2021 Medicare Special Needs Plans for NC

			Type of	Special	(Includes	Annual Drug	Drug	Additional Coverage		
			Medicare	Needs Plan	_,	Deductibl		Offered in		
County	Organization Name	Plan Name	Health Plan	Туре	D)	е	Туре	the Gap	ID	Plan ID
Pamlico	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Pamlico	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

			Type of Medicare	Special Needs Plan	(Includes	Annual	Drug Benefit	Additional Coverage Offered in		
County	Organization Name	Plan Name	Health Plan	Туре	D)	е	Туре	the Gap	ID	Plan ID
Pasquotank	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Pasquotank	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

			Type of		(Includes	Annual Drug	Drug	Additional Coverage		
			Medicare	Needs Plan	Part C +	Deductibl	_	Offered in	Contract	
County	Organization Name	Plan Name	Health Plan	Туре	D)	e	Туре	the Gap	ID	Plan ID
Pender	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Pender	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		Type of Medicare	Special Needs Plan	(Includes Part C +	Annual	Drug Benefit	Additional Coverage Offered in		Plan ID
County	Organization Name	Plan Name	Health Plan	Туре	D)	е	Туре	the Gap	ID	Plan ID
Perquimans	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Perquimans	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

			Type of Medicare	Special Needs Plan	Monthly Consolida ted Premium * (Includes Part C +	Annual	Drug Benefit		Contract	
County	Organization Name	Plan Name	Health Plan	Туре	D)	е	Туре	the Gap	ID	Plan ID
Person	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$130.00	Enhanced	No	H3146	2
	1									
Person	Humana	Humana Gold Plus SNP-DE H1036-168 (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$425.00	Basic	No	H1036	168
Person Person	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO Local HMO	Dual-Eligible Institutional	\$30.30 \$30.30	\$425.00 \$445.00	 	 	H1036 H6351	168 1
			+	 	\$30.30	\$445.00	 	No		168 1 3
Person	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic Enhanced	No No	H6351	168 1 3 41
Person Person	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
Person Person Person	Liberty Advantage Liberty Advantage UnitedHealthcare	Liberty Advantage (HMO I-SNP) Liberty at Home (HMO I-SNP) UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO Local HMO Local HMO	Institutional Institutional Dual-Eligible	\$30.30 \$46.00 \$30.30	\$445.00 \$- \$445.00 \$445.00	Basic Enhanced Basic	No No No No	H6351 H6351 H5253	1 3

^{*}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	Special Needs Plan	(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
Pitt	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$130.00	Enhanced	No	H3146	2
Pitt	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Pitt	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5374	1
Pitt	PruittHealth Premier	PruittHealth Premier (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6345	1
Pitt	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	Drug Benefit	Additional Coverage Offered in the Gap		Plan ID
-					,	¢445.00	,,,			2
Polk	Cigna	Cigna TotalCare (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.50	\$445.00		-	H9725	3
							l	NI -	LLCCAA	1 271
Polk	Humana	Humana Gold Plus SNP-DE H6622-027 (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$425.00	Basic	No	H6622	27
Polk Polk	Humana UnitedHealthcare	Humana Gold Plus SNP-DE H6622-027 (HMO D-SNP) UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local HMO Local PPO	Dual-Eligible Institutional	\$30.30 \$30.30	\$425.00			H0710	34
		,		 			Basic	No		
Polk	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00 \$445.00	Basic	No No	H0710	

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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