

2022 Medicare Advantage plans and Special Needs Plans, King County

Disclaimer: The following information provides a high-level overview of Medicare Advantage plans available by county in Washington state. Each plan is different, and you should carefully compare before you decide. SHIBA can help you with that! Call us at 1-800-562-6900 or contact your local SHIBA office. If you prefer to self-serve, you can go the Medicare Plan Finder at: www.medicare.gov. We also recommend you read Medicare Advantage plans: What you need to know before you buy at: www.insurance.wa.gov/media/1805.

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County	Organization Name	Plan Name	Contract ID / Plan ID	Type of Medicare Health Plan	Monthly Premium
King	Aetna Medicare 1-833-859-6031 www.aetnamedicare.com/	Aetna Medicare Value Plus Plan (HMO-POS)	H3748 / 3	Local HMO	\$0.00
		Aetna Medicare Platinum Plus Plan (HMO-POS)	H3748 / 4	Local HMO	\$43.00
		Aetna Medicare Elite Plan (HMO-POS)	H3748 / 9	Local HMO	\$0.00
		Aetna Medicare Value Plan (HMO-POS)	H3931 / 126	Local HMO	\$0.00
		Aetna Medicare Choice Plan (PPO)	H5521 / 127	Local PPO	\$49.00
		Aetna Medicare Select Plan (PPO)	H5521 / 128	Local PPO	\$99.00
		Aetna Medicare Eagle Plan (PPO)	H5521 / 330	Local PPO NO DRUG COVERAGE	\$0.00
	AMERIGROUP 1-855-593-0910 shop.amerigroup.com/medicare/	Amerivantage Classic (HMO)	H1894 / 1	Local HMO	\$0.00
		Amerivantage Dual Coordination (HMO D-SNP)	H1894 / 2	Local HMO / Dual-Eligible	Contact Plan
		Amerivantage Comfort (HMO I-SNP)	H1894 / 7	Local HMO / Institutional	\$0.00
		Amerivantage ESRD Care (HMO C-SNP)	H1894 / 8	Local HMO / Chronic or Disabling Condition	\$0.00
	Community Health Plan of WA Medicare Advantage 1-800-944-1247 www.medicare.chpw.org/	Community Health Plan of WA MA Plan 1 (HMO)	H5826 / 16	Local HMO	\$0.00
		Community Health Plan of WA MA No Rx Plan (HMO)	H5826 / 6	Local HMO NO DRUG COVERAGE	\$0.00
		Community Health Plan of WA MA Plan 3 (HMO)	H5826 / 8	Local HMO	\$68.00
		Community Health Plan of WA MA Plan 2 (HMO)	H5826 / 10	Local HMO	\$40.50
		Community Health Plan of WA Dual Plan (HMO D-SNP)	H5826 / 14	Local HMO / Dual-Eligible	Contact Plan
	Humana 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-247 (PPO)	H5216 / 247	Local PPO	\$0.00
		Humana Honor (PPO)	H5216 / 301	Local PPO NO DRUG COVERAGE	\$0.00
		HumanaChoice H5216-047 (PPO)	H5216 / 47	Local PPO	\$100.00
		Humana Value Plus H5619-134 (HMO)	H5619 / 134	Local HMO	\$26.00
		Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	H5619 / 136	Local HMO / Dual-Eligible	Contact Plan
		Humana Gold Plus H5619-057 (HMO)	H5619 / 57	Local HMO	\$0.00
		Humana Gold Plus H5619-097 (HMO)	H5619 / 97	Local HMO	\$34.00
	Kaiser Permanente 1-800-598-2296 kp.org/wa/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)	H5050 / 1	Local HMO NO DRUG COVERAGE	\$40.00
		Kaiser Permanente Medicare Advantage Vital (HMO)	H5050 / 13	Local HMO	\$29.00
		Kaiser Permanente Medicare Advantage Key (HMO)	H5050 / 22	Local HMO	\$0.00
		Kaiser Permanente Medicare Advantage Optimal (HMO)	H5050 / 4	Local HMO	\$296.00
		Kaiser Permanente Medicare Advantage Essential (HMO)	H5050 / 9	Local HMO	\$99.00
	Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care Select (HMO D-SNP)	H5823 / 10	Local HMO / Dual-Eligible	Contact Plan
		Molina Medicare Choice Care (HMO)	H5823 / 11	Local HMO	\$0.00
Molina Medicare Complete Care (HMO D-SNP)		H5823 / 6	Local HMO / Dual-Eligible	Contact Plan	

