

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 **
Pender	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *					H5521	241	0	\$6,500.00
Pender	Aetna Medicare	Aetna Medicare Essential Plan (PPO)	Local PPO	\$0.00	\$300.00	Enhanced	Yes	H5521	348	0	\$7,500.00
Pender	Aetna Medicare	Aetna Medicare Value Plan (PPO)	Local PPO	\$0.00	\$0.00	Enhanced	Yes	H5521	243	0	\$6,800.00
Pender	Aetna Medicare	Aetna Medicare Value Plus Plan (PPO)	Local PPO	\$18.00	\$150.00	Enhanced	Yes	H5521	169	0	\$4,950.00
Pender	BCBS of North Carolina	Blue Medicare Enhanced (HMO-POS)	Local HMO	\$45.00	\$0.00	Enhanced	Yes	H3449	024	3	\$3,400.00
Pender	BCBS of North Carolina	Blue Medicare Essential (HMO)	Local HMO	\$0.00	\$375.00	Enhanced	Yes	H3449	027	2	\$8,300.00
Pender	BCBS of North Carolina	Blue Medicare Essential Plus (HMO-POS)	Local HMO	\$0.00	\$150.00	Enhanced	Yes	H3449	023	5	\$4,900.00
Pender	BCBS of North Carolina	Blue Medicare Freedom+ (PPO)	Local PPO *					H3404	004	0	\$8,850.00
Pender	BCBS of North Carolina	Blue Medicare Medical Only (HMO-POS)	Local HMO *					H3449	012	0	\$3,900.00
Pender	BCBS of North Carolina	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$49.00	\$0.00	Enhanced	Yes	H3404	003	2	\$4,900.00
Pender	FirstMedicare Direct	New Hanover Health Advantage Freedom (HMO-POS)	Local HMO *					H6306	016	0	\$3,600.00
Pender	FirstMedicare Direct	New Hanover Health Advantage Platinum (HMO-POS)	Local HMO	\$55.00	\$0.00	Enhanced	Yes	H6306	014	0	\$2,900.00
Pender	FirstMedicare Direct	New Hanover Health Advantage Select (HMO-POS)	Local HMO	\$0.00	\$100.00	Enhanced	Yes	H6306	013	0	\$3,350.00
Pender	Humana	Humana Gold Plus H1036-291 (HMO-POS)	Local HMO	\$0.00	\$0.00	Enhanced	No	H1036	291	0	\$3,600.00
Pender	Humana	Humana Gold Plus H6622-061 (HMO-POS)	Local HMO	\$0.00	\$0.00	Enhanced	No	H6622	061	0	\$5,400.00
Pender	Humana	Humana USAA Honor (PPO)	Local PPO *	\$0.00				H5525	065	0	\$8,850.00
Pender	Humana	Humana USAA Honor (Regional PPO)	Regional PPO *					R1390	003	0	\$7,550.00
Pender	Humana	HumanaChoice H5525-026 (PPO)	Local PPO	\$78.00	\$265.00	Enhanced	No	H5525	026	0	\$8,850.00
Pender	Humana	HumanaChoice H5525-034 (PPO)	Local PPO	\$145.00	\$190.00	Enhanced	No	H5525	034	0	\$8,850.00
Pender	Humana	HumanaChoice H5525-035 (PPO)	Local PPO	\$0.00	\$0.00	Enhanced	No	H5525	035	0	\$8,000.00
Pender	Humana	HumanaChoice H5525-049 (PPO)	Local PPO	\$41.00	\$0.00	Enhanced	No	H5525	049	0	\$5,900.00
Pender	Humana	HumanaChoice H5525-050 (PPO)	Local PPO	\$0.00	\$0.00	Enhanced	No	H5525	050	0	\$6,350.00
Pender	Humana	HumanaChoice H5525-070 (PPO)	Local PPO	\$46.90	\$545.00	Enhanced	Yes	H5525	070	0	\$7,550.00
Pender	Humana	HumanaChoice H5525-071 (PPO)	Local PPO	\$0.00	\$0.00	Enhanced	Yes	H5525	071	0	\$2,900.00
Pender	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *					R1390	001	0	\$6,350.00

* 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

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Pender	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$105.00	\$480.00	Enhanced	No	R1390	002	0	\$7,550.00
Pender	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0001 (PPO)	Local PPO	\$0.00	\$0.00	Enhanced	Yes	H2577	004	0	\$6,700.00
Pender	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0004 (PPO)	Local PPO	\$34.00	\$0.00	Enhanced	Yes	H2577	018	0	\$5,900.00
Pender	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0019 (PPO)	Local PPO	\$19.00	\$0.00	Enhanced	Yes	H2406	115	0	\$5,900.00
Pender	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx NC-MA01 (PPO)	Local PPO *					H2577	019	0	\$6,900.00

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