

**2017**

**Medicare Advantage Plans for NC**

\* Indicates plan does not offer Part D drug coverage.

\*\* MOOP: Maximum Out-of-Pocket (MOOP) limit on enrollee spending. Includes costs for all in-network Part A and B Services.

N/A = Not Applicable

County	Organization Name	Plan Name	Type of Medicare Health Plan	Plan Premium (For Part C and D Coverage)	Annual Drug Plan Deductible	Drug Benefit Type	Covg in Gap?	Contract ID	Plan ID	In-network MOOP Amount **
Bladen	Blue Cross & Blue Shield of NC	Blue Medicare HMO Enhanced (HMO)	Local HMO	\$75.80	\$0.00	Enhanced	Yes	H3449	5	\$4,900
Bladen	Blue Cross & Blue Shield of NC	Blue Medicare HMO Essential (HMO)	Local HMO	\$34.60	\$295.00	Enhanced	No	H3449	23	\$6,700
Bladen	Blue Cross & Blue Shield of NC	Blue Medicare HMO Medical Only (HMO)	Local HMO *	\$0.00				H3449	12	\$5,700
Bladen	Blue Cross & Blue Shield of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$86.00	\$0.00	Enhanced	No	H3404	1	\$5,500
Bladen	Gateway Health Medicare Assured	Gateway Health Medicare Assured Prime (HMO)	Local HMO	\$92.00	\$250.00	Enhanced	No	H9190	12	\$6,700
Bladen	Gateway Health Medicare Assured	Gateway Health Medicare Assured Select (HMO)	Local HMO	\$0.00	\$200.00	Enhanced	No	H9190	20	\$6,700
Bladen	Humana Benefit Plan of Illinois, Inc	HumanaChoice H5525-026 (PPO)	Local PPO	\$67.00	\$400.00	Enhanced	Yes	H5525	26	\$6,700
Bladen	Humana Insurance Company	HumanaChoice R5826-063 (Regional PPO)	Regional PPO *	\$0.00				R5826	63	\$4,900
Bladen	Humana Insurance Company	HumanaChoice R5826-079 (Regional PPO)	Regional PPO	\$81.00	\$325.00	Basic	No	R5826	79	\$6,700