

2024 Medicare Advantage Plans, Adams County

Data as of September 5, 2023. Includes 2024 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 MA Plan 4 (HMO)	Local HMO	\$105.00	\$65.50	\$0.00	\$0 / \$40	\$500 Days 1-4	D - V	H5826	009	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	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	♥
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351

Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700

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.

2024 Medicare Advantage Plans, Asotin County

Data as of September 5, 2023. Includes 2024 approved contracts/plans.

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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
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Regence BlueShield Of Idaho 1-888-369-3171 www.regence.com/medicare	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$325 Days 1-6	D - V - H	H1304	001	\$5,500
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$116.00	\$82.10	\$0.00	\$0 / \$30	\$295 Days 1-5	D - V - H	H1304	004	\$5,000
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$83.00	\$39.80	\$200.00	\$0 / \$30	\$395 Days 1-4	D - V - H	H1304	012	\$5,500
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥

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.

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- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.

2024 Medicare Advantage Plans, Benton County

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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
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Extra Value Plan (HMO-POS)	Local HMO	\$12.00	\$0.00	\$150.00	\$0 / \$35	\$395 Days 1-5	D - V - H	H3931	149	\$6,500
	Aetna Medicare Value Plus Plan (HMO-POS)	Local HMO	\$23.00	\$0.00	\$400.00	\$0 / \$35	\$375 Days 1-5	D - V - H	H3931	165	\$6,500
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$425 Days 1-5	D - V - H	H5521	330	\$5,500
	Aetna Medicare Choice Plan (PPO)	Local PPO	\$19.00	\$11.90	\$150.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H5521	379	\$6,400
	Aetna Medicare SmartFit Plan (PPO)	Local PPO	\$0.00	\$0.00	\$250.00	\$0 / \$40	\$400 Days 1-5	D - V - H	H5521	423	\$6,800
Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	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	♥

Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-047 (PPO)	Local PPO	\$100.00	\$99.20	\$320.00	\$10 / \$45	\$300 Days 1-5	D - V - H	H5216	047	\$6,700
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-133 (HMO)	Local HMO	\$25.00	\$0.00	\$250.00	\$0 / \$45	\$395 Days 1-5	D - V - H	H5619	133	\$6,700
	Humana Value Plus H5619-134 (HMO)	Local HMO	\$34.00	\$0.00	\$545.00	20% / 20%	\$2080 per stay	D - V - H	H5619	134	\$8,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Providence Medicare Advantage Plans 1-888-226-7338 https://healthplans.providence.org/medicare/	Providence Medicare Reverence (HMO-POS)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$15 / \$30	\$300 Days 1-6	D - V - H	H9047	035	\$4,500
	Providence Medicare Cottonwood + Rx (HMO-POS)	Local HMO	\$35.00	\$0.00	\$0.00	\$0 / \$35	\$325 Days 1-6	D - V - H	H9047	062	\$4,800
	Providence Medicare Pine + Rx (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$395 Days 1-4	D - V - H	H9047	063	\$5,500
UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$0 / \$0-30	\$475 Days 1-5	D - V - H	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$84.00	\$43.40	\$0.00	\$0 / \$0-25	\$350 Days 1-7	D - V - H	H3805	037	\$4,200

UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$40.60	\$0.00	\$0.00	♥	♥	♥	H0710	030	♥
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$29.90	\$0.00	\$545.00	♥	♥	♥	H0710	031	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700

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Types of Medicare health plans

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- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.

2024 Medicare Advantage Plans, Chelan County

Data as of September 5, 2023. Includes 2024 approved contracts/plans.

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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
Asuris Northwest Health 1-888-369-3172 https://www.asuris.com/medicare/home	Asuris Esteem (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$350 Days 1-5	D - V - H	H5010	001	\$5,000
	Asuris TruAdvantage + Rx Primary (PPO)	Local PPO	\$16.00	\$0.00	\$300.00	\$20 / \$45	\$450 Days 1-5	D - V - H	H5010	008	\$7,100
	Asuris TruAdvantage + Rx Classic (PPO)	Local PPO	\$84.00	\$43.40	\$200.00	\$0 / \$35	\$360 Days 1-5	D - V - H	H5010	009	\$5,800
Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Plan 4 (HMO)	Local HMO	\$105.00	\$65.50	\$0.00	\$0 / \$40	\$500 Days 1-4	D - V	H5826	009	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	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	♥

Health Alliance Northwest 1-877-561-1463 www.healthalliancemedicare.org	Health Alliance NW Companion Rx (HMO)	Local HMO	\$74.00	\$69.30	\$0.00	\$10 / \$40	\$475 Days 1-4	D - V - H	H3471	001	\$5,900
	Health Alliance NW Companion Rx Plus (HMO)	Local HMO	\$109.00	\$109.00	\$0.00	\$0 / \$30	\$425 Days 1-4	D - V - H	H3471	002	\$5,500
	Health Alliance NW Companion HMO (HMO)	Local HMO (No Drug Coverage)	\$33.00	N/A	N/A	\$15 / \$50	\$495 Days 1-4	D - V - H	H3471	003	\$6,300
	Health Alliance NW Companion Basic Rx (HMO)	Local HMO	\$40.00	\$32.40	\$0.00	\$20 / \$40	\$495 Days 1-4	D - V - H	H3471	010	\$6,300
	Health Alliance NW Companion Basic Rx 2 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$10 / \$40	\$480 Days 1-4	D - V - H	H3471	017	\$6,650
	Health Alliance NW Companion POS Rx (HMO-POS)	Local HMO	\$49.00	\$49.00	\$175.00	\$15 / \$40	\$500 Days 1-4	D - V - H	H3471	018	\$6,950
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- **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

2024 Medicare Advantage Plans, Clallam County

Data as of September 5, 2023. Includes 2024 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 MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	014	♥
	Community Health Plan of WA MA Plan 1 (HMO)	Local HMO	\$0.00	\$0.00	\$230.00	\$0 / \$50	\$500 Days 1-4	D	H5826	016	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	017	♥
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900

UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700

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.

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- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.

2024 Medicare Advantage Plans, Clark County

Data as of September 5, 2023. Includes 2024 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
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Elite Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$35	\$325 Days 1-5	D - V - H	H3748	006	\$5,500
	Aetna Medicare SmartFit Elite Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$350 Days 1-5	D - V - H	H3748	013	\$4,900
	Aetna Medicare Choice Plan (PPO)	Local PPO	\$39.00	\$10.90	\$150.00	\$0 / \$50	\$395 Days 1-5	D - V - H	H5521	127	\$6,200
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$425 Days 1-5	D - V - H	H5521	330	\$5,500
Cigna 1-800-313-0973 http://www.cignamedicare.com/	Cigna Preferred Medicare (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$25	\$350 Days 1-5	D - V - H	H7389	002	\$4,900
	Cigna True Choice Medicare (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$25	\$395 Days 1-4	D - V - H	H7849	055	\$5,600
Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Freedom Plan (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$500 Days 1-4	D - V	H5826	006	\$8,850
	Community Health Plan of WA MA Plan 3 (HMO)	Local HMO	\$79.00	\$38.40	\$0.00	\$0 / \$40	\$500 Days 1-4	D - V	H5826	008	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	014	♥
	Community Health Plan of WA MA Plan 1 (HMO)	Local HMO	\$0.00	\$0.00	\$230.00	\$0 / \$50	\$500 Days 1-4	D	H5826	016	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	017	♥

Humana 1-800-833-2364 www.humana.com/medicare	Humana Gold Plus H2486-007 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$390 Days 1-5	D - V - H	H2486	007	\$5,900
	HumanaChoice H5216-047 (PPO)	Local PPO	\$100.00	\$99.20	\$320.00	\$10 / \$45	\$300 Days 1-5	D - V - H	H5216	047	\$6,700
	HumanaChoice H5216-247 (PPO)	Local PPO	\$0.00	\$0.00	\$125.00	\$0 \$30	\$495 Days 1-4	D - V - H	H5216	247	\$6,500
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-056 (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$5 / \$50	\$440 Days 1-4	D - V - H	H5619	056	\$7,000
	Humana Gold Plus H5619-059 (HMO)	Local HMO	\$60.00	\$60.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	059	\$2,900
	Humana Value Plus H5619-134 (HMO)	Local HMO	\$34.00	\$0.00	\$545.00	20% / 20%	\$2080 per stay	D - V - H	H5619	134	\$8,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
	Humana Gold Plus - Diabetes (HMO C-SNP)	Local HMO (Chronic Condition)	\$0.00	\$0.00	\$250.00	♥	♥	♥	H5619	154	♥
Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Senior Advantage Enhanced (HMO-POS)	Local HMO	\$131.00	\$90.40	\$0.00	\$0 / \$20	\$270 Days 1-6	D - V - H	H9003	001	\$3,000
	Kaiser Permanente Senior Advantage Standard (HMO-POS)	Local HMO	\$46.00	\$5.40	\$0.00	\$0 / \$35	\$320 Days 1-6	D - V - H	H9003	006	\$4,650
	Kaiser Permanente Senior Advantage Value (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$35	\$320 Days 1-6	D - V - H	H9003	009	\$5,000

Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
PacificSource Medicare 1-888-863-3637 www.medicare.pacificsource.com	PacificSource Medicare MyCare Choice 30 (HMO-POS)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$0	\$425 Days 1-5	D - V - H	H3864	030	\$3,950
	PacificSource Medicare MyCare Choice Rx 34 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$0-25	\$315 Days 1-7	D - V - H	H3864	034	\$5,700
	PacificSource Medicare MyCare Rx 40 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$0-30	\$380 Days 1-5	D - V - H	H3864	040	\$5,500
	PacificSource Medicare Explorer Rx 11 (PPO)	Local PPO	\$0.00	\$0.00	\$150.00	\$0-10 / \$0-35	\$350 Days 1-5	D - V - H	H4754	011	\$6,000
Providence Medicare Advantage Plans 1-888-226-7338 https://healthplans.providence.org/medicare/	Providence Medicare Focus Medical (HMO)	Local HMO (No Drug Coverage)	\$128.00	N/A	N/A	\$0 / \$20	\$250 Days 1-5	D - V - H	H9047	033	\$3,400
	Providence Medicare Reverence (HMO-POS)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$15 / \$30	\$300 Days 1-6	D - V - H	H9047	035	\$4,500
	Providence Medicare Timber + Rx (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$450 Days 1-4	D - V - H	H9047	054	\$5,500
	Providence Medicare Bridge + Rx (HMO-POS)	Local HMO	\$29.00	\$0.00	\$0.00	\$0 / \$30	\$325 Days 1-6	D - V - H	H9047	059	\$4,700
	Providence Medicare Extra + Rx (HMO)	Local HMO	\$155.00	\$114.40	\$0.00	\$0 / \$20	\$250 Days 1-5	D - V - H	H9047	064	\$3,400
	Providence Medicare Choice + Rx (HMO-POS)	Local HMO	\$71.00	\$30.40	\$0.00	\$15 / \$30	\$300 Days 1-6	D - V - H	H9047	065	\$4,500

Regence BlueCross BlueShield of Oregon 1-888-369-3171 www.regence.com/medicare	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$72.00	\$44.10	\$0.00	\$0 / \$30	\$395 Days 1-4	D - V - H	H3817	008	\$5,600
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$151.00	\$110.40	\$0.00	\$0 / \$25	\$300 Days 1-5	D - V - H	H3817	009	\$5,000
	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$370 Days 1-4	D - V - H	H3817	010	\$5,000
	Regence MedAdvantage + Rx Primary (PPO)	Local PPO	\$22.00	\$14.50	\$200.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H3817	011	\$6,200
	Regence Valiance (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$25	\$375 Days 1-4	D - V - H	H6237	006	\$4,900
	Regence BlueAdvantage HMO (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$35	\$425 Days 1-5	D - V - H	H6237	007	\$5,500
	Regence BlueAdvantage HMO Plus (HMO)	Local HMO	\$41.00	\$29.90	\$100.00	\$0 / \$25	\$375 Days 1-4	D - V - H	H6237	008	\$4,700
UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0002 (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$0-45	\$390 Days 1-5	D - V - H	H1278	029	\$6,300
	AARP Medicare Advantage Patriot No Rx WA-MA01 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$495 Days 1-5	D - V - H	H1278	031	\$5,500
	AARP Medicare Advantage from UHC WA-0004 (PPO)	Local PPO	\$39.00	\$0.00	\$0.00	\$0 / \$35	\$365 Days 1-4	D - V - H	H1278	032	\$6,000
	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$0 / \$0-30	\$475 Days 1-5	D - V - H	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0006 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$0-45	\$390 Days 1-5	D - V - H	H3805	017	\$6,300
	AARP Medicare Advantage from UHC WA-0007 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$0-30	\$390 Days 1-4	D - V - H	H3805	032	\$5,900
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$84.00	\$43.40	\$0.00	\$0 / \$0-25	\$350 Days 1-7	D - V - H	H3805	037	\$4,200

UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$40.60	\$0.00	\$0.00	♥	♥	♥	H0710	030	♥
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$29.90	\$0.00	\$545.00	♥	♥	♥	H0710	031	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700
Wellcare by Health Net 1-844-917-0175 http://www.wellcare.com/healthnetOR	Wellcare Giveback Open (PPO)	Local PPO	\$0.00	\$0.00	\$545.00	\$20 / \$50	\$405 Days 1-5	D - V - H	H5439	015	\$8,850
	Wellcare Low Premium Open (PPO)	Local PPO	\$24.00	\$8.50	\$350.00	\$0 / \$30	\$400 Days 1-6	D - V - H	H5439	019	\$5,900

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2024 Medicare Advantage Plans, Columbia County

Data as of September 5, 2023. Includes 2024 approved contracts/plans.

