

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
Vance	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$130.00	Enhanced	No	H3146	2
Vance	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Vance	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
Wake	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$130.00	Enhanced	No	H3146	2
Wake	BCBS of NC Senior Health	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$445.00	Basic	No	H9147	1
Wake	Humana	Humana Gold Plus SNP-DE H1036-276 (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$445.00	Basic	No	H1036	276
Wake	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6351	1
Wake	Liberty Advantage	Liberty at Home (HMO I-SNP)	Local HMO	Institutional	\$46.00	\$-	Enhanced	No	H6351	3
Wake	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5374	1
Wake	PruittHealth Premier	PruittHealth Premier (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6345	1
Wake	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	Institutional	\$30.30	\$445.00	Basic	No	H0710	34
Wake	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$445.00	Basic	No	H5253	41
Wake	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H5253	42
Wake	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS I-SNP)	Local HMO	Institutional	\$25.00	\$200.00	Enhanced	No	H5253	43
Wake	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
Warren	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$30.30	\$130.00	Enhanced	No	H3146	2
Warren	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Warren	Liberty Advantage	Liberty Advantage (HMO I-SNP)	Local HMO	Institutional	\$30.30	\$445.00	Basic	No	H6351	1
Warren	Liberty Advantage	Liberty at Home (HMO I-SNP)	Local HMO	Institutional	\$46.00	\$-	Enhanced	No	H6351	3
Warren	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	Dual-Eligible	\$30.60	\$445.00	Basic	No	R1548	1
Warren	WellCare	WellCare Access (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.80	\$445.00	Enhanced	No	H0712	25
Warren	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
Washington	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$30.30	\$415.00	Basic	No	H5525	36
Washington	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