

## 2018 Medicare Advantage plans, Grant 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](http://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 (LIS) | Annual Drug Deductible | In Network Office Visit/ Specialist Visit | Inpatient Hospital   | Dental (D) Vision (V) Hearing (H) | In-network MOOP Amount ** |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------|-----------------|--------------------------------------------|------------------------|-------------------------------------------|----------------------|-----------------------------------|---------------------------|
| Health Alliance Northwest<br>1-877-642-3331<br><a href="http://www.healthalliancemedicare.org">www.healthalliancemedicare.org</a> | Health Alliance NW Companion Rx (HMO)H3471/001       | Local HMO                       | \$65            | \$34.20                                    | \$0                    | \$10/\$45                                 | \$450/day (Days 1-4) | D, H                              | \$4,500                   |
|                                                                                                                                   | Health Alliance NW Companion Rx Plus (HMO)H3471/002  | Local HMO                       | \$105           | \$72.90                                    | \$0                    | \$10/\$40                                 | \$300/day (Days 1-6) | D, H                              | \$3,900                   |
|                                                                                                                                   | Health Alliance NW Companion HMO (HMO)H3471/003      | Local HMO* (No drug coverage)   | \$29            |                                            |                        | \$15/\$45                                 | \$450/day (Days 1-4) | D, H                              | \$5,700                   |
|                                                                                                                                   | Health Alliance NW Companion Basic Rx (HMO)H3471/010 | Local HMO                       | \$32            | \$1.60                                     | \$0                    | \$20/\$50                                 | \$450/day (Days 1-4) | D, H                              | \$6,700                   |
| Soundpath Health<br>1-866-789-7747<br><a href="http://www.SoundpathHealth.com">www.SoundpathHealth.com</a>                        | Soundpath Health Charter + Rx (HMO)H9302/003         | Local HMO                       | \$146           | \$111.40                                   | \$160                  | \$10/\$35                                 | \$450/day (Days 1-4) | D, V, H                           | \$4,900                   |
|                                                                                                                                   | Soundpath Health Alpine (HMO)H9302/004               | Local HMO* (No drug coverage)   | \$42            |                                            |                        | \$10/\$50                                 | \$595/day (Days 1-3) | V, H                              | \$6,500                   |
|                                                                                                                                   | Soundpath Health Sound + Rx (HMO)H9302/007           | Local HMO                       | \$40            | \$9.80                                     | \$160                  | \$10/\$50                                 | \$595/day (Days 1-3) | D, V, H                           | \$6,500                   |
|                                                                                                                                   | Soundpath Health Peak + Rx (HMO)H9302/011            | Local HMO                       | \$0             | \$0                                        | \$160                  | \$15/\$50                                 | \$595/day (Days 1-3) | V, H                              | \$6,700                   |

# 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.