

2020 Medicare Advantage plans, Clark County

Data as of September 24, 2019. Includes 2020 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	Contract ID	Plan ID	In Network MOOP Amount
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Choice Plan (PPO)	Local PPO	\$38.00	\$13.00	\$250.00	\$0/\$45	H5521	237	\$6,700
	Aetna Medicare Select Plan (PPO)	Local PPO	\$66.00	\$43.20	\$200.00	\$0/\$40	H5521	244	\$5,900
Community Health Plan of WA Medicare Advantage 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Extra Plan (HMO)	Local HMO	\$32.00	\$0.00	\$0.00	\$10/\$45	H5826	010	\$6,700
	Community Health Plan of WA MA Pharmacy Plan (HMO)	Local HMO	\$68.00	\$35.40	\$0.00	\$0/\$40	H5826	008	\$6,700
	Community Health Plan of WA MA Plan (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0/\$40	H5826	006	\$6,700
	Community Health Plan of WA MA Value Plan (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$15/\$50	H5826	016	\$6,700
	Community Health Plan of WA SNP Plan (HMO D-SNP)	Local HMO (Dual-Eligible)	\$32.60	\$0.00	\$435.00	♥	H5826	014	♥

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	Contract ID	Plan ID	In Network MOOP Amount
Health Net Life Insurance Company 1-800-949-6192 www.healthnet.com/medicare	Health Net Aqua (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$12/\$25	H5439	010	\$2,500
	Health Net Violet 1 (PPO)	Local PPO	\$120.00	\$87.40	\$95.00	\$12/\$25	H5439	011	\$2,900
	Health Net Violet 2 (PPO)	Local PPO	\$0.00	\$0.00	\$150.00	\$15/\$35	H5439	014	\$6,700
Humana 1-800-833-2364 www.humana.com/medicare	Humana Gold Plus H5619-056 (HMO)	Local HMO	\$0.00	\$0.00	\$100.00	\$5/\$50	H5619	056	\$6,500
	Humana Gold Plus H5619-101 (HMO)	Local HMO	\$32.00	\$32.00	\$50.00	\$0/\$35	H5619	101	\$5,000
	Humana Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0/\$35	H5216	046	\$3,600
	HumanaChoice H5216-047 (PPO)	Local PPO	\$101.00	\$71.10	\$320.00	\$10/\$45	H5216	047	\$6,700
	Humana Gold Plus SNP-DE H5619-067 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$18.30	\$0.00	\$435.00	♥	H5619	067	♥
Kaiser Permanente 1-877-408-3496 kp.org/medicare	Kaiser Permanente Senior Advantage (HMO)	Local HMO	\$127.00	\$94.40	\$0.00	\$10/\$25	H9003	001	\$2,500
	Kaiser Permanente Senior Advantage Basic (HMO)	Local HMO	\$44.00	\$11.40	\$0.00	\$20/\$35	H9003	006	\$4,900
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$32.60	\$0.00	\$250.00	♥	H5823	006	♥

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	Contract ID	Plan ID	In Network MOOP Amount
PacificSource Medicare 1-888-863-3637 medicare.pacificsource.com	PacificSource Medicare MyCare Rx 37 (HMO)	Local HMO	\$0.00	\$0.00	\$200.00	\$0/\$35	H3864	037	\$5,200
	PacificSource Medicare MyCare Rx 38 (HMO)	Local HMO	\$36.00	\$3.40	\$50.00	\$0/\$25	H3864	038	\$4,500
Providence Medicare Advantage Plans 1-888-226-7338 https://healthplans.providence.org/medicare/	Providence Medicare Bridge 2 + RX (HMO)	Local HMO	\$40.00	\$7.40	\$200.00	\$0/\$35	H9047	060	\$4,900
	Providence Medicare Choice + RX (HMO-POS)	Local HMO	\$88.00	\$55.40	\$240.00	\$15/\$30	H9047	056	\$4,500
	Providence Medicare Extra + RX (HMO)	Local HMO	\$173.00	\$140.40	\$0.00	\$0/\$20	H9047	055	\$3,400
	Providence Medicare Focus Medical (HMO)	Local HMO (No Drug Coverage)	\$128.00	N/A	N/A	\$0/\$20	H9047	033	\$3,400
	Providence Medicare Select Medical (HMO-POS)	Local HMO (No Drug Coverage)	\$67.00	N/A	N/A	\$15/\$30	H9047	035	\$4,500
	Providence Medicare Timber + RX (HMO)	Local HMO	\$0.00	\$0.00	\$270.00	\$0/\$40	H9047	054	\$5,500

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Regence BlueCross BlueShield of Oregon 1-888-369-3171 www.regence.com/medicare	Regence BlueAdvantage HMO (HMO)	Local HMO	\$0.00	\$0.00	\$200.00	\$5/\$40	H6237	007	\$5,500
	Regence BlueAdvantage HMO No Rx (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0/\$35	H6237	006	\$4,900
	Regence BlueAdvantage HMO Plus (HMO)	Local HMO	\$34.00	\$9.10	\$100.00	\$0/\$35	H6237	008	\$4,900
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$75.00	\$42.40	\$250.00	\$10/\$40	H3817	008	\$6,000
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$194.00	\$161.40	\$0.00	\$5/\$25	H3817	009	\$5,000
	Regence MedAdvantage + Rx Primary (PPO)	Local PPO	\$15.00	\$0.00	\$300.00	\$15/\$45	H3817	011	\$6,700
	Regence MedAdvantage Basic (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$10/\$40	H3817	010	\$5,000
UnitedHealthcare 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage Plan 1 (HMO)	Local HMO	\$88.00	\$55.40	\$185.00	\$5/\$35	H3805	024	\$4,200
	AARP Medicare Advantage Plan 2 (HMO)	Local HMO	\$0.00	\$0.00	\$225.00	\$15/\$50	H3805	016	\$6,700
	AARP Medicare Advantage Plan 3 (HMO)	Local HMO	\$45.00	\$19.50	\$225.00	\$0/\$45	H3805	015	\$5,900
	AARP Medicare Advantage Walgreens (HMO)	Local HMO	\$0.00	\$0.00	\$125.00	\$0/\$45	H3805	030	\$5,900

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	Contract ID	Plan ID	In Network MOOP Amount
UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UnitedHealthcare Assisted Living Plan (PPO I-SNP)	Local PPO (Institutional)	\$7.50	\$0.00	\$200.00	♥	H0710	030	♥
	UnitedHealthcare Dual Complete (HMO D-SNP)	Local HMO (Dual-Eligible)	\$25.00	\$0.00	\$435.00	♥	H5008	002	♥
	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO (Institutional)	\$32.60	\$0.00	\$435.00	♥	H0710	031	♥

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.
- **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 Medicare Part A- and B-covered services. Once you reach your plan's limit, you'll pay nothing for Part A- and B-covered services for the rest of the calendar year.
- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.