

# 2017 Medicare Advantage Plans, King County

Data as of October 7, 2016. Includes 2017 approved contracts/plans with Special Needs Plans.

Notes: 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	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	Additional Benefits	In-network MOOP Amount **
Aetna Medicare 1-855-338-7027 <a href="http://www.aetnamedicare.com">www.aetnamedicare.com</a>	Aetna Medicare Choice Plan (PPO)	Local PPO	H5521/127	\$54.00	\$40.60	\$0.00	\$10/\$50	\$400/day (Days 1 to 4)	V, H	\$ 6,700
	Aetna Medicare Select Plan (PPO)	Local PPO	H5521/128	\$90.00	\$75.70	\$0.00	\$10/\$40	\$250/day (Days 1 to 4)	V, H	\$ 5,900
AMERIGROUP 1-888-873-0131 <a href="http://www.myamerigroup.com/medicare">www.myamerigroup.com/medicare</a>	Amerivantage Classic (HMO)	Local HMO	H1894/001	\$0.00	\$0.00	\$0.00	\$10/\$45	\$270/day (Days 1 to 7)	D, V, H	\$ 6,700
	Amerivantage Dual Coordination (HMO SNP)	Local HMO (SNP - Dual Eligible)	H1894/002	\$34.80	\$0.00	\$400.00	\$0/\$0	\$0.00	D, V	\$ 6,700
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	\$31.70	\$0.00	\$0.00	\$10/\$45	\$360/day (Days 1 to 4)	V	\$ 6,700
	Community HealthFirst MA Pharmacy Plan (HMO)	Local HMO	H5826/008	\$61.00	\$26.20	\$0.00	\$0/\$40	\$360/day (Days 1 to 4)	D, V	\$ 6,700
	Community HealthFirst MA Plan (HMO)	Local HMO * (Drugs Not Covered)	H5826/006	\$15.00			\$0/\$40	\$360/day (Days 1 to 4)	D, V	\$ 6,700
	Community HealthFirst MA Special Needs Plan (HMO SNP)	Local HMO (SNP - Dual Eligible)	H5826/014	\$34.80	\$0.00	\$400.00	\$0/\$0	\$0.00	D, V	\$ 6,700
Group Health Cooperative (now Kaiser Permanente) 1-800-446-8882 <a href="http://wa.kaiserpermanente.org">wa.kaiserpermanente.org</a>	Group Health Cooperative Basic (HMO)	Local HMO * (Drugs Not Covered)	H5050/001	\$99.00			\$10/\$30	\$250/day (Days 1 to 4)	D, V, H	\$ 2,000
	Group Health Cooperative Essential (HMO)	Local HMO	H5050/009	\$129.00	\$96.40	\$0.00	\$10/\$35	\$250/day (Days 1 to 4)	D, V, H	\$ 4,500
	Group Health Cooperative Optimal (HMO)	Local HMO	H5050/004	\$270.00	\$235.20	\$0.00	\$10/\$20	\$125/day (Days 1 to 2)	D, V, H	\$ 2,000
	Group Health Cooperative Vital (HMO)	Local HMO	H5050/013	\$28.00	\$24.00	\$0.00	\$10/\$40	\$300/day (Days 1 to 6)	D, V, H	\$ 5,900
Humana Health Plan, Inc. 1-800-833-2364 <a href="http://www.humana-medicare.com">www.humana-medicare.com</a>	Humana Gold Plus H2012-033 (HMO)	Local HMO	H2012/033	\$0.00	\$0.00	\$200.00	\$0/\$45	\$450/day (Days 1 to 4)	D, V, H	\$ 6,700
	Humana Gold Plus H2012-088 (HMO)	Local HMO	H2012/088	\$70.00	\$70.00	\$260.00	\$5/\$40	\$250/day (Days 1 to 7)	D, V, H	\$ 5,900
	Humana Gold Plus SNP-DE H2012-095 (HMO SNP)	Local HMO (SNP - Dual Eligible)	H2012/095	\$31.10	\$0.00	\$200.00	\$0/\$0	\$0.00	D, V, H	\$6,700
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 * (Drugs Not Covered)	H6609/012	\$0.00			\$10/\$25	\$275/day (Days 1 to 5)	D, V	\$ 3,600
	HumanaChoice H6609-013 (PPO)	Local PPO	H6609/013	\$102.00	\$70.50	\$320.00	\$10/\$45	\$300/day (Days 1 to 5)	D, V	\$ 6,700

