

2018 Medicare Advantage plans, Pierce 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 (LIS)	Annual Drug Deductible	In Network Office Visit/ Specialist Visit	Inpatient Hospital	Dental (D) Vision (V) Hearing (H)	In-network MOOP Amount **
Aetna Medicare 1-855-338-7027 www.aetnamedicare.com	Aetna Medicare Value Plan (HMO)H3931/126	Local HMO	\$0	\$0	\$0	\$10/\$45	\$360/day (Days 1-5)	V, H	\$6,500
	Aetna Medicare Platinum Plan (HMO)H3931/127	Local HMO	\$32	\$11.20	\$0	\$10/\$45	\$295/day (Days 1-6)	D, V, H	\$5,900
	Aetna Medicare Choice Plan (PPO)H5521/127	Local PPO	\$51	\$34.10	\$0	\$15/\$50	\$340/day (Days 1-4)	D, V, H	\$6,700
	Aetna Medicare Select Plan (PPO)H5521/128	Local PPO	\$86	\$64.80	\$0	\$10/\$40	\$250/day (Days 1-4)	D, V, H	\$5,900
Allwell 1-877-893-7277 https://allwell.coordinatedcarehealth.com	Allwell Medicare (HMO)H0029/001	Local HMO	\$0	\$0	\$200	\$5/\$50	\$595/day (Days 1-3)	V, H	\$6,700
Arcadian Health Plan, Inc. 1-800-833-2364 www.humana.com/medicare	Humana Gold Plus H5619-061 (HMO)H5619/061	Local HMO	\$47	\$47	\$100	\$0/\$40	\$345/day (Days 1-5)	D, V, H	\$5,000
	Humana Gold Plus H5619-100 (HMO)H5619/100	Local HMO	\$17	\$17	\$125	\$10/\$50	\$450/day (Days 1-4)	D, V, H	\$6,700
	Humana Gold Plus SNP-DE H5619-067 (HMO SNP)H5619/067	Local HMO (SNP - Dual-Eligible)	\$25.90	\$0	\$200	\$0/\$0	\$0	D, V, H	\$6,700

2018 Medicare Advantage plans, Pierce 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 (LIS)	Annual Drug Deductible	In Network Office Visit/ Specialist Visit	Inpatient Hospital	Dental (D) Vision (V) Hearing (H)	In-network MOOP Amount **
Humana Insurance Company 1-800-833-2364 www.humana.com/medicare	HumanaChoice H5216-046 (PPO)H5216/046	Local HMO* (No drug coverage)	\$0			\$10/\$25	\$275/day (Days 1-5)	D, V, H	\$3,600
	HumanaChoice H5216-048 (PPO)H5216/048	Local PPO	\$199	\$163.60	\$310	\$0/\$30	\$325/day (Days 1-4)	D, V	\$6,700
Kaiser Foundation Health Plan of Washington 1-800-446-8882 kp.org/wa/medicare	Kaiser Permanente Medicare Advantage Basic (HMO)H5050/001	Local HMO* (No drug coverage)	\$109			\$10/\$30	\$200/day (Days 1-3)	D, V, H	\$2,000
	Kaiser Permanente Medicare Advantage Optimal (HMO)H5050/004	Local HMO	\$296	\$261.40	\$0	\$10/\$20	\$125/day (Days 1-2)	D, V, H	\$2,000
	Kaiser Permanente Medicare Advantage Essential (HMO)H5050/009	Local HMO	\$99	\$64.40	\$0	\$10/\$35	\$215/day (Days 1-4)	D, V, H	\$4,500
	Kaiser Permanente Medicare Advantage Vital (HMO)H5050/013	Local HMO	\$28	\$28	\$0	\$10/\$35	\$300/day (Days 1-6)	D, V, H	\$5,900
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Options (HMO)H5823/008	Local HMO	\$0	\$0	\$175	\$10/\$45	\$440/day (Days 1-4)	V, H	\$6,700
	Molina Medicare Choice (HMO SNP)H5823/007	Local HMO (SNP - Dual-Eligible)	\$34.60	\$0	\$405	\$0/ 0% or 20%	N/A	D, V, H	\$6,700
	Molina Medicare Options Plus (HMO SNP)H5823/006	Local HMO (SNP - Dual-Eligible)	\$34.60	\$0	\$405	0% or 20%/0% or 20%	N/A	D, V, H	\$6,700

