

2021 Medicare Advantage Plans, Kitsap County

Data as of September 24, 2020. Includes 2021 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
Aetna Medicare 1-855-338-7027 www.aetnamedicare.com	Aetna Medicare Value Plus Plan (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$45	\$430 Days 1-4	D-V-H-W	H3748	003	\$7,550
	Aetna Medicare Platinum Plus Plan (HMO)	Local HMO	\$37.00	\$16.90	\$0.00	\$0/\$35	\$365 Days 1-4	D-V-H-W	H3748	004	\$7,000
	Aetna Medicare Elite Plan (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$35	\$430 Days 1-4	D-V-H-W	H3748	009	\$6,900
	Aetna Medicare Value Plan (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$10/\$50	\$465 Days 1-4	D-V-H-W	H3931	126	\$7,550
	Aetna Medicare Choice Plan (PPO)	Local PPO	\$63.00	\$38.60	\$0.00	\$0/50	\$295 Days 1-4	D-V-H-W	H5521	127	\$7,550
	Aetna Medicare Select Plan (PPO)	Local PPO	\$99.00	\$63.00	\$0.00	\$0/40	\$395 Days 1-4	D-V-H-W	H5521	128	\$7,000
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0/35	\$450 Days 1-4	D-V-H-W	H5521	330	\$7,550
AMERIGROUP 1-844-288-5923 www.myamerigroup.com/medicare	Amerivantage Classic (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$15/ \$45	\$395 Days 1-4	D-V-H-W	H1894	001	\$5,900
	Amerivantage Dual Coordination (HMO D-SNP)	Local HMO (Dual-Eligible)	\$22.90	\$0.00	♥	♥	♥	D-V-H-W	H1894	002	♥

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Community Health Plan of WA Medicare Advantage 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA No Rx Plan (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0/40	\$450 Days 1-4	D-V-H-W	H5826	006	\$6,700
	Community Health Plan of WA MA Plan 3 (HMO)	Local HMO	\$68.00	\$33.00	\$0.00	\$0/40	\$450 Days 1-4	D-V-H-W	H5826	008	\$6,700
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$26.50	\$0.00	\$0.00	\$10/\$45	\$450 Days 1-4	D-V-H-W	H5826	010	\$6,700
	Community Health Plan of WA MA Plan 1 (HMO)	Local HMO	\$0.00	\$0.00	\$230.00	\$15/50	\$465 Days 1-4	D-V-H-W	H5826	016	\$6,700
	Community Health Plan of WA Dual Plan (HMO D-SNP)	Local HMO (Dual Eligible)	\$36.00	\$0.00	♥	♥	♥	D-V-H-W	H5826	014	♥
Humana 1-800-833-2364 www.humana.com/medicare	Humana Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0/35	\$360 Days 1-5	D-V-H-W	H5216	046	\$5,000
	HumanaChoice H5216-047 (PPO)	Local PPO	\$102.00	\$72.70	\$320.00	\$10/45	\$300 Days 1-5	D-V-H-W	H5216	047	\$6,700
	HumanaChoice H5216-048 (PPO)	Local PPO	\$201.00	\$165.00	\$320.00	\$10/\$45	\$300 Days 1-4	D-V-H-W	H5216	048	\$6,700
	Humana Gold Plus H5619-099 (HMO)	Local HMO	\$0.00	\$0.00	\$200.00	\$10/50	\$390 Days 1-5	D-V-H-W	H5619	099	\$6,700
	Humana Value Plus H5619-134 (HMO)	Local HMO	\$25.00	\$0.00	\$445.00	20%	\$1,859	D-V-H-W	H5619	134	\$6,700
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual Eligible)	\$24.10	\$0.00	♥	♥	♥	D-V-H-W	H5619	136	♥

