

## 2016 Medicare Advantage plans in Clark County, Washington state

Data as of October 8, 2015.

Includes 2016 approved contracts/plans with PACE and Special Needs Plans. Plans under sanction are not shown.

**Notes:** Data subject to change as contracts are finalized. For the most current information, go to: [www.medicare.gov](http://www.medicare.gov) and click on "Find Health and Drug Plans."

\* Indicates plan does not offer Part D drug coverage.

★ Indicates a 5-star rated plan.

Organization Name	Plan Name	Type of Medicare Health Plan	Contract ID/ Plan ID	Monthly Premium	Monthly Premium with Full Low Income Subsidy (LIS)	Annual Drug Deductible	In-Network Office Visit/ Specialist Visit	Inpatient Hospital	Dental, Vision, Hearing	In-network MOOP Amount **
Community HealthFirst Medicare Advantage Plan 1-800-944-1247 <a href="http://www.healthfirst.chpw.org">www.healthfirst.chpw.org</a>	Community HealthFirst MA Extra Plan (HMO)	Local HMO	H5826/010	\$33.80	\$8.10	\$0.00	\$10/\$45	\$440/day (Days 1 - 4)	D, V	\$ 6,700
	Community HealthFirst MA Pharmacy Plan (HMO)	Local HMO	H5826/008	\$61.00	\$27.20	\$0.00	\$0/\$40	\$425/day (Days 1 - 4)	D, V	\$ 6,700
	Community HealthFirst MA Plan (HMO)	Local HMO * (No Drug Coverage)	H5826/006	\$15.00			\$0/\$40	\$425/day (Days 1-4)	D, V	\$ 6,700
	Special Needs Plan (HMO SNP)	Local HMO (SNP - Dual-eligible)	H5826/014	\$33.80	\$0.00	\$360.00	\$0.00	\$0 (Days 1-90)	D, V	N/A
Health Net Life Insurance Company 1-800-949-6165 <a href="http://www.healthnet.com/medicare">www.healthnet.com/medicare</a>	Health Net Aqua (PPO)	Local PPO * (No Drug Coverage)	H5520/001	\$45.00			\$12/\$25	\$175/day (Days 1 - 8)	D, V	\$ 2,500
	Health Net Violet Option 1 (PPO)	Local PPO	H5520/002	\$116.00	\$82.20	\$95.00	\$12/\$25	\$225/day (Days 1 - 7)	D, V	\$ 2,900
	Health Net Violet Option 2 (PPO)	Local PPO	H5520/012	\$0.00	\$0.00	\$200.00	\$15/\$30	\$375/day (Days 1 - 4)	D, V	\$ 5,100
Humana Health Plan, Inc. 1-800-833-2364 <a href="http://www.humana-medicare.com">www.humana-medicare.com</a>	Humana Gold Plus H2012-031 (HMO)	Local HMO	H2012/031	\$14.00	\$14.00	\$360.00	\$5/\$50	\$440/day (Days 1 - 4)	D, V, H	\$ 6,700
	Humana Gold Plus H2012-088 (HMO)	Local HMO	H2012/088	\$72.00	\$40.00	\$320.00	\$15/\$40	\$270/day (Days 1 - 7)	D, V, H	\$ 5,900
Humana Insurance Company 1-800-833-2364 <a href="http://www.humana-medicare.com">www.humana-medicare.com</a>	HumanaChoice H6609-012 (PPO)	Local PPO * (No Drug Coverage)	H6609/012	\$0.00			\$10/\$25	\$275/day (days 1 - 5)	D, V	\$ 3,600
	HumanaChoice H6609-013 (PPO)	Local PPO	H6609/013	\$104.00	\$70.20	\$320.00	\$10/\$45	\$300/day (Days 1 - 5)	D, V	\$ 6,700
	HumanaChoice H6609-073 (PPO)	Local PPO	H6609/073	\$203.00	\$168.40	\$360.00	\$0/\$30	\$325/day (Days 1 - 4)	D, V	\$ 6,700

