## 2026 Medicare Advantage Plans, Thurston County

Data as of October 20, 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	Drug	Primary Doctor 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 http://www.AetnaMedicare.com	Aetna Medicare Extra Value (HMO-POS)	Local HMO	\$0	\$0	\$590	\$0 / \$0- \$45	\$410 Days 1-5	D, H, V, W	H3748	003	\$6,750
	Aetna Medicare Sound Advantage (HMO-POS)	Local HMO	\$0	\$0	\$590	\$0 / \$0- \$40	\$400 Days 1-5	D, H, V, W	H3931	126	\$6,750
	Aetna Medicare SmartFit (PPO)	Local PPO	\$0	\$0	\$590	\$0 / \$0- \$45	\$425 Days 1-5	D, H, V, W	H5521	431	\$6,900
	Aetna Medicare Enhanced (PPO)	Local PPO	\$48	\$22	\$500	\$0/\$50	\$425 Days 1-5	DHVW	H5521	687	\$6,900
	Aetna Medicare Eagle (PPO)	Local PPO (No Drug Coverage)	\$0	N/A	N/A	\$0 / \$0-\$35	\$425 Days 1-5	D, H, V, W	H5521	330	\$5,500
Community Health Plan of WA 1-800-944-1247 http://medicare.chpw.org/	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	*	•	*	H5826	014	•
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	*	*	*	H5826	017	•

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	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	\$74	\$615	\$0/\$35	\$325 Days 1 - 4	DHVW	H5216	048	\$6,750
	Humana Gold Plus H5619-061 (HMO)	Local HMO	\$63	\$24	\$615	\$0/\$40	\$340 Days 1-7	DHVW	H5619	061	\$4,200
	Humana Gold Plus H5619-133 (HMO)	Local HMO	\$0	\$0	\$300	\$0/\$40	\$495 Days 1-5	DHVW	H5619	133	\$6,550
	Humana Gold Plus Giveback H1036-319 (HMO)	Local HMO	\$0	\$0	\$615	\$0/\$50	\$489 Days 1-5	DHVW	H1036	319	\$8,800
Humana 1-800-833-2364	HumanaChoice H5216-426 (PPO)	Local PPO	\$0	\$0	\$350	\$0/\$40	\$597 Days 1-4	DHVW	H5216	426	\$7,050
www.humana.com/medicare	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)	Local HMO (Dual Eligible)	\$8	\$0	\$615	*	•	•	H5619	165	\$9,250
		Local HMO (Dual Eligible)	\$0	\$0	\$0	>	•	•	H5619	166	\$9,250
		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
		Local HMO (Dual Eligible)	\$0	\$0	\$0	•	•	•	H1036	326	\$9,200
	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	HMO (Chronic)	\$0	\$0	\$615	\$0/\$15	\$360 Days 1-4	DHVW	H1036	306	\$5,500

Humana Continued from Page 2 1-800-833-2364 www.humana.com/medicare	Humana Together in Health (PPO I-SNP)	PPO (Institution)	\$1	\$0	\$615	\$0/20%	\$611 Days 1-4	DHV	H5216	402	\$9,250
	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
	Humana USAA Honor Giveback (PPO)	Local PPO (No Drug Coverage)	\$0	N/A	N/A	\$0/\$45	\$590 Days 1-4	DHVW	H5216	427	\$9,150
Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$99	N/A	N/A	\$0/\$30	\$270 Days 1-3	DVW	H5050	001	\$4,200
	Kaiser Permanente Medicare Advantage Optimal (HMO)	Local HMO	\$358	\$50	\$0	\$0/\$20	\$190 Days 1-5	DVW	H5050	004	\$3,150
	Kaiser Permanente Medicare Advantage Essential Thu (HMO)	Local HMO	\$69	\$0	\$0	\$0/\$35	\$350 Days 1-5	DHVW	H5050	027	\$4,950
Molina Healthcare of Washington, Inc.	Molina Medicare Complete Care (HMO D-SNP)	HMO D-SNP	\$0	\$0	\$615	*	*	•	H5823	013- 002	\$9,200
1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33	\$0	\$545	*	*	*	H5823	010	*
Premera Blue Cross Medicare Advantage	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0	\$0	\$160	\$5 / \$40	\$450 Days 1-4	D - V - H	H7245	001	\$6,500
1-888-868-7767 http://premera.com/ma	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$54	\$21	\$0	\$0 / \$30	\$350 Days 1-4	D - V - H	H7245	002	\$5,000
SCAN Health Plan	SCAN Classic WA (HMO)	Local HMO	\$0	\$0	\$250	\$0/\$35	\$450 Days 1-5	DHVW	H4026	001	\$6,700
1-833-712-4363 www.scanhealthplan.com	SCAN MyChoice WA (HMO)	Local HMO	\$0	\$0	\$250	\$0/\$35	\$440 Days 1-5	DHVW	H4026	002	\$6,700

