

2024 Medicare Advantage Plans, Pierce 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 Extra Value Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$40	\$410 day 1-5	D - V - H	H3748	003	\$6,500
	Aetna Medicare Platinum Plus Plan (HMO-POS)	Local HMO	\$43.00	\$16.50	\$150.00	\$0/\$50	\$400 day 1-5	D - V - H	H3748	004	\$7,550
	Aetna Medicare Prime Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$150.00	\$0/\$35	\$370 day 1-5	D - V - H	H3748	008	\$5,900
	Aetna Medicare Elite Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$40	\$395 day 1-5	D - V - H	H3748	009	\$5,700
	Aetna Medicare Value Plan (HMO-POS)	Local HMO	\$0.00	\$0.00	\$150.00	\$0/\$40	\$400 day 1-5	D - V - H	H3931	126	\$6,700
	Aetna Medicare Choice Plan (PPO)	Local PPO	\$39.00	\$10.90	\$150.00	\$0/\$50	\$395 day 1-5	D - V - H	H5521	127	\$6,200
	Aetna Medicare Select Plan (PPO)	Local PPO	\$89.00	\$48.40	\$150.00	\$0/\$40	\$375 day 1-5	D - V - H	H5521	128	\$6,200
	Aetna Medicare Eagle Plan (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0/\$35	\$425 day 1-5	D - V - H	H5521	330	\$5,500
	Aetna Medicare Preferred Plan (PPO)	Local PPO	\$0.00	\$0.00	\$150.00	\$0/\$40	\$395 day 1-5	D - V - H	H5521	380	\$6,900
	Aetna Medicare SmartFit Plan (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0/\$45	\$395 day 1-5	D - V - H	H5521	431	\$6,900
AMERIGROUP (changes to Wellpoint in 2024) 1-855-593-0910 https://shop.amerigroup.com/medicare/	Wellpoint Dual Advantage (HMO D-SNP)	Local HMO (Dual-Eligible)	\$29.20	\$0.00	\$545.00	♥	♥	♥	H1894	002	♥
	Wellpoint Kidney Care (HMO C-SNP)	Local HMO (Chronic Condition)	\$0.00	\$0.00	\$0.00	♥	♥	♥	H1894	008	♥

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 day1-4	D - V - H	H5826	006	\$8,850
	Community Health Plan of WA MA Plan 3 (HMO)	Local HMO	\$79.00	\$38.40	\$0.00	\$0/\$40	\$500 day1-4	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 day1-4	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 day1-4	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	HumanaChoice H5216-048 (PPO)	Local PPO	\$200.00	\$159.40	\$545.00	\$0 / \$30	\$325 day1-4	D - V - H	H5216	048	\$6,700
	HumanaChoice H5216-247 (PPO)	Local PPO	\$0.00	\$0.00	\$125.00	\$0/\$30	\$495 day1-5	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 day1-5	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 day1-5	D - V - H	H5216	315	\$8,850
	Humana Gold Plus H5619-061 (HMO)	Local HMO	\$72.00	\$72.00	\$0.00	\$0/\$40	\$295 day1-7	D - V - H	H5619	061	\$3,850
	Humana Gold Plus H5619-100 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$50	\$495 day1-5	D - V - H	H5619	100	\$6,000
	Humana Value Plus H5619-134 (HMO)	Local HMO	\$34.00	\$0.00	\$545.00	20% / 20%	\$2,080 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	♥

