

# 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 **
Wake	Aetna Medicare	Aetna Medicare Value (HMO-POS)	HMO-POS	\$0.00	\$0.00	Enhanced	H3146	4	0	\$4,900.00
Wake	Aetna Medicare	Aetna Medicare Value Plus (HMO)	HMO	\$15.00	\$250.00	Enhanced	H3146	6	0	\$5,500.00
Wake	Aetna Medicare	Aetna Medicare Primary (HMO)	HMO	\$0.00	\$0.00	Enhanced	H3146	21	0	\$6,350.00
Wake	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H5521	241	0	\$6,750.00
Wake	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	\$0.00	\$250.00	Enhanced	H5521	609	0	\$6,750.00
Wake	Alignment Health Plan	Alignment Health Platinum (HMO-POS)	HMO-POS	\$0.00	\$0.00	Enhanced	H5296	3	0	\$2,999.00
Wake	Alignment Health Plan	Alignment Health smartHMO (HMO)	HMO	\$0.00	\$590.00	Enhanced	H5296	6	0	\$3,400.00
Wake	Alignment Health Plan	Alignment Health AVA (PPO)	PPO	\$10.00	\$0.00	Enhanced	H7074	1	0	\$3,900.00
Wake	BCBS of NC	Blue Medicare PPO Enhanced (PPO)	PPO	\$25.00	\$0.00	Enhanced	H3404	3	1	\$5,900.00
Wake	BCBS of NC	Blue Medicare Freedom+ (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H3404	4	0	\$9,350.00
Wake	BCBS of NC	Blue Medicare Medical Only (HMO-POS)	HMO-POS	\$0.00	Not Applicable	Not Applicable	H3449	12	0	\$3,900.00
Wake	BCBS of NC	Blue Medicare Essential Plus (HMO-POS)	HMO-POS	\$0.00	\$375.00	Enhanced	H3449	23	1	\$3,500.00
Wake	BCBS of NC	Blue Medicare Enhanced (HMO-POS)	HMO-POS	\$19.00	\$0.00	Enhanced	H3449	24	1	\$3,150.00
Wake	BCBS of NC	Blue Medicare Choice (HMO)	HMO	\$0.00	\$375.00	Enhanced	H3449	26	0	\$2,800.00
Wake	BCBS of NC	Blue Medicare Essential (HMO)	HMO	\$0.00	\$590.00	Enhanced	H3449	27	1	\$8,300.00
Wake	Cigna Healthcare	Cigna True Choice Medicare (PPO)	PPO	\$0.00	\$0.00	Enhanced	H7849	113	4	\$5,700.00
Wake	Cigna Healthcare	Cigna Courage Medicare (HMO)	HMO	\$0.00	Not Applicable	Not Applicable	H9725	5	0	\$6,750.00
Wake	Cigna Healthcare	Cigna Preferred Plus Medicare (HMO)	HMO	\$11.00	\$0.00	Enhanced	H9725	6	0	\$4,150.00
Wake	Cigna Healthcare	Cigna Preferred Medicare (HMO)	HMO	\$0.00	\$0.00	Enhanced	H9725	9	4	\$3,750.00
Wake	Cigna Healthcare	Cigna Preferred Select Medicare (HMO)	HMO	\$0.00	\$0.00	Enhanced	H9725	14	0	\$4,000.00
Wake	Cigna Healthcare	Cigna Preferred Savings Medicare (HMO)	HMO	\$0.00	\$0.00	Enhanced	H9725	15	4	\$6,700.00
Wake	Experience Health	Experience Health Medicare Advantage (HMO)	HMO	\$25.00	\$0.00	Enhanced	H3777	1	4	\$3,900.00
Wake	FirstMedicare Direct	FirstMedicare Direct SmartHMO (HMO)	HMO	\$0.00	\$0.00	Enhanced	H6306	5	0	\$2,400.00
Wake	FirstMedicare Direct	FirstMedicare Direct POS Choice (HMO-POS)	HMO-POS	\$0.00	Not Applicable	Not Applicable	H6306	15	0	\$5,000.00
Wake	FirstMedicare Direct	FirstMedicare Direct POS Plus (HMO-POS)	HMO-POS	\$37.00	\$0.00	Enhanced	H6306	17	0	\$3,650.00
Wake	FirstMedicare Direct	FirstMedicare Direct POS Standard (HMO-POS)	HMO-POS	\$0.00	\$0.00	Enhanced	H6306	18	0	\$3,400.00
Wake	Humana	Humana Gold Plus H1036-233 (HMO-POS)	HMO-POS	\$0.00	\$350.00	Enhanced	H1036	233	0	\$9,350.00

