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
Iredell	Cigna	Cigna TotalCare (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.50	\$445.00	Basic	No	H9725	3
Iredell	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	Local HMO	Dual-Eligible	\$28.90	\$420.00	Basic	No	H1036	167
Iredell	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5374	1
Iredell	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00	Basic	No	H0710	34
Iredell	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1
Iredell	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.80	\$445.00	Enhanced	No	H0712	25
Iredell	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	Special Needs Plan	Monthly Consolida ted Premium * (Includes Part C +	Annual	Drug Benefit	Additional Coverage Offered in		
County	Organization Name	Plan Name	Health Plan	Туре	D)	е	Туре	the Gap	ID	Plan ID
Jackson	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$130.00	Enhanced	No	H3146	9
Jackson	Humana	Humana Gold Plus SNP-DE H6622-027 (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$425.00	Basic	No	H6622	27
Jackson	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1
Jackson	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.80	\$445.00	Enhanced	No	H0712	25
Jackson	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	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)	۵	Type	the Gap	lin.	Dlan ID
			Tricaren Fran	TIPE	וטן	-	Туре	tile Gap	ID	Plan ID
Johnston	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$130.00	Enhanced	· · · · · ·	H3146	2
Johnston Johnston	Aetna Medicare Humana	Aetna Medicare Assure Plan (HMO D-SNP) HumanaChoice SNP-DE H5525-036 (PPO D-SNP)			-	\$130.00 \$415.00	Enhanced	No		2 36
	1		Local HMO	Dual-Eligible	\$30.30	<del>                                     </del>	Enhanced Basic	No No	H3146	2
Johnston	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local HMO Local PPO	Dual-Eligible Dual-Eligible	\$30.30 \$30.30	\$415.00 \$445.00	Enhanced Basic	No No No	H3146 H5525	2
Johnston Johnston	Humana Liberty Advantage	HumanaChoice SNP-DE H5525-036 (PPO D-SNP) Liberty Advantage (HMO I-SNP)	Local HMO Local PPO Local HMO	Dual-Eligible Dual-Eligible Institutional	\$30.30 \$30.30 \$30.30	\$415.00 \$445.00	Enhanced Basic Basic Enhanced	No No No No	H3146 H5525 H6351	2
Johnston Johnston Johnston	Humana Liberty Advantage Liberty Advantage	HumanaChoice SNP-DE H5525-036 (PPO D-SNP) Liberty Advantage (HMO I-SNP) Liberty at Home (HMO I-SNP)	Local HMO Local PPO Local HMO Local HMO	Dual-Eligible Dual-Eligible Institutional Institutional	\$30.30 \$30.30 \$30.30 \$46.00	\$415.00 \$445.00 \$-	Enhanced Basic Basic Enhanced Basic	No No No No No	H3146 H5525 H6351 H6351	2
Johnston Johnston Johnston Johnston	Humana Liberty Advantage Liberty Advantage Longevity Health Plan	HumanaChoice SNP-DE H5525-036 (PPO D-SNP) Liberty Advantage (HMO I-SNP) Liberty at Home (HMO I-SNP) Longevity Health Plan (HMO I-SNP)	Local HMO Local PPO Local HMO Local HMO Local HMO	Dual-Eligible Dual-Eligible Institutional Institutional Institutional	\$30.30 \$30.30 \$30.30 \$46.00 \$30.30	\$415.00 \$445.00 \$- \$445.00	Enhanced Basic Basic Enhanced Basic Basic	No No No No No No	H3146 H5525 H6351 H6351 H5374	2 36 1 3 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		Monthly Consolida ted Premium * (Includes Part C +	Annual	Drug	Additional Coverage Offered in	Contract	
County	Organization Name		Health Plan	Туре	D)	e				Plan ID
Jones	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Jones	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