

2026 Medicare Advantage Plans, Clark County

Data as of **November 14, 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
AgeRight Advantage 1-844-854-6885 https://agerightadvantage.com	AgeRight Advantage Health Plan (HMO I-SNP)	HMO (Institution)	\$10.50	\$0	\$615	\$0/\$30	\$0	D, H, V	H1372	001	\$9,250
	AgeRight Advantage Plus Health Plan (HMO I-SNP)	HMO (Institution)	\$65	\$54.50	\$300	\$0/\$20	\$325 Daysf 1-7	D H V W	H1372	002	\$6,000
Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA Dual Complete (HMO D-SNP)	Local HMO (Dual Eligible)	\$0	\$0	\$0	♥	♥	♥	H5826	014	\$9,250
	Community Health Plan of WA Dual Select (HMO D-SNP)	Local HMO (Dual Eligible)	\$0	\$0	\$0	♥	♥	♥	H5826	017	\$9,250
Devoted Health 1-800-376-5889 http://www.devoted.com/	Devoted Choice 001 WA (PPO)	Local PPO	\$0	\$0	\$370	\$0/\$45	\$425 Days 1-5	D H V W	H8917	001	\$6,750
	Devoted Choice Giveback 002 WA (PPO)	Local PPO	\$0	\$0	\$605	\$0/\$55	\$475 Days 1-5	D H V W	H8917	002	\$6,750
	Devoted Choice Premium 005 WA (PPO C-SNP)	PPO (Chronic)	\$10.50	\$0	\$615	\$0/\$50	\$505 Days 1-4	D H V W	H8917	005	\$7,050
	Devoted Choice Plus 006 WA (PPO C-SNP)	PPO (Chronic)	\$10.50	\$0	\$615	\$0/\$0	\$0	D H V W	H8917	006	\$9,250
HealthSpring (Cigna) 1-800-313-0973 https://www.healthspring.com/	HealthSpring Preferred (HMO)	Local HMO	\$0	\$0	\$200	\$0/\$10	\$350 Days 1-5	D H V W	H4407	035	\$5,000
	HealthSpring True Choice (PPO)	Local PPO	\$0	\$0	\$250	\$0/\$40	\$375 Days 1-6	D H V W	H7849	152	\$6,800

<p>Humana 1-800-833-2364 www.humana.com/medicare</p>	HumanaChoice H7617-016 (PPO)	Local PPO	\$87	\$76.50	\$615	\$0/\$35	\$325 Days 1-4	D H V W	H7617	016	\$6,750
	HumanaChoice H7617-019 (PPO)	Local PPO	\$0	\$0	\$350	\$0/\$40	\$597 Days 1-4	D H V W	H7617	019	\$7,050
	Humana USAA Honor Giveback (PPO)	Local PPO (No Drug Coverage)	N/A	N/A	N/A	\$0/\$45	\$590 Days 1-4	D H V W	H7617	021	\$9,150
	HumanaChoice H5216-048 (PPO)	Local PPO	\$87	\$76.50	\$615	\$0/\$35	\$325 Days 1-4	D H V W	H5216	048	\$6,750
	Humana Gold Plus H2486-007 (HMO)	Local HMO	\$0	\$0	\$200	\$0/\$45	\$538 Days 1-5	D H V	H2486	007	\$5,900
	Humana Gold Plus H1036-322 (HMO)	Local HMO	\$0	\$0	\$200	\$0/\$40	\$450 Days 1-5	D H V W	H1036	322	\$5,900
	Humana Gold Plus H5619-059 (HMO)	Local HMO	\$54	\$43.50	\$100	\$0/\$40	\$350 Days 1-7	D H V W	H5619	059	\$3,400
	Humana Gold Plus H5619-061 (HMO)	Local HMO	\$63	\$52.50	\$615	\$0/\$40	\$340 Days 1-7	D H V W	H5619	061	\$4,200
	Humana Gold Plus H5619-133 (HMO)	Local HMO	\$0	\$0	\$300	\$0/\$40	\$495 Days 1-5	D H V W	H5619	133	\$6,550
	Humana Gold Plus H5619-174 (HMO)	Local HMO	\$0	\$0	\$200	\$0/\$40	\$450 Days 1-5	D H V W	H5619	174	\$5,900
	HumanaChoice H5216-426 (PPO)	Local PPO	\$0	\$0	\$350	\$0/\$40	\$597 Days 1-4	D H V W	H5216	426	\$7,050
	HumanaChoice H5216-428 (PPO)	Local PPO	\$0	\$0	\$615	\$0/\$35	\$495 Days 1-5	D H V W	H5216	428	\$5,800
	Humana Gold Plus SNP-DE H1036-324 (HMO D-SNP)	Local HMO (Dual Eligible)	\$0	\$0	\$0	♥	♥	♥	H1036	324	\$9,200
Humana Gold Plus SNP-DE H1036-326 (HMO D-SNP)	Local HMO (Dual Eligible)	\$0	\$0	\$0	♥	♥	♥	H1036	326	\$9,200	