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Kaiser Foundation Health Plan of Washington 1-800-446-8882 kp.org/wa/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$40.00	N/A	N/A	\$0/30	\$200 Days 1-3	D-V-H-W	H5050	001	\$4,200
	Kaiser Permanente Medicare Advantage Optimal (HMO)	Local HMO	\$295.00	\$259.00	\$0.00	\$0/20	\$125 Days 1-2	D-V-H-W	H5050	004	\$3,450
	Kaiser Permanente Medicare Advantage Essential (HMO)	Local HMO	\$99.00	\$63.00	\$0.00	\$5/35	\$215 Days 1-4	D-V-H-W	H5050	009	\$4,800
	Kaiser Permanente Medicare Advantage Vital (HMO)	Local HMO	\$28.00	\$7.80	\$0.00	\$5/35	\$325 Days 1-5	D-V-H-W	H5050	013	\$5,800
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$36.00	\$0.00	♥	♥	♥	D-V-H-W	H5823	006	♥
Premera Blue Cross Medicare Advantage 1-888-868-7767 premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$180.00	\$15/45	\$450 Days 1-4	D-V-H-W	H7245	001	\$6,300
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$55.00	\$19.00	\$180.00	\$5/30	\$450 Days 1-4	D-V-H-W	H7245	002	\$5,000

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Regence BlueCross BlueShield 1-888-369-3171 www.regence.com/medicare	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0/40	\$390 Day 1-4	D-V-H-W	H5009	001	\$6,200
	Regence BlueAdvantage HMO Plus (HMO)	Local HMO	\$48.00	\$12.00	\$100.00	\$0/45	\$390 Days 1-4	D-V-H-W	H1997	002	\$5,900
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$157.00	\$121.00	\$250.00	\$5/35	\$350 Days 1-5	D-V-H-W	H5009	002	\$5,400
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$78.00	\$42.00	\$250.00	\$10/40	\$400 Days 1-4	D-V-H-W	H5009	008	\$6,200
	Regence Valiance (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0/40	\$390 Days 1-4	D-V-H-W	H1997	008	\$5,900
	Regence BlueAdvantage HMO (HMO)	Local HMO	\$0.00	\$0.00	\$250.00	\$0/45	\$430 days 1-4	D-V-H-W	H1997	009	\$6,200
	Regence MedAdvantage + Rx Primary (PPO)	Local PPO	\$38.00	\$2.00	\$300.00	\$20/50	\$450 Days 1-4	D-V-H-W	H5009	009	\$6,700
UnitedHealthcare 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage Choice (PPO)	Local PPO	\$19.00	\$0.00	\$225.00	\$0/\$45	\$390 Days 1-5	D-V-H-W	H1821	003	\$6,500
	AARP Medicare Advantage Plan 3 (HMO)	Local HMO	\$45.00	\$11.10	\$225.00	\$0/45	\$375 Days 1-4	D-V-H-W	H3805	015	\$5,900
	AARP Medicare Advantage Plan 2 (HMO)	Local HMO	\$24.00	\$0.00	\$200.00	\$15/50	\$440 Days 1-4	D-V-H-W	H3805	019	\$6,700
	AARP Medicare Advantage Plan 1 (HMO)	Local HMO	\$88.00	\$52.00	\$185.00	\$5/35	\$250 Days 1-7	D-V-H-W	H3805	037	\$4,200

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UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UnitedHealthcare Assisted Living Plan (PPO I-SNP)	Local PPO (Institutional)	\$36.00	\$0.00	\$200.00	\$0/15	\$200 Days 1-3	D-V-H-W	H0710	030	\$5,100
	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO (Institutional)	\$36.00	\$0.00	\$445.00	\$0/0-20%	\$1,400	D-V-H	H0710	031	\$5,100
	UnitedHealthcare Nursing Home Plan (HMO-POS I-SNP)	Local HMO (Institutional)	\$36.00	\$0.00	\$200.00	\$0/0-20%	\$1,300	D-V-H	H5008	001	\$6,700
	UnitedHealthcare Dual Complete (HMO D-SNP)	Local HMO (Dual -Eligible)	\$36.00	\$0.00	♥	♥	♥	D-V-H-W	H5008	002	♥

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; G= Gym/Wellness 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.