# 2019 Medicare Advantage Plans, Grant 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

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Plan Name</th>
<th>Type of Medicare Health Plan</th>
<th>Monthly Premium</th>
<th>Monthly Premium with Full Extra Help (LIS)</th>
<th>Annual Drug Deductible</th>
<th>In Network Office Visit/Specialist Visit</th>
<th>Inpatient Hospital</th>
<th>Dental (D) Vision (V) Hearing (H)</th>
<th>Contract ID</th>
<th>Plan ID</th>
<th>In-network MOOP Amount **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community HealthFirst Medicare Advantage Plan</td>
<td>Community HealthFirst MA Extra Plan (HMO)</td>
<td>Local HMO</td>
<td>$26.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$10/$45</td>
<td>$450/day (Days 1-4)</td>
<td>D</td>
<td>H5826</td>
<td>010</td>
<td>$6,700</td>
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<tr>
<td></td>
<td>Community HealthFirst MA Pharmacy Plan (HMO)</td>
<td>Local HMO</td>
<td>$94.00</td>
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<tr>
<td></td>
<td>Community HealthFirst MA Special Needs Plan (HMO SNP)</td>
<td>Local HMO (Dual-Eligible)</td>
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<td>SNP</td>
<td>SNP</td>
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<td>014</td>
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<tr>
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<td>Health Alliance NW Companion Basic Rx (HMO)</td>
<td>Local HMO</td>
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<td>$20/$50</td>
<td>$495/day (Days 1-3)</td>
<td>D, V, H</td>
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<td>Health Alliance NW Companion Basic Rx 2 (HMO)</td>
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<td>Health Alliance NW Companion HMO (HMO)</td>
<td>Local HMO (No drug coverage)</td>
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<td>Health Alliance NW Companion Rx (HMO)</td>
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<td>Health Alliance NW Companion Rx Plus (HMO)</td>
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<td>H3471</td>
<td>002</td>
<td>$3,900</td>
</tr>
</tbody>
</table>

Community HealthFirst Medicare Advantage Plan
1-800-944-1247
healthfirst.chpw.org

Health Alliance Northwest
1-877-561-1463
www.healthalliancemedicare.org
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.