Starting October 15, you can enroll in 2020 plans. Show me 2019 plans.

There may be separate drug plans available with lower drug costs. Tell me more.

View 28 available drug plans

## 13 Medicare Advantage Plans available

Filter Plans



Island, WA Change location

No filters selected

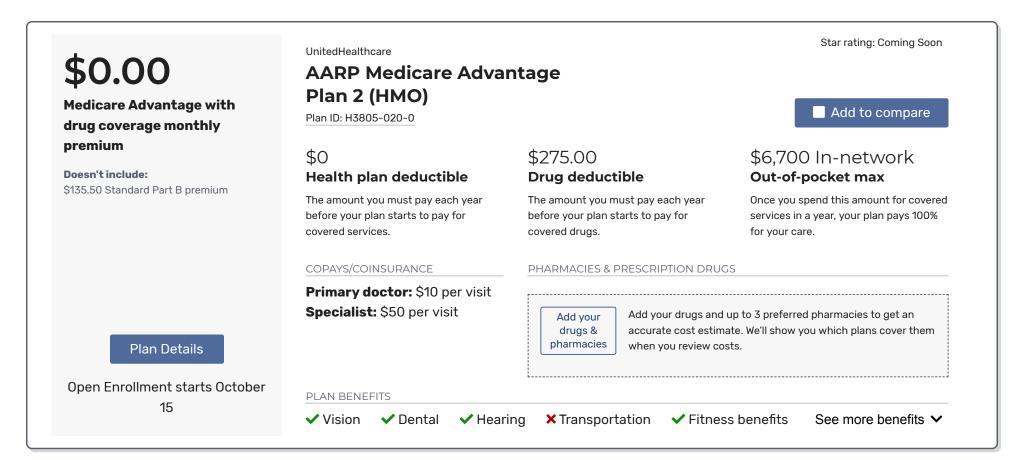
**Showing 10 of 13 Medicare Advantage Plans** 

Sort plans by

Lowest monthly premium

~|

Add Special Needs Plans 💙



\$0.00

**Medicare Advantage (without** drug coverage) monthly premium

Doesn't include:

\$135.50 Standard Part B premium

Plan Details

Open Enrollment starts October 15

Regence BlueShield

### Regence MedAdvantage Basic (PPO)

Plan ID: H5009-001-0

Add to compare

\$0 Health plan deductible

The amount you must pay each year before your plan starts to pay for covered services.

\$10,000 In and Outof-network \$6,200 In-network **Out-of-pocket max** 

Once you spend this amount for covered services in a year, your plan pays 100% for your care.

COPAYS/COINSURANCE

Primary doctor: \$20 per visit Specialist: \$40 per visit

PHARMACIES & PRESCRIPTION DRUGS

This plan does not cover prescription drugs, so you will pay for the drug's full cost under this plan. Other Medicare Advantage plans offer drug coverage.

Add your drugs & pharmacies Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

PLAN BENEFITS

✓ Vision ✓ Dental

Hearing

**X** Transportation

✓ Fitness benefits

See more benefits >

\$0.00

**Medicare Advantage (without** drug coverage) monthly premium

Doesn't include:

\$135.50 Standard Part B premium

Humana

### **Humana Honor (PPO)**

Plan ID: H5216-046-0

\$0

#### Health plan deductible

The amount you must pay each year before your plan starts to pay for covered services.

\$4,500 In and Out-ofnetwork \$3,600 In-network

### **Out-of-pocket max**

Once you spend this amount for covered services in a year, your plan pays 100% for your care.

COPAYS/COINSURANCE

PHARMACIES & PRESCRIPTION DRUGS

Primary doctor: \$0 copay

Star rating: Coming Soon

Add to compare

Plan Details

Open Enrollment starts October 15

Specialist: \$35 per visit This plan does not cover prescription drugs, so you will pay for the drug's full cost under this plan. Other Medicare

Add your drugs & pharmacies

Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

PLAN BENEFITS

✓ Vision ✓ Dental ✓ Hearing

**X** Transportation

Advantage plans offer drug coverage.

