

## 2024 NC Medicare Advantage Special Needs Plans

County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Consolidated Premium* (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Contract ID	Plan ID
Pamlico	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.20	\$545.00	Basic	No	H3146	002
Pamlico	BCBS of NC	Healthy Blue + Medicare (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H9147	001
Pamlico	Humana	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	Local HMO	Chronic or Disabling Condition	\$0.00	\$145.00	Enhanced	Yes	H1036	308
Pamlico	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	167
Pamlico	Humana	Humana Gold Plus SNP-DE H1036-307 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	307
Pamlico	Humana	Humana Gold Plus SNP-DE H1036-309 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	309
Pamlico	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	036
Pamlico	Humana	HumanaChoice SNP-DE H5525-072 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	072
Pamlico	Humana	HumanaChoice SNP-DE H5525-073 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	073
Pamlico	UnitedHealthcare	UHC Dual Complete NC-S001 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1889	005
Pasquotank	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.20	\$545.00	Basic	No	H3146	002
Pasquotank	BCBS of NC	Healthy Blue + Medicare (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H9147	001
Pasquotank	Humana	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	Local HMO	Chronic or Disabling Condition	\$0.00	\$145.00	Enhanced	Yes	H1036	308
Pasquotank	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	167
Pasquotank	Humana	Humana Gold Plus SNP-DE H1036-307 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	307
Pasquotank	Humana	Humana Gold Plus SNP-DE H1036-309 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	309
Pasquotank	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	036
Pasquotank	Humana	HumanaChoice SNP-DE H5525-072 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	072
Pasquotank	Humana	HumanaChoice SNP-DE H5525-073 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	073
Pasquotank	UnitedHealthcare	UHC Dual Complete NC-S001 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1889	005
Pender	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$37.60	\$545.00	Basic	No	H3146	015
Pender	BCBS of NC	Healthy Blue + Medicare (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H9147	001
Pender	Humana	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	Local HMO	Chronic or Disabling Condition	\$0.00	\$145.00	Enhanced	Yes	H1036	308
Pender	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	167
Pender	Humana	Humana Gold Plus SNP-DE H1036-307 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	307
Pender	Humana	Humana Gold Plus SNP-DE H1036-309 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	309

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Consolidated Premium* (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Contract ID	Plan ID
Pender	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	036
Pender	Humana	HumanaChoice SNP-DE H5525-072 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	072
Pender	Humana	HumanaChoice SNP-DE H5525-073 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	073
Pender	Liberty Medicare Advantage	Liberty Medicare Advantage (HMO C-SNP)	Local HMO	Chronic or Disabling Condition	\$0.00	\$0.00	Enhanced	No	H6351	004
Pender	Liberty Medicare Advantage	Liberty Medicare Advantage Nursing Home Plan (HMO I-SNP)	Local HMO	Institutional	\$46.20	\$545.00	Basic	No	H6351	001
Pender	Liberty Medicare Advantage	Liberty Medicare Dual Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H6351	005
Pender	UnitedHealthcare	UHC Dual Complete NC-S001 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1889	005
Perquimans	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.20	\$545.00	Basic	No	H3146	002
Perquimans	BCBS of NC	Healthy Blue + Medicare (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H9147	001
Perquimans	Humana	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	Local HMO	Chronic or Disabling Condition	\$0.00	\$145.00	Enhanced	Yes	H1036	308
Perquimans	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	167
Perquimans	Humana	Humana Gold Plus SNP-DE H1036-307 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	307
Perquimans	Humana	Humana Gold Plus SNP-DE H1036-309 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	309
Perquimans	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	036
Perquimans	Humana	HumanaChoice SNP-DE H5525-072 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	072
Perquimans	Humana	HumanaChoice SNP-DE H5525-073 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	073
Perquimans	UnitedHealthcare	UHC Dual Complete NC-D001 (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5253	041
Perquimans	UnitedHealthcare	UHC Dual Complete NC-S001 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1889	005
Perquimans	UnitedHealthcare	UHC Dual Complete NC-V001 (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5253	116
Person	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.20	\$545.00	Basic	No	H3146	002
Person	BCBS of NC	Healthy Blue + Medicare (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H9147	001
Person	Humana	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	Local HMO	Chronic or Disabling Condition	\$0.00	\$145.00	Enhanced	Yes	H1036	308
Person	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	167
Person	Humana	Humana Gold Plus SNP-DE H1036-307 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	307
Person	Humana	Humana Gold Plus SNP-DE H1036-309 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	309