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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
AMERIGROUP (changes to Wellpoint in 2024) 1-855-593-0910 https://shop.amerigroup.com/medicare/	Wellpoint Dual Advantage (HMO D-SNP)	Local HMO (Dual-Eligible)	\$29.20	\$0.00	\$545.00	♥	♥	♥	H1894	002	♥
Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-048 (PPO)	Local PPO	\$200.00	\$159.40	\$545.00	\$0 / \$30	\$325 Days 1-4	D - V - H	H5216	048	\$6,700
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-061 (HMO)	Local HMO	\$72.00	\$72.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	061	\$3,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351

Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$147.00	\$111.40	\$200.00	\$0 / \$35	\$350 Days 1-5	D - V - H	H5009	002	\$5,400
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥

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.

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Types of Medicare health plans

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 - **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.
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 - **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.

2024 Medicare Advantage Plans, Cowlitz County

Data as of September 5, 2023. Includes 2024 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
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Elite Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$35	\$325 Days 1-5	D - V - H	H3748	006	\$5,500
	Aetna Medicare SmartFit Elite Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$350 Days 1-5	D - V - H	H3748	013	\$4,900
	Aetna Medicare Choice Plan (PPO)	Local PPO	\$39.00	\$10.90	\$150.00	\$0 / \$50	\$395 Days 1-5	D - V - H	H5521	127	\$6,200
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$425 Days 1-5	D - V - H	H5521	330	\$5,500
Cigna 1-800-313-0973 http://www.cignamedicare.com/	Cigna Preferred Medicare (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$25	\$350 Days 1-5	D - V - H	H7389	002	\$4,900
	Cigna True Choice Medicare (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$25	\$395 Days 1-4	D - V - H	H7849	055	\$5,600
Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Freedom Plan (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$500 Days 1-4	D - V	H5826	006	\$8,850
	Community Health Plan of WA MA Plan 3 (HMO)	Local HMO	\$79.00	\$38.40	\$0.00	\$0 / \$40	\$500 Days 1-4	D - V	H5826	008	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	014	♥
	Community Health Plan of WA MA Plan 1 (HMO)	Local HMO	\$0.00	\$0.00	\$230.00	\$0 / \$50	\$500 Days 1-4	D	H5826	016	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	017	♥

Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-047 (PPO)	Local PPO	\$100.00	\$99.20	\$320.00	\$10 / \$45	\$300 Days 1-5	D - V - H	H5216	047	\$6,700
	HumanaChoice H5216-247 (PPO)	Local PPO	\$0.00	\$0.00	\$125.00	\$0 \$30	\$495 Days 1-4	D - V - H	H5216	247	\$6,500
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-056 (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$5 / \$50	\$440 Days 1-4	D - V - H	H5619	056	\$7,000
	Humana Gold Plus H5619-059 (HMO)	Local HMO	\$60.00	\$60.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	059	\$2,900
	Humana Value Plus H5619-134 (HMO)	Local HMO	\$34.00	\$0.00	\$545.00	20% / 20%	\$2080 per stay	D - V - H	H5619	134	\$8,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
	Humana Gold Plus - Diabetes (HMO C-SNP)	Local HMO (Chronic Condition)	\$0.00	\$0.00	\$250.00	♥	♥	♥	H5619	154	♥
Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Senior Advantage Enhanced (HMO-POS)	Local HMO	\$131.00	\$90.40	\$0.00	\$0 / \$30	\$200 Days 1-3	D - V - H	H9003	001	\$3,000
	Kaiser Permanente Senior Advantage Standard (HMO-POS)	Local HMO	\$46.00	\$5.40	\$0.00	\$0 / \$35	\$320 Days 1-6	D - V - H	H9003	006	\$4,650
	Kaiser Permanente Senior Advantage Value (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$35	\$320 Days 1-6	D - V - H	H9003	009	\$5,000

Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Premera Blue Cross Medicare Advantage 1-888-868-7767 http://premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$160.00	\$5 / \$40	\$450 Days 1-4	D - V - H	H7245	001	\$6,500
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$54.00	\$20.90	\$0.00	\$0 / \$30	\$350 Days 1-4	D - V - H	H7245	002	\$5,000
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$147.00	\$111.40	\$200.00	\$0 / \$35	\$350 Days 1-5	D - V - H	H5009	002	\$5,400
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900

UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0002 (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H1278	029	\$6,300
	AARP Medicare Advantage Patriot No Rx WA-MA01 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$495 Days 1-5	D - V - H	H1278	031	\$5,500
	AARP Medicare Advantage from UHC WA-0004 (PPO)	Local PPO	\$39.00	\$0.00	\$0.00	\$0 / \$35	\$365 Days 1-4	D - V - H	H1278	032	\$6,000
	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$0 / \$30	\$475 Days 1-5	D - V - H	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0006 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H3805	017	\$6,300
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$84.00	\$43.40	\$0.00	\$0 / \$25	\$350 Days 1-7	D - V - H	H3805	037	\$4,200
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$40.60	\$0.00	\$0.00	♥	♥	♥	H0710	030	♥
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$29.90	\$0.00	\$545.00	♥	♥	♥	H0710	031	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥

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.

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- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.

2024 Medicare Advantage Plans, Douglas County

Data as of September 5, 2023. Includes 2024 approved contracts/plans.

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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 MA Plan 4 (HMO)	Local HMO	\$105.00	\$65.50	\$0.00	\$0/\$40	\$500 Days 1-4	D - V	H5826	009	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	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	♥
Health Alliance Northwest 1-877-561-1463 www.healthalliancemedicare.org	Health Alliance NW Companion Rx (HMO)	Local HMO	\$74.00	\$69.30	\$0.00	\$10 / \$40	\$475 Days 1-4	D - V - H	H3471	001	\$5,900
	Health Alliance NW Companion Rx Plus (HMO)	Local HMO	\$109.00	\$109.00	\$0.00	\$0 / \$30	\$425 Days 1-4	D - V - H	H3471	002	\$5,500
	Health Alliance NW Companion HMO (HMO)	Local HMO (No Drug Coverage)	\$33.00	N/A	N/A	\$15 / \$50	\$325 Days 1-4	D - V - H	H3471	003	\$6,300
	Health Alliance NW Companion Basic Rx (HMO)	Local HMO	\$40.00	\$32.40	\$0.00	\$20 / \$40	\$495 Days 1-4	D - V - H	H3471	010	\$6,300
	Health Alliance NW Companion Basic Rx 2 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$10 / \$40	\$480 Days 1-4	D - V - H	H3471	017	\$6,650
	Health Alliance NW Companion POS Rx (HMO-POS)	Local HMO	\$49.00	\$49.00	\$175.00	\$15 / \$40	\$500 Days 1-4	D - V - H	H3471	018	\$6,950

Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥

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- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.

2024 Medicare Advantage Plans, Ferry County

Data as of September 5, 2023. Includes 2024 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
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700

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

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- **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.
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 - **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.
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- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.

2024 Medicare Advantage Plans, Franklin County

Data as of September 5, 2023. Includes 2024 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
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Extra Value Plan (HMO-POS)	Local HMO	\$12.00	\$0.00	\$150.00	\$0 / \$35	\$395 Days 1-5	D - V - H	H3931	149	\$6,500
	Aetna Medicare Value Plus Plan (HMO-POS)	Local HMO	\$23.00	\$0.00	\$400.00	\$0 / \$35	\$375 Days 1-5	D - V - H	H3931	165	\$6,500
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$425 Days 1-5	D - V - H	H5521	330	\$5,500
	Aetna Medicare Choice Plan (PPO)	Local PPO	\$19.00	\$11.90	\$150.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H5521	379	\$6,400
	Aetna Medicare SmartFit Plan (PPO)	Local PPO	\$0.00	\$0.00	\$250.00	\$0 / \$40	\$400 Days 1-5	D - V - H	H5521	423	\$6,800
Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	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	♥

Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-047 (PPO)	Local PPO	\$100.00	\$99.20	\$320.00	\$10 / \$45	\$300 Days 1-5	D - V - H	H5216	047	\$6,700
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-133 (HMO)	Local HMO	\$25.00	\$0.00	\$250.00	\$0 / \$45	\$395 Days 1-5	D - V - H	H5619	133	\$6,700
	Humana Value Plus H5619-134 (HMO)	Local HMO	\$34.00	\$0.00	\$545.00	20% / 20%	\$2080 per stay	D - V - H	H5619	134	\$8,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Providence Medicare Advantage Plans 1-888-226-7338 https://healthplans.providence.org/medicare/	Providence Medicare Reverence (HMO-POS)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$15 / \$30	\$300 Days 1-6	D - V - H	H9047	035	\$4,500
	Providence Medicare Cottonwood + Rx (HMO-POS)	Local HMO	\$35.00	\$0.00	\$0.00	\$0 / \$35	\$325 Days 1-6	D - V - H	H9047	062	\$4,800
	Providence Medicare Pine + Rx (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$395 Days 1-4	D - V - H	H9047	063	\$5,500

UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0003 (PPO)	Local PPO	\$25.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H1278	030	\$6,300
	AARP Medicare Advantage Patriot No Rx WA-MA01 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$495 Days 1-5	D - V - H	H1278	031	\$5,500
	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$0 / \$30	\$475 Days 1-5	D - V - H	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$84.00	\$43.40	\$0.00	\$0 / \$25	\$350 Days 1-7	D - V - H	H3805	037	\$4,200
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$40.60	\$0.00	\$0.00	♥	♥	♥	H0710	030	♥
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$29.90	\$0.00	\$545.00	♥	♥	♥	H0710	031	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥

Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700

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.

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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.
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 - **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
-
- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.

2024 Medicare Advantage Plans, Garfield County

Data as of September 5, 2023. Includes 2024 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 H5216-048 (PPO)	Local PPO	\$200.00	\$159.40	\$545.00	\$0 / \$30	\$325 Days 1-4	D - V - H	H5216	048	\$6,700
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-061 (HMO)	Local HMO	\$72.00	\$72.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	061	\$3,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥

Additional Information

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- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.

