

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 **
Transylvania	Aetna Medicare	Aetna Medicare Value Plus (HMO)	HMO	\$15.00	\$250.00	Enhanced	H3146	6	0	\$5,500.00
Transylvania	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	\$0.00	\$250.00	Enhanced	H5521	236	0	\$5,750.00
Transylvania	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H5521	241	0	\$6,750.00
Transylvania	Aetna Medicare	Aetna Medicare Essential (PPO)	PPO	\$0.00	\$590.00	Enhanced	H5521	348	0	\$7,500.00
Transylvania	Alignment Health Plan	Alignment Health Platinum (HMO-POS)	HMO-POS	\$0.00	\$0.00	Enhanced	H5296	3	0	\$2,999.00
Transylvania	Alignment Health Plan	Alignment Health smartHMO (HMO)	HMO	\$0.00	\$590.00	Enhanced	H5296	6	0	\$3,400.00
Transylvania	Alignment Health Plan	Alignment Health AVA (PPO)	PPO	\$10.00	\$0.00	Enhanced	H7074	1	0	\$3,900.00
Transylvania	BCBS of NC	Blue Medicare PPO Enhanced (PPO)	PPO	\$45.00	\$0.00	Enhanced	H3404	3	2	\$5,900.00
Transylvania	BCBS of NC	Blue Medicare Freedom+ (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H3404	4	0	\$9,350.00
Transylvania	BCBS of NC	Blue Medicare Medical Only (HMO-POS)	HMO-POS	\$0.00	Not Applicable	Not Applicable	H3449	12	0	\$3,900.00
Transylvania	BCBS of NC	Blue Medicare Essential Plus (HMO-POS)	HMO-POS	\$0.00	\$375.00	Enhanced	H3449	23	5	\$5,200.00
Transylvania	BCBS of NC	Blue Medicare Enhanced (HMO-POS)	HMO-POS	\$34.00	\$0.00	Enhanced	H3449	24	2	\$3,150.00
Transylvania	BCBS of NC	Blue Medicare Essential (HMO)	HMO	\$0.00	\$590.00	Enhanced	H3449	27	2	\$8,300.00
Transylvania	Cigna Healthcare	Cigna True Choice Medicare (PPO)	PPO	\$0.00	\$0.00	Enhanced	H7849	113	2	\$4,250.00
Transylvania	Cigna Healthcare	Cigna Courage Medicare (HMO)	HMO	\$0.00	Not Applicable	Not Applicable	H9725	5	0	\$6,750.00
Transylvania	Cigna Healthcare	Cigna Preferred Plus Medicare (HMO)	HMO	\$11.00	\$0.00	Enhanced	H9725	6	0	\$4,150.00
Transylvania	Cigna Healthcare	Cigna Preferred Medicare (HMO)	HMO	\$0.00	\$0.00	Enhanced	H9725	9	2	\$3,650.00
Transylvania	Cigna Healthcare	Cigna Preferred Savings Medicare (HMO)	HMO	\$0.00	\$0.00	Enhanced	H9725	15	2	\$6,700.00
Transylvania	Devoted Health	Devoted CHOICE North Carolina (PPO)	PPO	\$0.00	\$590.00	Enhanced	H9700	5	0	\$5,300.00
Transylvania	Devoted Health	Devoted CHOICE GIVEBACK North Carolina (PPO)	PPO	\$0.00	\$590.00	Enhanced	H9700	6	0	\$8,000.00
Transylvania	Devoted Health	Devoted LIBERTY CHOICE North Carolina (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H9700	7	0	\$9,350.00
Transylvania	Humana	Humana Gold Plus H1036-291 (HMO-POS)	HMO-POS	\$0.00	\$250.00	Enhanced	H1036	291	0	\$6,750.00
Transylvania	Humana	HumanaChoice Giveback H5216-017 (PPO)	PPO	\$0.00	\$450.00	Enhanced	H5216	17	0	\$9,350.00
Transylvania	Humana	HumanaChoice H5216-211 (PPO)	PPO	\$66.00	\$350.00	Enhanced	H5216	211	0	\$9,350.00
Transylvania	Humana	Humana USAA Honor Giveback (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H5216	343	0	\$9,350.00
Transylvania	Humana	HumanaChoice Giveback H5525-035 (PPO)	PPO	\$0.00	\$450.00	Enhanced	H5525	35	0	\$9,350.00
Transylvania	Humana	HumanaChoice H5525-050 (PPO)	PPO	\$0.00	\$350.00	Enhanced	H5525	50	0	\$9,350.00

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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 **
Transylvania	Humana	Humana USAA Honor Giveback (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H5525	65	0	\$9,350.00
Transylvania	Humana	HumanaChoice H5525-070 (PPO)	PPO	\$51.20	\$590.00	Enhanced	H5525	70	0	\$9,350.00
Transylvania	Humana	HumanaChoice H5525-083 (PPO)	PPO	\$0.00	\$450.00	Enhanced	H5525	83	0	\$9,350.00
Transylvania	Humana	Humana Gold Plus H6622-026 (HMO-POS)	HMO-POS	\$23.90	\$350.00	Enhanced	H6622	26	0	\$9,350.00
Transylvania	Humana	HumanaChoice R0110-004 (Regional PPO)	Regional PPO	\$0.00	Not Applicable	Not Applicable	R0110	4	0	\$7,550.00
Transylvania	Humana	Humana Full Access R0110-005 (Regional PPO)	Regional PPO	\$128.00	\$480.00	Enhanced	R0110	5	0	\$9,350.00
Transylvania	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	\$0.00	Not Applicable	Not Applicable	R0110	6	0	\$9,350.00
Transylvania	Troy Medicare	Troy Medicare (HMO)	HMO	\$0.00	\$0.00	Enhanced	H4676	1	0	\$3,950.00
Transylvania	UnitedHealthcare	AARP Medicare Advantage Access from UHC NC-23 (PPO)	PPO	\$247.00	\$570.00	Enhanced	H2001	84	0	\$3,000.00
Transylvania	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0002 (PPO)	PPO	\$0.00	\$495.00	Enhanced	H2001	100	0	\$7,900.00
Transylvania	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
Transylvania	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0008 (HMO-POS)	HMO-POS	\$0.00	\$340.00	Enhanced	H5253	79	0	\$6,700.00
Transylvania	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0009 (HMO-POS)	HMO-POS	\$48.00	\$340.00	Enhanced	H5253	80	0	\$5,400.00
Transylvania	UnitedHealthcare	AARP Medicare Advantage Giveback from UHC NC-13 (HMO-POS)	HMO-POS	\$0.00	\$570.00	Enhanced	H5253	105	0	\$8,900.00
Transylvania	UnitedHealthcare	AARP Medicare Advantage from UHC NC-24 (HMO-POS)	HMO-POS	\$0.00	\$340.00	Enhanced	H5253	185	0	\$4,900.00
Transylvania	Wellcare	Wellcare Simple Open (PPO)	PPO	\$0.00	\$420.00	Enhanced	H1914	7	0	\$4,200.00
Transylvania	Wellcare	Wellcare Assist Open (PPO)	PPO	\$32.20	\$500.00	Basic	H1914	9	0	\$4,200.00
Transylvania	Wellcare	Wellcare Giveback Open (PPO)	PPO	\$0.00	\$410.00	Enhanced	H1914	10	0	\$8,300.00
Transylvania	Wellcare	Wellcare Patriot Giveback Open (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H1914	11	0	\$8,850.00
Transylvania	Wellcare	Wellcare Simple (HMO-POS)	HMO-POS	\$0.00	\$420.00	Enhanced	H4073	1	0	\$3,500.00