

# 2019 Medicare Advantage Plans, Snohomish County

Data as of September 5, 2018. Includes 2019 approved contracts/plans.

Notes: Data are subject to change as contracts are finalized. For the most current information, go to [www.medicare.gov](http://www.medicare.gov) and click on "Find Health and Drug Plans."

SNP = Special Needs Plan. Contact plan for eligibility and costs information

Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Premium	Monthly Premium with Full Extra Help (LIS)	Annual Drug Deductible	In Network Office Visit/ Specialist Visit	Inpatient Hospital	Dental (D) Vision (V) Hearing (H)	Contract ID	Plan ID	In-network MOOP Amount **
Aetna Medicare 1-855-338-7027 <a href="http://www.aetnamedicare.com">www.aetnamedicare.com</a>	Aetna Medicare Choice Plan (PPO)	Local PPO	\$53.00	\$33.80	\$0.00	\$15/\$50	\$340/day (Days 1-4)	D, V, H	H5521	127	\$6,700
	Aetna Medicare Platinum Plan (HMO)	Local HMO	\$34.00	\$18.80	\$0.00	\$0/\$40	\$295/day (Days 1-6)	D, V, H	H3931	127	\$5,600
	Aetna Medicare Select Plan (PPO)	Local PPO	\$87.00	\$64.10	\$0.00	\$0/\$40	\$250/day (Days 1-4)	D, V, H	H5521	128	\$5,900
	Aetna Medicare Value Plan (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$5/\$45	\$360/day (Days 1-5)	D, V, H	H3931	126	\$6,500
AMERIGROUP 1-844-288-5923 <a href="http://www.myamerigroup.com/medicare">www.myamerigroup.com/medicare</a>	Amerivantage Classic (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$10/\$45	\$425/day (Days 1-4)	D, V, H	H1894	001	\$6,700
	Amerivantage Dual Coordination (HMO SNP)	Local HMO (Dual-Eligible)	SNP	\$0.00	SNP	SNP	SNP	SNP	H1894	002	SNP
Community HealthFirst Medicare Advantage Plan 1-800-944-1247 <a href="http://healthfirst.chpw.org">healthfirst.chpw.org</a>	Community HealthFirst MA Extra Plan (HMO)	Local HMO	\$26.00	\$0.00	\$0.00	\$10/\$45	\$450/Day (Days 1-4)	V	H5826	010	\$6,700
	Community HealthFirst MA Pharmacy Plan (HMO)	Local HMO	\$68.00	\$34.20	\$0.00	\$0/\$40	\$450/Day (Days 1-4)	D, V	H5826	008	\$6,700
	Community HealthFirst MA Plan (HMO)	Local HMO (No drug coverage)	\$0.00	N/A	N/A	\$0/\$40	\$450/Day (Days 1-4)	D, V	H5826	006	\$6,700
	Community HealthFirst MA Special Needs Plan (HMO SNP)	Local HMO (Dual-Eligible)	SNP	\$0.00	SNP	SNP	SNP	SNP	H5826	014	SNP

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Humana 1-800-833-2364 www.humana.com/medicare	Humana Gold Plus H5619-059 (HMO)	Local HMO	\$33.00	\$33.00	\$50.00	\$0/\$40	\$300/day (Days 1-5)	D, V, H	H5619	059	\$5,000
	Humana Gold Plus H5619-063 (HMO)	Local HMO	\$0.00	\$0.00	\$100.00	\$10/\$50	\$400/day (Days 1-4)	D, V, H	H5619	063	\$6,500
	Humana Gold Plus SNP-DE H5619-067 (HMO SNP)	Local HMO (Dual-Eligible)	SNP	\$0.00	SNP	SNP	SNP	SNP	H5619	067	SNP
	HumanaChoice H5216-046 (PPO)	Local PPO (No drug coverage)	\$0.00	N/A	N/A	\$0/\$25	\$255/day (Days 1-5)	D, V, H	H5216	046	\$3,600
	HumanaChoice H5216-047 (PPO)	Local PPO	\$102.00	\$38.20	\$320.00	\$10/\$45	\$300/day (Days 1-5)	D, V, H	H5216	047	\$6,700
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)	\$106.00	N/A	N/A	\$10/\$30	\$200/day (Days1-3)	D, V, H	H5050	001	\$2,000
	Kaiser Permanente Medicare Advantage Essential (HMO)	Local HMO	\$99.00	\$65.20	\$0.00	\$10/\$35	\$215/day (Days 1-4)	D, V, H	H5050	009	\$4,300
	Kaiser Permanente Medicare Advantage Optimal (HMO)	Local HMO	\$295.00	\$261.20	\$0.00	\$10/\$20	\$125/day (Days 1-2)	D, V, H	H5050	004	\$2,000
	Kaiser Permanente Medicare Advantage Vital (HMO)	Local HMO	\$28.00	\$28.00	\$0.00	\$10/\$35	\$295/day (Days 1-6)	D, V, H	H5050	013	\$5,900
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Options Plus (HMO SNP)	Local HMO (Dual-Eligible)	SNP	\$0.00	SNP	SNP	SNP	SNP	H5823	006	SNP

