

2024 Medicare Advantage Plans in NC

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Contract ID	Plan ID	Segment ID	In-network MOOP Amount **
Carteret	BCBS of North Carolina	Blue Medicare Enhanced (HMO-POS)	Local HMO	\$34.00	\$0.00	Enhanced	Yes	H3449	024	2	\$3,150.00
Carteret	BCBS of North Carolina	Blue Medicare Essential (HMO)	Local HMO	\$0.00	\$375.00	Enhanced	Yes	H3449	027	2	\$8,300.00
Carteret	BCBS of North Carolina	Blue Medicare Essential Plus (HMO-POS)	Local HMO	\$0.00	\$150.00	Enhanced	Yes	H3449	023	4	\$4,900.00
Carteret	BCBS of North Carolina	Blue Medicare Freedom+ (PPO)	Local PPO *					H3404	004	0	\$8,850.00
Carteret	BCBS of North Carolina	Blue Medicare Medical Only (HMO-POS)	Local HMO *					H3449	012	0	\$3,900.00
Carteret	Humana	Humana USAA Honor (Regional PPO)	Regional PPO *					R1390	003	0	\$7,550.00
Carteret	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *					R1390	001	0	\$6,350.00
Carteret	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$105.00	\$480.00	Enhanced	No	R1390	002	0	\$7,550.00
Carteret	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0001 (PPO)	Local PPO	\$0.00	\$0.00	Enhanced	Yes	H2577	004	0	\$6,700.00
Carteret	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0004 (PPO)	Local PPO	\$34.00	\$0.00	Enhanced	Yes	H2577	018	0	\$5,900.00
Carteret	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx NC-MA01 (PPO)	Local PPO *					H2577	019	0	\$6,900.00

* Indicates plan does not offer Part D drug coverage.

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services. N/A is defined as Not Applicable