2021 Medicare Special Needs Plans for NC

			Medicare		_	Annual	Drug Benefit		Contract	
County	Organization Name	Plan Name	Health Plan	Туре	D)	e	Туре	the Gap	ID	Plan ID
Randolph	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$120.00	Enhanced	INO	H3146	ا د
		, , , , , , , , , , , , , , , , , , , ,	Local Hivio	Dual Eligible	730.30	7130.00	Lilliancea	וווט	1113140	3
Randolph	Humana	Humana Gold Plus SNP-DE H1036-168 (HMO D-SNP)		Dual-Eligible	\$30.30		-		H1036	168
· ·	Humana Longevity Health Plan					\$425.00	Basic	No		168
Randolph	 	Humana Gold Plus SNP-DE H1036-168 (HMO D-SNP)	Local HMO Local HMO	Dual-Eligible	\$30.30	\$425.00 \$445.00	Basic Basic	No No	H1036	168 1 34
Randolph Randolph	Longevity Health Plan	Humana Gold Plus SNP-DE H1036-168 (HMO D-SNP) Longevity Health Plan (HMO I-SNP)	Local HMO Local HMO Local PPO	Dual-Eligible Institutional	\$30.30 \$30.30	\$425.00 \$445.00 \$445.00	Basic Basic Basic	No No No	H1036 H5374	1
Randolph Randolph Randolph	Longevity Health Plan UnitedHealthcare	Humana Gold Plus SNP-DE H1036-168 (HMO D-SNP) Longevity Health Plan (HMO I-SNP) UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local HMO Local HMO Local PPO	Dual-Eligible Institutional Institutional	\$30.30 \$30.30 \$30.30	\$425.00 \$445.00 \$445.00 \$445.00	Basic Basic Basic Basic	No No No	H1036 H5374 H0710	1 34
Randolph Randolph Randolph Randolph	Longevity Health Plan UnitedHealthcare UnitedHealthcare	Humana Gold Plus SNP-DE H1036-168 (HMO D-SNP) Longevity Health Plan (HMO I-SNP) UnitedHealthcare Nursing Home Plan (PPO I-SNP) UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO Local HMO Local PPO Local HMO	Dual-Eligible Institutional Institutional Dual-Eligible	\$30.30 \$30.30 \$30.30 \$30.30	\$425.00 \$445.00 \$445.00 \$445.00 \$445.00	Basic Basic Basic Basic	No No No No	H1036 H5374 H0710 H5253	1 34 41

^{*}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)	e	Туре	the Gap	ID	Plan ID
Richmond	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Richmond	PruittHealth Premier	PruittHealth Premier (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6345	1
Richmond	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 Benefit	Additional Coverage Offered in		
County	Organization Name	Plan Name	Health Plan	Туре	D)	e	Туре	the Gap	ID	Plan ID
Robeson	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6351	1
Robeson	Liberty Advantage	Liberty at Home (HMO I-SNP)	Local HMO	Institutional	\$46.00	\$-	Enhanced	No	H6351	3
Robeson	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5374	1
Robeson	Troy Medicare	Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$445.00	Enhanced	No	H4676	2
Robeson	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		Additional Coverage Offered in	Contract	
County	Organization Name	Plan Name	Hoolth Dlan	Turno	D	_	l –	1.1	l	DI
	0.00	Tall redific	Health Plan	Туре	D)	е	Туре	the Gap	ID	Plan ID
Rockingham	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$130.00	Enhanced	 	H3146	Plan ID
Rockingham Rockingham	-				_	\$130.00 \$425.00	Enhanced	No		3 168
	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30		Enhanced Basic	No No	H3146	3
Rockingham	Aetna Medicare Humana	Aetna Medicare Assure Plan (HMO D-SNP) Humana Gold Plus SNP-DE H1036-168 (HMO D-SNP)	Local HMO Local HMO	Dual-Eligible Dual-Eligible	\$30.30 \$30.30	\$425.00	Enhanced Basic Basic	No No No	H3146 H1036	3
Rockingham Rockingham	Aetna Medicare Humana Longevity Health Plan	Aetna Medicare Assure Plan (HMO D-SNP) Humana Gold Plus SNP-DE H1036-168 (HMO D-SNP) Longevity Health Plan (HMO I-SNP)	Local HMO Local HMO Local HMO	Dual-Eligible Dual-Eligible Institutional	\$30.30 \$30.30 \$30.30	\$425.00 \$445.00	Enhanced Basic Basic Basic	No No No No	H3146 H1036 H5374	3 168 1
Rockingham Rockingham Rockingham	Aetna Medicare Humana Longevity Health Plan UnitedHealthcare	Aetna Medicare Assure Plan (HMO D-SNP) Humana Gold Plus SNP-DE H1036-168 (HMO D-SNP) Longevity Health Plan (HMO I-SNP) UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local HMO Local HMO Local HMO Local PPO	Dual-Eligible Dual-Eligible Institutional Institutional	\$30.30 \$30.30 \$30.30 \$30.30	\$425.00 \$445.00 \$445.00	Enhanced Basic Basic Basic Basic	No No No No No	H3146 H1036 H5374 H0710	3 168 1 34
Rockingham Rockingham Rockingham Rockingham	Aetna Medicare Humana Longevity Health Plan UnitedHealthcare UnitedHealthcare	Aetna Medicare Assure Plan (HMO D-SNP) Humana Gold Plus SNP-DE H1036-168 (HMO D-SNP) Longevity Health Plan (HMO I-SNP) UnitedHealthcare Nursing Home Plan (PPO I-SNP) UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO Local HMO Local HMO Local PPO Local HMO	Dual-Eligible Dual-Eligible Institutional Institutional Dual-Eligible	\$30.30 \$30.30 \$30.30 \$30.30 \$30.30	\$425.00 \$445.00 \$445.00 \$445.00 \$445.00	Enhanced Basic Basic Basic Basic	No No No No No No	H3146 H1036 H5374 H0710 H5253	3 168 1 34 41

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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	Benefit		Contract	
County	Organization Name	Plan Name	Health Plan	Туре	D)	e	Туре	the Gap	ID	Plan ID
Rowan	BCBS of NC Senior Health	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$445.00	Basic	No	H9147	1
Rowan	Cigna	Cigna TotalCare (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.50	\$445.00	Basic	No	H9725	3
Rowan	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	Local HMO	Dual-Eligible	\$28.90	\$420.00	Basic	No	H1036	167
Rowan	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6351	1
Rowan	Liberty Advantage	Liberty at Home (HMO I-SNP)	Local HMO	Institutional	\$46.00	\$-	Enhanced	No	H6351	3
Rowan	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5374	1
Rowan	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00	Basic	No	H0710	34
Rowan	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$445.00	Basic	No	H5253	41
Rowan	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5253	42
Rowan	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS I-SNP)	Local HMO	Institutional	\$25.00	\$200.00	Enhanced	No	H5253	43
Rowan	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	(Includes Part C +	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
Rutherford	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$130.00	Enhanced	No	H3146	9
Rutherford	Humana	Humana Gold Plus SNP-DE H6622-027 (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$425.00	Basic	No	H6622	27
Rutherford	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5374	1
Rutherford	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00	Basic	No	H0710	34
Rutherford	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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