

2016 Medicare Advantage plans in Kitsap County, Washington state

Data as of October 8, 2015.

Includes 2016 approved contracts/plans with PACE and Special Needs Plans. Plans under sanction are not shown.

Notes: Data 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."

* Indicates plan does not offer Part D drug coverage.

Organization Name	Plan Name	Type of Medicare Health Plan	Contract ID/ Plan ID	Monthly Premium	Monthly Premium with Full Low Income Subsidy (LIS)	Annual Drug Deductible	In-Network Office Visit/ Specialist Visit	Inpatient Hospital	Dental, Vision, Hearing	In-network MOOP Amount **
Group Health Cooperative 1-800-446-8882 www.ghc.org/medicare	Group Health Cooperative Basic (HMO)	Local HMO * (No Drug Coverage)	H5050/001	\$79.00			\$10/\$35	\$250/day (Days 1 - 4)	D, V, H	\$ 3,000
	Group Health Cooperative Essential (HMO)	Local HMO	H5050/009	\$114.00	\$110.00	\$0.00	\$10/\$35	\$250/day (Days 1 - 4)	D, V, H	\$ 4,500
	Group Health Cooperative Optimal (HMO)	Local HMO	H5050/004	\$249.00	\$215.20	\$0.00	\$10/\$20	\$125/day (Days 1 - 2)	D, V, H	\$ 2,000
	Group Health Cooperative Vital (HMO)	Local HMO	H5050/013	\$28.00	\$24.00	\$0.00	\$10/\$50	\$350/day (Days 1 - 4)	D, V, H	\$ 6,700
Humana Insurance Company 1-800-833-2364 www.humana-medicare.com	Humana Gold Choice H8145-097 (PFFS)	PFFS * (No Drug Coverage)	H8145/097	\$0.00			20%/20%	N/A	D, V	\$ 5,600
	HumanaChoice H6609-012 (PPO)	Local PPO * (No Drug Coverage)	H6609/012	\$0.00			\$10/\$25	\$275/day (days 1 - 5)	D, V	\$ 3,600
	HumanaChoice H6609-013 (PPO)	Local PPO	H6609/013	\$104.00	\$70.20	\$320.00	\$10/\$45	\$300/day (Days 1 - 5)	D, V	\$ 6,700
	HumanaChoice H6609-073 (PPO)	Local PPO	H6609/073	\$203.00	\$168.40	\$360.00	\$0/\$30	\$325/day (Days 1 - 4)	D, V	\$ 6,700
Regence BlueShield 1-844-734-3623 www.regence.com/medicare	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	H5009/002	\$170.00	\$136.20	\$360.00	\$20/\$40	\$360/day (Days 1 - 4)	D, V, H	\$ 6,700
	Regence MedAdvantage Basic (PPO)	Local PPO * (No Drug Coverage)	H5009/001	\$145.00			\$20/\$40	\$360/day (Days 1 - 4)	D, V	\$ 6,700
UnitedHealthcare 1-877-596-3258 www.UHCMedicareSolutions.com	UnitedHealthcare Assisted Living Plan (HMO SNP)	Local HMO (SNP - Dual-eligible)	H5008/007	\$21.40	\$0.00	\$100.00	\$0/\$25	\$250/day (Days 1 - 6)	D, V, H	\$3,500
	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO (SNP - Institutional)	H5008/001	\$33.80	\$0.00	\$360.00	\$0/0-20%	N/A	D, H	\$5,000

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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.

PFFS: A Private Fee-for-Service Plan. In a PFFS, you can go to any Medicare-approved doctor or hospital that accepts the plan's payment. When you need care, always check with your doctor to see if he or she participates in the plan.

HMO-POS: An HMO plan with a Point-of-Service plan option. An HMO-POS option pays for care with doctors, providers, and hospital 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: silversneakers.com

Key to Drug Benefit Type

Basic: These plans offer basic coverage with standard deductible, copays, and coverage gap.

Enhanced: These plans may have higher monthly premiums than basic plans and may offer added benefits, such as no deductible lower copayments, or some coverage during the coverage gap.

Key to Abbreviations

D: Some dental coverage

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.

NA: Not applicable

Need help?

For consumer tips before you buy a Medicare Advantage plan, call our Insurance Consumer Hotline at 1800-562-6900 and ask to speak with a SHIBA counselor in your area.