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Consolidated Premium* (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Contract ID	Plan ID
Person	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	036
Person	Humana	HumanaChoice SNP-DE H5525-072 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	072
Person	Humana	HumanaChoice SNP-DE H5525-073 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	073
Person	Liberty Medicare Advantage	Liberty Medicare Advantage (HMO C-SNP)	Local HMO	Chronic or Disabling Condition	\$0.00	\$0.00	Enhanced	No	H6351	004
Person	Liberty Medicare Advantage	Liberty Medicare Advantage Nursing Home Plan (HMO I-SNP)	Local HMO	Institutional	\$46.20	\$545.00	Basic	No	H6351	001
Person	Liberty Medicare Advantage	Liberty Medicare Dual Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H6351	005
Person	Troy Medicare	Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H4676	002
Person	UnitedHealthcare	UHC Dual Complete NC-D001 (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5253	041
Person	UnitedHealthcare	UHC Dual Complete NC-S001 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1889	005
Person	UnitedHealthcare	UHC Dual Complete NC-V001 (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5253	116
Person	Wellcare	Wellcare All Dual Assure (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.20	\$545.00	Basic	No	H4073	003
Person	Wellcare	Wellcare Dual Access (HMO D-SNP)	Local HMO	Dual-Eligible	\$37.70	\$545.00	Basic	No	H4073	002
Person	Wellcare	Wellcare Dual Access Medicare (HMO D-SNP)	Local HMO	Dual-Eligible	\$42.70	\$545.00	Basic	No	H0712	025
Person	Wellcare	Wellcare Dual Liberty Open (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H7175	002
Pitt	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.20	\$545.00	Basic	No	H3146	002
Pitt	BCBS of NC	Healthy Blue + Medicare (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H9147	001
Pitt	Humana	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	Local HMO	Chronic or Disabling Condition	\$0.00	\$145.00	Enhanced	Yes	H1036	308
Pitt	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	167
Pitt	Humana	Humana Gold Plus SNP-DE H1036-307 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	307
Pitt	Humana	Humana Gold Plus SNP-DE H1036-309 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	309
Pitt	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	036
Pitt	Humana	HumanaChoice SNP-DE H5525-072 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	072
Pitt	Humana	HumanaChoice SNP-DE H5525-073 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	073
Pitt	Liberty Medicare Advantage	Liberty Medicare Advantage (HMO C-SNP)	Local HMO	Chronic or Disabling Condition	\$0.00	\$0.00	Enhanced	No	H6351	004

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Pitt	Liberty Medicare Advantage	Liberty Medicare Advantage Nursing Home Plan (HMO I-SNP)	Local HMO	Institutional	\$46.20	\$545.00	Basic	No	H6351	001
Pitt	Liberty Medicare Advantage	Liberty Medicare Dual Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H6351	005
Pitt	PruittHealth Premier	PruittHealth Premier (HMO I-SNP)	Local HMO	Institutional	\$46.90	\$545.00	Basic	No	H6345	001
Pitt	UnitedHealthcare	UHC Dual Complete NC-D001 (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5253	041
Pitt	UnitedHealthcare	UHC Dual Complete NC-S001 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1889	005
Pitt	UnitedHealthcare	UHC Dual Complete NC-V001 (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5253	116
Polk	Aetna Medicare	Aetna Medicare Assure Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$40.10	\$545.00	Basic	No	H3146	009
Polk	BCBS of NC	Healthy Blue + Medicare (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H9147	001
Polk	Cigna Healthcare	Cigna TotalCare (HMO D-SNP)	Local HMO	Dual-Eligible	\$33.80	\$545.00	Basic	No	H9725	003
Polk	Cigna Healthcare	Cigna TotalCare Plus (HMO D-SNP)	Local HMO	Dual-Eligible	\$39.60	\$545.00	Basic	No	H9725	013
Polk	Humana	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	Local HMO	Chronic or Disabling Condition	\$0.00	\$145.00	Enhanced	Yes	H1036	308
Polk	Humana	Humana Gold Plus SNP-DE H1036-167 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	167
Polk	Humana	Humana Gold Plus SNP-DE H1036-307 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	307
Polk	Humana	Humana Gold Plus SNP-DE H1036-309 (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1036	309
Polk	Humana	Humana Gold Plus SNP-DE H6622-027 (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H6622	027
Polk	Humana	HumanaChoice SNP-DE H5525-036 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	036
Polk	Humana	HumanaChoice SNP-DE H5525-072 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	072
Polk	Humana	HumanaChoice SNP-DE H5525-073 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5525	073
Polk	Liberty Medicare Advantage	Liberty Medicare Advantage (HMO C-SNP)	Local HMO	Chronic or Disabling Condition	\$0.00	\$0.00	Enhanced	No	H6351	004
Polk	Liberty Medicare Advantage	Liberty Medicare Advantage Nursing Home Plan (HMO I-SNP)	Local HMO	Institutional	\$46.20	\$545.00	Basic	No	H6351	001
Polk	Liberty Medicare Advantage	Liberty Medicare Dual Plan (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H6351	005
Polk	Troy Medicare	Troy Medicare for Dual-eligible Beneficiaries (HMO D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H4676	002
Polk	UnitedHealthcare	UHC Dual Complete NC-D001 (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5253	041

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Polk	UnitedHealthcare	UHC Dual Complete NC-S001 (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H1889	005
Polk	UnitedHealthcare	UHC Dual Complete NC-V001 (HMO-POS D-SNP)	Local HMO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H5253	116
Polk	Wellcare	Wellcare All Dual Assure (HMO D-SNP)	Local HMO	Dual-Eligible	\$29.20	\$545.00	Basic	No	H4073	003
Polk	Wellcare	Wellcare Dual Access (HMO D-SNP)	Local HMO	Dual-Eligible	\$37.70	\$545.00	Basic	No	H4073	002
Polk	Wellcare	Wellcare Dual Access Medicare (HMO D-SNP)	Local HMO	Dual-Eligible	\$42.70	\$545.00	Basic	No	H0712	025
Polk	Wellcare	Wellcare Dual Liberty Open (PPO D-SNP)	Local PPO	Dual-Eligible	\$46.90	\$545.00	Basic	No	H7175	002