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County	Organization Name	Plan Name	Contract ID / Plan ID	Type of Medicare Health Plan	Monthly Premium
King	Premera Blue Cross Medicare Advantage 1-888-868-7767 www.premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	H7245 / 1	Local HMO	\$0.00
		Premera Blue Cross Medicare Advantage Classic (HMO)	H7245 / 2	Local HMO	\$55.00
		Premera Blue Cross Medicare Advantage Classic Plus (HMO)	H7245 / 3	Local HMO	\$170.00
		Premera Blue Cross Medicare Advantage Peak+Rx (HMO)	H9302 / 11	Local HMO	\$0.00
		Premera Blue Cross Medicare Advantage Charter+Rx (HMO)	H9302 / 3	Local HMO	\$110.00
		Premera Blue Cross Medicare Advantage Alpine (HMO)	H9302 / 4	Local HMO NO DRUG COVERAGE	\$24.00
		Premera Blue Cross Medicare Advantage Sound+Rx (HMO)	H9302 / 7	Local HMO	\$35.00
King	Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence BlueAdvantage HMO Plus (HMO)	H1997 / 2	Local HMO	\$48.00
		Regence Valiance (HMO)	H1997 / 8	Local HMO NO DRUG COVERAGE	\$0.00
		Regence BlueAdvantage HMO (HMO)	H1997 / 9	Local HMO	\$0.00
		Regence Valiance (PPO)	H5009 / 1	Local PPO NO DRUG COVERAGE	\$0.00
		Regence MedAdvantage + Rx Core (PPO)	H5009 / 10	Local PPO	\$0.00
		Regence MedAdvantage + Rx Enhanced (PPO)	H5009 / 2	Local PPO	\$158.00
		Regence MedAdvantage + Rx Classic (PPO)	H5009 / 8	Local PPO	\$78.00
		Regence MedAdvantage + Rx Primary (PPO)	H5009 / 9	Local PPO	\$29.00
	UnitedHealthcare 1-800-555-5757 www.aarpmedicareplans.com/	AARP Medicare Advantage Choice Plan 1 (PPO)	H1821 / 2	Local PPO	\$0.00
		AARP Medicare Advantage Patriot (PPO)	H1821 / 4	Local PPO NO DRUG COVERAGE	\$0.00
		AARP Medicare Advantage Choice Plan 2 (PPO)	H1821 / 5	Local PPO	\$36.00
		AARP Medicare Advantage Plan 3 (HMO)	H3805 / 15	Local HMO	\$45.00
		AARP Medicare Advantage Plan 2 (HMO)	H3805 / 17	Local HMO	\$0.00
		AARP Medicare Advantage Walgreens (HMO-POS)	H3805 / 32	Local HMO	\$0.00
		AARP Medicare Advantage Plan 1 (HMO)	H3805 / 37	Local HMO	\$88.00
	UnitedHealthcare 1-888-834-3721 www.uhcmcaresolutions.com/	UnitedHealthcare Assisted Living Plan (PPO I-SNP)	H0710 / 30	Local PPO / Institutional	\$36.80
		UnitedHealthcare Nursing Home Plan (PPO I-SNP)	H0710 / 31	Local PPO / Institutional	\$40.50
		UnitedHealthcare Nursing Home Plan (HMO-POS I-SNP)	H5008 / 1	Local HMO / Institutional	\$40.50
		UnitedHealthcare Dual Complete Select (HMO D-SNP)	H5008 / 15	Local HMO / Dual-Eligible	Contact Plan
		UnitedHealthcare Dual Complete (HMO D-SNP)	H5008 / 2	Local HMO / Dual-Eligible	Contact Plan

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King	Wellcare 1-844-917-0175 www.wellcare.com/medicare	Wellcare Dual Access (HMO D-SNP)	H1353 / 2	Local HMO / Dual-Eligible	Contact Plan
		Wellcare Dual Liberty (HMO D-SNP)	H1353 / 4	Local HMO / Dual-Eligible	Contact Plan
		Wellcare No Premium (HMO)	H1353 / 5	Local HMO	\$0.00
		Wellcare Giveback (HMO)	H1353 / 6	Local HMO	\$0.00
		Wellcare Assist (HMO)	H1353 / 7	Local HMO	\$29.10
		Wellcare Premium Enhanced Open (PPO)	H5965 / 1	Local PPO	\$65.00
		Wellcare No Premium Open (PPO)	H5965 / 2	Local PPO	\$0.00
		Wellcare Patriot Giveback Open (PPO)	H5965 / 3	Local PPO NO DRUG COVERAGE	\$0.00
		Wellcare Dual Access Open (PPO D-SNP)	H5965 / 4	Local PPO / Dual-Eligible	Contact Plan