2026 Medicare Advantage Plans, Benton County

Data as of October 17, 2025. Includes 2026 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."

Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Premium	Monthly Premium with Full Extra Help	Annual Drug Deductible	Primary Doctor Visit / Specialist Visit	Inpatient Hospital	Dental (D) Vision (V) Hearing (H)	Contract ID	Plan ID	In Network MOOP Amount
Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA Dual Complete (HMO D-SNP)	HMO (Dual-Eligible)	\$0	\$0	\$0	*	*	*	H5826	014	\$9,250
	Community Health Plan of WA Dual Select (HMO D-SNP)	HMO (Dual-Eligible)	\$0	\$0	\$0	*	*	•	H5826	017	\$9,250
Humana 1-800-833-2364 www.humana.com/medicare	Humana Gold Plus H1036-322 (HMO)	Local HMO	\$0	\$0	\$200	\$0/\$40	\$450 Days 1-5	DHVW	H1036	322	\$5,900
	Humana Gold Plus H2486-007 (HMO)	Local HMO	\$0	\$0	\$200	\$0/\$45	\$538 Days 1-5	DHV	H2486	007	\$5,900
	HumanaChoice H7617-016 (PPO)	Local PPO	\$87	\$1	\$615	\$0/\$35	\$325 Days 1-4	DHVW	H7617	016	\$6,750
	HumanaChoice H7617-019 (PPO)	Local PPO	\$0	\$0	\$350	\$0/\$40	\$597 Days 1-4	DHVW	H7617	019	\$7,050
	HumanaChoice H5216-048 (PPO)	Local PPO	\$87	\$56	\$615	\$0/\$35	\$325 Days 1-4	DHVW	H5216	048	\$6,750
	Humana Gold Plus H5619-133 (HMO)	Local HMO	\$0	\$0	\$300	\$0/\$40	\$495 Days 1-5	DHVW	H5619	133	\$6,550
	HumanaChoice H5216-426 (PPO)	Local PPO	\$0	\$0	\$350	\$0/\$40	\$597 Days 1-4	DHVW	H5216	426	\$7,050
	HumanaChoice H5216-428 (PPO)	Local PPO	\$0	\$0	\$615	\$0/\$35	\$495 Days 1-5	DHVW	H5216	428	\$5,800
	Humana Dual Select H5619- 165 (HMO D-SNP)	HMO (Dual-Eligible)	\$8	\$0	\$0	•	•	•	H5619	165	\$9,250

Humana Continued page 1 1-800-833-2364 www.humana.com/medicare	Humana Gold Plus SNP-DE H5619-167 (HMO D-SNP)	HMO (Dual-Eligible)	\$0	\$0	\$0	٧	٧	•	H5619	167	\$0
	Humana USAA Honor Giveback (PPO)	Local PPO (No Drug Coverage)	N/A	N/A	N/A	\$0/\$45	\$590 Days 1-4	DHVW	H7617	021	\$9,150
	Humana USAA Honor Giveback (PPO)	Local PPO (No Drug Coverage)	\$0	N/A	N/A	\$0/\$40	\$480 Days 1-5	DHVW	H5216	455	\$5,100
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	HMO (Dual-Eligible)	\$0	\$0	\$0	•	•	•	H5823	013- 002	\$9,200
	Molina Medicare Complete Care Select (HMO D-SNP)	HMO (Dual-Eligible)	\$0	\$0	\$0	•	•	•	H5823	010	\$9,250
UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO- POS	\$38	\$27.50	\$355	\$0/\$40	\$495 Days 1-5	DHVW	H3805	015	\$5,900
	AARP Medicare Advantage from UHC WA-16 (PPO)	Local PPO	\$56	\$46	\$600	\$0/\$50	\$425 Days 1-5	DHVW	H2001	136	\$6,700
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	HMO-POS	\$79	\$69	\$355	\$0/\$35	\$395 Days 1-7	DHVW	H3805	037	\$4,900
	AARP Medicare Advantage from UHC WA-12 (PPO)	Local PPO	\$0	\$0	\$600	\$0/\$60	\$550 Days 1-5	DHVW	H2001	087	\$6,700
	UHC Dual Complete WA-S1 (PPO D-SNP)	PPO (Dual-Eligible)	\$0	\$0	\$0	٧	٧	*	H2001	078	\$0
	UHC Dual Complete WA-Q1 (PPO D-SNP)	PPO (Dual-Eligible)	\$0	\$0	\$0	*	٧	٧	H2001	079	\$0
	UHC Dual Complete WA-V2 (PPO D-SNP)	PPO (Dual-Eligible)	\$0	\$0	\$615	٧	٠	٧	H2001	080	\$6,700
	UHC Complete Care V001 (HMO POS D-SNP)	- HMO-POS (Dual Eligible)	\$10	\$0	\$0	*	٧	٧	H5008	015	\$6,700
UnitedHealthcare 1-888-834-3721	UHC Dual Complete WA-S3 (HMO-POS D-SNP)	HMO-POS (Dual- Eligible)	\$0	\$0	\$0	Y	•	y	H5008	018	\$0