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Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Options Plus (HMO SNP)	Local HMO (SNP - Dual Eligible)	H5823/006	\$5.20	\$0.00	\$400.00	0 or 20%/0 or 20%	N/A	D, V, H	\$6,700
Premera Blue Cross Medicare Advantage 1-888-868-7767 www.premera.com	Premera Blue Cross Medicare Advantage (HMO)	Local HMO	H7245/001	\$0.00	\$0.00	\$320.00	\$15 or 0-15%/\$50 or 0-15%	\$450/day (Days 1 to 4)	D	\$ 6,700
	Premera Blue Cross Medicare Advantage Classic (HMO)	Local HMO	H7245/002	\$75.00	\$40.20	\$275.00	\$15 or 0-15%/\$50 or 0-15%	\$450/day (Days 1 to 4)	D, V, H	\$ 6,700
	Premera Blue Cross Medicare Advantage Classic Plus (HMO)	Local HMO	H7245/003	\$128.00	\$93.20	\$200.00	\$10/\$40	\$350/day (Days 1 to 4)	D, V, H	\$ 5,000
Regence BlueShield 1-844-734-3623 www.regence.com/medicare	Regence BlueAdvantage HMO (HMO)	Local HMO	H1997/002	\$49.00	\$14.20	\$0.00	\$5/\$45	\$390/day (Days 1 to 4)	D, V, H	\$ 5,900
	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	H5009/002	\$172.00	\$137.20	\$215.00	\$20/\$40	\$390/day (Days 1 to 4)	D, V, H	\$ 6,700
	Regence MedAdvantage Basic (PPO)	Local PPO * (Drugs Not Covered)	H5009/001	\$145.00			\$20/\$40	\$390/day (Days 1 to 4)	D, V	\$ 6,700
Soundpath Health 1-866-789-7747 www.soundpathhealth.com	Soundpath Health Alpine (HMO)	Local HMO * (Drugs Not Covered)	H9302/004	\$47.00			\$15/\$50	\$450/day (Days 1 to 4)	V, H	\$ 5,700
	Soundpath Health Charter + Rx (HMO)	Local HMO	H9302/003	\$148.00	\$113.20	\$0.00	\$10/\$35	\$360/day (Days 1 to 5)	D, V, H	\$ 3,900
	Soundpath Health Peak + Rx (HMO)	Local HMO	H9302/011	\$0.00	\$0.00	\$0.00	\$20/\$50	\$595/day (Days 1 to 3)	V, H	\$ 6,700
	Soundpath Health Sound + Rx (HMO)	Local HMO	H9302/007	\$47.00	\$17.90	\$0.00	\$15/\$50	\$450/day (Days 1 to 4)	D, V, H	\$ 5,700
UnitedHealthcare 1-800-555-5757 www.aarpmedicareplans.com	AARP MedicareComplete Plan 1 (HMO)	Local HMO	H3805/014	\$82.00	\$47.20	\$160.00	\$5/\$35	\$225/day (Days 1 to 7)	D, V, H	\$ 4,200
	AARP MedicareComplete Plan 2 (HMO)	Local HMO	H3805/017	\$0.00	\$0.00	\$200.00	\$15/\$50	\$440/day (Days 1 to 4)	D, V, H	\$ 6,700
	AARP MedicareComplete Plan 3 (HMO)	Local HMO	H3805/015	\$52.00	\$25.20	\$200.00	\$10/\$45	\$395/day (Days 1 to 4)	D, V, H	\$ 5,900
UnitedHealthcare 1-888-834-3721 www.UHCMedicareSolutions.com	UnitedHealthcare Assisted Living Plan (PPO SNP)	Local PPO (SNP- Institutional)	H0710/030	\$17.70	\$0.00	\$100.00	N/A	N/A	D, V, H	\$ 3,500
	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO (SNP - Dual Eligible)	H5008/002	\$34.80	\$0.00	\$400.00	\$0/0% or 20%	N/A	D, V, H	\$ 6,700
	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO (SNP - Institutional)	H5008/001	\$28.60	\$0.00	\$400.00	\$0/0-20%	N/A	D, V	\$ 6,700
	UnitedHealthcare Nursing Home Plan (PPO SNP)	Local PPO (SNP- Institutional)	H0710/031	\$34.80	\$0.00	\$400.00	\$0/0%-20%	N/A	D, V, H	\$ 5,000

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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.

**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: [www.silversneakers.com](http://www.silversneakers.com), [www.silverandfit.com](http://www.silverandfit.com), or [fitnessadvantage.optum.com](http://fitnessadvantage.optum.com)

### 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.