

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	Plan ID
Pamlico	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	DE	\$33.70	\$480.00	Basic	NO	H5525	36
Pamlico	Blue Cross & Blue Shield of NC	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	DE	\$35.80	\$480.00	Enhanced	YES	H9147	1
Pamlico	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	DE	\$35.70	\$480.00	Basic	NO	R1548	1
Pasquotank	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	DE	\$33.70	\$480.00	Basic	NO	H5525	36
Pasquotank	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	DE	\$35.70	\$480.00	Basic	NO	R1548	1
Pender	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	DE	\$33.70	\$480.00	Basic	NO	H5525	36
Pender	Blue Cross & Blue Shield of NC	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	DE	\$35.80	\$480.00	Enhanced	YES	H9147	1
Pender	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	DE	\$35.70	\$480.00	Basic	NO	R1548	1
Perquimans	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	DE	\$33.70	\$480.00	Basic	NO	H5525	36
Perquimans	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	DE	\$35.70	\$480.00	Basic	NO	R1548	1
Person	Wellcare	Wellcare Dual Access Medicare (HMO D-SNP)	Local HMO	DE	\$34.00	\$480.00	Enhanced	NO	H0712	25
Person	Humana	Humana Gold Plus SNP-DE H1036-168 (HMO D-SNP)	Local HMO	DE	\$35.80	\$480.00	Basic	NO	H1036	168
Person	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	DE	\$29.70	\$425.00	Enhanced	NO	H3146	2
Person	Wellcare	Wellcare Dual Access (HMO D-SNP)	Local HMO	DE	\$30.70	\$480.00	Enhanced	NO	H4073	2
Person	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO	DE	\$35.80	\$480.00	Basic	NO	H5253	41
Person	Liberty Medicare Advantage	Liberty Medicare Advantage Nursing Home Plan (HMO I-SNP)	Local HMO	I	\$35.80	\$480.00	Basic	NO	H6351	1
Person	Liberty Medicare Advantage	Liberty Medicare Healthy at Home (HMO I-SNP)	Local HMO	I	-	-	Enhanced	NO	H6351	3
Person	Liberty Medicare Advantage	Liberty Medicare Heart and Diabetes Plan (HMO C-SNP)	Local HMO	C/D	-	-	Enhanced	NO	H6351	4
Person	Liberty Medicare Advantage	Liberty Medicare Dual Plan (HMO D-SNP)	Local HMO	DE	\$35.80	\$480.00	Basic	NO	H6351	5
Person	Wellcare	Wellcare Dual Liberty Open (PPO D-SNP)	Local PPO	DE	\$35.80	\$480.00	Enhanced	NO	H7175	2
Person	Blue Cross & Blue Shield of NC	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	DE	\$35.80	\$480.00	Enhanced	YES	H9147	1
Person	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	DE	\$35.70	\$480.00	Basic	NO	R1548	1
Pitt	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	DE	\$29.70	\$425.00	Enhanced	NO	H3146	2
Pitt	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	I	\$35.80	\$480.00	Basic	NO	H5374	1
Pitt	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	DE	\$33.70	\$480.00	Basic	NO	H5525	36
Pitt	PruittHealth Premier	PruittHealth Premier (HMO I-SNP)	Local HMO	I	\$35.80	\$480.00	Basic	NO	H6345	1
Pitt	Blue Cross & Blue Shield of NC	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	DE	\$35.80	\$480.00	Enhanced	YES	H9147	1
Pitt	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	DE	\$35.70	\$480.00	Basic	NO	R1548	1
Polk	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	I	\$35.80	\$480.00	Basic	NO	H0710	34

*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

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Polk	Wellcare	Wellcare Dual Access Medicare (HMO D-SNP)	Local HMO	DE	\$34.00	\$480.00	Enhanced	NO	H0712	25
Polk	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	DE	\$27.10	\$425.00	Enhanced	NO	H3146	9
Polk	Wellcare	Wellcare Dual Access (HMO D-SNP)	Local HMO	DE	\$30.70	\$480.00	Enhanced	NO	H4073	2
Polk	Humana	Humana Gold Plus SNP-DE H6622-027 (HMO D-SNP)	Local HMO	DE	\$29.00	\$480.00	Basic	NO	H6622	27
Polk	Wellcare	Wellcare Dual Liberty Open (PPO D-SNP)	Local PPO	DE	\$35.80	\$480.00	Enhanced	NO	H7175	2
Polk	Blue Cross & Blue Shield of NC	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	DE	\$35.80	\$480.00	Enhanced	YES	H9147	1
Polk	Cigna	Cigna TotalCare (HMO D-SNP)	Local HMO	DE	\$35.80	\$480.00	Basic	NO	H9725	3
Polk	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	DE	\$35.70	\$480.00	Basic	NO	R1548	1

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

N/A - Non Applicable