needs Plan	Monthly Consolida ted Premium * (Includes Part C +	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
Columbus	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Columbus	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6351	1
Columbus	Liberty Advantage	Liberty at Home (HMO I-SNP)	Local HMO	Institutional	\$46.00	\$-	Enhanced	No	H6351	3
Columbus	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00	Basic	No	H0710	34
Columbus	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

					Monthly					
					Consolida					
					ted					
					Premium					
					*	Annual		Additional		
			Type of	Special	(Includes	Drug	Drug	Coverage		
			Medicare	Needs Plan	Part C +	Deductibl	Benefit	Offered in	Contract	
County	Organization Name	Plan Name	Health Plan	Туре	D)	e	Туре	the Gap	ID	Plan ID
Craven	PruittHealth Premier	PruittHealth Premier (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6345	1
Craven	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 Medicare	Special Needs Plan	_	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
Cumberland	BCBS of NC Senior Health	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$445.00	Basic	No	H9147	1
Cumberland	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Cumberland	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6351	1
Cumberland	Liberty Advantage	Liberty at Home (HMO I-SNP)	Local HMO	Institutional	\$46.00	\$-	Enhanced	No	H6351	3
Cumberland	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5374	1
Cumberland	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00	Basic	No	H0710	34
Cumberland	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$445.00	Basic	No	H5253	41
Cumberland	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5253	42
Cumberland	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS I-SNP)	Local HMO	Institutional	\$25.00	\$200.00	Enhanced	No	H5253	43
Cumberland	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1
Cumberland	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.80	\$445.00	Enhanced	No	H0712	25
Cumberland	WellCare	WellCare Imperial (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$445.00	Enhanced	No	H7175	2

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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		Health Plan	Type	D)	e				Plan ID
Currituck	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Currituck	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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^{**}MOOP: Maximum Out-of-Pocket limit on enrollee spending. Includes cost of all in-network Part A B services N/A = Not Applicable