2024 Medicare Advantage Plans, Grant County

Data as of September 5, 2023. Includes 2024 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 MA Plan 4 (HMO)	Local HMO	\$105.00	\$65.50	\$0.00	\$0 / \$40	\$500 Days 1-4	D - V	H5826	009	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	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	♥
Health Alliance Northwest 1-877-561-1463 www.healthalliancemedicare.org	Health Alliance NW Companion Rx (HMO)	Local HMO	\$74.00	\$69.30	\$0.00	\$10 / \$40	\$475 Days 1-4	D - V - H	H3471	001	\$5,900
	Health Alliance NW Companion Rx Plus (HMO)	Local HMO	\$109.00	\$109.00	\$0.00	\$0 / \$30	\$425 Days 1-4	D - V - H	H3471	002	\$5,500
	Health Alliance NW Companion HMO (HMO)	Local HMO (No Drug Coverage)	\$33.00	N/A	N/A	\$15 / \$50	\$325 Days 1-4	D - V - H	H3471	003	\$6,300
	Health Alliance NW Companion Basic Rx (HMO)	Local HMO	\$40.00	\$32.40	\$0.00	\$20 / \$40	\$495 Days 1-4	D - V - H	H3471	010	\$6,300
	Health Alliance NW Companion Basic Rx 2 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$10 / \$40	\$480 Days 1-4	D - V - H	H3471	017	\$6,650
	Health Alliance NW Companion POS Rx (HMO-POS)	Local HMO	\$49.00	\$49.00	\$175.00	\$15 / \$40	\$500 Days 1-4	D - V - H	H3471	018	\$6,950

Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700	

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.

2024 Medicare Advantage Plans, Grays Harbor County

Data as of September 5, 2023. Includes 2024 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
AMERIGROUP (changes to Wellpoint in 2024) 1-855-593-0910 https://shop.amerigroup.com/medicare/	Wellpoint Dual Advantage (HMO D-SNP)	Local HMO (Dual-Eligible)	\$29.20	\$0.00	\$545.00	♥	♥	♥	H1894	002	♥
Community Health Plan of WA 1-800-944-1247 https://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	♥
Kaiser Permanente 1-800-598-2296 http://kp.org/medicare <i>These Kaiser plans are available to people living in Grays Harbor county ZIP codes 98541, 98557, 98559, and 98568.</i>	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$76.00	N/A	N/A	\$0 / \$30	\$200 Days 1-3	D - V - H	H5050	001	\$4,200
	Kaiser Permanente Medicare Advantage Optimal (HMO)	Local HMO	\$327.00	\$286.40	\$0.00	\$0 / \$20	\$190 Days 1-2	D - V - H	H5050	004	\$3,150
	Kaiser Permanente Medicare Advantage Essential (HMO)	Local HMO	\$94.00	\$53.40	\$0.00	\$0 / \$30	\$260 Days 1-4	D - V - H	H5050	009	\$4,100
	Kaiser Permanente Medicare Advantage Vital (HMO)	Local HMO	\$34.00	\$0.00	\$0.00	\$0 / \$30	\$275 Days 1-5	D - V - H	H5050	013	\$5,600
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351

Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900

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.

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- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.

2024 Medicare Advantage Plans, Island County

Data as of September 5, 2023. Includes 2024 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 H5216-047 (PPO)	Local PPO	\$100.00	\$99.20	\$320.00	\$10 / \$45	\$300 Days 1-5	D - V - H	H5216	047	\$6,700
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Value Plus H5619-134 (HMO)	Local HMO	\$34.00	\$0.00	\$545.00	20% / 20%	\$2080 per stay	D - V - H	H5619	134	\$8,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$76.00	N/A	N/A	\$0 / \$30	\$200 Days 1-3	D - V - H	H5050	001	\$4,200
	Kaiser Permanente Medicare Advantage Harbor (HMO)	Local HMO	\$59.00	\$18.40	\$150.00	\$10 / \$30	\$325 Days 1-5	D - V - H	H5050	017	\$5,800
	Kaiser Permanente Medicare Advantage Key (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$35	\$375 Days 1-5	D - V - H	H5050	022	\$6,600
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351

Premera Blue Cross Medicare Advantage 1-888-868-7767 http://premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$160.00	\$5 / \$40	\$450 Days 1-4	D - V - H	H7245	001	\$6,500
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$54.00	\$20.90	\$0.00	\$0 / \$30	\$350 Days 1-4	D - V - H	H7245	002	\$5,000
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$147.00	\$111.40	\$200.00	\$0 / \$35	\$350 Days 1-5	D - V - H	H5009	002	\$5,400
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900
UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0002 (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H1278	029	\$6,300
	AARP Medicare Advantage Patriot No Rx WA-MA01 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$495 Days 1-5	D - V - H	H1278	031	\$5,500
	AARP Medicare Advantage from UHC WA-0004 (PPO)	Local PPO	\$39.00	\$0.00	\$0.00	\$0 / \$35	\$365 Days 1-4	D - V - H	H1278	032	\$6,000
	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$0 / \$30	\$475 Days 1-5	D - V - H	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0006 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H3805	017	\$6,300
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$84.00	\$43.40	\$0.00	\$0 / \$25	\$350 Days 1-7	D - V - H	H3805	037	\$4,200
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥

Additional Information

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2024 Medicare Advantage Plans, Jefferson County

Data as of September 5, 2023. Includes 2024 approved contracts/plans.

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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
AMERIGROUP (changes to Wellpoint in 2024) 1-855-593-0910 https://shop.amerigroup.com/medicare/	Wellpoint Dual Advantage (HMO D-SNP)	Local HMO (Dual-Eligible)	\$29.20	\$0.00	\$545.00	♥	♥	♥	H1894	002	♥
Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	014	♥
	Community Health Plan of WA MA Plan 1 (HMO)	Local HMO	\$0.00	\$0.00	\$230.00	\$0 / \$50	\$500 Days 1-4	D	H5826	016	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	017	♥
Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-048 (PPO)	Local PPO	\$200.00	\$159.40	\$545.00	\$0 / \$30	\$325 Days 1-4	D - V - H	H5216	048	\$6,700
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-061 (HMO)	Local HMO	\$72.00	\$72.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	061	\$3,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥

Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥

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2024 Medicare Advantage Plans, King County

Data as of September 5, 2023. Includes 2024 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
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Extra Value Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$410 Days 1-5	D - V - H	H3748	003	\$6,500
	Aetna Medicare Platinum Plus Plan (HMO-POS)	Local HMO	\$43.00	\$16.50	\$150.00	\$0 / \$50	\$400 Days 1-5	D - V - H	H3748	004	\$7,550
	Aetna Medicare Elite Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H3748	009	\$5,700
	Aetna Medicare Value Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$40	\$400 Days 1-5	D - V - H	H3931	126	\$6,700
	Aetna Medicare Choice Plan (PPO)	Local PPO	\$39.00	\$10.90	\$150.00	\$0 / \$50	\$395 Days 1-5	D - V - H	H5521	127	\$6,200
	Aetna Medicare Select Plan (PPO)	Local PPO	\$89.00	\$48.40	\$150.00	\$0 / \$40	\$375 Days 1-5	D - V - H	H5521	128	\$6,200
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$425 Days 1-5	D - V - H	H5521	330	\$5,500
	Aetna Medicare Preferred Plan (PPO)	Local PPO	\$0.00	\$0.00	\$150.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H5521	380	\$6,900
	Aetna Medicare SmartFit Plan (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$395 Days 1-5	D - V - H	H5521	431	\$6,900

AMERIGROUP (changes to Wellpoint in 2024) 1-855-593-0910 https://shop.amerigroup.com/medicare/	Wellpoint Dual Advantage (HMO D-SNP)	Local HMO (Dual-Eligible)	\$29.20	\$0.00	\$545.00	♥	♥	♥	H1894	002	♥
	Wellpoint Kidney Care (HMO C-SNP)	Local HMO (Chronic Condition)	\$0.00	\$0.00	\$0.00	♥	♥	♥	H1894	008	♥
Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Freedom Plan (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$500 Days 1-4	D - V	H5826	006	\$8,850
	Community Health Plan of WA MA Plan 3 (HMO)	Local HMO	\$79.00	\$38.40	\$0.00	\$0 / \$40	\$500 Days 1-4	D - V	H5826	008	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	014	♥
	Community Health Plan of WA MA Plan 1 (HMO)	Local HMO	\$0.00	\$0.00	\$230.00	\$0 / \$50	\$500 Days 1-4	D	H5826	016	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	017	♥

Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-047 (PPO)	Local PPO	\$100.00	\$99.20	\$320.00	\$10 / \$45	\$300 Days 1-5	D - V - H	H5216	047	\$6,700
	HumanaChoice H5216-247 (PPO)	Local PPO	\$0.00	\$0.00	\$125.00	\$0 \$30	\$495 Days 1-4	D - V - H	H5216	247	\$6,500
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-057 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$25	\$390 Days 1-5	D - V - H	H5619	057	\$5,700
	Humana Gold Plus H5619-059 (HMO)	Local HMO	\$60.00	\$60.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	059	\$2,900
	Humana Value Plus H5619-134 (HMO)	Local HMO	\$34.00	\$0.00	\$545.00	20% / 20%	\$2080 per stay	D - V - H	H5619	134	\$8,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
	Humana Gold Plus SNP-DE H5619-155 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5619	155	♥
International Community Health Services 1-206-462-7100 https://www.ichs.com/	ICHS PACE - Dual Eligible (PACE)	PACE	\$349.50	Contact Plan Administrator for Details					H3084	001	N/A
	ICHS PACE - Medicare Only (PACE)	PACE	\$805.60	Contact Plan Administrator for Details					H3084	002	N/A

Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$76.00	N/A	N/A	\$0 / \$30	\$200 Days 1-3	D - V - H	H5050	001	\$4,200
	Kaiser Permanente Medicare Advantage Optimal (HMO)	Local HMO	\$327.00	\$286.40	\$0.00	\$0 / \$20	\$190 Days 1-2	D - V - H	H5050	004	\$3,150
	Kaiser Permanente Medicare Advantage Essential (HMO)	Local HMO	\$94.00	\$53.40	\$0.00	\$0 / \$30	\$260 Days 1-4	D - V - H	H5050	009	\$4,100
	Kaiser Permanente Medicare Advantage Vital (HMO)	Local HMO	\$34.00	\$0.00	\$0.00	\$0 / \$30	\$275 Days 1-5	D - V - H	H5050	013	\$5,600
	Kaiser Permanente Medicare Advantage Key (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$35	\$375 Days 1-5	D - V - H	H5050	022	\$6,600
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Pacific Northwest PACE Partners 1-253-459-7270 https://pnwpacepartners.org/	PNW PACE Partners- Dual Eligible (PACE)	PACE	\$461.50	Contact Plan Administrator for Details					H3284	001	N/A
	PNW PACE Partners- Medicare Only (PACE)	PACE	\$1,391	Contact Plan Administrator for Details					H3284	002	N/A
Premera Blue Cross Medicare Advantage 1-888-868-7767 http://premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$160.00	\$5 / \$40	\$450 Days 1-4	D - V - H	H7245	001	\$6,500
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$54.00	\$20.90	\$0.00	\$0 / \$30	\$350 Days 1-4	D - V - H	H7245	002	\$5,000
Providence Health System 1-509-482-2475 https://www.providence.org/locations/wa/elderplace-spokane	Providence ElderPlace - Seattle (PACE)	PACE	\$210.30	Contact Plan Administrator for Details					H5007	001	N/A
	Providence ElderPlace - Seattle (PACE)	PACE	\$798.60	Contact Plan Administrator for Details					H5007	002	N/A

Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence BlueAdvantage HMO Plus (HMO)	Local HMO	\$46.00	\$16.20	\$100.00	\$0 / \$30	\$390 Days 1-4	D - V - H	H1997	002	\$6,100
	Regence Valiance (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$390 Days 1-4	D - V - H	H1997	008	\$5,900
	Regence BlueAdvantage HMO (HMO)	Local HMO	\$0.00	\$0.00	\$250.00	\$0 / \$25	\$390 Days 1-5	D - V - H	H1997	012	\$6,300
	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$147.00	\$111.40	\$200.00	\$0 / \$35	\$350 Days 1-5	D - V - H	H5009	002	\$5,400
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Core (PPO)	Local PPO	\$0.00	\$0.00	\$375.00	\$5 / \$35	\$455 Days 1-5	D - V - H	H5009	010	\$7,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$0 / \$30	\$365 Days 1-5	D - V - H	H5009	011	\$6,900
UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0002 (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$0-45	\$390 Days 1-5	D - V - H	H1278	029	\$6,300
	AARP Medicare Advantage Patriot No Rx WA-MA01 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$0-40	\$495 Days 1-5	D - V - H	H1278	031	\$5,500
	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
	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$0 / \$0-30	\$475 Days 1-5	D - V - H	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0006 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$0-45	\$390 Days 1-5	D - V - H	H3805	017	\$6,300
	AARP Medicare Advantage from UHC WA-0007 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$0-30	\$390 Days 1-4	D - V - H	H3805	032	\$5,900
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$84.00	\$43.40	\$0.00	\$0 / \$0-25	\$350 Days 1-7	D - V - H	H3805	037	\$4,200

UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$40.60	\$0.00	\$0.00	♥	♥	♥	H0710	030	♥
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$29.90	\$0.00	\$545.00	♥	♥	♥	H0710	031	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700

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
-
- **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.