✓ Fitness benefits

See more benefits >

Star rating: Coming Soon

Add to compare

\$12.00

**Medicare Advantage with** drug coverage monthly premium

Doesn't include:

\$135.50 Standard Part B premium

Plan Details

Open Enrollment starts October 15

Premera Blue Cross Medicare Advantage

### Premera Blue Cross **Medicare Advantage Core** (HMO)

Plan ID: H7245-006-0

covered services.

\$300.00 **Drug deductible** 

The amount you must pay each year before your plan starts to pay for covered drugs.

\$6,300 In-network **Out-of-pocket max** 

Once you spend this amount for covered services in a year, your plan pays 100% for your care.

COPAYS/COINSURANCE

Health plan deductible

before your plan starts to pay for

The amount you must pay each year

**Primary doctor:** \$15 or 0-15% per visit

Specialist: \$45 or 0-15% per

visit

\$0

PHARMACIES & PRESCRIPTION DRUGS

Add your drugs & pharmacies Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

PLAN BENEFITS

✓ Vision ✓ Dental

× Hearing

**X** Transportation

✓ Fitness benefits

See more benefits ✓

\$38.00

**Medicare Advantage with** drug coverage monthly

Regence BlueShield

### Regence MedAdvantage + **Rx Primary (PPO)**

Plan ID: H5009-009-0

Star rating: Coming Soon

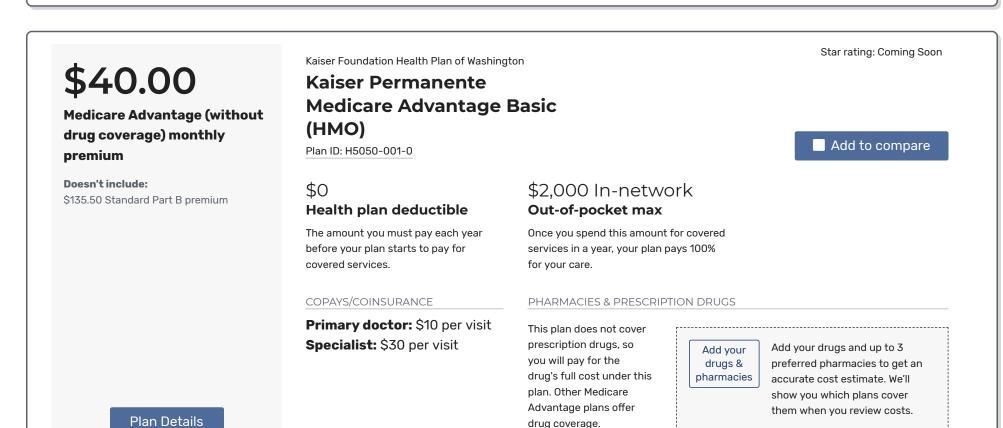


#### \$0 premium \$340.00 \$10,000 In and Out-Health plan deductible **Drug deductible** of-network Doesn't include: \$135.50 Standard Part B premium \$6,700 In-network The amount you must pay each year The amount you must pay each year before your plan starts to pay for before your plan starts to pay for **Out-of-pocket max** covered services. covered drugs. Once you spend this amount for covered services in a year, your plan pays 100% for your care. COPAYS/COINSURANCE PHARMACIES & PRESCRIPTION DRUGS Primary doctor: \$25 per visit Specialist: \$50 per visit Add your drugs and up to 3 preferred pharmacies to get an Add your accurate cost estimate. We'll show you which plans cover them drugs & pharmacies when you review costs. Plan Details Open Enrollment starts October

**X** Transportation

✓ Fitness benefits

See more benefits >



✓ Hearing

**PLAN BENEFITS** 

✓ Vision ✓ Dental

15

Onen Enrollment starts October

**PLAN BENEFITS** 

Vision

✓ Hearing

✓ Transportation ✓ Fitness benefits

See more benefits >

Star rating: Coming Soon

Add to compare

\$68.00

**Medicare Advantage with** drug coverage monthly premium

Doesn't include:

\$135.50 Standard Part B premium

Plan Details

Open Enrollment starts October 15

Humana

### Humana Gold Plus H5619-129 (HMO)

Plan ID: H5619-129-0

\$0

### Health plan deductible

The amount you must pay each year before your plan starts to pay for covered services.

