

2019 Medicare Advantage Plans, Kitsap 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	\$53.00	\$33.80	\$0.00	\$15/\$50	\$340/day (Days 1-4)	D, V, H	H5521	127	\$6,700
	Aetna Medicare Platinum Plan (HMO)	Local HMO	\$34.00	\$18.80	\$0.00	\$0/\$40	\$295/day (Days 1-6)	D, V, H	H3931	127	\$5,600
	Aetna Medicare Select Plan (PPO)	Local PPO	\$87.00	\$64.10	\$0.00	\$0/\$40	\$250/day (Days 1-4)	D, V, H	H5521	128	\$5,900
	Aetna Medicare Value Plan (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$5/\$45	\$360/day (Days 1-5)	D, V, H	H3931	126	\$6,500
AMERIGROUP 1-844-288-5923 www.myamerigroup.com/medicare	Amerivantage Classic (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$10/\$45	\$425/day (Days 1-4)	D, V, H	H1894	001	\$6,700
	Amerivantage Dual Coordination (HMO SNP)	Local HMO (Dual-Eligible)	SNP	\$0.00	SNP	SNP	SNP	SNP	H1894	002	SNP
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

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 **
Humana 1-800-833-2364 www.humana.com/medicare	Humana Gold Plus H5619-099 (HMO)	Local HMO	\$0.00	\$0.00	\$100.00	\$10/\$50	\$400/day (Days 1-4)	D, V, H	H5619	099	\$6,700
	Humana Gold Plus H5619-104 (HMO)	Local HMO	\$47.00	\$47.00	\$50.00	\$0/\$40	\$300/day (Days 1-5)	D, V, H	H5619	104	\$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
	HumanaChoice H5216-048 (PPO)	Local PPO	\$201.00	\$167.00	\$415.00	\$0/\$30	\$325/day (Days 1-4)	D, V	H5216	048	\$6,700
Kaiser Foundation Health Plan of Washington 1-800-446-8882 kp.org/wa/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No drug coverage)	\$106.00	N/A	N/A	\$10/\$30	\$325/day (Days 1-4)	D, V, H	H5050	001	\$2,000
	Kaiser Permanente Medicare Advantage Essential (HMO)	Local HMO	\$99.00	\$65.20	\$0.00	\$10/\$35	\$215/day (Days 1-4)	D, V, H	H5050	009	\$4,300
	Kaiser Permanente Medicare Advantage Optimal (HMO)	Local HMO	\$295.00	\$261.20	\$0.00	\$10/\$20	\$125/day (Days 1-2)	D, V, H	H5050	004	\$2,000
	Kaiser Permanente Medicare Advantage Vital (HMO)	Local HMO	\$28.00	\$28.00	\$0.00	\$10/\$35	\$295/day (Days 1-6)	D, V, H	H5050	013	\$5,900

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 **
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$158.00	\$124.20	\$300.00	\$20/\$40	\$390/day (Days 1-4)	D, V, H	H5009	002	\$5,700
	Regence MedAdvantage + Rx Primary (PPO)	Local PPO	\$79.00	\$45.20	\$340.00	\$25/\$50	\$450/day (Days 1-4)	D, V, H	H5009	008	\$6,700
	Regence MedAdvantage Basic (PPO)	Local PPO (No drug coverage)	\$38.00	N/A	N/A	\$20/\$40	\$390/day (Days 1-4)	D, V, H	H5009	001	\$6,700
UnitedHealthcare 1-877-596-3258 www.uhcmedicareolutions.com	AARP MedicareComplete Plan 2 (HMO)	Local HMO	\$24.00	\$4.60	\$200.00	\$15/\$50	\$440/day (Days 1-4)	D, V, H	H3805	019	\$6,700
	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 (HMO SNP)	Local HMO (Institutional)	SNP	\$0.00	SNP	SNP	SNP	SNP	H5008	001	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.