

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 **
Washington	Aetna Medicare	Aetna Medicare Value Plus (HMO)	HMO	\$15.00	\$250.00	Enhanced	H3146	6	0	\$5,500.00
Washington	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H5521	241	0	\$6,750.00
Washington	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	\$0.00	\$250.00	Enhanced	H5521	243	0	\$6,750.00
Washington	Aetna Medicare	Aetna Medicare Essential (PPO)	PPO	\$0.00	\$590.00	Enhanced	H5521	348	0	\$7,500.00
Washington	BCBS of NC	Blue Medicare PPO Enhanced (PPO)	PPO	\$45.00	\$0.00	Enhanced	H3404	3	2	\$5,900.00
Washington	BCBS of NC	Blue Medicare Freedom+ (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H3404	4	0	\$9,350.00
Washington	BCBS of NC	Blue Medicare Medical Only (HMO-POS)	HMO-POS	\$0.00	Not Applicable	Not Applicable	H3449	12	0	\$3,900.00
Washington	BCBS of NC	Blue Medicare Essential Plus (HMO-POS)	HMO-POS	\$0.00	\$375.00	Enhanced	H3449	23	5	\$5,200.00
Washington	BCBS of NC	Blue Medicare Enhanced (HMO-POS)	HMO-POS	\$40.00	\$0.00	Enhanced	H3449	24	3	\$3,700.00
Washington	BCBS of NC	Blue Medicare Essential (HMO)	HMO	\$0.00	\$590.00	Enhanced	H3449	27	2	\$8,300.00
Washington	Humana	HumanaChoice H5525-026 (PPO)	PPO	\$90.00	\$350.00	Enhanced	H5525	26	0	\$9,350.00
Washington	Humana	HumanaChoice Giveback H5525-035 (PPO)	PPO	\$0.00	\$450.00	Enhanced	H5525	35	0	\$9,350.00
Washington	Humana	HumanaChoice H5525-049 (PPO)	PPO	\$31.00	\$350.00	Enhanced	H5525	49	0	\$9,350.00
Washington	Humana	HumanaChoice H5525-050 (PPO)	PPO	\$0.00	\$350.00	Enhanced	H5525	50	0	\$9,350.00
Washington	Humana	Humana USAA Honor Giveback (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H5525	65	0	\$9,350.00
Washington	Humana	HumanaChoice H5525-070 (PPO)	PPO	\$51.20	\$590.00	Enhanced	H5525	70	0	\$9,350.00
Washington	Humana	HumanaChoice H5525-083 (PPO)	PPO	\$0.00	\$450.00	Enhanced	H5525	83	0	\$9,350.00
Washington	Humana	HumanaChoice R0110-004 (Regional PPO)	Regional PPO	\$0.00	Not Applicable	Not Applicable	R0110	4	0	\$7,550.00
Washington	Humana	Humana Full Access R0110-005 (Regional PPO)	Regional PPO	\$128.00	\$480.00	Enhanced	R0110	5	0	\$9,350.00
Washington	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	\$0.00	Not Applicable	Not Applicable	R0110	6	0	\$9,350.00
Washington	UnitedHealthcare	AARP Medicare Advantage Access from UHC NC-23 (PPO)	PPO	\$247.00	\$570.00	Enhanced	H2001	84	0	\$3,000.00
Washington	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0001 (PPO)	PPO	\$0.00	\$255.00	Enhanced	H2001	90	0	\$6,700.00
Washington	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0004 (PPO)	PPO	\$22.00	\$255.00	Enhanced	H2001	102	0	\$5,900.00

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 **
Washington	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx NC-MA01 (PPO)	PPO	\$0.00	Not Applicable	Not Applicable	H2001	103	0	\$7,900.00
Washington	UnitedHealthcare	AARP Medicare Advantage from UHC NC-0019 (PPO)	PPO	\$27.00	\$420.00	Enhanced	H2406	115	0	\$6,700.00
Washington	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
Washington	UnitedHealthcare	AARP Medicare Advantage from UHC NC-26 (HMO-POS)	HMO-POS	\$0.00	\$340.00	Enhanced	H5253	187	0	\$4,900.00