1-844-560-4944 www.UHC.com/CommunityPlan	UHC Dual Complete WA-Q2 (HMO-POS D-SNP)	HMO-POS (Dual- Eligible)	\$0	\$0	\$532	*	*	•	H5008	019	\$0
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	*	*	•	H5008	015	\$0
	UHC Dual Complete WA-E001 (PPO I-SNP)	PPO (Institution)	\$0	\$0	\$615	*	*	•	H0710	030	\$0
	UHC Nursing Home Plan WA- F001 (PPO I-SNP)	PPO (Institution)	\$10.50	\$0	\$615	20%/ \$0-20%	\$2000 Per Stay	н٧	H0710	031	\$9,250
	UHC Complete Care WA-13 (HMO-POS C-SNP)	HMO-POS (Chronic)	\$0	\$0	\$355	\$0/\$0-\$35	\$450 Days 1-5	DHVW	H3805	043	\$5,900
Wellcare 1-844-599-0139 https://www.wellcare.com/medicare	Wellpoint Dual Advantage (HMO D-SNP)	Local HMO (Dual Eligible)	\$0.00	\$0.00	\$615.00	\$0/\$0	\$1,716* Days 1-60	DHVW	H1894	011	\$9,250
	Wellpoint Full Dual Advantage (HMO D-SNP)	Local HMO (Dual Eligible) HIDE	\$9.10	\$0.00	\$615.00	\$0/\$0	\$0 Per Stay	DHVW	H1894	002	\$9,250

Additional Information

This list is intended as an overview of Medicare Advantage plans available by county. There are many factors to consider before you enroll in a plan. For detailed information about plan benefits and costs, contact the plan. Plans can offer extra benefits. Most Medicare Advantage plans offer coverage for things that aren't covered by Original Medicare, like vision, hearing, dental and wellness programs (like gym memberships). Plans can now also cover more extra benefits than they have in the past, including services like transportation to doctor visits, over-the-counter drugs, adult day-care services, and other health-related services that promote your health and wellness. Check with the plan to see what benefits are offered and if you qualify.

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.

Types of Medicare health plans

- **Local HMO:** A Health Maintenance Organization available in certain counties only. You generally must get your care and services from doctors, other health care providers, or hospitals in the plan's network (except emergency care, or out-of-area urgent care).
- **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.
- SNP: A Special Needs Plan (SNP) provides benefits and services to people with specific diseases, certain health care needs, or limited incomes.
 - Dual Eligible: Has both Medicare and Medicaid
- PACE: Programs of All-inclusive Care for the Elderly (PACE) PACE is a Medicare and Medicaid program that allows people who otherwise need a nursing home-level of care to remain in the community.

Key to other column headings

- Monthly premium: Cost you pay monthly to enroll in the plan.
- **Monthly premium with full Extra Help:** People with low income who get Extra Help for their drug costs may have a reduced monthly cost to enroll in the plan.
- Annual drug deductible: The maximum amount you must pay for prescriptions before your plan starts to cover them.
- In Network Office Visit/Specialist Visit: Your cost for primary care visit/specialist visit to an in-network provider.
- Hospital co-pays: Your costs if admitted to the hospital
- **Popular benefits offered:** D= Dental; V= Vision; H= Hearing; W= Wellness/Fitness NOTE- Benefits and costs may vary! Check with plan.
- Contract ID & Plan ID: Some plan names are very similar. The Contract and Plan ID identify the specific plan.
- In Network MOOP Amount: Maximum Out-of-Pocket limit. Medicare Advantage Plans have a yearly limit on what you pay out-of-pocket for
- Special Needs Plan Contact the plan to learn more about costs.