

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 **
Wake	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$0.00	\$195.00	Enhanced	Yes	H5521	81	\$4,950
Wake	Aetna Medicare	Aetna Medicare Prime Plan (HMO)	Local HMO	\$0.00	\$0.00	Enhanced	Yes	H3931	87	\$4,500
Wake	Aetna Medicare	Aetna Medicare Value Plan (HMO)	Local HMO	\$0.00	\$0.00	Enhanced	Yes	H3931	81	\$4,950
Wake	Blue Cross & Blue Shield of NC	Blue Medicare HMO Essential (HMO)	Local HMO	\$77.60	\$295.00	Basic	No	H3449	16	\$6,700
Wake	Blue Cross & Blue Shield of NC	Blue Medicare HMO Medical Only (HMO)	Local HMO *	\$0.00				H3449	12	\$5,700
Wake	Blue Cross & Blue Shield of NC	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$86.00	\$0.00	Enhanced	No	H3404	1	\$5,500
Wake	Coventry Health Care	Advantra Gold (PPO)	Local PPO	\$44.00	\$0.00	Enhanced	Yes	H1608	25	\$5,500
Wake	FirstMedicare Direct	FirstMedicare Direct preferredPLUS (HMO)	Local HMO	\$28.50	\$400.00	Basic	No	H6306	6	\$3,400
Wake	FirstMedicare Direct	FirstMedicare Direct smartHMO (HMO)	Local HMO	\$0.00	\$0.00	Enhanced	Yes	H6306	5	\$3,400
Wake	Gateway Health Medicare Assured	Gateway Health Medicare Assured Prime (HMO)	Local HMO	\$92.00	\$250.00	Enhanced	No	H9190	12	\$6,700
Wake	Gateway Health Medicare Assured	Gateway Health Medicare Assured Select (HMO)	Local HMO	\$0.00	\$200.00	Enhanced	No	H9190	20	\$6,700
Wake	Humana Insurance Company	HumanaChoice H6609-152 (PPO)	Local PPO	\$53.00	\$400.00	Enhanced	Yes	H6609	152	\$5,900
Wake	Humana Insurance Company	HumanaChoice R5826-063 (Regional PPO)	Regional PPO *	\$0.00				R5826	63	\$4,900
Wake	Humana Insurance Company	HumanaChoice R5826-079 (Regional PPO)	Regional PPO	\$81.00	\$325.00	Basic	No	R5826	79	\$6,700
Wake	Humana Medical Plan, Inc.	Humana Gold Plus H1036-233 (HMO)	Local HMO	\$0.00	\$300.00	Enhanced	Yes	H1036	233	\$4,900
Wake	UnitedHealthcare	AARP MedicareComplete (HMO)	Local HMO	\$37.00	\$200.00	Enhanced	No	H5253	39	\$6,700
Wake	UnitedHealthcare	AARP MedicareComplete Essential (HMO)	Local HMO *	\$0.00				H5253	40	\$4,900