Humana 1-800-833-2364 www.humana.com/medicare	Humana Dual Select H5619-165 (HMO D-SNP)	Local HMO (Dual Eligible)	\$8	\$0	\$615	♥	♥	♥	H5619	165	\$9,250
	Humana Gold Plus SNP-DE H5619-166 (HMO D-SNP)	Local HMO (Dual Eligible)	\$0	\$0	\$0	♥	♥	♥	H5619	166	\$9,250
	Humana Gold Plus SNP-DE H5619-167 (HMO D-SNP)	Local HMO (Dual Eligible)	\$0	\$0	\$0	♥	♥	♥	H5619	167	\$0
	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	HMO (Chronic)	\$0	\$0	\$615	\$0/\$15	\$360 Days 1-4	D H V W	H1036	306	\$5,500
	Humana Together in Health (PPO I-SNP)	PPO (Institution)	\$1	\$0	\$615	\$0/20%	\$611 Days 1-4	D H V	H5216	402	\$9,250
	Humana USAA Honor Giveback (PPO)	Local PPO (No Drug Coverage)	\$0	N/A	N/A	\$0/\$45	\$590 Days 1-4	D H V W	H5216	427	\$9,150
	Humana USAA Honor Giveback (PPO)	Local PPO (No Drug Coverage)	\$0	N/A	N/A	\$0/\$40	\$480 Days 1-5	D H V W	H5216	455	\$5,100
Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Senior Advantage Value (HMO-POS)	HMO-POS	\$0	\$0	\$0	\$0/\$45	\$320 Days 1-6	H V W	H9003	009	\$5,500
	Kaiser Permanente Senior Advantage Standard (HMO-POS)	HMO-POS	\$37.00	\$0	\$0	\$0/\$20	\$250 Days 1-6	H V W	H9003	006	\$4,500
	Kaiser Permanente Senior Advantage Enhanced (HMO-POS)	HMO-POS	\$119	\$0	\$0	\$0/\$20	\$200 Days 1-6	H V W	H9003	001	\$3,500
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	HMO D-SNP	\$0	\$0	\$615	♥	♥	♥	H5823	013-002	\$9,200
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual Eligible)	\$0	\$0	\$0	♥	♥	♥	H5823	010	\$9,250

Providence Medicare Advantage Plans 1-800-457-6064 http://www.providencehealthassurance.com/	Providence Medicare Extra + Rx (HMO)	Local HMO	\$161	N/A	\$0.00	\$0/\$20	\$250 Days 1-5	D H V W	H9047	064	\$4,200
	Providence Medicare Timber + Rx (HMO)	Local HMO	\$0.00	\$0.00	\$250.00	\$0/\$40	\$450 Days 1-4	D H V W	H9047	054	\$6,750
	Providence Medicare Reverence (HMO-POS)	Local HMO (No Drug Coverage)	\$25	N/A	N/A	\$15/\$30	\$300 Days 1-6	D H V W	H9047	035	\$6,750
	Providence Medicare Focus Medical (HMO)	Local HMO (No Drug Coverage)	\$120	\$0.00	N/A	\$0/\$20	\$250 Days 1-5	D H V W	H9047	033	\$4,200
Regence BlueShield 1-888-369-3171 http://www.regence.com/medicare	Regence MedAdvantage + Rx Primary (PPO)	Local PPO	\$79	\$68.50	\$550	\$0/\$45	\$450 Days 1-5	D H V W	H3817	011-3	\$6,700
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$134	\$123.50	\$500	\$0/\$40	\$425 Days 1-4	D H V W	H3817	008-4	\$6,000
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$214	\$203.50	\$200	\$0/\$30	\$300 Days 1-6	D H V W	H3817	009-2	\$5,400
	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	N/A	\$0.00	N/A	\$0/\$40	\$370 Days 1-4	D H V W	H3817	010	\$5,300

UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage Essentials from UHC WA-6 (HMO-POS)	Local HMO-POS	\$0	\$0	\$355	\$0/\$50	\$455 Days 1-5	D H V W	H3805	017	\$6,300
	AARP Medicare Advantage Extras from UHC WA-14 (HMO-POS)	Local HMO-POS	\$0	\$0	\$440	\$0/\$55	\$550 Days 1-5	D, H, V, W	H3805	044	\$6,700
	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO-POS	\$27.50	\$16	\$355	\$0/\$40	\$495 Days 1-5	D H V W	H3805	015	\$5,900
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO-POS	\$79	\$68.50	\$355	\$0/\$35	\$395 Days 1-7	D H V W	H3805	037	\$4,900
	AARP Medicare Advantage Access from UHC WA-11 (PPO)	PPO	\$354	\$343.50	\$600	\$0/\$55	\$550 Days 1-5	D, H, V, W	H2001	138	\$3,000
	AARP Medicare Advantage from UHC WA-0002 (PPO)	PPO	\$22	\$12	\$600	\$0/\$55	\$550 Days 1-4	D H V W	H1278	029	\$8,500
	AARP Medicare Advantage from UHC WA-0004 (PPO)	PPO	\$43	\$32.50	\$600	\$0/\$55	\$450 Days 1-5	D H V W	H1278	032	\$6,700
	AARP Medicare Advantage from UHC WA-12 (PPO)	PPO	\$0	\$0	\$600	\$0/\$60	\$550 Days 1-5	D H V W	H2001	087	\$6,700
	AARP® Medicare Advantage Extras from UHC WA-15 (HMO-POS)	Local HMO-POS	\$0	\$0	\$520	\$0/\$60	\$495 Days 1-5	D H V W	H3805	043	\$6,700
	AARP Medicare Advantage from UHC WA-16 (PPO)	PPO	\$56	\$45.50	\$600	\$0/\$50	\$425 Days 1-5	D H V W	H2001	136	\$6,700
	AARP Medicare Advantage Patriot No Rx WA-MA01 (PPO)	Local PPO (No Drug Coverage)	\$0	N/A	N/A	\$0/\$60	\$550 Days 1-5	D H V W	H1278	031	\$6,700

UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-S1 (PPO D-SNP)	PPO (Dual-Eligible)	\$0	\$0	\$0	♥	♥	♥	H2001	078	\$0
	UHC Dual Complete WA-Q1 (PPO D-SNP)	PPO (Dual-Eligible)	\$0	\$0	\$0	♥	♥	♥	H2001	079	\$0
	UHC Dual Complete WA-V2 (PPO D-SNP)	PPO (Dual-Eligible)	\$0	\$0	\$0	♥	♥	♥	H2001	080	\$6,700
	UHC Complete Care V001 (HMO-POS D-SNP)	HMO-POS (Dual Eligible)	\$0	\$0	\$0	♥	♥	♥	H5008	015	\$6,700
	UHC Dual Complete WA-S3 (HMO-POS D-SNP)	HMO-POS (Dual Eligible)	\$0	\$0	\$0	♥	♥	♥	H5008	018	\$0
	UHC Dual Complete WA-Q2 (HMO-POS D-SNP)	HMO-POS (Dual Eligible)	\$0	\$0	\$532	♥	♥	♥	H5008	019	\$0
	UHC Dual Complete WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$0	\$0	\$615	\$0/\$35	\$350 Days 1-7	D H V	H0710	030	\$4,000
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$10.50	\$0	\$615	20%/ \$0-20%	\$2000 Per Stay	H V	H0710	031	\$9,250
Wellcare 1-844-480-0680 https://www.wellcare.com/medicare	Wellcare Giveback HMO-POS	HMO-POS	\$0	\$0	\$615	\$0/\$30	\$475 Days 1-5	D H V W	H0029	009	\$9,250
	Wellcare Simple (HMO-POS)	HMO-POS	\$0	\$0	\$615	\$0/\$15	\$450 Days 1-5	D H V W	H0029	011	\$6,500
	Wellcare Low Premium Open (PPO)	Local PPO	\$59	\$48.50	\$615	\$0/\$30	\$475 Days 1-5	D H V	H5439	019	\$7,000
	Wellcare Giveback Open (PPO)	Local PPO	\$0	\$0	\$615	\$0/\$50	\$475 Days 1-5	D H V W	H5439	015	\$9,250

Wellcare 1-844-599-0139 https://www.wellcare.com/medicare	Wellcare Dual Liberty Sync (HMO-POS D-SNP)	HMO-POS (Dual Eligible)	\$0	\$0	\$0	♥	♥	♥	H5965	004	\$9,250
	Wellcare Dual Access Open (PPO D-SNP)	PPO D-SNP (Dual Eligible)	\$0	\$0	\$0	♥	♥	♥	H5965	006	\$9,250
	Wellcare Dual Liberty Sync (HMO-POS D-SNP)	HMO-POS (Dual Eligible)	\$0	\$0	\$0	♥	♥	♥	H0029	007	\$9,250
	Wellcare Dual Access (PPO D-SNP)	PPO D-SNP (Dual Eligible)	\$0	\$0	\$0	♥	♥	♥	H0029	008	\$9,250
	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS (Dual Eligible)	\$6	\$0	\$615	♥	♥	♥	H0029	010	\$6,500
	Wellcare Patriot Giveback Open (PPO)	PPO (No drug Coverage)	\$0	N/A	N/A	\$0/\$25	\$550 Days 1-3	D H V W	H5965	003	\$5,700
Wellpoint 1-844-618-1920 shop.wellpoint.com/medicare	Wellpoint Dual Advantage (HMO D-SNP)	Local HMO (Dual Eligible)	\$0	\$0	\$0	♥	♥	♥	H1894	011	\$9,250
	Wellpoint Full Dual Advantage (HMO D-SNP)	Local HMO (Dual Eligible) HIDE	\$9.10	\$0	\$0	♥	♥	♥	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
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- **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
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- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.

