

2020
Medicare Advantage Plans for NC

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Annual Drug Deductible	ID	Plan ID	In-network MOOP Amount **
Wake	Aetna Medicare	Aetna Medicare Core Plan (PPO)	Local PPO *	\$-		H5521	241	\$5,900
Wake	Aetna Medicare	Aetna Medicare Essential Plan (PPO)	Local PPO	\$-	\$200.00	H5521	168	\$6,700
Wake	Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$44.00	\$-	H5521	183	\$5,500
Wake	Aetna Medicare	Aetna Medicare Value Plan (HMO)	Local HMO	\$-	\$150.00	H3931	81	\$4,950
Wake	Blue Cross and Blue Shield of North Carolina	Blue Medicare Enhanced (HMO)	Local HMO	\$39.00	\$-	H3449	24	\$3,900
Wake	Blue Cross and Blue Shield of North Carolina	Blue Medicare Essential Plus (HMO)	Local HMO	\$-	\$195.00	H3449	23	\$4,200
Wake	Blue Cross and Blue Shield of North Carolina	Blue Medicare Medical Only (HMO)	Local HMO *	\$-		H3449	12	\$4,400
Wake	Blue Cross and Blue Shield of North Carolina	Blue Medicare PPO Enhanced (PPO)	Local PPO	\$59.00	\$-	H3404	3	\$5,900
Wake	Experience Health, Inc.	Experience Health Medicare Advantage (HMO)	Local HMO	\$20.00	\$150.00	H3777	1	\$4,980
Wake	FirstMedicare Direct	FirstMedicare Direct smartHMO (HMO)	Local HMO	\$-	\$-	H6306	5	\$3,400
Wake	Humana	Humana Gold Plus H1036-233 (HMO)	Local HMO	\$-	\$-	H1036	233	\$3,400
Wake	Humana	HumanaChoice H5216-211 (PPO)	Local PPO	\$50.00	\$160.00	H5216	211	\$6,700
Wake	Humana	HumanaChoice R1390-001 (Regional PPO)	Regional PPO *	\$-		R1390	1	\$5,400
Wake	Humana	HumanaChoice R1390-002 (Regional PPO)	Regional PPO	\$82.00	\$360.00	R1390	2	\$6,700
Wake	Lasso Healthcare	Lasso Healthcare (MSA)	MSA *			H1924	1	\$-
Wake	UnitedHealthcare	AARP Medicare Advantage Essential (HMO-POS)	Local HMO *	\$-		H5253	40	\$3,600
Wake	UnitedHealthcare	AARP Medicare Advantage Plan 1 (HMO-POS)	Local HMO	\$38.00	\$95.00	H5253	102	\$4,900
Wake	UnitedHealthcare	AARP Medicare Advantage Plan 2 (HMO-POS)	Local HMO	\$-	\$170.00	H5253	39	\$5,400

* Indicates plan does not offer Part D drug coverage.

** MOOP: Maximum Out of Pocket (MOOP) limit on enrollee spending. Includes costs for all in-network Part A B Services.

N/A = Non Applicable