# 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 **
Wake	Humana	Humana Gold Plus H1036-291 (HMO-POS)	HMO-POS	\$0.00	\$250.00	Enhanced	H1036	291	0	\$6,750.00
Wake	Humana	Humana Gold Plus Giveback H1036-318 (HMO-POS)	HMO-POS	\$0.00	\$450.00	Enhanced	H1036	318	0	\$9,350.00
Wake	Humana	HumanaChoice H5216-211 (PPO)	PPO	\$66.00	\$350.00	Enhanced	H5216	211	0	\$9,350.00
Wake	Humana	HumanaChoice Giveback H5525-035 (PPO)	PPO	\$0.00	\$450.00	Enhanced	H5525	35	0	\$9,350.00
Wake	Humana	HumanaChoice H5525-050 (PPO)	PPO	\$0.00	\$350.00	Enhanced	H5525	50	0	\$9,350.00
Wake	Humana	Humana USAA Honor Giveback (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H5525	65	0	\$9,350.00
Wake	Humana	HumanaChoice H5525-070 (PPO)	PPO	\$51.20	\$590.00	Enhanced	H5525	70	0	\$9,350.00
Wake	Humana	HumanaChoice H5525-083 (PPO)	PPO	\$0.00	\$450.00	Enhanced	H5525	83	0	\$9,350.00
Wake	Humana	HumanaChoice R0110-004 (Regional PPO)	Regional PPO	\$0.00	Not Applicable	Not Applicable	R0110	4	0	\$7,550.00
Wake	Humana	Humana Full Access R0110-005 (Regional PPO)	Regional PPO	\$128.00	\$480.00	Enhanced	R0110	5	0	\$9,350.00
Wake	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	\$0.00	Not Applicable	Not Applicable	R0110	6	0	\$9,350.00
Wake	UnitedHealthcare	AARP Medicare Advantage Access from UHC NC-23 (PPO)	PPO	\$247.00	\$570.00	Enhanced	H2001	84	0	\$3,000.00
Wake	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0003 (PPO)	PPO	\$0.00	\$420.00	Enhanced	H2001	101	0	\$7,500.00
Wake	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0016 (PPO)	PPO	\$46.00	\$420.00	Enhanced	H2406	34	0	\$3,800.00
Wake	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0017 (PPO)	PPO	\$0.00	\$420.00	Enhanced	H2406	98	0	\$5,500.00
Wake	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0007 (HMO-POS)	HMO-POS	\$0.00	\$340.00	Enhanced	H5253	39	0	\$5,900.00
Wake	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
Wake	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0010 (HMO-POS)	HMO-POS	\$49.00	\$340.00	Enhanced	H5253	102	0	\$4,900.00

# 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 **
Wake	UnitedHealthcare	AARP Medicare Advantage Giveback from UHC NC-14 (HMO-POS)	HMO-POS	\$0.00	\$570.00	Enhanced	H5253	110	0	\$8,900.00
Wake	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0015 (HMO-POS)	HMO-POS	\$0.00	\$255.00	Enhanced	H5253	117	0	\$3,900.00
Wake	Wellcare	Wellcare Simple Open (PPO)	PPO	\$0.00	\$420.00	Enhanced	H1914	7	0	\$4,200.00
Wake	Wellcare	Wellcare Assist Open (PPO)	PPO	\$32.20	\$500.00	Basic	H1914	9	0	\$4,200.00
Wake	Wellcare	Wellcare Giveback Open (PPO)	PPO	\$0.00	\$410.00	Enhanced	H1914	10	0	\$8,300.00
Wake	Wellcare	Wellcare Patriot Giveback Open (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H1914	11	0	\$8,850.00
Wake	Wellcare	Wellcare Simple (HMO-POS)	HMO-POS	\$0.00	\$420.00	Enhanced	H4073	1	0	\$3,500.00