2018 Medicare Advantage plans, Pierce 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 (LIS)	Annual Drug Deductible	In Network Office Visit/ Specialist Visit	Inpatient Hospital	Dental (D) Vision (V) Hearing (H)	In-network MOOP Amount **
Premera Blue Cross Medicare Advantage 1-888-868-7767 premera.com/ma	Premera Blue Cross Medicare Advantage (HMO)H7245/001	Local HMO	\$0	\$0	\$340	\$15/\$45	\$450/day (Days 1-4)	D	\$6,200
	Premera Blue Cross Medicare Advantage Classic (HMO)H7245/002	Local HMO	\$75	\$42.80	\$275	\$15/\$50	\$450/day (Days 1-4)	D, V, H	\$5,900
	Premera Blue Cross Medicare Advantage Classic Plus (HMO)H7245/003	Local HMO	\$166	\$131.40	\$200	\$10/\$40	\$350/day (Days 1-4)	D, V, H	\$5,000
Regence BlueShield 1-888-369-3171 www.regence.com/medicare	Regence BlueAdvantage HMO Plus (HMO)H1997/002	Local HMO	\$47	\$12.40	\$200	\$10/\$45	\$390/day (Days 1-4)	D, V, H	\$5,900
	Regence BlueAdvantage HMO (HMO)H1997/006	Local HMO	\$0	\$0	\$405	\$15/\$45	\$430/day (Days 1-4)	D, V, H	\$6,700
	Regence MedAdvantage Basic (PPO)H5009/001	Local HMO* (No drug coverage)	\$99			\$20/\$40	\$390/day (Days 1-4)	D, V, H	\$6,700
	Regence MedAdvantage + Rx Classic (PPO)H5009/002	Local PPO	\$162	\$127.40	\$295	\$20/\$40	\$390/day (Days 1-4)	D, V, H	\$5,700
	Regence MedAdvantage + Rx Primary (PPO)H5009/008	Local PPO	\$116	\$81.40	\$405	\$25/\$50	\$450/day (Days 1-4)	D, V, H	\$6,700

2018 Medicare Advantage plans, Pierce 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 (LIS)	Annual Drug Deductible	In Network Office Visit/ Specialist Visit	Inpatient Hospital	Dental (D) Vision (V) Hearing (H)	In-network MOOP Amount **
Soundpath Health 1-866-789-7747 www.SoundpathHealth.com	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
UnitedHealthcare 1-800-555-5757 www.AARPMedicarePlans.com	AARP MedicareComplete Plan 1 (HMO)H3805/014	Local HMO	\$86	\$52.90	\$185	\$5/\$35	\$250/day (Days 1-7)	D, V, H	\$4,200
	AARP MedicareComplete Plan 3 (HMO)H3805/015	Local HMO	\$55	\$29.20	\$225	\$10/\$45	\$395/day (Days 1-4)	D, V, H	\$5,900
	AARP MedicareComplete Plan 2 (HMO)H3805/019	Local HMO	\$20	\$0	\$200	\$15/\$50	\$440/day (Days 1-4)	D, V, H	\$6,700

2018 Medicare Advantage plans, Pierce 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 (LIS)	Annual Drug Deductible	In Network Office Visit/ Specialist Visit	Inpatient Hospital	Dental (D) Vision (V) Hearing (H)	In-network MOOP Amount **
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 (HMO SNP)H5008/001	Local HMO (SNP - Institutional)	\$27.10	\$0	\$405	\$0/0-20%	N/A	D, V	\$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.