2021 Medicare Special Needs Plans for NC

			Type of Medicare	Special Needs Plan	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
Transylvania	Humana	Humana Gold Plus SNP-DE H6622-027 (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$425.00	Basic	No	H6622	27
Transylvania	PruittHealth Premier	PruittHealth Premier (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6345	1
Transylvania	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1
Transylvania	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.80	\$445.00	Enhanced	No	H0712	25
Transylvania	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	Special	(Includes	Annual Drug	Drug	Additional Coverage		
			Medicare	Needs Plan	Part C +	Deductibl	Benefit	Offered in	Contract	
County	Organization Name	Plan Name	Health Plan	Туре	D)	e	Туре	the Gap	ID	Plan ID
Tyrrell	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Tyrrell	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

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	Health Plan	Туре	D)	ما	Туре	the Gap	liD.	Plan ID
			Treater Flam	1.760	<u> </u>	C	Type	tile dap	ID	r Iaii ID
Union	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$28.80	\$130.00	Enhanced	· · · · · ·	H3146	8
Union Union	Aetna Medicare Cigna	Aetna Medicare Assure Plan (HMO D-SNP)  Cigna TotalCare (HMO D-SNP)			-	\$130.00 \$445.00	Enhanced	· · · · · ·		8
			Local HMO	Dual-Eligible	\$28.80	<del>                                     </del>	Enhanced Basic	No	H3146	8 3 36
Union	Cigna	Cigna TotalCare (HMO D-SNP)	Local HMO Local HMO	Dual-Eligible Dual-Eligible	\$28.80 \$29.50	\$445.00	Enhanced Basic Basic	No No No	H3146 H9725	8
Union Union	Cigna Humana	Cigna TotalCare (HMO D-SNP) HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local HMO Local HMO Local PPO	Dual-Eligible Dual-Eligible Dual-Eligible	\$28.80 \$29.50 \$30.30	\$445.00 \$415.00	Enhanced Basic Basic Basic	No No No	H3146 H9725 H5525	8
Union Union Union	Cigna Humana Longevity Health Plan	Cigna TotalCare (HMO D-SNP) HumanaChoice SNP-DE H5525-036 (PPO D-SNP) Longevity Health Plan (HMO I-SNP)	Local HMO Local PPO Local HMO	Dual-Eligible Dual-Eligible Dual-Eligible Institutional	\$28.80 \$29.50 \$30.30 \$30.30	\$445.00 \$415.00 \$445.00	Enhanced Basic Basic Basic Basic	No No No No	H3146 H9725 H5525 H5374	8
Union Union Union Union	Cigna Humana Longevity Health Plan PruittHealth Premier	Cigna TotalCare (HMO D-SNP) HumanaChoice SNP-DE H5525-036 (PPO D-SNP) Longevity Health Plan (HMO I-SNP) PruittHealth Premier (HMO I-SNP)	Local HMO Local HMO Local PPO Local HMO Local HMO	Dual-Eligible Dual-Eligible Dual-Eligible Institutional Institutional	\$28.80 \$29.50 \$30.30 \$30.30 \$30.30	\$445.00 \$415.00 \$445.00 \$445.00	Enhanced Basic Basic Basic Basic Basic	No No No No No No	H3146 H9725 H5525 H5374 H6345	8 3 36 1 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