

2022
Medicare Special Needs Plan for NC

County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Consolidated Premium* (Includes	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Contract ID
Alamance	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	I	\$35.80	\$480.00	Basic	NO	H0710
Alamance	Wellcare	Wellcare Dual Access Medicare (HMO D-SNP)	Local HMO	DE	\$34.00	\$480.00	Enhanced	NO	H0712
Alamance	Humana	Humana Gold Plus SNP-DE H1036-168 (HMO D-SNP)	Local HMO	DE	\$35.80	\$480.00	Basic	NO	H1036
Alamance	CARE N' CARE INSURANCE OF NC	HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)	Local HMO	C/D	-	\$95.00	Enhanced	YES	H2624
Alamance	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	DE	\$28.50	\$425.00	Enhanced	NO	H3146
Alamance	Wellcare	Wellcare Dual Access (HMO D-SNP)	Local HMO	DE	\$30.70	\$480.00	Enhanced	NO	H4073
Alamance	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO	DE	\$35.80	\$480.00	Basic	NO	H5253
Alamance	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS I-SNP)	Local HMO	I	\$35.80	\$480.00	Basic	NO	H5253
Alamance	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS I-SNP)	Local HMO	I	\$35.80	\$200.00	Enhanced	NO	H5253
Alamance	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	I	\$35.80	\$480.00	Basic	NO	H5374
Alamance	Liberty Medicare Advantage	Liberty Medicare Advantage Nursing Home Plan (HMO I-SNP)	Local HMO	I	\$35.80	\$480.00	Basic	NO	H6351
Alamance	Liberty Medicare Advantage	Liberty Medicare Healthy at Home (HMO I-SNP)	Local HMO	I	-	-	Enhanced	NO	H6351
Alamance	Liberty Medicare Advantage	Liberty Medicare Heart and Diabetes Plan (HMO C-SNP)	Local HMO	C/D	-	-	Enhanced	NO	H6351
Alamance	Liberty Medicare Advantage	Liberty Medicare Dual Plan (HMO D-SNP)	Local HMO	DE	\$35.80	\$480.00	Basic	NO	H6351
Alamance	Wellcare	Wellcare Dual Liberty Open (PPO D-SNP)	Local PPO	DE	\$35.80	\$480.00	Enhanced	NO	H7175
Alamance	Blue Cross & Blue Shield of NC	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	DE	\$35.80	\$480.00	Enhanced	YES	H9147
Alamance	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	DE	\$35.70	\$480.00	Basic	NO	R1548

*Indicates plan does not offer Part D coverage.

**MOOP: Maximum Out of Pocket limit on enrollee spending. Including Cost of all in network Part A services.

N/A - Non Applicable

2022
Medicare Special Needs Plan for NC

Plan ID
34
25
168
1
3
2
41
42
43
1
1
3
4
5
2
1
1

*Indicates plan does not offer Part D coverage.

MOOP: Maximum Out of Pocket limit on enrollee spending. Including Cost of all in network Part A **services.

N/A - Non Applicable