


# 2020 Medicare Advantage plans, Snohomish 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
Aetna Medicare 1-855-338-7027 <a href="http://www.aetnamedicare.com">www.aetnamedicare.com</a>	Aetna Medicare Choice Plan (PPO)	Local PPO	\$61.00	\$33.00	\$0.00	\$0/\$50	H5521	127	\$6,700
	Aetna Medicare Platinum Plan (HMO)	Local HMO	\$40.00	\$17.60	\$0.00	\$5/\$45	H3931	127	\$6,200
	Aetna Medicare Platinum Plus Plan (HMO)	Local HMO	\$33.00	\$12.20	\$0.00	\$0/\$35	H3748	004	\$5,600
	Aetna Medicare Select Plan (PPO)	Local PPO	\$98.00	\$70.10	\$0.00	\$0/\$40	H5521	128	\$6,500
	Aetna Medicare Value Plan (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$10/\$50	H3931	126	\$6,700
	Aetna Medicare Value Plus Plan (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$45	H3748	003	\$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	\$0/\$45	H1894	001	\$5,900
	Amerivantage Dual Coordination (HMO D-SNP)	Local HMO (Dual-Eligible)	\$21.60	\$0.00	\$435.00	♥	H1894	002	♥

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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 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	♥
Humana 1-800-833-2364 <a href="http://www.humana.com/medicare">www.humana.com/medicare</a>	Humana Gold Plus H5619-059 (HMO)	Local HMO	\$32.00	\$32.00	\$50.00	\$0/\$45	H5619	059	\$5,000
	Humana Gold Plus H5619-063 (HMO)	Local HMO	\$0.00	\$0.00	\$100.00	\$10/\$50	H5619	063	\$6,500
	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	♥

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Kaiser Foundation Health Plan of Washington 1-800-446-8882 <a href="http://kp.org/wa/medicare">kp.org/wa/medicare</a>  These plans have Medicare's highest 5-star rating for 2020. You have a one-time chance to use the 5-star Special Enrollment Period to enroll in one of these plans between 12-8-19 & 11-30-20.	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
Molina Healthcare of Washington, Inc. 1-866-403-8293 <a href="http://www.molinahealthcare.com/medicare">www.molinahealthcare.com/medicare</a>	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$32.60	\$0.00	\$250.00	♥	H5823	006	♥
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 Alpine (HMO)	Local HMO (No Drug Coverage)	\$42.00	N/A	N/A	\$10/\$50	H9302	004	\$6,500
	Premera Blue Cross Medicare Advantage Charter + Rx (HMO)	Local HMO	\$150.00	\$117.40	\$160.00	\$10/\$35	H9302	003	\$4,900
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$55.00	\$32.90	\$180.00	\$5/\$30	H7245	002	\$5,000
	Premera Blue Cross Medicare Advantage Classic Plus (HMO)	Local HMO	\$190.00	\$157.40	\$200.00	\$10/\$40	H7245	003	\$5,000
	Premera Blue Cross Medicare Advantage Peak + Rx (HMO)	Local HMO	\$0.00	\$0.00	\$160.00	\$15/\$50	H9302	011	\$6,700
	Premera Blue Cross Medicare Advantage Sound + Rx (HMO)	Local HMO	\$40.00	\$15.90	\$160.00	\$10/\$50	H9302	007	\$6,500

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Providence Medicare Advantage Plans 1-800-457-6064 <a href="https://healthplans.providence.org/medicare/">https://healthplans.providence.org/medicare/</a>	Providence Medicare Harbor + RX (HMO)	Local HMO	\$0.00	\$0.00	\$290.00	\$10/\$50	H9047	049	\$6,700
	Providence Medicare Summit + RX (HMO-POS)	Local HMO	\$59.00	\$26.40	\$240.00	\$5/\$40	H9047	047	\$5,500
Regence BlueShield 1-888-369-3171 <a href="http://www.regence.com/medicare">www.regence.com/medicare</a>	Regence BlueAdvantage HMO (HMO)	Local HMO	\$0.00	\$0.00	\$250.00	\$15/\$45	H1997	009	\$6,200
	Regence BlueAdvantage HMO No Rx (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$10/\$45	H1997	008	\$5,900
	Regence BlueAdvantage HMO Plus (HMO)	Local HMO	\$48.00	\$15.40	\$200.00	\$10/\$45	H1997	002	\$5,900
	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

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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	\$275.00	\$10/\$50	H3805	020	\$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	\$200.00	\$0/\$50	H3805	032	\$6,500
UnitedHealthcare 1-877-596-3258 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 (HMO I-SNP)	Local HMO (Institutional)	\$32.60	\$0.00	\$435.00	♥	H5008	001	♥
	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	Local PPO (Institutional)	\$32.60	\$0.00	\$435.00	♥	H0710	031	♥

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Wellcare 1-800-960-2530 <a href="https://www.wellcare.com/medicare">https://www.wellcare.com/medicare</a>	WellCare Plus (HMO)	Local HMO	\$12.30	\$0.00	\$435.00	20%/20%	H1353	003	\$3,400
	WellCare Premier (PPO)	Local PPO	\$0.00	\$0.00	\$299.00	\$15/\$50	H5965	002	\$6,700
	WellCare Prime (PPO)	Local PPO	\$99.00	\$87.00	\$175.00	\$5/\$40	H5965	001	\$6,700
	WellCare Value (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$35	H1353	005	\$5,900
	WellCare Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.50	\$0.00	\$435.00	♥	H1353	002	♥
	WellCare Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$21.10	\$0.00	\$435.00	♥	H1353	004	♥

# 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.