2024 Medicare Advantage Plans, Kitsap County

Data as of September 5, 2023. Includes 2024 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
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Extra Value Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$410 Days 1-5	D - V - H	H3748	003	\$6,500
	Aetna Medicare Platinum Plus Plan (HMO-POS)	Local HMO	\$43.00	\$16.50	\$150.00	\$0 / \$50	\$400 Days 1-5	D - V - H	H3748	004	\$7,550
	Aetna Medicare Elite Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H3748	009	\$5,700
	Aetna Medicare Value Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$40	\$400 Days 1-5	D - V - H	H3931	126	\$6,700
	Aetna Medicare Choice Plan (PPO)	Local PPO	\$39.00	\$10.90	\$150.00	\$0 / \$50	\$395 Days 1-5	D - V - H	H5521	127	\$6,200
	Aetna Medicare Select Plan (PPO)	Local PPO	\$89.00	\$48.40	\$150.00	\$0 / \$40	\$375 Days 1-5	D - V - H	H5521	128	\$6,200
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$425 Days 1-5	D - V - H	H5521	330	\$5,500
	Aetna Medicare Preferred Plan (PPO)	Local PPO	\$0.00	\$0.00	\$150.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H5521	380	\$6,900
	Aetna Medicare SmartFit Plan (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$395 Days 1-5	D - V - H	H5521	431	\$6,900
AMERIGROUP (changes to Wellpoint in 2024) 1-855-593-0910 https://shop.amerigroup.com/medicare/	Wellpoint Dual Advantage (HMO D-SNP)	Local HMO (Dual-Eligible)	\$29.20	\$0.00	\$545.00	♥	♥	♥	H1894	002	♥
	Wellpoint Kidney Care (HMO C-SNP)	Local HMO (Chronic Condition)	\$0.00	\$0.00	\$0.00	♥	♥	♥	H1894	008	♥

Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Freedom Plan (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$500 Days 1-4	D - V	H5826	006	\$8,850
	Community Health Plan of WA MA Plan 3 (HMO)	Local HMO	\$79.00	\$38.40	\$0.00	\$0 / \$40	\$500 Days 1-4	D - V	H5826	008	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	014	♥
	Community Health Plan of WA MA Plan 1 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$230.00	\$0 / \$50	\$500 Days 1-4	H5826	016	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	017	♥
Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-047 (PPO)	Local PPO	\$100.00	\$99.20	\$320.00	\$10 / \$45	\$300 Days 1-5	D - V - H	H5216	047	\$6,700
	HumanaChoice H5216-247 (PPO)	Local PPO	\$0.00	\$0.00	\$125.00	\$0 \$30	\$495 Days 1-4	D - V - H	H5216	247	\$6,500
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-057 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$25	\$390 Days 1-5	D - V - H	H5619	057	\$5,700
	Humana Value Plus H5619-134 (HMO)	Local HMO	\$34.00	\$0.00	\$545.00	20% / 20%	\$2080 per stay	D - V - H	H5619	134	\$8,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥

Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$76.00	N/A	N/A	\$0 / \$30	\$200 Days 1-3	D - V - H	H5050	001	\$4,200
	Kaiser Permanente Medicare Advantage Optimal (HMO)	Local HMO	\$327.00	\$286.40	\$0.00	\$0 / \$20	\$190 Days 1-2	D - V - H	H5050	004	\$3,150
	Kaiser Permanente Medicare Advantage Essential (HMO)	Local HMO	\$94.00	\$53.40	\$0.00	\$0 / \$30	\$260 Days 1-4	D - V - H	H5050	009	\$4,100
	Kaiser Permanente Medicare Advantage Vital (HMO)	Local HMO	\$34.00	\$0.00	\$0.00	\$0 / \$30	\$275 Days 1-5	D - V - H	H5050	013	\$5,600
	Kaiser Permanente Medicare Advantage Key (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$35	\$375 Days 1-5	D - V - H	H5050	022	\$6,600
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Premera Blue Cross Medicare Advantage 1-888-868-7767 http://premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$160.00	\$5 / \$40	\$450 Days 1-4	D - V - H	H7245	001	\$6,500
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$54.00	\$20.90	\$0.00	\$0 / \$30	\$350 Days 1-4	D - V - H	H7245	002	\$5,000

Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence BlueAdvantage HMO Plus (HMO)	Local HMO	\$46.00	\$16.20	\$100.00	\$0 / \$30	\$390 Days 1-4	D - V - H	H1997	002	\$6,100
	Regence Valiance (HMO)	Local HMO (No Drug Coverage)	\$82.00	N/A	N/A	\$0 / \$40	\$390 Days 1-4	D - V - H	H1997	008	\$5,900
	Regence BlueAdvantage HMO (HMO)	Local HMO	\$0.00	\$0.00	\$250.00	\$0 / \$30	\$390 Days 1-5	D - V - H	H1997	012	\$6,300
	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$147.00	\$111.40	\$200.00	\$0 / \$35	\$350 Days 1-5	D - V - H	H5009	002	\$5,400
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Core (PPO)	Local PPO	\$0.00	\$0.00	\$375.00	\$5 / \$35	\$455 Days 1-5	D - V - H	H5009	010	\$7,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900
UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0003 (PPO)	Local PPO	\$25.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H1278	030	\$6,300
	AARP Medicare Advantage Patriot No Rx WA-MA01 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$495 Days 1-5	D - V - H	H1278	031	\$5,500
	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$0 / \$30	\$475 Days 1-5	D - V - H	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0006 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H3805	017	\$6,300
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$84.00	\$43.40	\$0.00	\$0 / \$25	\$350 Days 1-7	D - V - H	H3805	037	\$4,200

UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$40.60	\$0.00	\$0.00	♥	♥	♥	H0710	030	♥
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$29.90	\$0.00	\$545.00	♥	♥	♥	H0710	031	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700

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.

2024 Medicare Advantage Plans, Kittitas County

Data as of September 5, 2023. Includes 2024 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 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	♥
Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-047 (PPO)	Local PPO	\$100.00	\$99.20	\$320.00	\$10 / \$45	\$300 Days 1-5	D - V - H	H5216	047	\$6,700
	HumanaChoice H5216-048 (PPO)	Local PPO	\$200.00	\$159.40	\$545.00	\$0 / \$30	\$325 Days 1-4	D - V - H	H5216	048	\$6,700
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351

UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥

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.

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- **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.
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 - **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.

2024 Medicare Advantage Plans, Klickitat County

Data as of September 5, 2023. Includes 2024 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
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351

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.

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Types of Medicare health plans

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 - **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.
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 - **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.

2024 Medicare Advantage Plans, Lewis County

Data as of September 5, 2023. Includes 2024 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
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Extra Value Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$410 Days 1-5	D - V - H	H3748	003	\$6,500
	Aetna Medicare Platinum Plus Plan (HMO-POS)	Local HMO	\$43.00	\$16.50	\$150.00	\$0 / \$50	\$400 Days 1-5	D - V - H	H3748	004	\$7,550
	Aetna Medicare Elite Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H3748	009	\$5,700
	Aetna Medicare Value Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$40	\$400 Days 1-5	D - V - H	H3931	126	\$6,700
	Aetna Medicare Choice Plan (PPO)	Local PPO	\$39.00	\$10.90	\$150.00	\$0 / \$50	\$395 Days 1-5	D - V - H	H5521	127	\$6,200
	Aetna Medicare Select Plan (PPO)	Local PPO	\$89.00	\$48.40	\$150.00	\$0 / \$40	\$375 Days 1-5	D - V - H	H5521	128	\$6,200
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$425 Days 1-5	D - V - H	H5521	330	\$5,500
	Aetna Medicare Preferred Plan (PPO)	Local PPO	\$0.00	\$0.00	\$150.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H5521	380	\$6,900
	Aetna Medicare SmartFit Plan (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$395 Days 1-5	D - V - H	H5521	431	\$6,900
AMERIGROUP (changes to Wellpoint in 2024) 1-855-593-0910 https://shop.amerigroup.com/medicare/	Wellpoint Dual Advantage (HMO D-SNP)	Local HMO (Dual-Eligible)	\$29.20	\$0.00	\$545.00	♥	♥	♥	H1894	002	♥

Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Plan 4 (HMO)	Local HMO	\$105.00	\$65.50	\$0.00	\$0/\$40	\$500 Days 1-4	D - V	H5826	009	\$8,850
	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	♥
Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-048 (PPO)	Local PPO	\$200.00	\$159.40	\$545.00	\$0 / \$30	\$325 Days 1-4	D - V - H	H5216	048	\$6,700
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-061 (HMO)	Local HMO	\$72.00	\$72.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	061	\$3,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$76.00	N/A	N/A	\$0 / \$30	\$200 Days 1-3	D - V - H	H5050	001	\$4,200
	Kaiser Permanente Medicare Advantage Optimal (HMO)	Local HMO	\$327.00	\$286.40	\$0.00	\$0 / \$20	\$190 Days 1-2	D - V - H	H5050	004	\$3,150
	Kaiser Permanente Medicare Advantage Essential (HMO)	Local HMO	\$94.00	\$53.40	\$0.00	\$0 / \$30	\$260 Days 1-4	D - V - H	H5050	009	\$4,100
	Kaiser Permanente Medicare Advantage Vital (HMO)	Local HMO	\$34.00	\$0.00	\$0.00	\$0 / \$30	\$275 Days 1-5	D - V - H	H5050	013	\$5,600

Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Premera Blue Cross Medicare Advantage 1-888-868-7767 http://premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$160.00	\$5 / \$40	\$450 Days 1-4	D - V - H	H7245	001	\$6,500
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$54.00	\$20.90	\$0.00	\$0 / \$30	\$350 Days 1-4	D - V - H	H7245	002	\$5,000
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$147.00	\$111.40	\$200.00	\$0 / \$35	\$350 Days 1-5	D - V - H	H5009	002	\$5,400
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900
UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0003 (PPO)	Local PPO	\$25.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H1278	030	\$6,300
	AARP Medicare Advantage Patriot No Rx WA-MA01 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$495 Days 1-5	D - V - H	H1278	031	\$5,500
	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$0 / \$30	\$475 Days 1-5	D - V - H	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0006 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H3805	017	\$6,300
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$84.00	\$43.40	\$0.00	\$0 / \$25	\$350 Days 1-7	D - V - H	H3805	037	\$4,200

UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$40.60	\$0.00	\$0.00	♥	♥	♥	H0710	030	♥
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$29.90	\$0.00	\$545.00	♥	♥	♥	H0710	031	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700

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.

2024 Medicare Advantage Plans, Lincoln County

Data as of September 5, 2023. Includes 2024 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
AMERIGROUP (changes to Wellpoint in 2024) 1-855-593-0910 https://shop.amerigroup.com/medicare/	Wellpoint Dual Advantage (HMO D-SNP)	Local HMO (Dual-Eligible)	\$29.20	\$0.00	\$545.00	♥	♥	♥	H1894	002	♥
Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-048 (PPO)	Local PPO	\$200.00	\$159.40	\$545.00	\$0 / \$30	\$325 Days 1-4	D - V - H	H5216	048	\$6,700
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-061 (HMO)	Local HMO	\$72.00	\$72.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	061	\$3,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351

UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥

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.

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- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.

