

2026 Medicare Advantage Plans, Stevens County

Data as of **November 12, 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 |
|--|--|------------------------------|-----------------|--------------------------------------|------------------------|---|--------------------|-----------------------------------|-------------|---------|------------------------|
| Humana 1-800-833-2364 www.humana.com/medicare | HumanaChoice H7617-016 (PPO) | Local PPO | \$87 | \$76.50 | \$615 | \$0/\$35 | \$325 Days 1-4 | D H V W | H7617 | 016 | \$6,750 |
| | 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 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 | \$9,250 |
| | 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 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 |
| Community Health Plan of WA 1-800-944-1247 http://medicare.chpw.org/ | Community Health Plan of WA Medicare Advantage | Local HMO (Dual-Eligible) | \$0 | \$0 | \$545 | ♥ | ♥ | ♥ | H5826 | 014 | ♥ |
| | Community Health Plan of WA Medicare Advantage | Local HMO (Dual-Eligible) | \$0 | \$0 | \$545 | ♥ | ♥ | ♥ | H5826 | 017 | ♥ |

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|--|--|---------------------------|-----|-----|-------|----------|-------------------|---------|-------|---------|---------|
| 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 |
| Wellcare 1-844-480-0680 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 Access (PPO D-SNP) | PPO D-SNP (Dual Eligible) | \$0 | \$0 | \$0 | ♥ | ♥ | ♥ | H0029 | 008 | \$9,250 |
| | 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 |

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.