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
Rowan	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	I	$35.80	$480.00	Basic	NO	H0710	34
Rowan	Wellcare	Wellcare Dual Access Medicare (HMO D-SNP)	Local HMO	DE	$34.00	$480.00	Enhanced	NO	H0712	25
Rowan	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	Local HMO	DE	$34.60	$480.00	Basic	NO	H1036	167
Rowan	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	DE	$26.40	$425.00	Enhanced	NO	H3146	8
Rowan	Wellcare	Wellcare Dual Access (HMO D-SNP)	Local HMO	DE	$30.70	$480.00	Enhanced	NO	H4073	2
Rowan	Troy Medicare	Troy Medicare for DE Beneficiaries (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Basic	NO	H4676	2
Rowan	UnitedHealthcare	UnitedHealthcare Dual Complete (HMO-POS D-SNP)	Local HMO	DE	$35.80	$480.00	Basic	NO	H5253	41
Rowan	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO-POS I-SNP)	Local HMO	I	$35.80	$480.00	Basic	NO	H5253	42
Rowan	UnitedHealthcare	UnitedHealthcare Assisted Living Plan (HMO-POS I-SNP)	Local HMO	I	$35.80	$200.00	Enhanced	NO	H5253	43
Rowan	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	I	$35.80	$480.00	Basic	NO	H5374	1
Rowan	Liberty Medicare Advantage	Liberty Medicare Advantage Nursing Home Plan (HMO I-SNP)	Local HMO	I	$35.80	$480.00	Basic	NO	H6351	1
Rowan	Liberty Medicare Advantage	Liberty Medicare Healthy at Home (HMO I-SNP)	Local HMO	I	-	-	Enhanced	NO	H6351	3
Rowan	Liberty Medicare Advantage	Liberty Medicare Heart and Diabetes Plan (HMO C-SNP)	Local HMO	C/D	-	-	Enhanced	NO	H6351	4
Rowan	Liberty Medicare Advantage	Liberty Medicare Dual Plan (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Basic	NO	H6351	5
Rowan	Wellcare	Wellcare Dual Liberty Open (PPO D-SNP)	Local PPO	DE	$35.80	$480.00	Enhanced	NO	H7175	2
Rowan	Blue Cross & Blue Shield of NC	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Enhanced	YES	H9147	1
Rowan	Cigna	Cigna TotalCare (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Basic	NO	H9725	3
Rowan	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	DE	$35.70	$480.00	Basic	NO	R1548	1
Rutherford	UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO	I	$35.80	$480.00	Basic	NO	H0710	34
Rutherford	Wellcare	Wellcare Dual Access Medicare (HMO D-SNP)	Local HMO	DE	$34.00	$480.00	Enhanced	NO	H0712	25
Rutherford	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	DE	$27.10	$425.00	Enhanced	NO	H3146	9
Rutherford	Wellcare	Wellcare Dual Access (HMO D-SNP)	Local HMO	DE	$30.70	$480.00	Enhanced	NO	H4073	2
Rutherford	Longevity Health Plan	Longevity Health Plan (HMO I-SNP)	Local HMO	I	$35.80	$480.00	Basic	NO	H5374	1
Rutherford	Humana	Humana Gold Plus SNP-DE H6622-027 (HMO D-SNP)	Local HMO	DE	$29.00	$480.00	Basic	NO	H6622	27
Rutherford	Wellcare	Wellcare Dual Liberty Open (PPO D-SNP)	Local PPO	DE	$35.80	$480.00	Enhanced	NO	H7175	2
Rutherford	Blue Cross & Blue Shield of NC	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Enhanced	YES	H9147	1
Rutherford	UnitedHealthcare	UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)	Regional PPO	DE	$35.70	$480.00	Basic	NO	R1548	1
Sampson	Troy Medicare	Troy Medicare for DE Beneficiaries (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Basic	NO	H4676	2
Sampson	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	DE	$33.70	$480.00	Basic	NO	H5525	36

*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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Sampson	Liberty Medicare Advantage	Liberty Medicare Advantage Nursing Home Plan (HMO I-SNP)	Local HMO	I	$35.80	$480.00	Basic	NO	H6351	1
Sampson	Liberty Medicare Advantage	Liberty Medicare Healthy at Home (HMO I-SNP)	Local HMO	I	-	-	Enhanced	NO	H6351	3
Sampson	Liberty Medicare Advantage	Liberty Medicare Heart and Diabetes Plan (HMO C-SNP)	Local HMO	C/D	-	-	Enhanced	NO	H6351	4
Sampson	Liberty Medicare Advantage	Liberty Medicare Dual Plan (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Basic	NO	H6351	5
Sampson	Blue Cross & Blue Shield of NC	Healthy Blue + Medicare (HMO D-SNP)	Local HMO	DE	$35.80	$480.00	Enhanced	YES	H9147	1
Sampson	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