

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