

# 2020 Medicare Advantage plans, Lewis 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](http://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
Community Health Plan of WA Medicare Advantage 1-800-944-1247 <a href="https://medicare.chpw.org/">https://medicare.chpw.org/</a>	Community Health Plan of WA MA Pharmacy Plan (HMO)	Local HMO	\$94.00	\$61.40	\$0.00	\$0/\$40	H5826	009	\$6,700
	Community Health Plan of WA SNP Plan (HMO D-SNP)	Local HMO (Dual-Eligible)	\$32.60	\$0.00	\$435.00	♥	H5826	014	♥
Kaiser Foundation Health Plan of Washington 1-800-446-8882 <a href="http://kp.org/wa/medicare">kp.org/wa/medicare</a>	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$40.00	N/A	N/A	\$10/\$30	H5050	001	\$2,000
	Kaiser Permanente Medicare Advantage Essential (HMO)	Local HMO	\$99.00	\$66.40	\$0.00	\$10/\$35	H5050	009	\$4,300
	Kaiser Permanente Medicare Advantage Optimal (HMO)	Local HMO	\$295.00	\$262.40	\$0.00	\$10/\$20	H5050	004	\$2,000
	Kaiser Permanente Medicare Advantage Vital (HMO)	Local HMO	\$28.00	\$23.90	\$0.00	\$5/\$35	H5050	013	\$5,600
Premera Blue Cross Medicare Advantage 1-888-868-7767 <a href="http://premera.com/ma">premera.com/ma</a>	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$300.00	\$15/\$45	H7245	001	\$6,300
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$55.00	\$32.90	\$180.00	\$5/\$30	H7245	002	\$5,000

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
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$78.00	\$45.40	\$340.00	\$15/\$40	H5009	008	\$6,200
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$157.00	\$124.40	\$300.00	\$10/\$35	H5009	002	\$5,400
	Regence MedAdvantage + Rx Primary (PPO)	Local PPO	\$38.00	\$5.40	\$340.00	\$25/\$50	H5009	009	\$6,700
	Regence MedAdvantage Basic (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20/\$40	H5009	001	\$6,200
UnitedHealthcare 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage Plan 1 (HMO)	Local HMO	\$92.00	\$59.40	\$185.00	\$5/\$35	H3805	024	\$4,600
	AARP Medicare Advantage Plan 2 (HMO)	Local HMO	\$19.00	\$0.00	\$195.00	\$15/\$50	H3805	025	\$6,700
	AARP Medicare Advantage Plan 3 (HMO)	Local HMO	\$45.00	\$19.50	\$225.00	\$0/\$45	H3805	015	\$5,900
UnitedHealthcare 1-877-596-3258 www.uhcmedicareolutions.com	UnitedHealthcare Dual Complete (HMO D-SNP)	Local HMO (Dual-Eligible)	\$25.00	\$0.00	\$435.00	♥	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.
- **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.