



2025 Medicare Advantage Plans, Clark 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 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
Allwell 1-800-225-8017 http://www.wellcare.com/medicare	Wellcare Dual Liberty (HMO-POS D-SNP)	Local HMO (Dual Eligible)	\$23.40	\$0.00	\$590.00	♥	♥	♥	H0029	007	\$9,350
	Wellcare Dual Access (HMO-POS D-SNP)	Local HMO (Dual Eligible)	\$19.20	\$0.00	\$590.00	♥	♥	♥	H0029	008	\$9,350
	Wellcare Giveback (HMO-POS)	Local HMO	\$0.00	\$0.00	\$385.00	\$0 / \$30	\$425 Days 1-5	D, H, V, W	H0029	009	\$9,350
	Wellcare Dual Reserve (HMO-POS D-SNP)	Local HMO (Dual Eligible)	\$21.90	\$0.00	\$590.00	♥	♥	♥	H0029	010	\$5,800
	Wellcare Simple (HMO-POS)	Local HMO	\$0.00	\$0.00	\$420.00	\$0 / \$15	\$400 Days 1-5	D, H, V, W	H0029	011	\$6,000
Cigna Healthcare 1-800-313-0973 https://www.cigna.com/medicare/	Cigna Preferred Medicare (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0/\$25	\$300 Days 1-5	D, H, V, W	H7389	002	\$4,200
	Cigna True Choice Medicare (PPO)	Local PPO	\$0.00	\$0.00	\$0.00	\$0/\$25	\$395 Days 1-4	D, H, V, W	H7849	055	\$4,200
	Cigna True Choice Courage Medicare (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0/\$30	\$255 Days 1-5	D, H, V, W	H7849	139	\$5,700

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Community Health Plan of WA 1-800-944-1247 http://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, W	H5826	006	\$9,350
	Community Health Plan of WA MA Plan 4 (HMO)	Local HMO	\$107.00	\$80.80	\$0.00	\$0 / \$40	\$500 Days 1-4	D, V, W	H5826	009	\$9,350
	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
Devoted Health 1-800-376-5889 https://www.devoted.com/	Devoted CHOICE Washington (PPO)	Local PPO	\$0.00	\$0.00	\$590.00	\$0 / \$45	\$425 Days 1-5	D, H, V	H8917	001	\$6,750
	Devoted CHOICE GIVEBACK Washington (PPO)	Local PPO	\$0.00	\$0.00	\$590.00	\$0 / \$55	\$425 Days 1-5	D, H, V	H8917	002	\$6,750
Humana 1-800-833-2364 http://www.humana.com/medicare (Continued on next page)	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 Together in Health (PPO I-SNP)	Local PPO (Institutional)	\$0.00	\$0.00	\$460.00	♥	♥	♥	H5216	402	\$9,350
	HumanaChoice H5216-426 (PPO)	Local PPO	\$0.00	\$0.00	\$350.00	\$0 / \$50	\$597 Days 1-4	D, H, V	H5216	426	\$8,850
	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

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Humana 1-800-833-2364 http://www.humana.com/medicare	HumanaChoice H5216-428 (PPO)	Local PPO	\$0.00	\$0.00	\$125.00	\$0 / \$45	\$495 Days 1-5	D	H5216	428	\$6,750
	Humana Gold Plus H5619-056 (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$15/ \$55	\$520 Days 1-4	D	H5619	056	\$8,000
	Humana Gold Plus H5619-059 (HMO)	Local HMO	\$65.00	\$65.00	\$100.00	\$0 / 40	\$295 Days 1-7	D, W	H5619	059	\$2,900
	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
	Humana Gold Plus - Diabetes (HMO C-SNP)	Local HMO (Chronic C-SNP)	\$0.00	\$0.00	\$350.00	\$0 / \$10	\$390 Days 1-4	D, H, V, W	H5619	154	\$7,900
	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
	Humana Gold Plus H5619-174 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$40	\$395 Days 1-4	D, H, V, W	H5619	174	\$5,900
Kaiser Permanente 877-408-3496 https://healthy.kaiserpermanente.org/	Kaiser Permanente Senior Advantage Enhanced (HMO-POS)	Local HMO	\$114.00	\$114.00	\$0.00	\$0 / \$20	\$200 Days 1-6	H, V, W	H9003	001	\$3,000
	Kaiser Permanente Senior Advantage Standard (HMO-POS)	Local HMO	\$28.00	\$28.00	\$0.00	\$0 / \$30	\$250 Days 1-6	H, V, W	H9003	006	\$4,175
	Kaiser Permanente Senior Advantage Value (HMO-POS)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$35	\$275 Days 1-6	H, V, W	H9003	009	\$5,000

