

2021 Medicare Advantage Plans, Mason County

Data as of September 24, 2020. Includes 2021 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 | Inpatient Hospital | Dental (D) Wellness (W) Vision (V) Hearing (H) | Contract ID | Plan ID | In Network MOOP Amount |
|---|--|---------------------------------|-----------------|--------------------------------------|------------------------|---|--------------------|--|-------------|---------|------------------------|
| Aetna Medicare 1-855-338-7027 www.aetnamedicare.com | Aetna Medicare Value Plus Plan (HMO) | Local HMO | \$0.00 | \$0.00 | \$0.00 | \$0/\$45 | \$430 Days 1-4 | D-V-H-W | H3748 | 003 | \$7,550 |
| | Aetna Medicare Platinum Plus Plan (HMO) | Local HMO | \$37.00 | \$16.90 | \$0.00 | \$0/\$35 | \$365 Days 1-4 | D-V-H-W | H3748 | 004 | \$7,000 |
| | Aetna Medicare Elite Plan (HMO) | Local HMO | \$0.00 | \$0.00 | \$0.00 | \$0/\$35 | \$430 Days 1-4 | D-V-H-W | H3748 | 009 | \$6,900 |
| | Aetna Medicare Value Plan (HMO) | Local HMO | \$0.00 | \$0.00 | \$0.00 | \$10/\$50 | \$465 Days 1-4 | D-V-H-W | H3931 | 126 | \$7,550 |
| | Aetna Medicare Choice Plan (PPO) | Local PPO | \$63.00 | \$38.60 | \$0.00 | \$0/50 | \$395 Days 1-4 | D-V-H-W | H5521 | 127 | \$7,550 |
| | Aetna Medicare Select Plan (PPO) | Local PPO | \$99.00 | \$63.00 | \$0.00 | \$0/40 | \$295 Days 1-4 | D-V-H-W | H5521 | 128 | \$7,000 |
| | Aetna Medicare Eagle Plan (PPO) | Local PPO (No Drug Coverage) | \$0.00 | N/A | N/A | \$0/35 | \$450 Days 1-4 | D-V-H-W | H5521 | 330 | \$7,550 |
| Kaiser Foundation Health Plan of Washington 1-800-446-8882 kp.org/wa/medicare <i>These Kaiser plans are available to people living in Mason county ZIP codes 98524, 98528, 98546, 98548, 98555, 98584, 98588, and 98592.</i> | Kaiser Permanente Medicare Advantage Basic (HMO) | Local HMO (No Drug Coverage) | \$40.00 | N/A | N/A | \$0/30 | \$200 Days 1-3 | D-V-H-W | H5050 | 001 | \$4,200 |
| | Kaiser Permanente Medicare Advantage Optimal (HMO) | Local HMO | \$295.00 | \$259.00 | \$0.00 | \$0/20 | \$125 Days 1-2 | D-V-H-W | H5050 | 004 | \$3,450 |
| | Kaiser Permanente Medicare Advantage Essential (HMO) | Local HMO | \$99.00 | \$63.00 | \$0.00 | \$5/35 | 215 Days 1-4 | D-V-H-W | H5050 | 009 | \$4,800 |
| | Kaiser Permanente Medicare Advantage Vital (HMO) | Local HMO | \$28.00 | \$7.80 | \$0.00 | \$5/35 | \$325 Days 1-5 | D-V-H-W | H5050 | 013 | \$5,800 |

| 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 | Inpatient Hospital | Dental (D) Wellness (W) Vision (V) Hearing (H) | Contract ID | Plan ID | In Network MOOP Amount |
|--|---|------------------------------|-----------------|--------------------------------------|------------------------|---|--------------------|--|-------------|---------|------------------------|
| Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare | Molina Medicare Complete Care (HMO D-SNP) | Local HMO (Dual-Eligible) | \$36.00 | \$0.00 | ♥ | ♥ | ♥ | D-V-H-W | H5823 | 006 | ♥ |
| Regence BlueShield 1-888-369-3171 www.regence.com/medicare | Regence Valiance (PPO) | Local PPO (No Drug Coverage) | \$0.00 | N/A | N/A | \$5/40 | \$390 Days 1-4 | D-V-H-W | H5009 | 001 | \$6,200 |
| | Regence MedAdvantage + Rx Classic (PPO) | Local PPO | \$78.00 | \$42.00 | \$250.00 | \$10/40 | \$450 Days 1-4 | D-V-H-W | H5009 | 008 | \$6,200 |
| | Regence MedAdvantage + Rx Primary (PPO) | Local PPO | \$38.00 | \$2.00 | \$300.00 | \$20/50 | \$400 Days 1-4 | D-V-H-W | H5009 | 009 | \$6,700 |

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.
 - **Hospital co-pays:** Your costs if admitted to the hospital
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- **Popular benefits offered:** D= Dental; V= Vision; H= Hearing; G= Gym/Wellness NOTE- Benefits and costs may vary! Check with plan.
 - **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
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- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.