2024 Medicare Advantage Plans, Mason County

Data as of September 5, 2023. Includes 2024 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
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Value Plan (HMO-POS)	Local HMO	\$69.00	\$47.40	\$150.00	\$0 / \$45	\$445 Days 1-5	D - V - H	H3748	010	\$7,550
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$425 Days 1-5	D - V - H	H5521	330	\$5,500
	Aetna Medicare Choice Plan (PPO)	Local PPO	\$109.00	\$84.00	\$250.00	\$0 / \$40	\$420 Days 1-5	D - V - H	H5521	393	\$6,700
AMERIGROUP (changes to Wellpoint in 2024) 1-855-593-0910 https://shop.amerigroup.com/medicare/	Wellpoint Dual Advantage (HMO D-SNP)	Local HMO (Dual-Eligible)	\$29.20	\$0.00	\$545.00	♥	♥	♥	H1894	002	♥
Community Health Plan of WA 1-800-944-1247 https://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	♥
Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-048 (PPO)	Local PPO	\$200.00	\$159.40	\$545.00	\$0 / \$30	\$325 Days 1-4	D - V - H	H5216	048	\$6,700
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-061 (HMO)	Local HMO	\$72.00	\$72.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	061	\$3,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥

Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$76.00	N/A	N/A	\$0 / \$30	\$200 Days 1-3	D - V - H	H5050	001	\$4,200
	Kaiser Permanente Medicare Advantage Optimal (HMO)	Local HMO	\$327.00	\$286.40	\$0.00	\$0 / \$20	\$190 Days 1-2	D - V - H	H5050	004	\$3,150
	Kaiser Permanente Medicare Advantage Essential (HMO)	Local HMO	\$94.00	\$53.40	\$0.00	\$0 / \$30	\$260 Days 1-4	D - V - H	H5050	009	\$4,100
	Kaiser Permanente Medicare Advantage Vital (HMO)	Local HMO	\$34.00	\$0.00	\$0.00	\$0 / \$30	\$275 Days 1-5	D - V - H	H5050	013	\$5,600
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$40.60	\$0.00	\$0.00	♥	♥	♥	H0710	030	♥
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$29.90	\$0.00	\$545.00	♥	♥	♥	H0710	031	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥

Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700

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.

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Key to other column headings

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2024 Medicare Advantage Plans, Okanogan County

Data as of September 5, 2023. Includes 2024 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 MA Plan 4 (HMO)	Local HMO	\$105.00	\$65.50	\$0.00	\$0/\$40	\$500 Days 1-4	D - V	H5826	009	\$8,850
	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	♥
Health Alliance Northwest 1-877-561-1463 www.healthalliancemedicare.org	Health Alliance NW Companion Rx (HMO)	Local HMO	\$74.00	\$69.30	\$0.00	\$10 / \$40	\$475 Days 1-4	D - V - H	H3471	001	\$5,900
	Health Alliance NW Companion Rx Plus (HMO)	Local HMO	\$109.00	\$109.00	\$0.00	\$0 / \$30	\$425 Days 1-4	D - V - H	H3471	002	\$5,500
	Health Alliance NW Companion HMO (HMO)	Local HMO (No Drug Coverage)	\$33.00	N/A	N/A	\$15 / \$50	\$325 Days 1-4	D - V - H	H3471	003	\$6,300
	Health Alliance NW Companion Basic Rx (HMO)	Local HMO	\$40.00	\$32.40	\$0.00	\$20 / \$40	\$495 Days 1-4	D - V - H	H3471	010	\$6,300
	Health Alliance NW Companion Basic Rx 2 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$10 / \$40	\$480 Days 1-4	D - V - H	H3471	017	\$6,650
	Health Alliance NW Companion POS Rx (HMO-POS)	Local HMO	\$49.00	\$49.00	\$175.00	\$15 / \$40	\$500 Days 1-4	D - V - H	H3471	018	\$6,950
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥

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- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.

2024 Medicare Advantage Plans, Pacific County

Data as of September 5, 2023. Includes 2024 approved contracts/plans.

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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 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	♥
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥

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

2024 Medicare Advantage Plans, Pend Oreille County

Data as of September 5, 2023. Includes 2024 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 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	♥
Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-048 (PPO)	Local PPO	\$200.00	\$159.40	\$545.00	\$0 / \$30	\$325 Days 1-4	D - V - H	H5216	048	\$6,700
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana Gold Plus H5619-061 (HMO)	Local HMO	\$72.00	\$72.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	061	\$3,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351

UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥

Additional Information

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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

2024 Medicare Advantage Plans, Pierce County

Data as of September 5, 2023. Includes 2024 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
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Extra Value Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$40	\$410 day 1-5	D - V - H	H3748	003	\$6,500
	Aetna Medicare Platinum Plus Plan (HMO-POS)	Local HMO	\$43.00	\$16.50	\$150.00	\$0/\$50	\$400 day 1-5	D - V - H	H3748	004	\$7,550
	Aetna Medicare Prime Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$150.00	\$0/\$35	\$370 day 1-5	D - V - H	H3748	008	\$5,900
	Aetna Medicare Elite Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$40	\$395 day 1-5	D - V - H	H3748	009	\$5,700
	Aetna Medicare Value Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$150.00	\$0/\$40	\$400 day 1-5	D - V - H	H3931	126	\$6,700
	Aetna Medicare Choice Plan (PPO)	Local PPO	\$39.00	\$10.90	\$150.00	\$0/\$50	\$395 day 1-5	D - V - H	H5521	127	\$6,200
	Aetna Medicare Select Plan (PPO)	Local PPO	\$89.00	\$48.40	\$150.00	\$0/\$40	\$375 day 1-5	D - V - H	H5521	128	\$6,200
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0/\$35	\$425 day 1-5	D - V - H	H5521	330	\$5,500
	Aetna Medicare Preferred Plan (PPO)	Local PPO	\$0.00	\$0.00	\$150.00	\$0/\$40	\$395 day 1-5	D - V - H	H5521	380	\$6,900
	Aetna Medicare SmartFit Plan (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0/\$45	\$395 day 1-5	D - V - H	H5521	431	\$6,900
AMERIGROUP (changes to Wellpoint in 2024) 1-855-593-0910 https://shop.amerigroup.com/medicare/	Wellpoint Dual Advantage (HMO D-SNP)	Local HMO (Dual-Eligible)	\$29.20	\$0.00	\$545.00	♥	♥	♥	H1894	002	♥
	Wellpoint Kidney Care (HMO C-SNP)	Local HMO (Chronic Condition)	\$0.00	\$0.00	\$0.00	♥	♥	♥	H1894	008	♥

Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Freedom Plan (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0/\$40	\$500 day1-4	D - V - H	H5826	006	\$8,850
	Community Health Plan of WA MA Plan 3 (HMO)	Local HMO	\$79.00	\$38.40	\$0.00	\$0/\$40	\$500 day1-4	D - V	H5826	008	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0/\$50	\$500 day1-4	D	H5826	010	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	014	♥
	Community Health Plan of WA MA Plan 1 (HMO)	Local HMO	\$0.00	\$0.00	\$230.00	\$0/\$50	\$500 day1-4	D	H5826	016	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	017	♥
Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-048 (PPO)	Local PPO	\$200.00	\$159.40	\$545.00	\$0 / \$30	\$325 day1-4	D - V - H	H5216	048	\$6,700
	HumanaChoice H5216-247 (PPO)	Local PPO	\$0.00	\$0.00	\$125.00	\$0/\$30	\$495 day1-5	D - V - H	H5216	247	\$6,500
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0/\$35	\$360 day1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0/\$50	\$495 day1-5	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-061 (HMO)	Local HMO	\$72.00	\$72.00	\$0.00	\$0/\$40	\$295 day1-7	D - V - H	H5619	061	\$3,850
	Humana Gold Plus H5619-100 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$50	\$495 day1-5	D - V - H	H5619	100	\$6,000
	Humana Value Plus H5619-134 (HMO)	Local HMO	\$34.00	\$0.00	\$545.00	20% / 20%	\$2,080 per stay	D - V - H	H5619	134	\$8,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥

Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$76.00	N/A	N/A	\$0/\$30	\$200 day1-3	D - V - H	H5050	001	\$4,200
	Kaiser Permanente Medicare Advantage Optimal (HMO)	Local HMO	\$327.00	\$286.40	\$0.00	\$0/\$20	\$190 day1-2	D - V - H	H5050	004	\$3,150
	Kaiser Permanente Medicare Advantage Essential (HMO)	Local HMO	\$94.00	\$53.40	\$0.00	\$0/\$30	\$260 day1-4	D - V - H	H5050	009	\$4,100
	Kaiser Permanente Medicare Advantage Vital (HMO)	Local HMO	\$34.00	\$0.00	\$0.00	\$0/\$30	\$275 day1-5	D - V - H	H5050	013	\$5,600
	Kaiser Permanente Medicare Advantage Key (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$35	\$375 day1-4	D - V - H	H5050	022	\$6,600
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$40	\$325 Day 1-6	D - V - H	H5823	012	\$6,351
Pacific Northwest PACE Partners 1-253-459-7270 https://pnwpacepartners.org/	PNW PACE Partners- Dual Eligible (PACE)	PACE	\$461.50	Contact Plan Administrator for Details					H3284	001	N/A
	PNW PACE Partners- Medicare Only (PACE)	PACE	\$1,391	Contact Plan Administrator for Details					H3284	002	N/A
PacificSource Medicare 1-888-863-3637 www.medicare.pacificsource.com	PacificSource Medicare MyCare Choice 30 (HMO-POS)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0/\$0	\$425 day1-5	D - V - H	H3864	030	\$3,950
	PacificSource Medicare MyCare Choice Rx 34 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$0-25	\$315 day1-7	D - V - H	H3864	034	\$5,700
	PacificSource Medicare Explorer Rx 11 (PPO)	Local PPO	\$0.00	\$0.00	\$150.00	"\$0-10 / \$0-35"	\$350 day 1-5	D - V - H	H4754	011	\$6,000
	PacificSource Medicare Explorer 12 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A		\$0/\$0	\$250 day1-5	D - V - H	H4754	012

Premera Blue Cross Medicare Advantage 1-888-868-7767 http://premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$160.00	\$5 / \$40	"\$450 Days 1-4"	D - V - H	H7245	001	\$6,500
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$54.00	\$20.90	\$0.00	\$0 / \$30	"\$350 Days 1-4"	D - V - H	H7245	002	\$5,000
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence BlueAdvantage HMO Plus (HMO)	Local HMO	\$46.00	\$16.20	\$100.00	\$0 / \$30	\$390 Days 1-4	D - V - H	H1997	002	\$6,100
	Regence Valiance (HMO)	Local HMO (No Drug Coverage)	\$82.00	N/A	N/A	\$0 / \$40	\$390 Days 1-4	D - V - H	H1997	008	\$5,900
	Regence BlueAdvantage HMO (HMO)	Local HMO	\$0.00	\$0.00	\$250.00	\$0 / \$30	\$390 Days 1-5	D - V - H	H1997	012	\$6,300
	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$147.00	\$111.40	\$200.00	\$0 / \$35	\$350 Days 1-5	D - V - H	H5009	002	\$5,400
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900
UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0003 (PPO)	Local PPO	\$25.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H1278	030	\$6,300
	AARP Medicare Advantage Patriot No Rx WA-MA01 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$495 Days 1-5	D - V - H	H1278	031	\$5,500
	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$0 / \$30	\$475 Days 1-5	D - V - H	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0006 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H3805	017	\$6,300
	AARP Medicare Advantage from UHC WA-0007 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$30	\$390 Days 1-4	D - V - H	H3805	032	\$5,900
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$84.00	\$43.40	\$0.00	\$0 / \$25	\$350 Days 1-7	D - V - H	H3805	037	\$4,200

UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$40.60	\$0.00	\$0.00	♥	♥	♥	H0710	030	♥
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$29.90	\$0.00	\$545.00	♥	♥	♥	H0710	031	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	"\$400 Days 1-5"	D - V - H	H5965	005	\$6,700

Additional Information

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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.
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 - **Annual drug deductible:** The maximum amount you must pay for prescriptions before your plan starts to cover them.
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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.
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 - **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.

2024 Medicare Advantage Plans, San Juan County

Data as of September 5, 2023. Includes 2024 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	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Premera Blue Cross Medicare Advantage 1-888-868-7767 http://premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$160.00	\$5 / \$40	\$450 Days 1-4	D - V - H	H7245	001	\$6,500
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$54.00	\$20.90	\$0.00	\$0 / \$30	\$350 Days 1-4	D - V - H	H7245	002	\$5,000
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥

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.

