

2018 Medicare Advantage plans, Clark County

Data is as of October 11, 2017. Includes 2018 approved contracts/plans with Special Needs Plans and PACE.

Note: Data are subject to change as contracts are finalized. For most current information, go to: www.medicare.gov and click on "Find Health and Drug Plans."

*Indicates plan does not offer Part D coverage.

Organization Name	Plan Name/Contract ID/Plan ID	Type of Medicare Advantage Plan	Monthly Premium	Monthly Premium with Full Extra Help (US)	Annual Drug Deductible	In Network Office Visit/ Specialist Visit	Inpatient Hospital	Dental (D) Vision (V) Hearing (H)	In-network MOOP Amount **
Arcadian Health Plan, Inc. 1-800-833-2364 www.humana.com/medicare	Humana Gold Plus H5619-056 (HMO)H5619/056	Local HMO	\$0	\$0.00	\$125	\$5/\$50	\$440/day (Days 1-4)	D, V, H	\$6,700
	Humana Gold Plus H5619-101 (HMO)H5619/101	Local HMO	\$33	\$33.00	\$100	\$0/\$40	\$345/day (Days 1-5)	D, V, H	\$5,000
Community HealthFirst Medicare Advantage Plan 1-800-944-1247 healthfirst.chpw.org	Community HealthFirst MA Plan (HMO)H5826/006	Local HMO* (No drug coverage)	\$30			\$0/\$40	\$450/day (Days 1-4)	D, V	\$6,700
	Community HealthFirst MA Pharmacy Plan (HMO)H5826/008	Local HMO	\$67	\$32.40	\$0	\$0/\$40	\$450/day (Days 1-4)	D, V	\$6,700
	Community HealthFirst MA Extra Plan (HMO)H5826/010	Local HMO	\$20.90	\$0	\$0	\$10/\$45	\$450/day (Days 1-4)	V	\$6,700
	Community HealthFirst MA Special Needs Plan (HMO SNP)H5826/014	Local HMO (SNP - Dual-Eligible)	\$34.60	\$0	\$405	\$0/\$0	\$0	D, V	\$ 6,700
Humana Insurance Company 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-046 (PPO)H5216/046	Local PPO* (No Drug Coverage)	\$0			\$10/\$25	\$275/day (Days 1-5)	D, V, H	\$3,600
	HumanaChoice H5216-047 (PPO)H5216/047	Local PPO	\$100	\$69.40	\$320	\$10/\$45	\$300/day (Days 1-5)	D, V, H	\$6,700
Health Net Life Insurance Company 1-888-445-8913 www.healthnet.com/medicare	Health Net Aqua (PPO)H5439/010	Local PPO* (No Drug Coverage)	\$45			\$12/\$25	\$175/day (Days 1-8)	D, V	\$2,500
	Health Net Violet 1 (PPO)H5439/011	Local PPO	\$116	\$81.40	\$95	\$12/\$25	\$225/day (Days 1-7)	D, V	\$2,900
	Health Net Violet 2 (PPO)H5439/014	Local PPO	\$0	\$0	\$150	\$15/\$35	\$375/day (Days 1-4)	D, V	\$6,700

