



## 2025 Medicare Advantage Plans, Benton County

Data as of September 19, 2024. Includes 2025 approved contracts/plans.

Note: Information is subject to change as contracts are finalized. For the most current information, go to [www.medicare.gov](http://www.medicare.gov) and click on

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) Hearing (H) Vision (V) Wellness (W)	Contract ID	Plan ID	In Network MOOP Amount
Community Health Plan of WA 1-800-944-1247 <a href="http://medicare.chpw.org/">http://medicare.chpw.org/</a>	Community Health Plan of WA MA Plan 2 (HMO)	Local HMO	\$23.10	\$0.00	\$0.00	\$0 / \$50	\$500 Days 1-4	D, W	H5826	010	\$9,350
	Community Health Plan of WA Dual Complete (HMO D-SNP)	Local HMO (Dual Eligible)	\$26.20	\$0.00	\$590.00	♥	♥	♥	H5826	014	\$9,350
	Community Health Plan of WA Dual Select (HMO D-SNP)	Local HMO (Dual Eligible)	\$26.20	\$0.00	\$590.00	♥	♥	♥	H5826	017	\$9,350
Humana 1-800-833-2364 <a href="http://www.humana.com/medicare">http://www.humana.com/medicare</a>	HumanaChoice H5216-047 (PPO)	Local PPO	\$85.00	\$64.20	\$400.00	\$10 / \$45	\$380 Days 1-5	D, W	H5216	047	\$6,700
	HumanaChoice H5216-048 (PPO)	Local PPO	\$118.00	\$74.80	\$590.00	\$0 / \$35	\$325 Days 1-4	D, W	H5216	048	\$6,700
	Humana USAA Honor Giveback (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$40	\$450 Days 1-5	D, H, V, W	H5216	301	\$5,100
	Humana USAA Honor Giveback (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$50	\$590 Days 1-4	D, H, V, W	H5216	427	\$9,350
	Humana Gold Plus H5619-133 (HMO)	Local HMO	\$0.00	\$0.00	\$300.00	\$0 / \$50	\$460 Days 1-5	D, H, V, W	H5619	133	\$6,750
	Humana Value Plus H5619-134 (HMO)	Local HMO	\$7.80	\$0.00	\$590.00	20% / 20%	\$2,185 Per Stay	D, H, V, W	H5619	134	\$9,350

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) Hearing (H) Vision (V) Wellness (W)	Contract ID	Plan ID	In Network MOOP Amount
Humana 1-800-833-2364 <a href="http://www.humana.com/medicare">http://www.humana.com/medicare</a>	Humana Together in Health (PPO I-SNP)	Local PPO (Institutional)	\$0.00	\$0.00	\$460.00	♥	♥	♥	H5216	402	\$9,350
	Humana Dual Select H5619-165 (HMO D-SNP)	Local HMO (Dual Eligible)	\$24.10	\$0.00	\$590.00	♥	♥	♥	H5619	165	\$9,350
	Humana Gold Plus SNP-DE H5619-166 (HMO D-SNP)	Local HMO (Dual Eligible)	\$13.00	\$0.00	\$590.00	♥	♥	♥	H5619	166	\$9,350
	Humana Gold Plus SNP-DE H5619-167 (HMO D-SNP)	Local HMO (Dual Eligible)	\$26.20	\$0.00	\$590.00	♥	♥	♥	H5619	167	\$9,350
Molina Healthcare of Washington, Inc. 1-866-403-8293 <a href="http://www.molinahealthcare.com/medicare">www.molinahealthcare.com/medicare</a>	Molina Medicare Complete Care (HMO D-SNP)	Local HMO (Dual Eligible)	\$13.20	\$0.00	\$590.00	♥	♥	♥	H5823	006	\$9,350
	Molina Medicare Complete Care Select (HMO D-SNP)	Local HMO (Dual Eligible)	\$4.40	\$0.00	\$590.00	♥	♥	♥	H5823	010	\$9,350
Providence Medicare Advantage Plans 1-800-457-6064 <a href="http://www.providencehealthassurance.com/">http://www.providencehealthassurance.com/</a>	Providence Medicare Reverence (HMO-POS)	Local HMO (No Drug Coverage)	\$25.00	N/A	N/A	\$15 / \$30	\$300 Days 1-6	D, H, V, W	H9047	035	\$5,000
	Providence Medicare Cottonwood + Rx (HMO-POS)	Local HMO	\$37.00	\$10.80	\$0.00	\$0 / \$35	\$325 Days 1-6	D, H, V, W	H9047	062	\$5,500
	Providence Medicare Pine + Rx (HMO)	Local HMO	\$0.00	\$0.00	\$195.00	\$0 / \$45	\$395 Days 1-4	D, H, V, W	H9047	063	\$6,000
UnitedHealthcare (AARP) 1-800-555-5757 <a href="http://aarpmedicareplans.com/">http://aarpmedicareplans.com/</a>	AARP Medicare Advantage from UHC WA-12 (PPO)	Local PPO	\$0.00	\$0.00	\$420.00	\$0 / \$0-\$45	\$390 Days 1-5	D, H, V, W	H2001	087	\$6,700
	AARP Medicare Advantage from UHC WA-16 (PPO)	Local PPO	\$35.00	\$8.80	\$420.00	\$0 / \$0-\$35	\$375 Days 1-4	D, H, V, W	H2001	136	\$6,300
	AARP Medicare Advantage from UHC WA-0005 (HMO-POS)	Local HMO	\$27.00	\$0.80	\$255.00	\$0 / \$0-\$40	\$475 Days 1-5	D, H, V, W	H3805	015	\$5,500
	AARP Medicare Advantage from UHC WA-0010 (HMO-POS)	Local HMO	\$69.00	\$42.80	\$255.00	\$0 / \$0-\$35	\$350 Days 1-7	D, H, V, W	H3805	037	\$4,200

