

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 ** |
|-------------|------------------|---|--------------|---|---------------------------------|-----------------------|-------------|---------|------------|---|
| Clay | Aetna Medicare | Aetna Medicare Value Plus (HMO) | HMO | \$15.00 | \$250.00 | Enhanced | H3146 | 6 | 0 | \$5,500.00 |
| Clay | Aetna Medicare | Aetna Medicare Premier (PPO) | PPO | \$0.00 | \$250.00 | Enhanced | H5521 | 236 | 0 | \$5,750.00 |
| Clay | Aetna Medicare | Aetna Medicare Eagle (PPO) | PPO | \$0.00 | Not Applicable | Not Applicable | H5521 | 241 | 0 | \$6,750.00 |
| Clay | Aetna Medicare | Aetna Medicare Essential (PPO) | PPO | \$0.00 | \$590.00 | Enhanced | H5521 | 348 | 0 | \$7,500.00 |
| Clay | BCBS of NC | Blue Medicare Freedom+ (PPO) | PPO | \$0.00 | Not Applicable | Not Applicable | H3404 | 4 | 0 | \$9,350.00 |
| Clay | BCBS of NC | Blue Medicare Medical Only (HMO-POS) | HMO-POS | \$0.00 | Not Applicable | Not Applicable | H3449 | 12 | 0 | \$3,900.00 |
| Clay | BCBS of NC | Blue Medicare Essential Plus (HMO-POS) | HMO-POS | \$0.00 | \$375.00 | Enhanced | H3449 | 23 | 4 | \$5,200.00 |
| Clay | BCBS of NC | Blue Medicare Enhanced (HMO-POS) | HMO-POS | \$34.00 | \$0.00 | Enhanced | H3449 | 24 | 2 | \$3,150.00 |
| Clay | BCBS of NC | Blue Medicare Essential (HMO) | HMO | \$0.00 | \$590.00 | Enhanced | H3449 | 27 | 2 | \$8,300.00 |
| Clay | Devoted Health | Devoted CHOICE North Carolina (PPO) | PPO | \$0.00 | \$590.00 | Enhanced | H9700 | 5 | 0 | \$5,300.00 |
| Clay | Devoted Health | Devoted CHOICE GIVEBACK North Carolina (PPO) | PPO | \$0.00 | \$590.00 | Enhanced | H9700 | 6 | 0 | \$8,000.00 |
| Clay | Devoted Health | Devoted LIBERTY CHOICE North Carolina (PPO) | PPO | \$0.00 | Not Applicable | Not Applicable | H9700 | 7 | 0 | \$9,350.00 |
| Clay | Humana | Humana Gold Plus H1036-291 (HMO-POS) | HMO-POS | \$0.00 | \$250.00 | Enhanced | H1036 | 291 | 0 | \$6,750.00 |
| Clay | Humana | HumanaChoice Giveback H5216-017 (PPO) | PPO | \$0.00 | \$450.00 | Enhanced | H5216 | 17 | 0 | \$9,350.00 |
| Clay | Humana | Humana USAA Honor Giveback (PPO) | PPO | \$0.00 | Not Applicable | Not Applicable | H5216 | 343 | 0 | \$9,350.00 |
| Clay | Humana | HumanaChoice Giveback H5525-035 (PPO) | PPO | \$0.00 | \$450.00 | Enhanced | H5525 | 35 | 0 | \$9,350.00 |
| Clay | Humana | HumanaChoice H5525-050 (PPO) | PPO | \$0.00 | \$350.00 | Enhanced | H5525 | 50 | 0 | \$9,350.00 |
| Clay | Humana | Humana USAA Honor Giveback (PPO) | PPO | \$0.00 | Not Applicable | Not Applicable | H5525 | 65 | 0 | \$9,350.00 |
| Clay | Humana | HumanaChoice H5525-070 (PPO) | PPO | \$51.20 | \$590.00 | Enhanced | H5525 | 70 | 0 | \$9,350.00 |