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Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	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
Pacific Source 1-888-863-3637 https://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, H, V, W	H3864	030	\$4,200
	PacificSource Medicare MyCare Choice Rx 34 (HMO-POS)	Local HMO	\$10.00	\$0.00	\$199.00	\$0 / \$0-\$25	\$315 Days 1-7	D, H, V, W	H3864	034	\$6,500
	PacificSource Medicare MyCare Rx 40 (HMO)	Local HMO	\$0.00	\$0.00	\$150.00	\$0 / \$0-\$30	\$395 Days 1-7	D, H, V, W	H3864	040	\$5,800
Providence Medicare Advantage Plans 1-800-457-6064 http://www.providencehealthassurance.com/	Providence Medicare Focus Medical (HMO)	Local HMO (No Drug Coverage)	\$140.00	N/A	N/A	\$0 / \$20	\$250 Days 1-5	D, H, V, W	H9047	033	\$3,800
	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 Timber + Rx (HMO)	Local HMO	\$0.00	\$0.00	\$250.00	\$0 / \$40	\$450 Days 1-4	D, H, V, W	H9047	054	\$6,000
	Providence Medicare Bridge + Rx (HMO-POS)	Local HMO	\$29.00	\$2.50	\$0.00	\$0 / \$30	\$325 Days 1-6	D, H, V, W	H9047	059	\$6,500
	Providence Medicare Extra + Rx (HMO)	Local HMO	\$161.00	\$0.00	\$0.00	\$0 / \$20	\$250 Days 1-5	D, H, V, W	H9047	064	\$4,000
	Providence Medicare Choice + Rx (HMO-POS)	Local HMO	\$82.00	\$18.20	\$0.00	\$15 / \$25	\$300 Days 1-6	D, H, V, W	H9047	065	\$5,000

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
Regence BlueShield 1-888-369-3171 http://www.regence.com/medicare	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	\$99.00	\$0.00	\$50.00	\$0 / \$30	\$425 Days 1-4	D. H, V, W	H3817	008	\$5,600
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	\$179.00	\$8.60	\$0.00	\$0 / \$25	\$300 Days 1-5	D. H, V, W	H3817	009	\$5,000
	Regence Valiance (PPO)	Local PPO (No Drug Coverage)	N/A	N/A	N/A	\$0 / \$35	\$370 Days 1-4	D. H, V, W	H3817	010	\$5,000
	Regence MedAdvantage + Rx Primary (PPO)	Local PPO	\$53.00	\$0.00	\$100.00	\$0 / \$40	\$395 Days 1-5	D. H, V, W	H3817	011	\$6,200

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UnitedHealthcare (AARP) 1-800-555-5757 http://aarpmedicareplans.com/	AARP Medicare Advantage from UHC WA-0002 (PPO)	Local PPO	\$0.00	\$0.00	\$570.00	\$0 / \$0-\$45	\$390 Days 1-5	H, V, W	H1278	029	\$7,900
	AARP Medicare Advantage Patriot No Rx WA-MA01 (PPO)	Local PPO (No Drug Coverage)	\$0.00	N/A	N/A	\$0 / \$0-\$55	\$515 Days 1-5	D, H, V, W	H1278	031	\$6,700
	AARP Medicare Advantage from UHC WA-0004 (PPO)	Local PPO	\$46.00	\$19.80	\$495.00	\$0 / \$0-\$55	\$450 Days 1-5	D, H, V, W	H1278	032	\$6,700
	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-17 (PPO)	Local PPO	\$0.00	\$0.00	\$420.00	\$0 / \$0-\$45	\$445 Days 1-4	D, H, V, W	H2001	137	\$6,500
	AARP Medicare Advantage Access from UHC WA-11 (PPO)	Local PPO	\$337.00	\$310.80	\$570.00	\$0 / \$0	\$0 Per Stay	D, H, V, W	H2001	138	\$3,000
	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 Essentials from UHC WA-6 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$255.00	\$0 / \$0-\$45	\$390 Days 1-5	D, H, V, W	H3805	017	\$6,300
	AARP Medicare Advantage Essentials from UHC WA-7 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$255.00	\$0 / \$0-\$30	\$390 Days 1-4	D, H, V, W	H3805	032	\$5,900
	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
	AARP Medicare Advantage Extras from UHC WA-14 (HMO-POS)	Local HMO	\$0.00	\$0.00	\$340.00	\$0 / \$0-\$45	\$475 Days 1-4	D, H, V, W	H3805	044	\$6,700

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UnitedHealthcare 1-877-596-3258 https://www.uhc.com/medicare/	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)	\$0.00	\$0.00	\$255.00	♥	♥	♥	H3805	043	\$5,900
	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

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Wellcare 1-800-225-8017 http://www.wellcare.com/medicare	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	\$0.00	\$420.00	\$0 / \$0	\$200 Per Stay	D, H, V, W	H5965	007	\$2,000
Wellcare by Health Net 1-800-225-8017 https://wellcare.healthnetoregon.com/	Wellcare Giveback Open (PPO)	Local PPO	\$0.00	\$0.00	\$420.00	\$0 / \$50	\$450 Days 1-5	D, H, V, W	H5939	015	\$8,850
	Wellcare Low Premium Open (PPO)	Local PPO	\$38.00	\$7.00	\$420.00	\$0 / \$50	\$450 Days 1-5	D, H, V, W	H5439	019	\$6,800
Wellpoint 1-833-668-0683 https://shop.wellpoint.com/medicare	Wellpoint Full Dual Advantage (HMO D-SNP)	Local HMO (Dual Eligible)	\$2.70	\$0.00	\$590.00	♥	♥	♥	H1894	002	\$9,350
	Wellpoint Full Dual Advantage (HMO D-SNP)	Local HMO (Dual Eligible)	\$0.00	\$0.00	\$590.00	♥	♥	♥	H1894	011	\$9,350

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,

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.