

2023 Medicare Advantage Plans, Grays Harbor County

Data as of September 6, 2022. Includes 2023 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	In Network Office Visit/ Specialist Visit	Inpatient Hospital	Dental (D) Wellness (W) Vision (V) Hearing (H)	Contract ID	Plan ID	In Network MOOP Amount
AMERIGROUP 1-855-593-0910 https://shop.amerigroup.com/medicare/	Amerivantage Dual Coordination (HMO D-SNP)	Local HMO (Dual-Eligible)	\$19.40	\$0.00	\$410.00	♥	♥	♥	H1894	002	♥
Community Health Plan of WA Medicare 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA Dual Plan (HMO D-SNP)	Local HMO (Dual-Eligible)	\$41.00	\$0.00	\$505.00	♥	♥	♥	H5826	014	♥
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 Optimal (HMO)	Local HMO	\$296.00	\$255.00	\$0.00	\$0 / \$20	\$200 Days 1-2	D, W, V, H	H5050	004	\$3,150
	Kaiser Permanente Medicare Advantage Essential (HMO)	Local HMO	\$99.00	\$58.00	\$0.00	\$0 / \$35	\$260 Days 1-4	D, W, V, H	H5050	009	\$4,100
	Kaiser Permanente Medicare Advantage Vital (HMO)	Local HMO	\$29.00	\$0.00	\$0.00	\$0 / \$35	\$325 Days 1-5	D, W, V, H	H5050	013	\$5,600
	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$40.00	N/A	N/A	\$0 / \$35	\$200 Days 1-3	D, W, V, H	H5050	001	\$4,200
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$41.00	\$0.00	\$250.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$41.00	\$0.00	\$250.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$125.00	\$0 / \$20	\$295 Days 1-6	D, W, V, H	H5823	011	\$8,300

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Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$153.00	\$113.10	\$250.00	\$5 / \$35	\$350 Days 1-5	D, W, V, H	H5009	002	\$5,400
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$77.00	\$49.40	\$250.00	\$10 / \$35	\$400 Days 1-4	D, W, V, H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Primary (PPO)	Local PPO	\$28.00	\$18.90	\$325.00	\$10 / \$35	\$390 Days 1-5	D, W, V, H	H5009	009	\$6,700
	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-4	D, W, V, H	H5009	001	\$6,200

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.