

**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 |
|--------------|--------------------------------|--------------------------------------------------------|------------------------------|-------------------------|-----------------------------------------|------------------------|-------------------|----------------------------------------|-------------|---------|
| Transylvania | Wellcare                       | Wellcare Dual Access Medicare (HMO D-SNP)              | Local HMO                    | DE                      | \$34.00                                 | \$480.00               | Enhanced          | NO                                     | H0712       | 25      |
| Transylvania | Aetna Medicare                 | Aetna Medicare Assure Plan (HMO D-SNP)                 | Local HMO                    | DE                      | \$27.10                                 | \$425.00               | Enhanced          | NO                                     | H3146       | 9       |
| Transylvania | Wellcare                       | Wellcare Dual Access (HMO D-SNP)                       | Local HMO                    | DE                      | \$30.70                                 | \$480.00               | Enhanced          | NO                                     | H4073       | 2       |
| Transylvania | Alignment Health Plan          | Alignment Health Plan NC Duals (HMO D-SNP)             | Local HMO                    | DE                      | \$1.80                                  | \$480.00               | Enhanced          | NO                                     | H5296       | 4       |
| Transylvania | PruittHealth Premier           | PruittHealth Premier (HMO I-SNP)                       | Local HMO                    | I                       | \$35.80                                 | \$480.00               | Basic             | NO                                     | H6345       | 1       |
| Transylvania | Humana                         | Humana Gold Plus SNP-DE H6622-027 (HMO D-SNP)          | Local HMO                    | DE                      | \$29.00                                 | \$480.00               | Basic             | NO                                     | H6622       | 27      |
| Transylvania | Wellcare                       | Wellcare Dual Liberty Open (PPO D-SNP)                 | Local PPO                    | DE                      | \$35.80                                 | \$480.00               | Enhanced          | NO                                     | H7175       | 2       |
| Transylvania | Blue Cross & Blue Shield of NC | Healthy Blue + Medicare (HMO D-SNP)                    | Local HMO                    | DE                      | \$35.80                                 | \$480.00               | Enhanced          | YES                                    | H9147       | 1       |
| Transylvania | UnitedHealthcare               | UnitedHealthcare Dual Complete RP (Regional PPO D-SNP) | Regional PPO                 | DE                      | \$35.70                                 | \$480.00               | Basic             | NO                                     | R1548       | 1       |
| Tyrrell      | Humana                         | HumanaChoice SNP-DE H5525-036 (PPO D-SNP)              | Local PPO                    | DE                      | \$33.70                                 | \$480.00               | Basic             | NO                                     | H5525       | 36      |
| Tyrrell      | Blue Cross & Blue Shield of NC | Healthy Blue + Medicare (HMO D-SNP)                    | Local HMO                    | DE                      | \$35.80                                 | \$480.00               | Enhanced          | YES                                    | H9147       | 1       |
| Tyrrell      | UnitedHealthcare               | UnitedHealthcare Dual Complete RP (Regional PPO D-SNP) | Regional PPO                 | DE                      | \$35.70                                 | \$480.00               | Basic             | NO                                     | R1548       | 1       |
| Union        | UnitedHealthcare               | UnitedHealthcare Nursing Home Plan (PPO I-SNP)         | Local PPO                    | I                       | \$35.80                                 | \$480.00               | Basic             | NO                                     | H0710       | 34      |
| Union        | Wellcare                       | Wellcare Dual Access Medicare (HMO D-SNP)              | Local HMO                    | DE                      | \$34.00                                 | \$480.00               | Enhanced          | NO                                     | H0712       | 25      |
| Union        | Aetna Medicare                 | Aetna Medicare Assure Plan (HMO D-SNP)                 | Local HMO                    | DE                      | \$26.40                                 | \$425.00               | Enhanced          | NO                                     | H3146       | 8       |
| Union        | Wellcare                       | Wellcare Dual Access (HMO D-SNP)                       | Local HMO                    | DE                      | \$30.70                                 | \$480.00               | Enhanced          | NO                                     | H4073       | 2       |
| Union        | UnitedHealthcare               | UnitedHealthcare Nursing Home Plan (HMO-POS I-SNP)     | Local HMO                    | I                       | \$35.80                                 | \$480.00               | Basic             | NO                                     | H5253       | 42      |
| Union        | Longevity Health Plan          | Longevity Health Plan (HMO I-SNP)                      | Local HMO                    | I                       | \$35.80                                 | \$480.00               | Basic             | NO                                     | H5374       | 1       |
| Union        | Humana                         | HumanaChoice SNP-DE H5525-036 (PPO D-SNP)              | Local PPO                    | DE                      | \$33.70                                 | \$480.00               | Basic             | NO                                     | H5525       | 36      |
| Union        | PruittHealth Premier           | PruittHealth Premier (HMO I-SNP)                       | Local HMO                    | I                       | \$35.80                                 | \$480.00               | Basic             | NO                                     | H6345       | 1       |
| Union        | Wellcare                       | Wellcare Dual Liberty Open (PPO D-SNP)                 | Local PPO                    | DE                      | \$35.80                                 | \$480.00               | Enhanced          | NO                                     | H7175       | 2       |
| Union        | Blue Cross & Blue Shield of NC | Healthy Blue + Medicare (HMO D-SNP)                    | Local HMO                    | DE                      | \$35.80                                 | \$480.00               | Enhanced          | YES                                    | H9147       | 1       |
| Union        | Cigna                          | Cigna TotalCare (HMO D-SNP)                            | Local HMO                    | DE                      | \$35.80                                 | \$480.00               | Basic             | NO                                     | H9725       | 3       |
| Union        | UnitedHealthcare               | UnitedHealthcare Dual Complete RP (Regional PPO D-SNP) | Regional PPO                 | DE                      | \$35.70                                 | \$480.00               | Basic             | NO                                     | R1548       | 1       |
| Vance        | Wellcare                       | Wellcare Dual Access Medicare (HMO D-SNP)              | Local HMO                    | DE                      | \$34.00                                 | \$480.00               | Enhanced          | NO                                     | H0712       | 25      |
| Vance        | Aetna Medicare                 | Aetna Medicare Assure Plan (HMO D-SNP)                 | Local HMO                    | DE                      | \$29.70                                 | \$425.00               | Enhanced          | NO                                     | H3146       | 2       |
| Vance        | Wellcare                       | Wellcare Dual Access (HMO D-SNP)                       | Local HMO                    | DE                      | \$30.70                                 | \$480.00               | Enhanced          | NO                                     | H4073       | 2       |
| Vance        | Humana                         | HumanaChoice SNP-DE H5525-036 (PPO D-SNP)              | Local PPO                    | DE                      | \$33.70                                 | \$480.00               | Basic             | NO                                     | H5525       | 36      |
| Vance        | Wellcare                       | Wellcare Dual Liberty Open (PPO D-SNP)                 | Local PPO                    | DE                      | \$35.80                                 | \$480.00               | Enhanced          | NO                                     | H7175       | 2       |

\*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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**Medicare Special Needs Plan for NC**

|       |                                |                                                        |              |    |         |          |          |     |       |   |
|-------|--------------------------------|--------------------------------------------------------|--------------|----|---------|----------|----------|-----|-------|---|
| Vance | Blue Cross & Blue Shield of NC | Healthy Blue + Medicare (HMO D-SNP)                    | Local HMO    | DE | \$35.80 | \$480.00 | Enhanced | YES | H9147 | 1 |
| Vance | 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**