

2017 Medicare Advantage Plans, Yakima 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 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 **
Community HealthFirst Medicare Advantage Plan 1-800-944-1247 www.healthfirst.chpw.org	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	H5826/009	\$89.00	\$54.20	\$0.00	\$0/\$40	\$360/day (Days 1 to 4)	D, V, H	\$ 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
Health Alliance Medicare 1-888-382-9771 http://medicare.healthalliance.org	Health Alliance Medicare SignalAdvantage HMO (HMO)	Local HMO * (Drugs Not Covered)	H3471/006	\$45.00			\$10/\$40	\$330/day (Days 1 to 5)	D	\$ 4,900
	Health Alliance Medicare SignalAdvantage HMO Rx (HMO)	Local HMO	H3471/004	\$75.00	\$40.20	\$400.00	\$10/\$40	\$330/day (Days 1 to 5)	D	\$ 4,900
	Health Alliance Medicare SignalAdvantage HMO Rx + (HMO)	Local HMO	H3471/005	\$108.00	\$73.20	\$400.00	\$5/\$30	\$280/day (Days 1 to 6)	D	\$ 3,400
	Health Alliance Medicare SignalAdvantage POS (HMO-POS)	Local HMO * (Drugs Not Covered)	H3471/015	\$70.00			\$10/\$40	\$330/day (Days 1 to 5)	D	\$ 4,900
	Health Alliance Medicare SignalAdvantage POS Rx (HMO-POS)	Local HMO	H3471/013	\$100.00	\$65.20	\$400.00	\$10/\$40	\$330/day (Days 1 to 5)	D	\$ 4,900
	Health Alliance Medicare SignalAdvantage POS Rx + (HMO-POS)	Local HMO	H3471/014	\$133.00	\$98.20	\$400.00	\$5/\$30	\$280/day (Days 1 to 6)	D	\$ 3,400
Regence BlueShield 1-844-734-3623 www.regence.com/medicare	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

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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, www.silverandfit.com, or

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.