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2024 Medicare Advantage Plans, Skagit County

Data as of September 5, 2023. Includes 2024 approved contracts/plans.

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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
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Choice Plan (PPO)	Local PPO	\$39.00	\$10.90	\$150.00	\$0 / \$50	\$395 Days 1-5	D - V - H	H5521	127	\$6,200
	Aetna Medicare Select Plan (PPO)	Local PPO	\$89.00	\$48.40	\$150.00	\$0 / \$40	\$375 Days 1-5	D - V - H	H5521	128	\$6,200
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$425 Days 1-5	D - V - H	H5521	330	\$5,500
	Aetna Medicare Preferred Plan (PPO)	Local PPO	\$0.00	\$0.00	\$150.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H5521	380	\$6,900
	Aetna Medicare SmartFit Plan (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$395 Days 1-5	D - V - H	H5521	431	\$6,900
Community Health Plan of WA Medicare Advantage 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Plan 4 (HMO)	Local HMO	\$105.00	\$65.50	\$0.00	\$0 / \$40	\$500 Days 1-4	D - V	H5826	009	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	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	♥

Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-047 (PPO)	Local PPO	\$100.00	\$99.20	\$320.00	\$10 / \$45	\$300 Days 1-5	D - V - H	H5216	047	\$6,700
	HumanaChoice H5216-247 (PPO)	Local PPO	\$0.00	\$0.00	\$125.00	\$0 \$30	\$495 Days 1-4	D - V - H	H5216	247	\$6,500
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-059 (HMO)	Local HMO	\$60.00	\$60.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	059	\$2,900
	Humana Gold Plus H5619-114 (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$55	\$425 Days 1-6	D - V - H	H5619	114	\$6,350
	Humana Value Plus H5619-134 (HMO)	Local HMO	\$34.00	\$0.00	\$545.00	20% / 20%	\$2080 per stay	D - V - H	H5619	134	\$8,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$76.00	N/A	N/A	\$0 / \$30	\$200 Days 1-3	D - V - H	H5050	001	\$4,200
	Kaiser Permanente Medicare Advantage Harbor (HMO)	Local HMO	\$59.00	\$18.40	\$150.00	\$10 / \$30	\$325 Days 1-5	D - V - H	H5050	017	\$5,800
	Kaiser Permanente Medicare Advantage Anchor (HMO)	Local HMO	\$0.00	\$0.00	\$200.00	\$0-35 / \$0-50	\$390 Days 1-4	D - V - H	H5050	023	\$6,600
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351

Premera Blue Cross Medicare Advantage 1-888-868-7767 http://premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$160.00	\$5 / \$40	\$450 Days 1-4	D - V - H	H7245	001	\$6,500
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$54.00	\$20.90	\$0.00	\$0 / \$30	\$350 Days 1-4	D - V - H	H7245	002	\$5,000
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence BlueAdvantage HMO Plus (HMO)	Local HMO	\$46.00	\$16.20	\$100.00	\$0 / \$30	\$390 Days 1-4	D - V - H	H1997	002	\$6,100
	Regence Valiance (HMO)	Local HMO (No Drug Coverage)	\$82.00	N/A	N/A	\$0 / \$40	\$390 Days 1-4	D - V - H	H1997	008	\$5,900
	Regence BlueAdvantage HMO (HMO)	Local HMO	\$0.00	\$0.00	\$250.00	\$0 / \$30	\$390 Days 1-5	D - V - H	H1997	012	\$6,300
	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Core (PPO)	Local PPO	\$0.00	\$0.00	\$375.00	\$5 / \$35	\$455 Days 1-5	D - V - H	H5009	010	\$7,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900
UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0003 (PPO)	Local PPO	\$25.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H1278	030	\$6,300
	AARP Medicare Advantage Patriot No Rx WA-MA01 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$495 Days 1-5	D - V - H	H1278	031	\$5,500
	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$0 / \$30	\$475 Days 1-5	D - V - H	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0006 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H3805	017	\$6,300
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$84.00	\$43.40	\$0.00	\$0 / \$25	\$350 Days 1-7	D - V - H	H3805	037	\$4,200

UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$40.60	\$0.00	\$0.00	♥	♥	♥	H0710	030	♥
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$29.90	\$0.00	\$545.00	♥	♥	♥	H0710	031	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700

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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 H5216-048 (PPO)	Local PPO	\$200.00	\$159.40	\$545.00	\$0 / \$30	\$325 Days 1-4	D - V - H	H5216	048	\$6,700
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-061 (HMO)	Local HMO	\$72.00	\$72.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	061	\$3,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
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	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥

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2024 Medicare Advantage Plans, Snohomish County

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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
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Extra Value Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$410 Days 1-5	D - V - H	H3748	003	\$6,500
	Aetna Medicare Platinum Plus Plan (HMO-POS)	Local HMO	\$43.00	\$16.50	\$150.00	\$0 / \$50	\$400 Days 1-5	D - V - H	H3748	004	\$7,550
	Aetna Medicare Elite Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$410 Days 1-5	D - V - H	H3748	009	\$5,700
	Aetna Medicare Value Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$40	\$400 Days 1-5	D - V - H	H3931	126	\$6,700
	Aetna Medicare Choice Plan (PPO)	Local PPO	\$39.00	\$10.90	\$150.00	\$0 / \$50	\$395 Days 1-5	D - V - H	H5521	127	\$6,200
	Aetna Medicare Select Plan (PPO)	Local PPO	\$89.00	\$48.40	\$150.00	\$0 / \$40	\$375 Days 1-5	D - V - H	H5521	128	\$6,200
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$425 Days 1-5	D - V - H	H5521	330	\$5,500
	Aetna Medicare Preferred Plan (PPO)	Local PPO	\$0.00	\$0.00	\$150.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H5521	380	\$6,900
	Aetna Medicare SmartFit Plan (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$395 Days 1-5	D - V - H	H5521	431	\$6,900
AMERIGROUP (changes to Wellpoint in 2024) 1-855-593-0910 https://shop.amerigroup.com/medicare/	Wellpoint Dual Advantage (HMO D-SNP)	Local HMO (Dual-Eligible)	\$29.20	\$0.00	\$545.00	♥	♥	♥	H1894	002	♥
	Wellpoint Kidney Care (HMO C-SNP)	Local HMO (Chronic Condition)	\$0.00	\$0.00	\$0.00	♥	♥	♥	H1894	008	♥

Community Health Plan of WA Medicare Advantage 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Freedom Plan (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$500 Days 1-4	D - V	H5826	006	\$8,850
	Community Health Plan of WA MA Plan 3 (HMO)	Local HMO	\$79.00	\$38.40	\$0.00	\$0 / \$40	\$500 Days 1-4	D - V	H5826	008	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	014	♥
	Community Health Plan of WA MA Plan 1 (HMO)	Local HMO	\$0.00	\$0.00	\$230.00	\$0 / \$50	\$500 Days 1-4	D	H5826	016	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	017	♥
Humana 1-800-833-2364 www.humana.com/medicare	Humana Gold Plus H2486-006 (HMO)	Local HMO (No Drug Coverage)	\$0.00	\$0.00	\$0.00	\$0 / \$25	\$390 Days 1-4	D - V - H	H2486	006	\$5,900
	HumanaChoice H5216-047 (PPO)	Local PPO	\$100.00	\$99.20	\$320.00	\$10 / \$45	\$300 Days 1-5	D - V - H	H5216	047	\$6,700
	HumanaChoice H5216-247 (PPO)	Local PPO	\$0.00	\$0.00	\$125.00	\$0 \$30	\$495 Days 1-4	D - V - H	H5216	247	\$6,500
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-059 (HMO)	Local HMO	\$60.00	\$60.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	059	\$2,900
	Humana Gold Plus H5619-063 (HMO)	Local HMO	\$0.00	\$0.00	\$500.00	\$20 / \$55	\$565 Days 1-4	D - V - H	H5619	063	\$8,850
	Humana Value Plus H5619-134 (HMO)	Local HMO	\$34.00	\$0.00	\$545.00	20% / 20%	\$2080 per stay	D - V - H	H5619	134	\$8,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
	Humana Gold Plus SNP-DE H5619-155 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5619	155	♥

Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$76.00	N/A	N/A	\$0 / \$30	\$200 Days 1-3	D - V - H	H5050	001	\$4,200
	Kaiser Permanente Medicare Advantage Optimal (HMO)	Local HMO	\$327.00	\$286.40	\$0.00	\$0 / \$20	\$190 Days 1-2	D - V - H	H5050	004	\$3,150
	Kaiser Permanente Medicare Advantage Essential (HMO)	Local HMO	\$94.00	\$53.40	\$0.00	\$0 / \$30	\$260 Days 1-4	D - V - H	H5050	009	\$4,100
	Kaiser Permanente Medicare Advantage Vital (HMO)	Local HMO	\$34.00	\$0.00	\$0.00	\$0 / \$30	\$275 Days 1-5	D - V - H	H5050	013	\$5,600
	Kaiser Permanente Medicare Advantage Key (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$35	\$375 Days 1-5	D - V - H	H5050	022	\$6,600
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Premera Blue Cross Medicare Advantage 1-888-868-7767 http://premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$160.00	\$5 / \$40	\$450 Days 1-4	D - V - H	H7245	001	\$6,500
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$54.00	\$20.90	\$0.00	\$0 / \$30	\$350 Days 1-4	D - V - H	H7245	002	\$5,000
Providence Health System 1-509-482-2475 https://www.providence.org/locations/wa/elderplace-spokane	Providence ElderPlace - Seattle (PACE)	PACE	\$210.30	Contact Plan Administrator for Details					H5007	001	N/A
	Providence ElderPlace - Seattle (PACE)	PACE	\$798.60	Contact Plan Administrator for Details					H5007	002	N/A

Providence Medicare Advantage Plans 1-888-226-7338 https://healthplans.providence.org/medicare/	Providence Medicare Reverence (HMO-POS)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$15 / \$30	\$300 Days 1-6	D - V - H	H9047	035	\$4,500
	Providence Medicare Cottonwood + Rx (HMO-POS)	Local HMO	\$35.00	\$0.00	\$0.00	\$0 / \$35	\$325 Days 1-6	D - V - H	H9047	062	\$4,800
	Providence Medicare Pine + Rx (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$395 Days 1-4	D - V - H	H9047	063	\$5,500
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence BlueAdvantage HMO Plus (HMO)	Local HMO	\$46.00	\$16.20	\$100.00	\$0 / \$30	\$390 Days 1-4	D - V - H	H1997	002	\$6,100
	Regence Valiance (HMO)	Local HMO (No Drug Coverage)	\$82.00	N/A	N/A	\$0 / \$40	\$390 Days 1-4	D - V - H	H1997	008	\$5,900
	Regence BlueAdvantage HMO (HMO)	Local HMO	\$0.00	\$0.00	\$250.00	\$0 / \$30	\$390 Days 1-5	D - V - H	H1997	012	\$6,300
	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$147.00	\$111.40	\$200.00	\$0 / \$35	\$350 Days 1-5	D - V - H	H5009	002	\$5,400
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Core (PPO)	Local PPO	\$0.00	\$0.00	\$375.00	\$5 / \$35	\$455 Days 1-5	D - V - H	H5009	010	\$7,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900

UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0002 (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H1278	029	\$6,300
	AARP Medicare Advantage Patriot No Rx WA-MA01 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$495 Days 1-5	D - V - H	H1278	031	\$5,500
	AARP Medicare Advantage from UHC WA-0004 (PPO)	Local PPO	\$39.00	\$0.00	\$0.00	\$0 / \$35	\$365 Days 1-4	D - V - H	H1278	032	\$6,000
	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$0 / \$30	\$475 Days 1-5	D - V - H	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0006 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H3805	017	\$6,300
	AARP Medicare Advantage from UHC WA-0007 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$30	\$390 Days 1-4	D - V - H	H3805	032	\$5,900
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$84.00	\$43.40	\$0.00	\$0 / \$25	\$350 Days 1-7	D - V - H	H3805	037	\$4,200
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$40.60	\$0.00	\$0.00	♥	♥	♥	H0710	030	♥
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$29.90	\$0.00	\$545.00	♥	♥	♥	H0710	031	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥

Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700

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.

