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 **
Pender	Blue Cross & Blue Shield of NC	Blue Medicare HMO Enhanced (HMO)	Local HMO	$75.80	$0.00	Enhanced	Yes	H3449	5	$4,900
Pender	Blue Cross & Blue Shield of NC	Blue Medicare HMO Essential (HMO)	Local HMO	$34.60	$295.00	Enhanced	No	H3449	23	$6,700
Pender	Blue Cross & Blue Shield of NC	Blue Medicare HMO Medical Only (HMO)	Local HMO *	$0.00				H3449	12	$5,700
Pender	Gateway Health Medicare Assured	Gateway Health Medicare Assured Prime (HMO)	Local HMO	$92.00	$250.00	Enhanced	No	H9190	12	$6,700
Pender	Gateway Health Medicare Assured	Gateway Health Medicare Assured Select (HMO)	Local HMO	$0.00	$200.00	Enhanced	No	H9190	20	$6,700
Pender	Humana Benefit Plan of Illinois, Inc	HumanaChoice H5525-026 (PPO)	Local PPO	$67.00	$400.00	Enhanced	Yes	H5525	26	$6,700
Pender	Humana Insurance Company	HumanaChoice R5826-063 (Regional PPO)	Regional PPO *	$0.00				R5826	63	$4,900
Pender	Humana Insurance Company	HumanaChoice R5826-079 (Regional PPO)	Regional PPO	$81.00	$325.00	Basic	No	R5826	79	$6,700

As of 9/22/16