

2019 Medicare Advantage Plans, Clark County

Data as of September 5, 2018. Includes 2019 approved contracts/plans.

Notes: Data are subject to change as contracts are finalized. For the most current information, go to www.medicare.gov and click on "Find Health and Drug Plans."

SNP = Special Needs Plan. Contact plan for eligibility and costs information

Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Premium	Monthly Premium with Full Extra Help (LIS)	Annual Drug Deductible	In Network Office Visit/ Specialist Visit	Inpatient Hospital	Dental (D) Vision (V) Hearing (H)	Contract ID	Plan ID	In-network MOOP Amount **
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Choice Plan (PPO)	Local PPO	\$39.00	\$23.90	\$295.00	\$0/\$45	\$395/day (Days 1-4)	D, V, H	H5521	237	\$6,700
	Aetna Medicare Select Plan (PPO)	Local PPO	\$67.00	\$51.90	\$145.00	\$0/\$40	\$315/day (Days 1-5)	D, V, H	H5521	244	\$5,900
Community HealthFirst Medicare Advantage Plan 1-800-944-1247 healthfirst.chpw.org	Community HealthFirst MA Extra Plan (HMO)	Local HMO	\$26.00	\$0.00	\$0.00	\$10/\$45	\$450/day (Days 1-4)	V	H5826	010	\$6,700
	Community HealthFirst MA Pharmacy Plan (HMO)	Local HMO	\$68.00	\$34.20	\$0.00	\$0/\$40	\$450/day (Days 1-4)	D, V	H5826	008	\$6,700
	Community HealthFirst MA Plan (HMO)	Local HMO (No drug coverage)	\$0.00	N/A	N/A	\$0/\$40	\$450/day (Days 1-4)	D, V	H5826	006	\$6,700
	Community HealthFirst MA Special Needs Plan (HMO SNP)	Local HMO (Dual-Eligible)	SNP	\$0.00	SNP	SNP	SNP	SNP	H5826	014	SNP
Health Net Life Insurance Company 1-800-949-6192 www.healthnet.com/medicare	Health Net Aqua (PPO)	Local PPO (No drug coverage)	\$45.00	N/A	N/A	\$25/\$40	\$175/day (Days 1-8)	D, V	H5439	010	\$2,500
	Health Net Violet 1 (PPO)	Local PPO	\$120.00	\$86.20	\$95.00	\$25/\$40	\$225/day (Days 1-7)	D, V	H5439	011	\$2,900
	Health Net Violet 2 (PPO)	Local PPO	\$0.00	\$0.00	\$150.00	\$15/\$35	\$375/day (Days 1-4)	D, V	H5439	014	\$6,700

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Humana 1-800-833-2364 www.humana.com/medicare	Humana Gold Plus H5619-056 (HMO)	Local HMO	\$0.00	\$0.00	\$100.00	\$5/\$50	\$400/day (Days 1-4)	D, V, H	H5619	056	\$6,500
	Humana Gold Plus H5619-101 (HMO)	Local HMO	\$33.00	\$33.00	\$50.00	\$0/\$35	\$300/day (Days 1-5)	D, V, H	H5619	101	\$5,000
	Humana Gold Plus SNP-DE H5619-067 (HMO SNP)	Local HMO (Dual-Eligible)	SNP	\$0.00	SNP	SNP	SNP	SNP	H5619	067	SNP
	HumanaChoice H5216-046 (PPO)	Local PPO (No drug coverage)	\$0.00	N/A	N/A	\$0/\$25	\$275/day (Days 1-5)	D, V, H	H5216	046	\$3,600
	HumanaChoice H5216-047 (PPO)	Local PPO	\$102.00	\$68.20	\$320.00	\$10/\$45	\$300/day (Days 1-5)	D, V, H	H5216	047	\$6,700
Kaiser Permanente 1-877-408-3496 kp.org/medicare	Kaiser Permanente Senior Advantage (HMO)	Local HMO	\$127.00	\$93.20	\$0.00	\$15/\$25	\$200/day (Days 1-6)	D, V, H	H9003	001	\$2,500
	Kaiser Permanente Senior Advantage Basic (HMO)	Local HMO	\$44.00	\$15.40	\$0.00	\$25/\$35	\$265/day (Days 1-6)	D, V, H	H9003	006	\$4,900
PacificSource Medicare 1-888-863-3637 medicare.pacificsource.com	PacificSource Medicare MyCare Rx 37 (HMO)	Local HMO	\$0.00	\$0.00	\$200.00	\$0/\$35	\$350/day (Days 1-5)	D, V, H	H3864	037	\$5,200
	PacificSource Medicare MyCare Rx 38 (HMO)	Local HMO	\$36.00	\$2.20	\$150.00	\$0/\$25	\$295/day (Days 1-5)	D, V, H	H3864	038	\$4,500