Kaiser Permanente 1-800-598-2296 http://kp.org/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)	Local HMO (No Drug Coverage)	\$76.00	N/A	N/A	\$0/\$30	\$200 day1-3	D - V - H	H5050	001	\$4,200
	Kaiser Permanente Medicare Advantage Optimal (HMO)	Local HMO	\$327.00	\$286.40	\$0.00	\$0/\$20	\$190 day1-2	D - V - H	H5050	004	\$3,150
	Kaiser Permanente Medicare Advantage Essential (HMO)	Local HMO	\$94.00	\$53.40	\$0.00	\$0/\$30	\$260 day1-4	D - V - H	H5050	009	\$4,100
	Kaiser Permanente Medicare Advantage Vital (HMO)	Local HMO	\$34.00	\$0.00	\$0.00	\$0/\$30	\$275 day1-5	D - V - H	H5050	013	\$5,600
	Kaiser Permanente Medicare Advantage Key (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$35	\$375 day1-4	D - V - H	H5050	022	\$6,600
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 Day 1-6	D - V - H	H5823	012	\$6,351
Pacific Northwest PACE Partners 1-253-459-7270 https://pnwpacepartners.org/	PNW PACE Partners- Dual Eligible (PACE)	PACE	\$461.50	Contact Plan Administrator for Details					H3284	001	N/A
	PNW PACE Partners- Medicare Only (PACE)	PACE	\$1,391	Contact Plan Administrator for Details					H3284	002	N/A
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 day1-5	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 day1-7	D - V - H	H3864	034	\$5,700
	PacificSource Medicare Explorer Rx 11 (PPO)	Local PPO	\$0.00	\$0.00	\$150.00	"\$0-10 / \$0-35"	\$350 day 1-5	D - V - H	H4754	011	\$6,000
	PacificSource Medicare Explorer 12 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A		\$0/\$0				

Premera Blue Cross Medicare Advantage 1-888-868-7767 http://premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	\$0.00	\$0.00	\$160.00	\$5 / \$40	"\$450 Days 1-4"	D - V - H	H7245	001	\$6,500
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	\$54.00	\$20.90	\$0.00	\$0 / \$30	"\$350 Days 1-4"	D - V - H	H7245	002	\$5,000
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence BlueAdvantage HMO Plus (HMO)	Local HMO	\$46.00	\$16.20	\$100.00	\$0 / \$30	\$390 Days 1-4	D - V - H	H1997	002	\$6,100
	Regence Valiance (HMO)	Local HMO (No Drug Coverage)	\$82.00	N/A	N/A	\$0 / \$40	\$390 Days 1-4	D - V - H	H1997	008	\$5,900
	Regence BlueAdvantage HMO (HMO)	Local HMO	\$0.00	\$0.00	\$250.00	\$0 / \$30	\$390 Days 1-5	D - V - H	H1997	012	\$6,300
	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$5 / \$40	\$390 Days 1-5	D - V - H	H5009	001	\$6,200
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$147.00	\$111.40	\$200.00	\$0 / \$35	\$350 Days 1-5	D - V - H	H5009	002	\$5,400
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$82.00	\$49.80	\$250.00	\$0 / \$30	\$400 Days 1-5	D - V - H	H5009	008	\$6,200
	Regence MedAdvantage + Rx Primary PPO (PPO)	Local PPO	\$42.00	\$22.60	\$300.00	\$10 / \$35	\$425 Days 1-5	D - V - H	H5009	011	\$6,900
UnitedHealthcare (AARP) 1-800-555-5757 www.aarpmedicareplans.com	AARP Medicare Advantage from UHC WA-0003 (PPO)	Local PPO	\$25.00	\$0.00	\$0.00	\$0 / \$45	\$390 Days 1-5	D - V - H	H1278	030	\$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-0005 (HMO-POS)	Local HMO	\$42.00	\$13.40	\$0.00	\$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 / \$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 / \$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 / \$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 Dual Access (HMO D-SNP)	Local HMO (Dual-Eligible)	\$20.70	\$0.00	\$545.00	♥	♥	♥	H1353	002	♥
	Wellcare Dual Liberty (HMO D-SNP)	Local HMO (Dual-Eligible)	\$24.90	\$0.00	\$545.00	♥	♥	♥	H1353	004	♥
	Wellcare No Premium (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	005	\$6,300
	Wellcare Giveback (HMO)	Local HMO	\$0.00	\$0.00	\$440.00	\$10 / \$50	\$350 Days 1-5	D - V - H	H1353	006	\$8,300
	Wellcare Assist (HMO)	Local HMO	\$14.20	\$0.00	\$545.00	\$0 / \$25	\$350 Days 1-6	D - V - H	H1353	007	\$6,900
	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 Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$20 / \$50	\$500 Days 1-3	D - V - H	H5965	003	\$4,000
	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

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