# 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 ** |
|---|---|---|---|---|---|---|---|---|---|---|
| Sampson | Blue Cross & Blue Shield of NC | Blue Medicare HMO Enhanced (HMO) | Local HMO | $75.80 | $0.00 | Enhanced | Yes | H3449 | 5 | $4,900 |
| Sampson | Blue Cross & Blue Shield of NC | Blue Medicare HMO Essential (HMO) | Local HMO | $34.60 | $295.00 | Enhanced | No | H3449 | 23 | $6,700 |
| Sampson | Blue Cross & Blue Shield of NC | Blue Medicare HMO Medical Only (HMO) | Local HMO * | $0.00 | | | | H3449 | 12 | $5,700 |
| Sampson | Blue Cross & Blue Shield of NC | Blue Medicare PPO Enhanced (PPO) | Local PPO | $86.00 | $0.00 | Enhanced | No | H3404 | 1 | $5,500 |
| Sampson | Gateway Health Medicare Assured | Gateway Health Medicare Assured Prime (HMO) | Local HMO | $92.00 | $250.00 | Enhanced | No | H9190 | 12 | $6,700 |
| Sampson | Gateway Health Medicare Assured | Gateway Health Medicare Assured Select (HMO) | Local HMO | $0.00 | $200.00 | Enhanced | No | H9190 | 20 | $6,700 |
| Sampson | Humana Insurance Company | HumanaChoice R5826-063 (Regional PPO) | Regional PPO * | $0.00 | | | | R5826 | 63 | $4,900 |
| Sampson | 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