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Kaiser Permanente 1-877-852-5081 www.kp.org/medicare	Kaiser Permanente Senior Advantage (HMO) ★	Local HMO	H9003/001	\$119.00	\$90.20	\$0.00	\$20/\$25	\$200/day (Days 1 - 6)	D, V, H	\$ 2,500
	Kaiser Permanente Senior Advantage Basic (HMO) ★	Local HMO	H9003/006	\$41.00	\$26.50	\$0.00	\$30/\$35	\$275/day (Days 1 - 6)	D, V, H	\$ 4,900
Providence Health Plans 1-800-457-6064 www.providencehealthplan.com	Providence Medicare Choice (HMO-POS)	Local HMO * (No Drug Coverage)	H9047/035	\$45.00			\$20/\$30	\$275/day (Days 1 - 7)	D, V	\$ 3,250
	Providence Medicare Choice + RX (HMO-POS)	Local HMO	H9047/024	\$81.00	\$47.20	\$0.00	\$20/\$30	\$275/day (Days 1 - 7)	D, V	\$ 3,250
	Providence Medicare Extra (HMO)	Local HMO * (No Drug Coverage)	H9047/033	\$109.00			\$15/\$20	\$200/day (Days 1 - 7)	D, V	\$ 3,000
	Providence Medicare Extra + RX (HMO)	Local HMO	H9047/001	\$157.00	\$123.20	\$0.00	\$15/\$20	\$200/day (Days 1 - 7)	D, V	\$ 3,000
Regence BlueCross BlueShield of Oregon 1-844-734-3623 www.regence.com/medicare	Regence BlueAdvantage HMO (HMO)	Local HMO	H6237/003	\$0.00	\$0.00	\$0.00	\$15/\$35	\$390/day (Days 1 - 4)	D, V, H	\$ 6,700
	Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	H3817/009	\$242.00	\$208.20	\$0.00	\$10/\$25	\$310/day (Days 1 - 5)	D, V, H	\$ 5,000
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	H3817/008	\$104.00	\$70.20	\$360.00	\$15/\$40	\$390/day (Days 1 - 4)	D, V	\$ 6,700
	Regence MedAdvantage Basic (PPO)	Local PPO * (No Drug Coverage)	H3817/007	\$58.00			\$15/\$40	\$390/day (Days 1 - 4)	D, V	\$ 6,700
UnitedHealthcare 1-877-699-5710 www.aarpmedicareplans.com	AARP MedicareComplete Plan 1 (HMO)	Local HMO	H3805/014	\$85.00	\$61.90	\$160.00	\$5/\$35	\$225/day (Days 1 - 7)	D, V, H	\$ 4,200
	AARP MedicareComplete Plan 2 (HMO)	Local HMO	H3805/016	\$0.00	\$0.00	\$260.00	\$15/\$50	\$440/day (Days 1 - 4)	D, V, H	\$ 6,700
	AARP MedicareComplete Plan 3 (HMO)	Local HMO	H3805/015	\$55.00	\$41.00	\$200.00	\$10/\$45	\$395/day (Days 1 - 4)	D, V, H	\$ 5,900
UnitedHealthcare 1-877-596-3258 www.UHCMedicareSolutions.com	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO (SNP - Dual-eligible)	H5008/002	\$23.80	\$0.00	\$360.00	\$0/0-20%	N/A	D, V, H	\$6,700

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## Key to types of Medicare Advantage plans

**Local HMO:** A Health Maintenance Organization is available in certain counties only. In most HMOs, the plan pays for care only with doctors, specialists, or hospitals on the plan's list - except in an emergency.

**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.

**PFFS:** A Private Fee-for-Service Plan. In a PFFS, you can go to any Medicare-approved doctor or hospital that accepts the plan's payment. When you need care, always check with your doctor to see if he or she participates in the plan.

**HMO-POS:** An HMO plan with a Point-of-Service plan option. An HMO-POS option pays for care with doctors, providers, and hospitals outside the plan for an added cost.

**SNP:** Medicare "Special Needs" Plans may limit all or most of their membership to people:

- In certain long-term care facilities (like a nursing home); or
- Eligible for both Medicare and Medicaid.

Some plans may offer gym membership as an additional benefit. Check with the plan or go to: [silversneakers.com](http://silversneakers.com)

## Key to Drug Benefit Type

**Basic:** These plans offer basic coverage with standard deductible, copays, and coverage gap.

**Enhanced:** These plans may have higher monthly premiums than basic plans and may offer added benefits, such as no deductible, lower copayments, or some coverage during the coverage gap.

## Key to Abbreviations

**D:** Some dental coverage

**H:** Some hearing coverage

**V:** Some vision coverage

**\*\*MOOP:** Maximum Out of Pocket limit on enrollee spending that includes costs for all in-network Part A and Part B services.

**NA:** Not applicable

## 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.