

# 2019 Medicare Advantage Plans, Yakima 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](http://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 **
Community HealthFirst Medicare Advantage Plan 1-800-944-1247 <a href="http://healthfirst.chpw.org">healthfirst.chpw.org</a>	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	\$94.00	\$66.90	\$0.00	\$0/\$40	\$450/day (Days 1-4)	D, V	H5826	009	\$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 Alliance Northwest 1-877-642-3331 <a href="http://www.healthalliancemedicare.org">www.healthalliancemedicare.org</a>	Health Alliance NW SignalAdvantage HMO (HMO)	Local HMO (No drug coverage)	\$45.00	N/A	N/A	\$10/\$50	\$395/day (Days1-4)	D, V, H	H3471	006	\$5,900
	Health Alliance NW SignalAdvantage HMO Rx (HMO)	Local HMO	\$72.00	\$58.80	\$0.00	\$10/\$50	\$395/day (Days1-4)	D, V, H	H3471	004	\$5,900
	Health Alliance NW SignalAdvantage HMO Rx Plus (HMO)	Local HMO	\$105.00	\$86.60	\$0.00	\$5/\$35	\$395/day (Days1-4)	D, V, H	H3471	005	\$3,900
	Health Alliance NW SignalAdvantage POS (HMO-POS)	Local HMO (No drug coverage)	\$70.00	N/A	N/A	\$10/\$50	\$395/day (Days1-4)	D, V, H	H3471	015	\$5,900
	Health Alliance NW SignalAdvantage POS Rx (HMO-POS)	Local HMO	\$97.00	\$83.50	\$0.00	\$10/\$50	\$395/day (Days1-4)	D, V, H	H3471	013	\$5,900
	Health Alliance NW SignalAdvantage POS Rx Plus (HMO-POS)	Local HMO	\$130.00	\$110.10	\$0.00	\$5/\$35	\$350/day (Days 1-5)	D, V, H	H3471	014	\$3,900

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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	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO (Dual-Eligible)	SNP	\$0.00	SNP	SNP	SNP	SNP	H5008	002	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](http://www.silversneakers.com), [www.silverandfit.com](http://www.silverandfit.com), or [fitnessadvantage.optum.com](http://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.