| Clay | Humana | HumanaChoice H5525-083 (PPO) | PPO | \$0.00 | \$450.00 | Enhanced | H5525 | 83 | 0 | \$9,350.00 |
| Clay | Humana | Humana Gold Plus H6622-025 (HMO-POS) | HMO-POS | \$0.00 | \$350.00 | Enhanced | H6622 | 25 | 0 | \$9,350.00 |
| Clay | Humana | Humana Gold Plus H6622-026 (HMO-POS) | HMO-POS | \$23.90 | \$350.00 | Enhanced | H6622 | 26 | 0 | \$9,350.00 |
| Clay | Humana | HumanaChoice R0110-004 (Regional PPO) | Regional PPO | \$0.00 | Not Applicable | Not Applicable | R0110 | 4 | 0 | \$7,550.00 |
| Clay | Humana | Humana Full Access R0110-005 (Regional PPO) | Regional PPO | \$128.00 | \$480.00 | Enhanced | R0110 | 5 | 0 | \$9,350.00 |
| Clay | Humana | Humana USAA Honor Giveback (Regional PPO) | Regional PPO | \$0.00 | Not Applicable | Not Applicable | R0110 | 6 | 0 | \$9,350.00 |
| Clay | UnitedHealthcare | AARP Medicare Advantage Access from UHC NC-23 (PPO) | PPO | \$247.00 | \$570.00 | Enhanced | H2001 | 84 | 0 | \$3,000.00 |

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| 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 ** |
|-------------|------------------|---|-----------|---|---------------------------------|-----------------------|-------------|---------|------------|---|
| Clay | UnitedHealthcare | AARP Medicare Advantage from UHC NC-0002 (PPO) | PPO | \$0.00 | \$495.00 | Enhanced | H2001 | 100 | 0 | \$7,900.00 |
| Clay | UnitedHealthcare | AARP Medicare Advantage Patriot No Rx NC-MA02 (HMO-POS) | HMO-POS | \$0.00 | Not Applicable | Not Applicable | H5253 | 40 | 0 | \$7,900.00 |
| Clay | UnitedHealthcare | AARP Medicare Advantage from UHC NC-0008 (HMO-POS) | HMO-POS | \$0.00 | \$340.00 | Enhanced | H5253 | 79 | 0 | \$6,700.00 |
| Clay | UnitedHealthcare | AARP Medicare Advantage from UHC NC-0009 (HMO-POS) | HMO-POS | \$48.00 | \$340.00 | Enhanced | H5253 | 80 | 0 | \$5,400.00 |
| Clay | UnitedHealthcare | AARP Medicare Advantage Giveback from UHC NC-13 (HMO-POS) | HMO-POS | \$0.00 | \$570.00 | Enhanced | H5253 | 105 | 0 | \$8,900.00 |
| Clay | UnitedHealthcare | AARP Medicare Advantage from UHC NC-24 (HMO-POS) | HMO-POS | \$0.00 | \$340.00 | Enhanced | H5253 | 185 | 0 | \$4,900.00 |
| Clay | Wellcare | Wellcare Simple Open (PPO) | PPO | \$0.00 | \$420.00 | Enhanced | H1914 | 7 | 0 | \$4,200.00 |
| Clay | Wellcare | Wellcare Assist Open (PPO) | PPO | \$32.20 | \$500.00 | Basic | H1914 | 9 | 0 | \$4,200.00 |
| Clay | Wellcare | Wellcare Giveback Open (PPO) | PPO | \$0.00 | \$410.00 | Enhanced | H1914 | 10 | 0 | \$8,300.00 |
| Clay | Wellcare | Wellcare Patriot Giveback Open (PPO) | PPO | \$0.00 | Not Applicable | Not Applicable | H1914 | 11 | 0 | \$8,850.00 |
| Clay | Wellcare | Wellcare Simple (HMO-POS) | HMO-POS | \$0.00 | \$420.00 | Enhanced | H4073 | 1 | 0 | \$3,500.00 |