



2025 Medicare Advantage Plans, Snohomish 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://+A30+A6:L79+A6:L20+A6:K20+A+A6:L79	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

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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

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Humana 1-800-833-2364 http://www.humana.com/medicare (Continued on Next Page)	Humana Gold Plus H2486-006 (HMO)	Local HMO	\$0.00	\$0.00	\$200.00	\$0 / \$50	\$538 Days 1-5	D, W	H2486	006	\$5,900
	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
	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 H5619-057 (HMO)	Local HMO	\$0.00	\$0.00	\$0.00	\$0 / \$25	\$390 Days 1-5	D, H, V, W	H5619	057	\$5,900
	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

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Humana 1-800-833-2364 http://www.humana.com/medicare	Humana Gold Plus H5619-063 (HMO)	Local HMO	\$0.00	\$0.00	\$590.00	\$20 / \$55	\$565 Days 1-4	D, W	H5619	063	\$9,350
	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
	Humana Gold Plus SNP-DE H5619-168 (HMO D-SNP)	Local HMO (Dual Eligible)	\$24.20	\$0.00	\$590.00	♥	♥	♥	H5619	168	\$9,350
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

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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
Providence Medicare Advantage Plans 1-800-457-6064 http://www.providencehealthassurance.com/	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
Regence BlueShield 1-888-369-3171 http://www.regence.com/medicare	Regence BlueAdvantage HMO (HMO)	Local HMO	\$0.00	\$0.00	\$200.00	\$0 / \$45	\$425 Days 1-6	D, H, W, V	H1997	013	\$6,700
	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	\$61.00	\$56.40	\$300.00	\$0 / \$30	\$415 Days 1-5	D, V, H, W	H5009	011	\$6,700

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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 / \$25	\$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 / \$25	\$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 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-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	

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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	\$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.