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
Randolph	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	I	$35.80	$480.00	Basic	NO	H0710	34
Randolph	Wellcare	Wellcare Dual Access Medicare (HMO D-SNP)	Local HMO	DE	$34.00	$480.00	Enhanced	NO	H0712	25
Randolph	Humana	Humana Gold Plus SNP-DE H1036-168 (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Basic	NO	H1036	168
Randolph	CARE N' CARE INSURANCE OF NC	HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)	Local HMO	C/D	-	$95.00	Enhanced	Some Gene	H2624	1
Randolph	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	DE	$28.50	$425.00	Enhanced	NO	H3146	3
Randolph	Wellcare	Wellcare Dual Access (HMO D-SNP)	Local HMO	DE	$30.70	$480.00	Enhanced	NO	H4073	2
Randolph	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO	DE	$35.80	$480.00	Basic	NO	H5253	41
Randolph	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS I-SNP)	Local HMO	I	$35.80	$480.00	Basic	NO	H5253	42
Randolph	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS I-SNP)	Local HMO	I	$35.80	$200.00	Enhanced	NO	H5253	43
Randolph	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	I	$35.80	$480.00	Basic	NO	H5374	1
Randolph	Wellcare	Wellcare Dual Liberty Open (PPO D-SNP)	Local PPO	DE	$35.80	$480.00	Enhanced	NO	H7175	2
Randolph	Blue Cross & Blue Shield of NC	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Enhanced	YES	H9147	1
Randolph	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	DE	$35.70	$480.00	Basic	NO	R1548	1
Richmond	Wellcare	Wellcare Dual Access Medicare (HMO D-SNP)	Local HMO	DE	$34.00	$480.00	Enhanced	NO	H0712	25
Richmond	Wellcare	Wellcare Dual Access (HMO D-SNP)	Local HMO	DE	$30.70	$480.00	Enhanced	NO	H4073	2
Richmond	Troy Medicare	Troy Medicare for DE Beneficiaries (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Basic	NO	H4676	2
Richmond	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	DE	$33.70	$480.00	Basic	NO	H5525	36
Richmond	PruittHealth Premier	PruittHealth Premier (HMO I-SNP)	Local HMO	I	$35.80	$480.00	Basic	NO	H6345	1
Richmond	Wellcare	Wellcare Dual Liberty Open (PPO D-SNP)	Local PPO	DE	$35.80	$480.00	Enhanced	NO	H7175	2
Richmond	Blue Cross & Blue Shield of NC	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Enhanced	YES	H9147	1
Richmond	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	DE	$35.70	$480.00	Basic	NO	R1548	1
Robeson	Wellcare	Wellcare Dual Access Medicare (HMO D-SNP)	Local HMO	DE	$34.00	$480.00	Enhanced	NO	H0712	25
Robeson	Wellcare	Wellcare Dual Access (HMO D-SNP)	Local HMO	DE	$30.70	$480.00	Enhanced	NO	H4073	2
Robeson	Troy Medicare	Troy Medicare for DE Beneficiaries (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Basic	NO	H4676	2
Robeson	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	I	$35.80	$480.00	Basic	NO	H5374	1
Robeson	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	DE	$33.70	$480.00	Basic	NO	H5525	36
Robeson	Liberty Medicare Advantage	Liberty Medicare Advantage Nursing Home Plan (HMO I-SNP)	Local HMO	I	$35.80	$480.00	Basic	NO	H6351	1
Robeson	Liberty Medicare Advantage	Liberty Medicare Healthy at Home (HMO I-SNP)	Local HMO	I	-	-	Enhanced	NO	H6351	3
Robeson	Liberty Medicare Advantage	Liberty Medicare Heart and Diabetes Plan (HMO C-SNP)	Local HMO	C/D	-	-	Enhanced	NO	H6351	4

*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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Robeson	Liberty Medicare Advantage	Liberty Medicare Dual Plan (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Basic	NO	H6351	5
Robeson	Wellcare	Wellcare Dual Liberty Open (PPO D-SNP)	Local PPO	DE	$35.80	$480.00	Enhanced	NO	H7175	2
Robeson	Blue Cross & Blue Shield of NC	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Enhanced	YES	H9147	1
Robeson	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	DE	$35.70	$480.00	Basic	NO	R1548	1
Rockingham	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	I	$35.80	$480.00	Basic	NO	H0710	34
Rockingham	Humana	Humana Gold Plus SNP-DE H1036-168 (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Basic	NO	H1036	168
Rockingham	CARE N' CARE INSURANCE OF NC	HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)	Local HMO	C/D	-	$95.00	Enhanced	Some Gene	H2624	1
Rockingham	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	DE	$28.50	$425.00	Enhanced	NO	H3146	3
Rockingham	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO	DE	$35.80	$480.00	Basic	NO	H5253	41
Rockingham	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS I-SNP)	Local HMO	I	$35.80	$480.00	Basic	NO	H5253	42
Rockingham	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS I-SNP)	Local HMO	I	$35.80	$200.00	Enhanced	NO	H5253	43
Rockingham	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	I	$35.80	$480.00	Basic	NO	H5374	1
Rockingham	Blue Cross & Blue Shield of NC	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Enhanced	YES	H9147	1
Rockingham	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	DE	$35.70	$480.00	Basic	NO	R1548	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