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 **
Davidson	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	$0.00	$195.00	Enhanced	Yes	H5521	81	$4,950
Davidson	Blue Cross & Blue Shield of NC	Blue Medicare HMO Essential (HMO)	Local HMO	$77.60	$295.00	Basic	No	H3449	16	$6,700
Davidson	Blue Cross & Blue Shield of NC	Blue Medicare HMO Medical Only (HMO)	Local HMO *	$0.00				H3449	12	$5,700
Davidson	Blue Cross & Blue Shield of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	$86.00	$0.00	Enhanced	No	H3404	1	$5,500
Davidson	Humana Insurance Company	Humana Gold Choice H8145-063 (PFFS)	PFFS	$77.00	$400.00	Enhanced	Yes	H8145	63	N/A
Davidson	Humana Insurance Company	HumanaChoice H6609-152 (PPO)	Local PPO	$53.00	$400.00	Enhanced	Yes	H6609	152	$5,900
Davidson	Humana Insurance Company	HumanaChoice R5826-063 (Regional PPO)	Regional PPO *	$0.00				R5826	63	$4,900
Davidson	Humana Insurance Company	HumanaChoice R5826-079 (Regional PPO)	Regional PPO	$81.00	$325.00	Basic	No	R5826	79	$6,700
Davidson	Humana Medical Plan, Inc.	Humana Gold Plus H1036-138 (HMO)	Local HMO	$0.00	$400.00	Enhanced	Yes	H1036	138	$5,900
Davidson	UnitedHealthcare	AARP MedicareComplete Choice (PPO)	Local PPO	$47.00	$165.00	Enhanced	No	H2228	18	$4,500
Davidson	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	Local HMO *	$0.00				H5253	40	$4,900
Davidson	UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	Local HMO	$32.00	$170.00	Enhanced	No	H5253	37	$4,900
Davidson	UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	Local HMO	$0.00	$170.00	Enhanced	No	H5253	38	$6,700
Davidson	***Cigna-Healthspring	Cigna-HealthSpring Preferred (HMO)	Local HMO	$0.00	$275.00	Enhanced	No	H9725	1	$6,700

***** - Indicates sanctioned by CMS. Will be allowed to maintain customer base. No new enrollees accepted at this time.**

As of 9/22/16