2024 Medicare Advantage Plans, Spokane County

Data as of September 5, 2023. Includes 2024 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
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Value Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$50	\$395 Days 1-5	D - V - H	H3748	001	\$5,500
	Aetna Medicare Elite Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H3748	007	\$5,200
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$425 Days 1-5	D - V - H	H5521	330	\$5,500
	Aetna Medicare Preferred Plan (PPO)	Local PPO	\$0.00	\$0.00	\$150.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H5521	380	\$6,900
	Aetna Medicare SmartFit Plan (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$395 Days 1-5	D - V - H	H5521	431	\$6,900
AMERIGROUP (changes to Wellpoint in 2024) 1-855-593-0910 https://shop.amerigroup.com/medicare/	Wellpoint Dual Advantage (HMO D-SNP)	Local HMO (Dual-Eligible)	\$29.20	\$0.00	\$545.00	♥	♥	♥	H1894	002	♥
	Wellpoint Kidney Care (HMO C-SNP)	Local HMO (Chronic Condition)	\$0.00	\$0.00	\$0.00	♥	♥	♥	H1894	008	♥
Asuris Northwest Health 1-888-369-3172 https://www.asuris.com/medicare/home	Asuris Esteem (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$350 Days 1-5	D - V - H	H5010	001	\$5,000
	Asuris TruAdvantage + Rx Primary (PPO)	Local PPO	\$16.00	\$0.00	\$300.00	\$20 / \$45	\$450 Days 1-5	D - V - H	H5010	008	\$7,100
	Asuris TruAdvantage + Rx Classic (PPO)	Local PPO	\$84.00	\$43.40	\$200.00	\$0 / \$35	\$360 Days 1-5	D - V - H	H5010	009	\$5,800
Cigna 1-800-313-0973 http://www.cignamedicare.com/	Cigna Preferred Medicare (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$25	\$350 Days 1-5	D - V - H	H7389	011	\$4,900

Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Freedom Plan (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$500 Days 1-4	D - V	H5826	006	\$8,850
	Community Health Plan of WA MA Plan 3 (HMO)	Local HMO	\$79.00	\$38.40	\$0.00	\$0 / \$40	\$500 Days 1-4	D - V	H5826	008	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	014	♥
	Community Health Plan of WA MA Plan 1 (HMO)	Local HMO	\$0.00	\$0.00	\$230.00	\$0 / \$50	\$500 Days 1-4	D	H5826	016	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	017	♥
Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-047 (PPO)	Local PPO	\$100.00	\$99.20	\$320.00	\$10 / \$45	\$300 Days 1-5	D - V - H	H5216	047	\$6,700
	HumanaChoice H5216-247 (PPO)	Local PPO	\$0.00	\$0.00	\$125.00	\$0 \$30	\$495 Days 1-4	D - V - H	H5216	247	\$6,500
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-060 (HMO)	Local HMO	\$0.00	\$0.00	\$350.00	\$10/\$65	\$495 Days 1-5	D - V - H	H5619	060	\$6,350
	Humana Value Plus H5619- 134 (HMO)	Local HMO	\$34.00	\$0.00	\$545.00	20% / 20%	\$2080 per stay	D - V - H	H5619	134	\$8,850
	Humana Gold Plus H5619-143 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$50	\$395 Days 1-5	D - V - H	H5619	143	\$5,900
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥

Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$76.00	N/A	N/A	\$0 / \$30	\$200 Days 1-3	D - V - H	H5050	001	\$4,200
	Kaiser Permanente Medicare Advantage Columbia (HMO)	Local HMO	\$64.00	\$23.40	\$0.00	\$0/\$25	\$285 Days 1-4	D - V - H	H5050	019	\$3,950
	Kaiser Permanente Medicare Advantage Centennial (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$25	\$285 Days 1-4	D - V - H	H5050	021	\$4,950
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
PacificSource Medicare 1-888-863-3637 www.medicare.pacificsource.com	PacificSource Medicare MyCare Choice 30 (HMO-POS)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$0	\$425 Days 1-5	D - V - H	H3864	030	\$3,950
	PacificSource Medicare MyCare Choice Rx 34 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$0-25	\$315 Days 1-7	D - V - H	H3864	034	\$5,700
	PacificSource Medicare Explorer Rx 11 (PPO)	Local PPO	\$0.00	\$0.00	\$150.00	\$0-10 / \$0-35	\$350 Days 1-5	D - V - H	H4754	011	\$6,000
	PacificSource Medicare Explorer 12 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$0	\$250 day1-5	D - V - H	H4754	012	\$3,950
Premera Blue Cross Medicare Advantage 1-888-868-7767 http://premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$160.00	\$5 / \$40	\$450 Days 1-4	D - V - H	H7245	001	\$6,500
	Premera Blue Cross Medicare Advantage Total Health (HMO)	Local HMO	\$23.00	\$0.00	\$0.00	\$0 / \$30	\$350 Days 1-4	D - V - H	H7245	005	\$5,000
Providence Health System 1-509-482-2475 https://www.providence.org/locations/wa/elderplace-spokane	Providence ElderPlace - Seattle (PACE)	PACE	\$210.30	Contact Plan Administrator for Details					H7245	001	N/A
	Providence ElderPlace - Seattle (PACE)	PACE	\$798.60	Contact Plan Administrator for Details					H5007	002	N/A

Providence Medicare Advantage Plans 1-888-226-7338 https://healthplans.providence.org/medicare/	Providence Medicare Reverence (HMO-POS)	Local HMO (No Drug Coverage)			N/A	N/A	\$15 / \$30	\$300 Days 1-6	D - V - H	H9047	035	\$4,500
	Providence Medicare Cottonwood + Rx (HMO-POS)	Local HMO	\$35.00	\$0.00	\$0.00	\$0 / \$35	\$325 Days 1-6	D - V - H	H9047	062	\$4,800	
	Providence Medicare Pine + Rx (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$395 Days 1-4	D - V - H	H9047	063	\$5,500	
UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0001 (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0-\$0-40	\$395 Days 1-4	D - V - H	H1278	028	\$6,200	
	AARP Medicare Advantage from UHC WA-0008 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0-\$0-40	\$395 Days 1-4	D - V - H	H3805	033	\$5,500	
	AARP Medicare Advantage from UHC WA-0009 (HMO-POS)	Local HMO	\$42.00	\$1.40	\$0.00	\$0-\$25	\$325 Days 1-5	D - V - H	H3805	034	\$4,200	
	AARP Medicare Advantage Patriot No Rx WA-MA02 (HMO-POS)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0-\$0-40	\$490 Days 1-5	D - V - H	H3805	035	\$5,500	
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥	
	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$40.60	\$0.00	\$0.00	♥	♥	♥	H0710	030	♥	
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$29.90	\$0.00	\$545.00	♥	♥	♥	H0710	031	♥	
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥	
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥	

Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700

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.

2024 Medicare Advantage Plans, Stevens County

Data as of September 5, 2023. Includes 2024 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
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Value Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$50	\$395 Days 1-5	D - V - H	H3748	001	\$5,500
	Aetna Medicare Elite Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H3748	007	\$5,200
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$425 Days 1-5	D - V - H	H5521	330	\$5,500
Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	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	♥
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Premiera Blue Cross Medicare Advantage 1-888-868-7767 http://premera.com/ma	Premiera Blue Cross Medicare Advantage Total Health (HMO)	Local HMO	\$23.00	\$0.00	\$0.00	\$0 / \$30	\$350 Days 1-4	D - V - H	H7245	005	\$5,000

Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700

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.

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- **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.

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 - **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.

2024 Medicare Advantage Plans, Thurston County

Data as of September 5, 2023. Includes 2024 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
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Extra Value Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$410 Days 1-5	D - V - H	H3748	003	\$6,500
	Aetna Medicare Platinum Plus Plan (HMO-POS)	Local HMO	\$43.00	\$16.50	\$150.00	\$0 / \$50	\$400 Days 1-5	D - V - H	H3748	004	\$7,550
	Aetna Medicare Elite Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H3748	009	\$5,700
	Aetna Medicare Value Plan (HMO-POS)	Local HMO	\$39.00	\$10.90	\$150.00	\$0 / \$50	\$395 Days 1-5	D - V - H	H3931	126	\$6,700
	Aetna Medicare Choice Plan (PPO)	Local PPO	\$39.00	\$10.90	\$150.00	\$0 / \$50	\$395 Days 1-5	D - V - H	H5521	127	\$6,200
	Aetna Medicare Select Plan (PPO)	Local PPO	\$89.00	\$48.40	\$150.00	\$0 / \$40	\$375 Days 1-5	D - V - H	H5521	128	\$6,200
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$425 Days 1-5	D - V - H	H5521	330	\$5,500
	Aetna Medicare Preferred Plan (PPO)	Local PPO	\$0.00	\$0.00	\$150.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H5521	380	\$6,900
	Aetna Medicare SmartFit Plan (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$395 Days 1-5	D - V - H	H5521	431	\$6,900
AMERIGROUP (changes to Wellpoint in 2024) 1-855-593-0910 https://shop.amerigroup.com/medicare/	Wellpoint Dual Advantage (HMO D-SNP)	Local HMO (Dual-Eligible)	\$29.20	\$0.00	\$545.00	♥	♥	♥	H1894	002	♥
	Wellpoint Kidney Care (HMO C-SNP)	Local HMO (Chronic Condition)	\$0.00	\$0.00	\$0.00	♥	♥	♥	H1894	008	♥

Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Freedom Plan (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$500 Days 1-4	D - V	H5826	006	\$8,850
	Community Health Plan of WA MA Plan 3 (HMO)	Local HMO	\$79.00	\$38.40	\$0.00	\$0 / \$40	\$500 Days 1-4	D - V	H5826	008	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	014	♥
	Community Health Plan of WA MA Plan 1 (HMO)	Local HMO	\$0.00	\$0.00	\$230.00	\$0 / \$50	\$500 Days 1-4	D	H5826	016	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	017	♥
Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-247 (PPO)	Local PPO	\$0.00	\$0.00	\$125.00	\$0 \$30	\$495 Days 1-4	D - V - H	H5216	247	\$6,500
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-061 (HMO)	Local HMO	\$72.00	\$72.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	061	\$3,850
	Humana Gold Plus H5619-100 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$50	\$495 Days 1-5	D - V - H	H5619	100	\$6,000
	Humana Value Plus H5619- 134 (HMO)	Local HMO	\$34.00	\$0.00	\$545.00	20% / 20%	\$2080 per stay	D - V - H	H5619	134	\$8,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥

Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$76.00	N/A	N/A	\$0 / \$30	\$200 Days 1-3	D - V - H	H5050	001	\$4,200
	Kaiser Permanente Medicare Advantage Optimal (HMO)	Local HMO	\$327.00	\$286.40	\$0.00	\$0 / \$20	\$190 Days 1-2	D - V - H	H5050	004	\$3,150
	Kaiser Permanente Medicare Advantage Essential (HMO)	Local HMO	\$94.00	\$53.40	\$0.00	\$0 / \$30	\$260 Days 1-4	D - V - H	H5050	009	\$4,100
	Kaiser Permanente Medicare Advantage Vital (HMO)	Local HMO	\$34.00	\$0.00	\$0.00	\$0 / \$30	\$275 Days 1-5	D - V - H	H5050	013	\$5,600
	Kaiser Permanente Medicare Advantage Key (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$35	\$375 Days 1-5	D - V - H	H5050	022	\$6,600
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Premera Blue Cross Medicare Advantage 1-888-868-7767 http://premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$160.00	\$5 / \$40	\$450 Days 1-4	D - V - H	H7245	001	\$6,500
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$54.00	\$20.90	\$0.00	\$0 / \$30	\$350 Days 1-4	D - V - H	H7245	002	\$5,000
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$147.00	\$111.40	\$200.00	\$0 / \$35	\$350 Days 1-5	D - V - H	H5009	002	\$5,400
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Core (PPO)	Local PPO	\$0.00	\$0.00	\$375.00	\$5 / \$35	\$455 Days 1-5	D - V - H	H5009	010	\$7,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900

UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0002 (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H1278	029	\$6,300
	AARP Medicare Advantage Patriot No Rx WA-MA01 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$495 Days 1-5	D - V - H	H1278	031	\$5,500
	AARP Medicare Advantage from UHC WA-0004 (PPO)	Local PPO	\$39.00	\$0.00	\$0.00	\$0 / \$35	\$365 Days 1-4	D - V - H	H1278	032	\$6,000
	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$0 / \$30	\$475 Days 1-5	D - V - H	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0006 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H3805	017	\$6,300
	AARP Medicare Advantage from UHC WA-0007 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$30	\$390 Days 1-4	D - V - H	H3805	032	\$5,900
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$84.00	\$43.40	\$0.00	\$0 / \$25	\$350 Days 1-7	D - V - H	H3805	037	\$4,200
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$40.60	\$0.00	\$0.00	♥	♥	♥	H0710	030	♥
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$29.90	\$0.00	\$545.00	♥	♥	♥	H0710	031	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥

Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700

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.