COPAYS/COINSURANCE

Primary doctor: \$5 per visit

Specialist: \$45 per visit

\$225.00

#### **Drug deductible**

The amount you must pay each year before your plan starts to pay for covered drugs.

\$6,000 In-network

#### **Out-of-pocket max**

Once you spend this amount for covered services in a year, your plan pays 100% for your care.

PHARMACIES & PRESCRIPTION DRUGS

Add your drugs & pharmacies Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

**PLAN BENEFITS** 

Vision

Dental

Hearing

**X** Transportation

✓ Fitness benefits

See more benefits ✓

Star rating: Coming Soon

Add to compare

\$75.00

**Medicare Advantage with** drug coverage monthly premium

Doesn't include:

\$135.50 Standard Part B premium

Premera Blue Cross Medicare Advantage

### **Premera Blue Cross Medicare Advantage Core** Plus (HMO)

Plan ID: H7245-008-0

\$0

#### Health plan deductible

The amount you must pay each year before your plan starts to pay for covered services.

\$180.00

### **Drug deductible**

The amount you must pay each year before your plan starts to pay for

covered drugs.

\$5,000 In-network **Out-of-pocket max** 

Once you spend this amount for covered services in a year, your plan pays 100% for your care.

COPAYS/COINSURANCE

PHARMACIES & PRESCRIPTION DRUGS

Plan Details

Open Enrollment starts October
15

**Primary doctor:** \$5 per visit

Specialist: \$30 per visit

Add your drugs & pharmacies Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

PLAN BENEFITS

Vision

✓ Dental

Hearing

**X** Transportation

✓ Fitness benefits

See more benefits 🗸

Star rating: Coming Soon

Add to compare

\$78.00

Medicare Advantage with drug coverage monthly premium

Doesn't include:

\$135.50 Standard Part B premium

Plan Details

Open Enrollment starts October
15

Regence BlueShield

# Regence MedAdvantage + Rx Classic (PPO)

Plan ID: H5009-008-0

\$0 Health plan deductible

The amount you must pay each year before your plan starts to pay for covered services.

\$340.00 **Drug deductible** 

The amount you must pay each year before your plan starts to pay for covered drugs.

\$10,000 In and Outof-network \$6,200 In-network

Out-of-pocket max

Once you spend this amount for covered services in a year, your plan pays 100% for your care.

COPAYS/COINSURANCE

**Primary doctor:** \$15 per visit **Specialist:** \$40 per visit

PHARMACIES & PRESCRIPTION DRUGS

Add your drugs & pharmacies Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

**PLAN BENEFITS** 

✓ Vision

✓ Dental

✓ Hearing

**X** Transportation

✓ Fitness benefits

See more benefits >

\$85.00

Medicare Advantage with drug coverage monthly premium

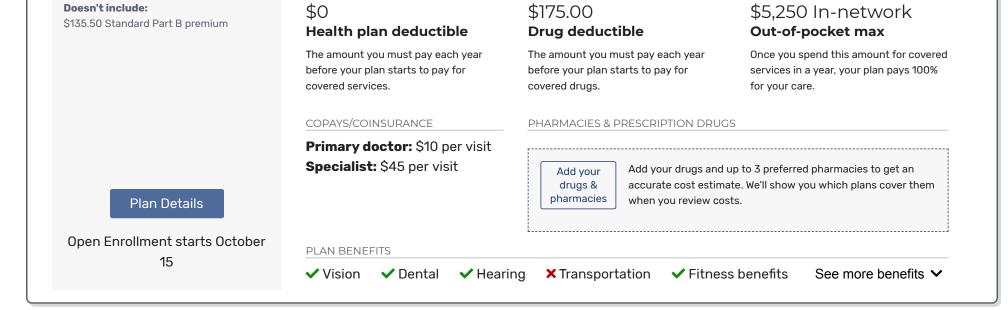
Kaiser Foundation Health Plan of Washington

Kaiser Permanente Medicare Advantage Harbor (HMO)

Plan ID: H5050-017-0

Star rating: Coming Soon

Add to compare



See Original Medicare coverage



2

