2021 Medicare Special Needs Plans for NC

			Type of Medicare		(Includes	Annual Drug Deductibl	Drug Benefit	Additional Coverage Offered in		
County	Organization Name	Plan Name	Health Plan	Туре	D)	e	Туре	the Gap	ID	Plan ID
Halifax	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Halifax	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6351	1
Halifax	Liberty Advantage	Liberty at Home (HMO I-SNP)	Local HMO	Institutional	\$46.00	\$-	Enhanced	No	H6351	3
Halifax	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

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	Plan ID
Harnett	BCBS of NC Senior Health	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$445.00		No .	H9147	1
Harnett	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	 	-	H5525	36
	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00	Basic	No	H0710	34
Harnett	Jonnteuneaithtare	Jointeaneatheare warsing nome rian (11015)								
Harnett Harnett	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1
		• • • • •	+		\$30.60 \$29.80		Basic Enhanced		R1548 H0712	1 25

^{*}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

County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	,	Annual Drug Deductibl	Drug Benefit		Contract ID	Plan ID
Haywood	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$130.00	Enhanced	-	H3146	9
Haywood	Humana	Humana Gold Plus SNP-DE H6622-027 (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$425.00			H6622	27
Haywood	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00	Basic	No	H0710	34
Haywood	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5253	42
Haywood	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1
Haywood	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.80	\$445.00	Enhanced	No	H0712	25
Haywood	WellCare	WellCare Imperial (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	6445.00	Enhanced	A1 -	H7175	

^{*}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

County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	_	Annual Drug Deductibl e	Benefit		Contract	Plan ID
Henderson	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$130.00	Enhanced	 	H3146	9
Henderson	Humana	Humana Gold Plus SNP-DE H6622-027 (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$425.00	Basic	No	H6622	27
Henderson	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5374	1
Henderson	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00	Basic	No	H0710	34
Henderson	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$445.00	Basic	No	H5253	41
Henderson	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5253	42
Henderson	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS I-SNP)	Local HMO	Institutional	\$25.00	\$200.00	Enhanced	No	H5253	43
Henderson	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1
Henderson	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.80	\$445.00	Enhanced	No	H0712	25
Henderson	WellCare	WellCare Imperial (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$445.00	Enhanced	No	H7175	2

^{*}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

			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)	е	Туре	the Gap	ID	Plan ID
Hertford	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Hertford	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

Country	Ourse rise tion Name		Type of Medicare	Special Needs Plan	(Includes Part C +	Annual	Drug Benefit	Additional Coverage Offered in		Dless ID
•	Organization Name		Health Plan	Туре	D)	е				Plan ID
Hoke	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Hoke	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1
Hoke	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.80	\$445.00	Enhanced	No	H0712	25
Hoke	WellCare	WellCare Imperial (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$445.00	Enhanced	No	H7175	2

^{*}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

Country	Organization Nome	Dian Name	Type of Medicare	Special Needs Plan	_,	Annual	Drug Benefit	Additional Coverage Offered in		Dlaw ID
County	Organization Name	Plan Name	Health Plan	Туре	D)	e				Plan ID
Hyde	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Hyde	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6351	1
Hyde	Liberty Advantage	Liberty at Home (HMO I-SNP)	Local HMO	Institutional	\$46.00	\$-	Enhanced	No	H6351	3
Hyde	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