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Premera Blue Cross Medicare Advantage 1-888-868-7767 premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$300.00	\$15/\$40	\$450/day (Days 1-4)	D, V	H7245	001	\$6,300
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$55.00	\$25.00	\$200.00	\$10/\$40	\$450/day (Days 1-4)	D, V, H	H7245	002	\$5,600
	Premera Blue Cross Medicare Advantage Classic Plus (HMO)	Local HMO	\$167.00	\$133.20	\$200.00	\$10/\$40	\$350/day (Days 1-4)	D, V, H	H7245	003	\$5,000
Providence Health Assurance 1-800-457-6064 www.providencehealthassurance.com	Providence Medicare Harbor + RX (HMO)	Local HMO	\$0.00	\$0.00	\$290.00	\$15/\$50	\$450/Day (Days 1-4)	D, V, H	H9047	049	\$6,700
	Providence Medicare Summit + RX (HMO-POS)	Local HMO	\$59.00	\$25.20	\$240.00	\$15/\$40	\$375/day (Days 1-4)	D, V, H	H9047	047	\$5,500
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence BlueAdvantage HMO (HMO)	Local HMO	\$0.00	\$0.00	\$300.00	\$10/\$45	\$430/day (Days 1-4)	D, V, H	H1997	007	\$6,200
	Regence BlueAdvantage HMO Plus (HMO)	Local HMO	\$47.00	\$13.20	\$200.00	\$10/\$45	\$390/day (Days 1-4)	D, V, H	H1997	002	\$5,900
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$158.00	\$124.20	\$300.00	\$20/\$40	\$390/day (Days 1-4)	D, V, H	H5009	002	\$5,700
	Regence MedAdvantage + Rx Primary (PPO)	Local PPO	\$79.00	\$45.20	\$340.00	\$25/\$50	\$450/day (Days 1-4)	D, V, H	H5009	008	\$6,700
	Regence MedAdvantage Basic (PPO)	Local PPO (No drug coverage)	\$38.00	N/A	N/A	\$20/\$40	\$390/day (Days 1-4)	D, V, H	H5009	001	\$6,700

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Soundpath Health 1-866-789-7747 www.soundpathhealth.com  <b>NOTE:</b> Premera Blue Cross purchased Soundpath Health's Medicare Advantage contract. Starting January 2019, all Soundpath plans will include Premera as part of their name.	Soundpath Health Alpine (HMO)	Local HMO (No drug coverage)	\$42.00	N/A	N/A	\$10/\$50	\$595/day (Days 1-3)	V, H	H9302	004	\$6,500	
	Soundpath Health Charter + Rx (HMO)	Local HMO	\$146.00	\$112.20	\$160.00	\$10/\$35	\$450/day (Days 1-4)	D, V, H	H9302	003	\$4,900	
	Soundpath Health Peak + Rx (HMO)	Local HMO	\$0.00	\$0.00	\$160.00	\$15/\$50	\$595/day (Days 1-3)	V, H	H9302	011	\$6,700	
	Soundpath Health Sound + Rx (HMO)	Local HMO	\$40.00	\$13.30	\$160.00	\$10/\$50	\$595/day (Days 1-3)	D, V, H	H9302	007	\$6,500	
UnitedHealthcare 1-877-596-3258 www.uhcmedicareolutions.com	AARP MedicareComplete Plan 1 (HMO)	Local HMO	\$88.00	\$58.10	\$185.00	\$5/\$35	\$250/day (Days 1-7)	D, V, H	H3805	014	\$4,200	
	AARP MedicareComplete Plan 2 (HMO)	Local HMO	\$0.00	\$0.00	\$275.00	\$15/\$50	\$440/day (Days 1-4)	D, V, H	H3805	020	\$6,700	
	AARP MedicareComplete Plan 3 (HMO)	Local HMO	\$48.00	\$24.90	\$225.00	\$5/\$45	\$375/day (Days 1-4)	D, V, H	H3805	015	\$5,900	
	UnitedHealthcare Assisted Living Plan (PPO SNP)	Local PPO (Institutional)	SNP	\$0.00	SNP	SNP	SNP	SNP	SNP	H0710	030	SNP
	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO (Dual-Eligible)	SNP	\$0.00	SNP	SNP	SNP	SNP	SNP	H5008	002	SNP
	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO (Institutional)	SNP	\$0.00	SNP	SNP	SNP	SNP	SNP	H5008	001	SNP
	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO (Institutional)	SNP	\$0.00	SNP	SNP	SNP	SNP	SNP	H0710	031	SNP

## 2019 Medicare Advantage plans, Washington state

### Key to types of Medicare Advantage plans

**Local HMO:** A Health Maintenance Organization is available in certain counties only. In most HMOs, the plan pays for care only with doctors, specialists, or hospitals on the plan's list - except in an emergency.

**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.

**HMO-POS:** An HMO plan with a Point-of-Service plan option. An HMO-POS option pays for care with doctors, providers, and hospitals outside the plan for an added cost.

**SNP:** Medicare "Special Needs" Plans may limit all or most of their membership to people:

- ♦ In certain long-term care facilities (like a nursing home); or
- ♦ Eligible for both Medicare and Medicaid.

Some plans may offer gym membership as an additional benefit. Check with the plan or go to: [www.silversneakers.com](http://www.silversneakers.com), [www.silverandfit.com](http://www.silverandfit.com), or [fitnessadvantage.optum.com](http://fitnessadvantage.optum.com)

### Key to Abbreviations

**D:** Some dental coverage. Plans may require additional premium.

**H:** Some hearing coverage

**V:** Some vision coverage

**\*\*MOOP:** Maximum Out of Pocket limit on enrollee spending that includes costs for all in-network Part A and Part B services.

**N/A:** Not applicable

### 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.