

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 ** |
|------------|------------------------|--|------------------------------|--|------------------------|-------------------|--|-------------|---------|------------|---------------------------|
| Washington | Aetna Medicare | Aetna Medicare Eagle Plan (PPO) | Local PPO * | | | | | H5521 | 241 | 0 | \$6,500.00 |
| Washington | Aetna Medicare | Aetna Medicare Essential Plan (PPO) | Local PPO | \$0.00 | \$300.00 | Enhanced | Yes | H5521 | 348 | 0 | \$7,500.00 |
| Washington | Aetna Medicare | Aetna Medicare Value Plan (PPO) | Local PPO | \$0.00 | \$0.00 | Enhanced | Yes | H5521 | 243 | 0 | \$6,800.00 |
| Washington | Aetna Medicare | Aetna Medicare Value Plus Plan (HMO) | Local HMO | \$7.00 | \$150.00 | Enhanced | Yes | H3146 | 006 | 0 | \$5,500.00 |
| Washington | BCBS of North Carolina | Blue Medicare Enhanced (HMO-POS) | Local HMO | \$45.00 | \$0.00 | Enhanced | Yes | H3449 | 024 | 3 | \$3,400.00 |
| Washington | BCBS of North Carolina | Blue Medicare Essential (HMO) | Local HMO | \$0.00 | \$375.00 | Enhanced | Yes | H3449 | 027 | 2 | \$8,300.00 |
| Washington | BCBS of North Carolina | Blue Medicare Essential Plus (HMO-POS) | Local HMO | \$0.00 | \$150.00 | Enhanced | Yes | H3449 | 023 | 5 | \$4,900.00 |
| Washington | BCBS of North Carolina | Blue Medicare Freedom+ (PPO) | Local PPO * | | | | | H3404 | 004 | 0 | \$8,850.00 |
| Washington | BCBS of North Carolina | Blue Medicare Medical Only (HMO-POS) | Local HMO * | | | | | H3449 | 012 | 0 | \$3,900.00 |
| Washington | BCBS of North Carolina | Blue Medicare PPO Enhanced (PPO) | Local PPO | \$49.00 | \$0.00 | Enhanced | Yes | H3404 | 003 | 2 | \$4,900.00 |
| Washington | Humana | Humana Gold Plus H1036-291 (HMO-POS) | Local HMO | \$0.00 | \$0.00 | Enhanced | No | H1036 | 291 | 0 | \$3,600.00 |
| Washington | Humana | Humana USAA Honor (PPO) | Local PPO * | \$0.00 | | | | H5525 | 065 | 0 | \$8,850.00 |
| Washington | Humana | Humana USAA Honor (Regional PPO) | Regional PPO * | | | | | R1390 | 003 | 0 | \$7,550.00 |
| Washington | Humana | HumanaChoice H5525-026 (PPO) | Local PPO | \$78.00 | \$265.00 | Enhanced | No | H5525 | 026 | 0 | \$8,850.00 |
| Washington | Humana | HumanaChoice H5525-035 (PPO) | Local PPO | \$0.00 | \$0.00 | Enhanced | No | H5525 | 035 | 0 | \$8,000.00 |
| Washington | Humana | HumanaChoice H5525-049 (PPO) | Local PPO | \$41.00 | \$0.00 | Enhanced | No | H5525 | 049 | 0 | \$5,900.00 |
| Washington | Humana | HumanaChoice H5525-050 (PPO) | Local PPO | \$0.00 | \$0.00 | Enhanced | No | H5525 | 050 | 0 | \$6,350.00 |
| Washington | Humana | HumanaChoice H5525-070 (PPO) | Local PPO | \$46.90 | \$545.00 | Enhanced | Yes | H5525 | 070 | 0 | \$7,550.00 |
| Washington | Humana | HumanaChoice H5525-071 (PPO) | Local PPO | \$0.00 | \$0.00 | Enhanced | Yes | H5525 | 071 | 0 | \$2,900.00 |
| Washington | Humana | HumanaChoice R1390-001 (Regional PPO) | Regional PPO * | | | | | R1390 | 001 | 0 | \$6,350.00 |
| Washington | Humana | HumanaChoice R1390-002 (Regional PPO) | Regional PPO | \$105.00 | \$480.00 | Enhanced | No | R1390 | 002 | 0 | \$7,550.00 |
| Washington | UnitedHealthcare | AARP Medicare Advantage from UHC NC-0001 (PPO) | Local PPO | \$0.00 | \$0.00 | Enhanced | Yes | H2577 | 004 | 0 | \$6,700.00 |
| Washington | UnitedHealthcare | AARP Medicare Advantage from UHC NC-0004 (PPO) | Local PPO | \$34.00 | \$0.00 | Enhanced | Yes | H2577 | 018 | 0 | \$5,900.00 |
| Washington | UnitedHealthcare | AARP Medicare Advantage from UHC NC-0019 (PPO) | Local PPO | \$19.00 | \$0.00 | Enhanced | Yes | H2406 | 115 | 0 | \$5,900.00 |

* 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

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 ** |
|------------|-------------------|---|------------------------------|--|------------------------|-------------------|--|-------------|---------|------------|---------------------------|
| Washington | 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