

2021
Medicare Special Needs Plans for NC

County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Consolidated Premium * (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Contract 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

County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Consolidated Premium * (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Contract 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

County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Consolidated Premium * (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Contract 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	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Consolidated Premium * (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Contract 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

County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Consolidated Premium * (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Contract 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
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	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6351	1
Person	Liberty Advantage	Liberty at Home (HMO I-SNP)	Local HMO	Institutional	\$46.00	\$-	Enhanced	No	H6351	3
Person	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$445.00	Basic	No	H5253	41
Person	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1
Person	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.80	\$445.00	Enhanced	No	H0712	25
Person	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

County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Consolidated Premium * (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Contract 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 Consolidated Premium * (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Contract ID	Plan ID
Polk	Cigna	Cigna TotalCare (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.50	\$445.00	Basic	No	H9725	3
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	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00	Basic	No	H0710	34
Polk	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1
Polk	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.80	\$445.00	Enhanced	No	H0712	25
Polk	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