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) Hearing (H) Vision (V) Wellness (W)	Contract ID	Plan ID	In Network MOOP Amount
UnitedHealthcare 1-877-596-3258 <a href="https://www.uhc.com/medicare/">https://www.uhc.com/medicare/</a>	UHC Care Advantage WA-E001 (PPO I-SNP)	Local PPO (Institutional)	\$26.20	\$0.00	\$195.00	♥	♥	♥	H0710	030	\$2,000
	UHC Nursing Home Plan WA-F001 (PPO I-SNP)	Local PPO (Institutional)	\$26.20	\$0.00	\$590.00	♥	♥	♥	H0710	031	\$5,000
	UHC Dual Complete WA-S1 (PPO D-SNP)	Local PPO (Dual Eligible)	\$26.20	\$0.00	\$590.00	♥	♥	♥	H2001	078	\$9,350
	UHC Dual Complete WA-Q1 (PPO D-SNP)	Local PPO (Dual Eligible)	\$26.20	\$0.00	\$590.00	♥	♥	♥	H2001	079	\$9,350
	UHC Dual Complete WA-V2 (PPO D-SNP)	Local PPO (Dual Eligible)	\$26.20	\$0.00	\$590.00	♥	♥	♥	H2001	080	\$6,800
	UHC Complete Care WA-13 (HMO-POS C-SNP)	Local HMO (Chronic)	\$26.20	\$0.00	\$590.00	♥	♥	♥	H5008	018	\$9,350
	UHC Dual Complete WA-V001 (HMO-POS D-SNP)	Local HMO (Dual Eligible)	\$26.20	\$0.00	\$590.00	♥	♥	♥	H5008	015	\$6,700
	UHC Dual Complete WA-S3 (HMO-POS D-SNP)	Local HMO (Dual Eligible)	\$26.20	\$0.00	\$590.00	♥	♥	♥	H5008	018	\$9,350
	UHC Dual Complete WA-Q2 (HMO-POS D-SNP)	Local HMO (Dual Eligible)	\$14.50	\$0.00	\$590.00	♥	♥	♥	H5008	019	\$9,350

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) Hearing (H) Vision (V) Wellness (W)	Contract ID	Plan ID	In Network MOOP Amount
Wellcare 1-800-225-8017 <a href="http://www.wellcare.com/medicare">http://www.wellcare.com/medicare</a>	Wellcare Mutual of Omaha Simple Open (PPO)	Local PPO	\$0.00	\$0.00	\$420.00	\$0 / \$25	\$400 Days 1-5	D, H, V, W	H5965	002	\$5,900
	Wellcare Patriot Giveback Open (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$25	\$500 Days 1-3	D, H, V, W	H5965	003	\$4,000
	Wellcare Dual Liberty Open (PPO D-SNP)	Local PPO (Dual Eligible)	\$20.80	\$0.00	\$590.00	♥	♥	♥	H5965	004	\$9,350
	Wellcare Dual Access Open (PPO D-SNP)	Local PPO (Dual Eligible)	\$26.20	\$0.00	\$590.00	♥	♥	♥	H5965	006	\$9,350
	Wellcare Mutual of Omaha Premium Enhanced Open (PPO)	Local PPO	\$96.00	\$96.00	\$420.00	\$0 / \$0	\$200 Per Stay	D, H, V, W	H5965	007	\$2,000

# 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 also cover extra benefits, 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 have reduced monthly costs.
  - ▶ **Annual drug deductible:** The maximum amount you must pay for prescriptions before your plan starts to cover them.
  - ▶ **Primary Doctor 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
  - ▶ **Additional benefits offered:** D= Dental; V= Vision; H= Hearing; W= Wellness Check with the plan for details.
  - ▶ **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.