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Providence Health Assurance 1-800-457-6064 www.providencehealthassurance.com	Providence Medicare Choice + RX (HMO-POS)	Local HMO	\$88.00	\$54.20	\$240.00	\$15/\$30	\$300/day (Days 1-6)	D, V, H	H9047	024	\$4,500
	Providence Medicare Extra + RX (HMO)	Local HMO	\$173.00	\$139.20	\$0.00	\$10/\$20	\$250/day (Days 1-5)	D, V, H	H9047	001	\$3,400
	Providence Medicare Focus Medical (HMO)	Local HMO (No drug coverage)	\$128.00	N/A	N/A	\$10/\$20	\$250/day (Days 1-5)	D, V, H	H9047	033	\$3,400
	Providence Medicare Select Medical (HMO-POS)	Local HMO (No drug coverage)	\$67.00	N/A	N/A	\$30/\$50	\$300/day (Days 1-6)	D, V, H	H9047	035	\$4,500
Regence BlueCross BlueShield of Oregon 1-888-369-3171 www.regence.com/medicare	Regence BlueAdvantage HMO (HMO)	Local HMO	\$0.00	\$0.00	\$200.00	\$5/\$40	\$430/day (Days 1-4)	D, V, H	H6237	004	\$5,500
	Regence BlueAdvantage HMO Plus (HMO)	Local HMO	\$35.00	\$6.90	\$0.00	\$0/\$35	\$375/day (Days 1-4)	D, V, H	H6237	005	\$4,900
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$76.00	\$42.20	\$250.00	\$10/\$40	\$395/day (Days 1-4)	D, V, H	H3817	008	\$6,000
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$195.00	\$161.20	\$0.00	\$5/\$25	\$315/day (Days 1-5)	D, V, H	H3817	009	\$5,000
	Regence MedAdvantage + Rx Primary (PPO)	Local PPO	\$19.00	\$0.00	\$300.00	\$15/\$45	\$400/day (Days 1-4)	D, V, H	H3817	011	\$6,700
	Regence MedAdvantage Basic (PPO)	Local PPO (No drug coverage)	\$0.00	N/A	N/A	\$10/\$40	\$390/day (Days 1-4)	D, V, H	H3817	010	\$5,000

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UnitedHealthcare 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Complete Plan 1 (HMO)	Local HMO	\$88.00	\$58.10	\$185.00	\$5/\$35	\$250/day (Days 1-7)	D, V, H	H3805	014	\$4,200
	AARP Medicare Complete Plan 2 (HMO)	Local HMO	\$0.00	\$0.00	\$225.00	\$15/\$50	\$440/day (Days 1-4)	D, V, H	H3805	016	\$6,700
	AARP Medicare Complete Plan 3 (HMO)	Local HMO	\$48.00	\$24.90	\$225.00	\$5/\$45	\$375/day (Days 1-4)	D, V, H	H3805	015	\$5,900
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UnitedHealthcare Assisted Living Plan (PPO SNP)	Local PPO (Institutional)	SNP	\$0.00	SNP	SNP	SNP	SNP	H0710	030	SNP
	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO (Dual-Eligible)	SNP	\$0.00	SNP	SNP	SNP	SNP	H5008	002	SNP
	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO (Institutional)	SNP	\$0.00	SNP	SNP	SNP	SNP	H0710	031	SNP

2019 Medicare Advantage plans, Washington state

Key to types of Medicare Advantage plans

Local HMO: A Health Maintenance Organization is available in certain counties only. In most HMOs, the plan pays for care only with doctors, specialists, or hospitals on the plan's list - except in an emergency.

Local PPO: A Preferred Provider Organization available in certain counties only. In most PPOs, you pay less if you use doctors or hospitals, and other providers that belong to the network. For an added cost, you can use out-of-network doctors, hospitals, and other providers.

HMO-POS: An HMO plan with a Point-of-Service plan option. An HMO-POS option pays for care with doctors, providers, and hospitals outside the plan for an added cost.

SNP: Medicare "Special Needs" Plans may limit all or most of their membership to people:

- ♦ In certain long-term care facilities (like a nursing home); or
- ♦ Eligible for both Medicare and Medicaid.

Some plans may offer gym membership as an additional benefit. Check with the plan or go to: www.silversneakers.com, www.silverandfit.com, or fitnessadvantage.optum.com

Key to Abbreviations

D: Some dental coverage. Plans may require additional premium.

H: Some hearing coverage

V: Some vision coverage

****MOOP:** Maximum Out of Pocket limit on enrollee spending that includes costs for all in-network Part A and Part B services.

N/A: Not applicable

Need help?

For consumer tips before you buy a Medicare Advantage plan, call our Insurance Consumer Hotline at 1-800-562-6900 and ask to speak with a SHIBA counselor in your area.