

# 2021 Medicare Advantage Plans, Yakima 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](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 | Inpatient Hospital | Dental (D) Wellness (W) Vision (V) Hearing (H) | Contract ID | Plan ID | In Network MOOP Amount |
|---|--|------------------------------|-----------------|--------------------------------------|------------------------|---|--------------------|--|-------------|---------|------------------------|
| Community Health Plan of WA Medicare Advantage<br>1-800-944-1247<br><a href="https://medicare.chpw.org/">https://medicare.chpw.org/</a>             | Community Health Plan of WA MA Plan 4 (HMO)              | Local HMO                    | \$94.00         | \$72.00                              | \$0.00                 | \$0/40                                    | \$450 Days 1-4     | D-V-H-W  | H5826       | 009     | \$6,700                |
|   | Community Health Plan of WA MA Plan 2 (HMO)              | Local HMO                    | \$26.50         | \$0.00                               | \$0.00                 | \$10/45                                   | \$450 Days 1-4     | D-V-H-W  | H5826       | 010     | \$6,700                |
|   | Community Health Plan of WA MA Plan 1 (HMO)              | Local HMO                    | \$0.00          | \$0.00                               | \$230.00               | \$15/45                                   | \$465 Days 1-4     | D-V-H-W  | H5826       | 016     | \$6,700                |
|   | Community Health Plan of WA Dual Plan (HMO D-SNP)        | Local HMO (Dual Eligible)    | \$36.00         | \$0.00                               | ♥                      | ♥   | ♥                  | D-V-H-W  | H5826       | 014     | ♥                      |
| Health Alliance Northwest<br>1-877-561-1463<br><a href="http://www.healthalliancemedicare.org">www.healthalliancemedicare.org</a>                   | Health Alliance NW SignalAdvantage HMO Rx (HMO)          | Local HMO                    | \$32.00         | \$0.00                               | \$0.00                 | \$10/50                                   | \$325 Days 1-6     | D-V-H-W  | H3471       | 004     | \$6,200                |
|   | Health Alliance NW SignalAdvantage HMO Rx Plus (HMO)     | Local HMO                    | \$105.00        | \$69.00                              | \$0.00                 | \$5/35                                    | \$350 days 1-4     | D-V-H-W  | H3471       | 005     | \$3,900                |
|   | Health Alliance NW SignalAdvantage HMO (HMO)             | Local HMO (No Drug Coverage) | \$45.00         | N/A                                  | N/A                    | \$10/50                                   | \$325 Days 1-6     | D-V-H-W  | H3471       | 006     | \$5,900                |
|   | Health Alliance NW SignalAdvantage POS Rx (HMO-POS)      | Local HMO                    | \$97.00         | \$61.00                              | \$0.00                 | \$10/50                                   | \$395 Days 1-4     | D-V-H-W  | H3471       | 013     | \$5,900                |
|   | Health Alliance NW SignalAdvantage POS Rx Plus (HMO-POS) | Local HMO                    | \$130.00        | \$94.00                              | \$0.00                 | \$5/35                                    | \$350 Days 1-5     | D-V-H-W  | H3471       | 014     | \$3,900                |
|   | Health Alliance NW SignalAdvantage POS (HMO-POS)         | Local HMO (No Drug Coverage) | \$36.00         | N/A                                  | N/A                    | \$10/50                                   | \$395 Days 1-5     | D-V-H-W  | H3471       | 015     | \$5,900                |
| Molina Healthcare of Washington, Inc.<br>1-866-403-8293<br><a href="http://www.molinahealthcare.com/medicare">www.molinahealthcare.com/medicare</a> | Molina Medicare Complete Care (HMO D-SNP)                | Local HMO (Dual-Eligible)    | \$36.00         | \$0.00                               | ♥                      | ♥   | ♥                  | D-V-H-W  | 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 | Inpatient Hospital | Dental (D) Wellness (W) Vision (V) Hearing (H) | Contract ID | Plan ID | In Network MOOP Amount |
|---|--|------------------------------|-----------------|--------------------------------------|------------------------|---|--------------------|--|-------------|---------|------------------------|
| Regence BlueShield<br>1-888-369-3171<br>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 Enhanced (PPO)       | Local PPO                    | \$157.00        | \$121.00                             | \$250.00               | \$5/35                                    | \$395 Days 1-4     | D-V-H-W  | H5009       | 002     | \$5,400                |
|   | 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                                   | \$450 Days 1-4     | D-V-H-W  | H5009       | 009     | \$6,700                |
| UnitedHealthcare<br>1-800-555-5757<br>www.aarpmedicareplans.com   | AARP Medicare Advantage Choice (PPO)           | Local PPO                    | \$19.00         | \$0.00                               | \$225.00               | \$0/45                                    | \$390 Days 1-5     | D-V-H-W  | H1821       | 003     | \$6,500                |
|   | AARP Medicare Advantage Plan 3 (HMO)           | Local HMO                    | \$45.00         | \$11.10                              | \$225.00               | \$0/45                                    | \$375 Days 1-4     | D-V-H-W  | H3805       | 015     | \$5,900                |
|   | AARP Medicare Advantage (HMO)                  | Local HMO                    | \$29.00         | \$0.60                               | \$195.00               | \$0/45                                    | \$440 Days 1-4     | D-V-H-W  | H3805       | 29      | \$6,700                |
|   | AARP Medicare Advantage Plan 1 (HMO)           | Local HMO                    | \$88.00         | \$52.00                              | \$185.00               | \$5/35                                    | \$250 days 1-7     | D-V-H-W  | H3805       | 037     | \$4,200                |
| UnitedHealthcare<br>1-877-596-3258<br>www.uhcmedicareolutions.com | UnitedHealthcare Dual Complete (HMO D-SNP)     | Local HMO (Dual-Eligible)    | \$36.00         | \$0.00                               | ♥                      | ♥   | ♥                  | D-V-H-W  | H5008       | 002     | ♥                      |
|   | UnitedHealthcare Nursing Home Plan (PPO I-SNP) | Local PPO (Institutional)    | \$36.00         | \$0.00                               | \$445.00               | \$0/0-20%                                 | \$1,400            | D-V-H  | H0710       | 031     | \$5,100                |

# 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.