



2025 Medicare Advantage Plans, Pierce 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 |
|---|--|------------------------------|-----------------|--------------------------------------|------------------------|---|--------------------|--|-------------|---------|------------------------|
| Aetna Medicare 1-833-859-6031 http://www.aetna.com/medicare | Aetna Medicare Extra Value (HMO-POS) | Local HMO | \$0.00 | \$0.00 | \$590.00 | \$0 / \$0-\$45 | \$410 Days 1-5 | D, H, V, W | H3748 | 003 | \$6,750 |
| | Aetna Medicare Sound Advantage (HMO-POS) | Local HMO | \$0.00 | \$0.00 | \$590.00 | \$0 / \$0-\$40 | \$400 Days 1-5 | D, H, V, W | H3931 | 126 | \$6,750 |
| | Aetna Medicare Eagle (PPO) | Local PPO (No Drug Coverage) | \$0.00 | N/A | N/A | \$0 / \$0-\$35 | \$425 Days 1-5 | D, H, V, W | H5521 | 330 | \$5,500 |
| | Aetna Medicare Preferred (PPO) | Local PPO | \$0.00 | \$0.00 | \$450.00 | \$0 / \$0-\$55 | \$395 Days 1-5 | D, H, V, W | H5521 | 380 | \$6,900 |
| | Aetna Medicare SmartFit (PPO) | Local PPO | \$0.00 | \$0.00 | \$590.00 | \$0 / \$0-\$45 | \$425 Days 1-5 | D, H, V, W | H5521 | 431 | \$6,900 |
| 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 |

| 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 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 http://www.devoted.com/ | Devoted CHOICE Washington (PPO) | Local PPO | \$0.00 | \$0.00 | \$590.00 | \$0 / \$45 | \$425 Days 1-5 | D, H, V, W | 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, W | H8917 | 002 | \$6,750 |

| 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 http://www.humana.com/medicare | 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 |
| | 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 |
| | 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 H5619-061 (HMO) | Local HMO | \$74.00 | \$74.00 | \$50.00 | \$0 / \$40 | \$340 Days 1-7 | D, W | H5619 | 061 | \$4,150 |
| | Humana Gold Plus H5619-100 (HMO) | Local HMO | \$0.00 | \$0.00 | \$100.00 | \$0 / \$50 | \$495 Days 1-5 | D, W | H5619 | 100 | \$6,400 |
| Humana 1-800-833-2364 http://www.humana.com/medicare | 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 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 |

| 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 |
|---|--|------------------------------|-----------------|--------------------------------------|------------------------|---|--------------------|--|-------------|---------|------------------------|
| Kaiser Permanente 1-800-598-2296 http://kp.org/medicare | Kaiser Permanente Medicare Advantage Basic (HMO) | Local HMO (No Drug Coverage) | \$99.00 | N/A | N/A | \$0 / \$30 | \$200 Days 1-3 | D, V, H, W | H5050 | 001 | \$4,200 |
| | Kaiser Permanente Medicare Advantage Optimal (HMO) | Local HMO | \$353.00 | \$326.80 | \$0.00 | \$0 / \$20 | \$190 Days 1-2 | D, V, H, W | H5050 | 004 | \$3,150 |
| | Kaiser Permanente Medicare Advantage Essential (HMO) | Local HMO | \$99.00 | \$98.40 | \$0.00 | \$0 / \$25 | \$240 Days 1-4 | D, V, H, W | H5050 | 009 | \$4,000 |
| | Kaiser Permanente Medicare Advantage Vital (HMO) | Local HMO | \$44.00 | \$40.20 | \$0.00 | \$0 / \$30 | \$375 Days 1-5 | D, V, H, W | H5050 | 013 | \$5,600 |
| | Kaiser Permanente Medicare Advantage Key (HMO) | Local HMO | \$0.00 | \$0.00 | \$0.00 | \$0 / \$35 | \$400 Days 1-5 | 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) | \$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 |
| Regence BlueShield 1-888-369-3171 http://www.regence.com/medicare | Regence MedAdvantage + Rx Enhanced (PPO) | Local PPO | \$181.00 | \$154.80 | \$200.00 | \$0 / \$35 | \$350 Days 1-5 | D, V, H, W | H5009 | 002 | \$5,400 |
| | Regence MedAdvantage + Rx Primary (PPO) | Local PPO | \$66.00 | \$61.40 | \$300.00 | \$10 / \$35 | \$425 Days 1-5 | D, V, H, W | H5009 | 011 | \$7,100 |

| 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 (AARP) 1-800-555-5757 http://aarpmedicareplans.com/ | AARP Medicare Advantage from UHC WA-0003 (PPO) | Local PPO | \$32.00 | \$5.80 | \$495.00 | \$0 / \$0-\$55 | \$450 Days 1-5 | D, V, H, W | H1278 | 030 | \$6,700 |
| | 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-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 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 | |

| 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 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-S5 (PPO D-SNP) | Local PPO (Dual Eligible) | \$26.20 | \$0.00 | \$590.00 | ♥ | ♥ | ♥ | H2001 | 051 | \$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 Dual Complete WA-S2 (PPO D-SNP) | Local PPO (Dual Eligible) | \$26.20 | \$0.00 | \$590.00 | ♥ | ♥ | ♥ | H2001 | 081 | \$9,350 |
| | 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-S6 (HMO-POS D-SNP) | Local HMO (Dual Eligible) | \$26.20 | \$0.00 | \$590.00 | ♥ | ♥ | ♥ | H5008 | 002 | \$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-Q2 (HMO-POS D-SNP) | Local HMO (Dual Eligible) | \$14.50 | \$0.00 | \$590.00 | ♥ | ♥ | ♥ | H5008 | 019 | \$9,350 |
| | UHC Dual Complete WA-S4 (HMO-POS D-SNP) | Local HMO (Dual Eligible) | \$26.20 | \$0.00 | \$590.00 | ♥ | ♥ | ♥ | H5008 | 020 | \$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 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 | \$96.00 | \$420.00 | \$0 / \$0 | \$200 Per Stay | D, H, V, W | H5965 | 007 | \$2,000 |
| 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 Kidney Care (HMO-POS C-SNP) | Local HMO (Chronic) | \$0.00 | \$0.00 | \$0.00 | ♥ | ♥ | ♥ | H1894 | 008 | \$5,900 |
| | 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, 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.