

2024 Medicare Advantage Plans, Clark County

Data as of September 5, 2023. Includes 2024 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	Primary Doctor Visit / Specialist Visit	Inpatient Hospital	Dental (D) Vision (V) Hearing (H)	Contract ID	Plan ID	In Network MOOP Amount
Aetna Medicare 1-833-859-6031 www.aetnamedicare.com	Aetna Medicare Elite Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$35	\$325 Days 1-5	D - V - H	H3748	006	\$5,500
	Aetna Medicare SmartFit Elite Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$350 Days 1-5	D - V - H	H3748	013	\$4,900
	Aetna Medicare Choice Plan (PPO)	Local PPO	\$39.00	\$10.90	\$150.00	\$0 / \$50	\$395 Days 1-5	D - V - H	H5521	127	\$6,200
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$425 Days 1-5	D - V - H	H5521	330	\$5,500
Cigna 1-800-313-0973 http://www.cignamedicare.com/	Cigna Preferred Medicare (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$25	\$350 Days 1-5	D - V - H	H7389	002	\$4,900
	Cigna True Choice Medicare (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$25	\$395 Days 1-4	D - V - H	H7849	055	\$5,600
Community Health Plan of WA 1-800-944-1247 https://medicare.chpw.org/	Community Health Plan of WA MA Freedom Plan (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$500 Days 1-4	D - V	H5826	006	\$8,850
	Community Health Plan of WA MA Plan 3 (HMO)	Local HMO	\$79.00	\$38.40	\$0.00	\$0 / \$40	\$500 Days 1-4	D - V	H5826	008	\$8,850
	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$38.40	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D	H5826	010	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	014	♥
	Community Health Plan of WA MA Plan 1 (HMO)	Local HMO	\$0.00	\$0.00	\$230.00	\$0 / \$50	\$500 Days 1-4	D	H5826	016	\$8,850
	Community Health Plan of WA Medicare Advantage	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5826	017	♥

Humana 1-800-833-2364 www.humana.com/medicare	Humana Gold Plus H2486-007 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$390 Days 1-5	D - V - H	H2486	007	\$5,900
	HumanaChoice H5216-047 (PPO)	Local PPO	\$100.00	\$99.20	\$320.00	\$10 / \$45	\$300 Days 1-5	D - V - H	H5216	047	\$6,700
	HumanaChoice H5216-247 (PPO)	Local PPO	\$0.00	\$0.00	\$125.00	\$0 \$30	\$495 Days 1-4	D - V - H	H5216	247	\$6,500
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$360 Days 1-5	D - V - H	H5216	301	\$5,000
	Humana USAA Honor (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$495 Days 1-4	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-056 (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$5 / \$50	\$440 Days 1-4	D - V - H	H5619	056	\$7,000
	Humana Gold Plus H5619-059 (HMO)	Local HMO	\$60.00	\$60.00	\$0.00	\$0 / \$40	\$295 Days 1-7	D - V - H	H5619	059	\$2,900
	Humana Value Plus H5619-134 (HMO)	Local HMO	\$34.00	\$0.00	\$545.00	20% / 20%	\$2080 per stay	D - V - H	H5619	134	\$8,850
	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)	Local HMO (Dual-Eligible)	\$35.00	\$0.00	\$545.00	♥	♥	♥	H5619	136	♥
	Humana Gold Plus - Diabetes (HMO C-SNP)	Local HMO (Chronic Condition)	\$0.00	\$0.00	\$250.00	♥	♥	♥	H5619	154	♥
Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Senior Advantage Enhanced (HMO-POS)	Local HMO	\$131.00	\$90.40	\$0.00	\$0 / \$20	\$270 Days 1-6	D - V - H	H9003	001	\$3,000
	Kaiser Permanente Senior Advantage Standard (HMO-POS)	Local HMO	\$46.00	\$5.40	\$0.00	\$0 / \$35	\$320 Days 1-6	D - V - H	H9003	006	\$4,650
	Kaiser Permanente Senior Advantage Value (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$35	\$320 Days 1-6	D - V - H	H9003	009	\$5,000

Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.10	\$0.00	\$545.00	♥	♥	♥	H5823	006	♥
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual-Eligible)	\$33.00	\$0.00	\$545.00	♥	♥	♥	H5823	010	♥
	Molina Medicare Choice Care (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$325 Days 1-6	D - V - H	H5823	012	\$6,351
PacificSource Medicare 1-888-863-3637 www.medicare.pacificsource.com	PacificSource Medicare MyCare Choice 30 (HMO-POS)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$0	\$425 Days 1-5	D - V - H	H3864	030	\$3,950
	PacificSource Medicare MyCare Choice Rx 34 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$0-25	\$315 Days 1-7	D - V - H	H3864	034	\$5,700
	PacificSource Medicare MyCare Rx 40 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$0-30	\$380 Days 1-5	D - V - H	H3864	040	\$5,500
	PacificSource Medicare Explorer Rx 11 (PPO)	Local PPO	\$0.00	\$0.00	\$150.00	\$0-10 / \$0-35	\$350 Days 1-5	D - V - H	H4754	011	\$6,000
Providence Medicare Advantage Plans 1-888-226-7338 https://healthplans.providence.org/medicare/	Providence Medicare Focus Medical (HMO)	Local HMO (No Drug Coverage)	\$128.00	N/A	N/A	\$0 / \$20	\$250 Days 1-5	D - V - H	H9047	033	\$3,400
	Providence Medicare Reverence (HMO-POS)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$15 / \$30	\$300 Days 1-6	D - V - H	H9047	035	\$4,500
	Providence Medicare Timber + Rx (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$450 Days 1-4	D - V - H	H9047	054	\$5,500
	Providence Medicare Bridge + Rx (HMO-POS)	Local HMO	\$29.00	\$0.00	\$0.00	\$0 / \$30	\$325 Days 1-6	D - V - H	H9047	059	\$4,700
	Providence Medicare Extra + Rx (HMO)	Local HMO	\$155.00	\$114.40	\$0.00	\$0 / \$20	\$250 Days 1-5	D - V - H	H9047	064	\$3,400
	Providence Medicare Choice + Rx (HMO-POS)	Local HMO	\$71.00	\$30.40	\$0.00	\$15 / \$30	\$300 Days 1-6	D - V - H	H9047	065	\$4,500

<p>Regence BlueCross BlueShield of Oregon 1-888-369-3171 www.regence.com/medicare</p>	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$72.00	\$44.10	\$0.00	\$0 / \$30	\$395 Days 1-4	D - V - H	H3817	008	\$5,600
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$151.00	\$110.40	\$0.00	\$0 / \$25	\$300 Days 1-5	D - V - H	H3817	009	\$5,000
	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$35	\$370 Days 1-4	D - V - H	H3817	010	\$5,000
	Regence MedAdvantage + Rx Primary (PPO)	Local PPO	\$22.00	\$14.50	\$200.00	\$0 / \$40	\$395 Days 1-5	D - V - H	H3817	011	\$6,200
	Regence Valiance (HMO)	Local HMO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$25	\$375 Days 1-4	D - V - H	H6237	006	\$4,900
	Regence BlueAdvantage HMO (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$35	\$425 Days 1-5	D - V - H	H6237	007	\$5,500
	Regence BlueAdvantage HMO Plus (HMO)	Local HMO	\$41.00	\$29.90	\$100.00	\$0 / \$25	\$375 Days 1-4	D - V - H	H6237	008	\$4,700
<p>UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com</p>	AARP Medicare Advantage from UHC WA-0002 (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0 / \$0-45	\$390 Days 1-5	D - V - H	H1278	029	\$6,300
	AARP Medicare Advantage Patriot No Rx WA-MA01 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$495 Days 1-5	D - V - H	H1278	031	\$5,500
	AARP Medicare Advantage from UHC WA-0004 (PPO)	Local PPO	\$39.00	\$0.00	\$0.00	\$0 / \$35	\$365 Days 1-4	D - V - H	H1278	032	\$6,000
	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$0 / \$0-30	\$475 Days 1-5	D - V - H	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0006 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$0-45	\$390 Days 1-5	D - V - H	H3805	017	\$6,300
	AARP Medicare Advantage from UHC WA-0007 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$0-30	\$390 Days 1-4	D - V - H	H3805	032	\$5,900
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$84.00	\$43.40	\$0.00	\$0 / \$0-25	\$350 Days 1-7	D - V - H	H3805	037	\$4,200

UnitedHealthcare 1-888-834-3721 www.uhcmedicareolutions.com	UHC Dual Complete WA-D001 (PPO D-SNP)	Local PPO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H0271	044	♥
	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$40.60	\$0.00	\$0.00	♥	♥	♥	H0710	030	♥
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$29.90	\$0.00	\$545.00	♥	♥	♥	H0710	031	♥
	UHC Dual Complete WA-D002 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	002	♥
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual-Eligible)	\$40.60	\$0.00	\$545.00	♥	♥	♥	H5008	015	♥
Wellcare 1-800-960-2530 https://www.wellcare.com/medicare	Wellcare Mutual of Omaha No Premium Open (PPO)	Local PPO	\$0.00	\$0.00	\$100.00	\$0 / \$25	\$400 Days 1-5	D - V - H	H5965	002	\$6,700
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual-Eligible)	\$36.10	\$0.00	\$545.00	♥	♥	♥	H5965	004	♥
	Wellcare Mutual of Omaha Low Premium Open (PPO)	Local PPO	\$29.00	\$29.00	\$0.00	\$0 / \$10	\$400 Days 1-5	D - V - H	H5965	005	\$6,700
Wellcare by Health Net 1-844-917-0175 http://www.wellcare.com/healthnetOR	Wellcare Giveback Open (PPO)	Local PPO	\$0.00	\$0.00	\$545.00	\$20 / \$50	\$405 Days 1-5	D - V - H	H5439	015	\$8,850
	Wellcare Low Premium Open (PPO)	Local PPO	\$24.00	\$8.50	\$350.00	\$0 / \$30	\$400 Days 1-6	D - V - H	H5439	019	\$5,900

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

- **Popular benefits offered:** D= Dental; V= Vision; H= Hearing; W= Wellness/Fitness 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

- ♥ **Special Needs Plan** – Contact the plan to learn more about costs.