

2025 Medicare Advantage Plans In NC

Not Applicable = No Drug Coverage/Plan is Medical Only

**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.

County Name	Company Name	Plan Name	Plan Type	Monthly Consolidated Premium (Part C + D)	Annual Part D Deductible Amount	Drug Benefit Category	Contract ID	Plan ID	Segment ID	In-Network Maximum Out-of-Pocket (MOOP) Amount **
Carteret	BCBS of NC	Blue Medicare Freedom+ (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H3404	4	0	\$9,350.00
Carteret	BCBS of NC	Blue Medicare Medical Only (HMO-POS)	HMO-POS	\$0.00	Not Applicable	Not Applicable	H3449	12	0	\$3,900.00
Carteret	BCBS of NC	Blue Medicare Essential Plus (HMO-POS)	HMO-POS	\$0.00	\$375.00	Enhanced	H3449	23	4	\$5,200.00
Carteret	BCBS of NC	Blue Medicare Enhanced (HMO-POS)	HMO-POS	\$34.00	\$0.00	Enhanced	H3449	24	2	\$3,150.00
Carteret	BCBS of NC	Blue Medicare Essential (HMO)	HMO	\$0.00	\$590.00	Enhanced	H3449	27	2	\$8,300.00
Carteret	Humana	HumanaChoice R0110-004 (Regional PPO)	Regional PPO	\$0.00	Not Applicable	Not Applicable	R0110	4	0	\$7,550.00
Carteret	Humana	Humana Full Access R0110-005 (Regional PPO)	Regional PPO	\$128.00	\$480.00	Enhanced	R0110	5	0	\$9,350.00
Carteret	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	\$0.00	Not Applicable	Not Applicable	R0110	6	0	\$9,350.00