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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.
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Key to other column headings

- **Monthly premium:** Cost you pay monthly to enroll in the plan.
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-
- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.

2024 Medicare Advantage Plans, Wahkiakum County

Data as of September 5, 2023. Includes 2024 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 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	♥
Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-048 (PPO)	Local PPO	\$200.00	\$159.40	\$545.00	\$0 / \$30	\$325 Days 1-4	D - V - H	H5216	048	\$6,700
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-061 (HMO)	Local HMO	\$72.00	\$72.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	061	\$3,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Senior Advantage Enhanced (HMO-POS)	Local HMO	\$131.00	\$90.40	\$0.00	\$0 / \$20	\$270 Days 1-6	D - V - H	H9003	001	\$3,000
	Kaiser Permanente Senior Advantage Standard (HMO-POS)	Local HMO	\$46.00	\$5.40	\$0.00	\$0 / \$35	\$320 Days 1-6	D - V - H	H9003	006	\$4,650
	Kaiser Permanente Senior Advantage Value (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$35	\$320 Days 1-6	D - V - H	H9003	009	\$5,000

Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$147.00	\$111.40	\$200.00	\$0 / \$35	\$350 Days 1-5	D - V - H	H5009	002	\$5,400
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥

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.

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- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.

2024 Medicare Advantage Plans, Walla Walla County

Data as of September 5, 2023. Includes 2024 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
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Extra Value Plan (HMO-POS)	Local HMO	\$12.00	\$0.00	\$150.00	\$0 / \$35	\$395 Days 1-5	D - V - H	H3931	149	\$6,500
	Aetna Medicare Value Plus Plan (HMO-POS)	Local HMO	\$23.00	\$0.00	\$400.00	\$0 / \$35	\$375 Days 1-5	D - V - H	H3931	165	\$6,500
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$425 Days 1-5	D - V - H	H5521	330	\$5,500
	Aetna Medicare Choice Plan (PPO)	Local PPO	\$19.00	\$11.90	\$150.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H5521	379	\$6,400
	Aetna Medicare SmartFit Plan (PPO)	Local PPO	\$0.00	\$0.00	\$250.00	\$0 / \$40	\$400 Days 1-5	D - V - H	H5521	423	\$6,800
Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Plan 4 (HMO)	Local HMO	\$105.00	\$65.50	\$0.00	\$0/\$40	\$500 Days 1-4	D - V	H5826	009	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	014	♥
	Community Health Plan of WA MA Plan 1 (HMO)	Local HMO	\$0.00	\$0.00	\$230.00	\$0 / \$50	\$500 Days 1-4	D	H5826	016	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	017	♥

Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-047 (PPO)	Local PPO	\$100.00	\$99.20	\$320.00	\$10 / \$45	\$300 Days 1-5	D - V - H	H5216	047	\$6,700
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-133 (HMO)	Local HMO	\$25.00	\$0.00	\$250.00	\$0 / \$45	\$395 Days 1-5	D - V - H	H5619	133	\$6,700
	Humana Value Plus H5619-134 (HMO)	Local HMO	\$34.00	\$0.00	\$545.00	20% / 20%	\$2080 per stay	D - V - H	H5619	134	\$8,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Premera Blue Cross Medicare Advantage 1-888-868-7767 http://premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$160.00	\$5 / \$40	\$450 Days 1-4	D - V - H	H7245	001	\$6,500
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$54.00	\$20.90	\$0.00	\$0 / \$30	\$350 Days 1-4	D - V - H	H7245	002	\$5,000
	Premera Blue Cross Medicare Advantage Total Health (HMO)	Local HMO	\$23.00	\$0.00	\$0.00	\$0 / \$30	\$350 Days 1-4	D - V - H	H7245	005	\$5,000

Providence Medicare Advantage Plans 1-888-226-7338 https://healthplans.providence.org/medicare/	Providence Medicare Reverence (HMO-POS)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$15 / \$30	\$300 Days 1-6	D - V - H	H9047	035	\$4,500
	Providence Medicare Cottonwood + Rx (HMO-POS)	Local HMO	\$35.00	\$0.00	\$0.00	\$0 / \$35	\$325 Days 1-6	D - V - H	H9047	062	\$4,800
	Providence Medicare Pine + Rx (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$395 Days 1-4	D - V - H	H9047	063	\$5,500
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$147.00	\$111.40	\$200.00	\$0 / \$35	\$350 Days 1-5	D - V - H	H5009	002	\$5,400
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900
UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$0 / \$30	\$475 Days 1-5	D - V - H	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$84.00	\$43.40	\$0.00	\$0 / \$25	\$350 Days 1-7	D - V - H	H3805	037	\$4,200
UnitedHealthcare 1-888-834-3721 www.uhcmedicaresolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥

Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700

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2024 Medicare Advantage Plans, Whatcom County

Data as of September 5, 2023. Includes 2024 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 Medicare Advantage 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Plan 4 (HMO)	Local HMO	\$105.00	\$65.50	\$0.00	\$0/\$40	\$500 Days 1-4	D - V	H5826	009	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	014	♥
	Community Health Plan of WA MA Plan 1 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$230.00	\$0 / \$50	\$500 Days 1-4	D	016	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	017	♥
Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-047 (PPO)	Local PPO	\$100.00	\$99.20	\$320.00	\$10 / \$45	\$300 Days 1-5	D - V - H	H5216	047	\$6,700
	HumanaChoice H5216-247 (PPO)	Local PPO	\$0.00	\$0.00	\$125.00	\$0 \$30	\$495 Days 1-4	D - V - H	H5216	247	\$6,500
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-059 (HMO)	Local HMO	\$60.00	\$60.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	059	\$2,900
	Humana Gold Plus H5619-114 (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$55	\$425 Days 1-6	D - V - H	H5619	114	\$6,350
	Humana Value Plus H5619-134 (HMO)	Local HMO	\$34.00	\$0.00	\$545.00	20% / 20%	\$2080 per stay	D - V - H	H5619	134	\$8,850
Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥	

Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$76.00	N/A	N/A	\$0 / \$30	\$200 Days 1-3	D - V - H	H5050	001	\$4,200
	Kaiser Permanente Medicare Advantage Harbor (HMO)	Local HMO	\$59.00	\$18.40	\$150.00	\$10 / \$30	\$325 Days 1-5	D - V - H	H5050	017	\$5,800
	Kaiser Permanente Medicare Advantage Anchor (HMO)	Local HMO	\$0.00	\$0.00	\$200.00	\$0-35 / \$0-50	\$390 Days 1-4	D - V - H	H5050	023	\$6,600
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Premera Blue Cross Medicare Advantage 1-888-868-7767 http://premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$160.00	\$5 / \$40	\$450 Days 1-4	D - V - H	H7245	001	\$6,500
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$54.00	\$20.90	\$0.00	\$0 / \$30	\$350 Days 1-4	D - V - H	H7245	002	\$5,000
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence BlueAdvantage HMO Plus (HMO)	Local HMO	\$46.00	\$16.20	\$100.00	\$0 / \$30	\$390 Days 1-4	D - V - H	H1997	002	\$6,100
	Regence Valiance (HMO)	Local HMO (No Drug Coverage)	\$82.00	N/A	N/A	\$0 / \$40	\$390 Days 1-4	D - V - H	H1997	008	\$5,900
	Regence BlueAdvantage HMO (HMO)	Local HMO	\$0.00	\$0.00	\$250.00	\$0 / \$30	\$390 Days 1-5	D - V - H	H1997	012	\$6,300
	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Core (PPO)	Local PPO	\$0.00	\$0.00	\$375.00	\$5 / \$35	\$455 Days 1-5	D - V - H	H5009	010	\$7,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900

UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0003 (PPO)	Local PPO	\$25.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H1278	030	\$6,300
	AARP Medicare Advantage Patriot No Rx WA-MA01 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$495 Days 1-5	D - V - H	H1278	031	\$5,500
	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$0 / \$30	\$475 Days 1-5	D - V - H	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0006 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H3805	017	\$6,300
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$84.00	\$43.40	\$0.00	\$0 / \$25	\$350 Days 1-7	D - V - H	H3805	037	\$4,200
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$40.60	\$0.00	\$0.00	♥	♥	♥	H0710	030	♥
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$29.90	\$0.00	\$545.00	♥	♥	♥	H0710	031	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥

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.

2024 Medicare Advantage Plans, Whitman County

Data as of September 5, 2023. Includes 2024 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
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥

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.

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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.

2024 Medicare Advantage Plans, Yakima County

Data as of September 5, 2023. Includes 2024 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
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Extra Value Plan (HMO-POS)	Local HMO	\$12.00	\$0.00	\$150.00	\$0 / \$35	\$395 Days 1-5	D - V - H	H3931	149	\$6,500
	Aetna Medicare Value Plus Plan (HMO-POS)	Local HMO	\$23.00	\$0.00	\$400.00	\$0 / \$35	\$375 Days 1-5	D - V - H	H3931	165	\$6,500
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$425 Days 1-5	D - V - H	H5521	330	\$5,500
	Aetna Medicare Choice Plan (PPO)	Local PPO	\$19.00	\$11.90	\$150.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H5521	379	\$6,400
	Aetna Medicare SmartFit Plan (PPO)	Local PPO	\$0.00	\$0.00	\$250.00	\$0 / \$40	\$400 Days 1-5	D - V - H	H5521	423	\$6,800
Community Health Plan of WA Medicare Advantage 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Plan 4 (HMO)	Local HMO	\$105.00	\$65.50	\$0.00	\$0 / \$40	\$500 Days 1-4	D - V	H5826	009	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	014	♥
	Community Health Plan of WA MA Plan 1 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$230.00	\$0 / \$50	\$500 Days 1-4	H5826	016	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	017	♥

Health Alliance Northwest 1-877-561-1463 www.healthalliancemedicare.org	Health Alliance NW SignalAdvantage HMO Rx (HMO)	Local HMO	\$32.00	\$17.90	\$0.00	\$10 / \$50	\$325 Days 1-6	D - V - H	H3471	004	\$3,900
	Health Alliance NW SignalAdvantage HMO Rx Plus (HMO)	Local HMO	\$105.00	\$64.40	\$0.00	\$5 / \$35	\$395 Days 1-4	D - V - H	H3471	005	\$2,700
	Health Alliance NW SignalAdvantage HMO (HMO)	Local HMO (No Drug Coverage)	\$20.00	N/A	N/A	\$5 / \$40	\$325 Days 1-6	D - V - H	H3471	006	\$4,900
	Health Alliance NW SignalAdvantage POS Basic Rx (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$45	\$370 Days 1-6	D - V - H	H3471	019	\$3,800
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$147.00	\$111.40	\$200.00	\$0 / \$35	\$350 Days 1-5	D - V - H	H5009	002	\$5,400
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$36.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900
UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0003 (PPO)	Local PPO	\$25.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H1278	030	\$6,300
	AARP Medicare Advantage Patriot No Rx WA-MA01 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$495 Days 1-5	D - V - H	H1278	031	\$5,500
	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$0 / \$30	\$475 Days 1-5	D - V - H	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$84.00	\$43.40	\$0.00	\$0 / \$25	\$350 Days 1-7	D - V - H	H3805	037	\$4,200

UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$40.60	\$0.00	\$0.00	♥	♥	♥	H0710	030	♥
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$29.90	\$0.00	\$545.00	♥	♥	♥	H0710	031	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700

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