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Kaiser Permanente 1-877-408-3496 kp.org/medicare	Kaiser Permanente Senior Advantage (HMO)H9003/001	Local HMO	\$127	\$92.40	\$0	\$15/\$25	\$200/day (Days 1-6)	D, V, H	\$2,500
	Kaiser Permanente Senior Advantage Basic (HMO)H9003/006	Local HMO	\$44	\$11.70	\$0	\$25/\$35	\$265/day (Days 1-6)	D, V, H	\$4,900
PacificSource Medicare 1-888-863-3637 www.Medicare.PacificSource.com	PacificSource Medicare MyCare Rx 28 (HMO)H3864/028	Local HMO	\$37	\$2.40	\$150	\$5/\$25	\$295/day (Days 1-5)	D, V, H	\$4,950
	PacificSource Medicare MyCare Rx 31 (HMO)H3864/031	Local HMO	\$7	\$0.60	\$250	\$5/\$35	\$425/day (Days 1-4)	D, V, H	\$4,950
Providence Health Assurance 1-800-457-6064 www.providencehealthassurance.com	Providence Medicare Extra + RX (HMO)H9047/001	Local HMO	\$165	\$130.40	\$0	\$10/\$20	\$250/day (Days 1-5)	D, V, H	\$3,400
	Providence Medicare Choice + RX (HMO-POS)H9047/024	Local HMO	\$88	\$41	\$240	\$15/\$30	\$375/day (Days 1-6)	D, V, H	\$3,400
	Providence Medicare Extra (HMO)H9047/033	Local HMO* (No drug coverage)	\$109			\$10/\$20	\$250/day (Days 1-5)	D, V, H	\$3,400
	Providence Medicare Choice (HMO-POS)H9047/035	Local HMO* (No drug coverage)	\$45			\$15/\$30	\$375/day (Days 1-6)	D, V, H	\$3,400
Regence BlueCross BlueShield of Oregon 1-888-369-3171 www.regence.com/medicare	Regence BlueAdvantage HMO (HMO)H6237/004	Local HMO	\$0	\$0	\$200	\$10/\$40	\$430/day (Days 1-4)	D, V, H	\$5,900
	Regence BlueAdvantage HMO Plus (HMO)H6237/005	Local HMO	\$27	\$21.10	\$0	\$0/\$40	\$375/day (Days 1-4)	D, V, H	\$4,900
	Regence MedAdvantage Basic (PPO)H3817/007	Local PPO* (No Drug Coverage)	\$29			\$15/\$40	\$390/day (Days 1-4)	D, V, H	\$6,700
	Regence MedAdvantage + Rx Classic (PPO)H3817/008	Local PPO	\$93	\$58.40	\$290	\$10/\$40	\$395/day (Days 1-4)	D, V, H	\$6,700
	Regence MedAdvantage + Rx Enhanced (PPO)H3817/009	Local PPO	\$196	\$161.40	\$0	\$5/\$25	\$315/day (Days 1-5)	D, V, H	\$5,000

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UnitedHealthcare 1-800-555-5757 www.AARPMedicarePlans.com	AARP Medicare Complete Plan 1 (HMO)H3805/014	Local HMO	\$86	\$52.90	\$185	\$5/\$35	\$250/day (Days 1-7)	D, V, H	\$4,200
	AARP Medicare Complete Plan 3 (HMO)H3805/015	Local HMO	\$55	\$29.20	\$225	\$10/\$45	\$395/day (Days 1-4)	D, V, H	\$5,900
	AARP Medicare Complete Plan 2 (HMO)H3805/016	Local HMO	\$0	\$0	\$275	\$15/\$50	\$440/day (Days 1-4)	D, V, H	\$6,700
UnitedHealthcare 1-877-596-3258 www.UHCMedicareSolutions.com	UnitedHealthcare Assisted Living Plan (PPO SNP)H0710/030	Local PPO (SNP - Institutional)	\$27	\$0	\$200	\$0/ \$25	\$250/day (Days 1-7)	D, V, H	\$3,500
	UnitedHealthcare Dual Complete (HMO SNP)H5008/002	Local HMO (SNP - Dual-Eligible)	\$28.10	\$0	\$405	\$0/\$0	N/A	D, V, H	\$6,700
	UnitedHealthcare Nursing Home Plan (PPO SNP)H0710/031	Local PPO (SNP - Institutional)	\$34.60	\$0	\$405	0%/ 0-20%	\$1,300	D, V, H	\$5,000

2018 Medicare Advantage plans, Washington state

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.

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.

PACE (Program of All-inclusive Care for the Elderly): PACE is a type of Medicare/Medicaid program that helps provide community-based care and services to people age 55 or older who otherwise would need nursing home care. Only available in King County. Check with the plan for more information.

Some plans may offer gym membership as an additional benefit. Check with the plan or go to:

Key to Abbreviations

D: Some dental coverage. Plans may require additional premium.

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.

N/A: 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.