	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	HMO-POS	\$38	\$28	\$355	\$0/\$40	\$495 Days 1-5	DHVW	H3805	015	\$5,900
	AARP Medicare Advantage Essentials from UHC WA-6 (HMO-POS)	HMO-POS	\$0	\$0	\$355	\$0/\$50	\$455 Days 1-5	DHVW	H3805	017	\$6,300
	AARP Medicare Advantage from UHC WA-0002 (PPO)	Local PPO	\$22	\$12	\$600	\$0/\$55	\$550 Days1-4	DHVW	H1278	029	\$8,500
	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	DHVW	H1278	031	\$6,700
	AARP Medicare Advantage Essentials from UHC WA-7 (HMO-POS)	HMO-POS	\$0	\$0	\$355	\$0/\$40	\$450 Days 1-5	DHVW	H3805	032	\$5,900
UnitedHealthcare (AARP) 1-800-555-5757	AARP Medicare Advantage from UHC WA-0004 (PPO)	Local PPO	\$39.00	\$0.00	\$0.00	\$0 / \$0-35	\$365 Days 1-4	D - V - H	H1278	032	\$6,000
www.aarpmedicareplans.com	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 Extras from UHC WA-15 (HMO-POS)	HMO-POS	\$0	\$0	\$520	\$0/\$60	\$495 Days 1-5	DHVW	H3805	043	\$6,700
	AARP Medicare Advantage Extras from UHC WA-14 (HMO- POS)	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-12 (PPO)	Local PPO	\$0	\$0	\$600	\$0/\$60	\$550 Days 1-5	DHVW	H2001	087	\$6,700
	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 Access from UHC WA-11 (PPO)	Local PPO	\$354	\$129	\$600	\$0/\$55	\$550 Days 1-5	D, H, V, W	H2001	138	\$3,000
	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	DHVW	H1278	031	\$6,700

UnitedHealthcare 1-888-834-3721 www.uhcmedicaresolutions.com	UHC Dual Complete WA-S6 (HMO-POS D-SNP)	HMO-POS (Dual Eligible)	\$0	\$0	\$615	٧	٧	•	H5008	002	\$4,000
	UHC Complete Care V001 (HMO POS D-SNP)	PPO (Dual-Eligible)	\$10	\$0	\$0	٠	٠	•	H5008	015	\$0
	UHC Dual Complete WA-Q2 (HMO-POS D-SNP)	HMO-POS (Dual Eligible)	\$0	\$0	\$532	٠	٧	•	H5008	019	\$9,250
	UHC Dual Complete WA-S5 (PPO D-SNP)	PPO (Dual-Eligible)	\$0	\$0	\$615	٧	٧	•	H2001	051	\$0
	UHC Dual Complete WA-Q1 (PPO D-SNP)	PPO (Dual-Eligible)	\$0	\$0	\$615	•	٠	•	H2001	079	\$0
	UHC Dual Complete WA-V2 (PPO D-SNP)	PPO (Dual-Eligible)	\$0	\$0	\$615	٧	٧	•	H2001	080	\$6,700
	UHC Dual Complete WA-E001 (PPO I-SNP)	PPO (Institution)	\$0	\$0	\$615	\$0/\$35	\$350 Days 1-7	DHV	H0710	030	\$4,000
	UHC Nursing Home Plan WA- F001 (PPO I-SNP)	PPO (Institution)	\$11	\$0	\$615	20%/ \$0-20%	\$2000 Per Stay	HV	H0710	031	\$9,250

Wellcare 1-800-960-2530	Wellcare Giveback HMO-POS	HMO-POS	\$0	\$0	\$615	\$0/\$30	\$475 Days 1-5	DHVW	H0029	009	\$9,250
	Wellcare Simple (HMO-POS)	HMO-POS	\$0	\$0	\$615	\$0/\$15	\$450 Days 1-5	DHVW	H0029	011	\$6,500
	Wellcare Dual Reserve (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	\$615	*	>	*	H0029	007	\$9,250
	Wellcare Dual Liberty Sync Open (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	\$0	*	*	•	H0029	010	\$6,500
	Wellcare Patriot Giveback Open	PPO (No drug Coverage)	\$0	N/A	N/A	\$0/\$25	\$550 Days 1-3	DHVW	H5965	003	\$5,700
Wellpoint 1-833-668-0683 https://shop.wellpoint.com/medicare	Wellpoint Dual Advantage (HMO D-SNP)		\$0	\$0	\$0	*	*	*	H1894	011	\$9,250
	I(HM() D-SNP)	Local HMO (Dual Eligible) HIDE	\$9	\$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
- **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.