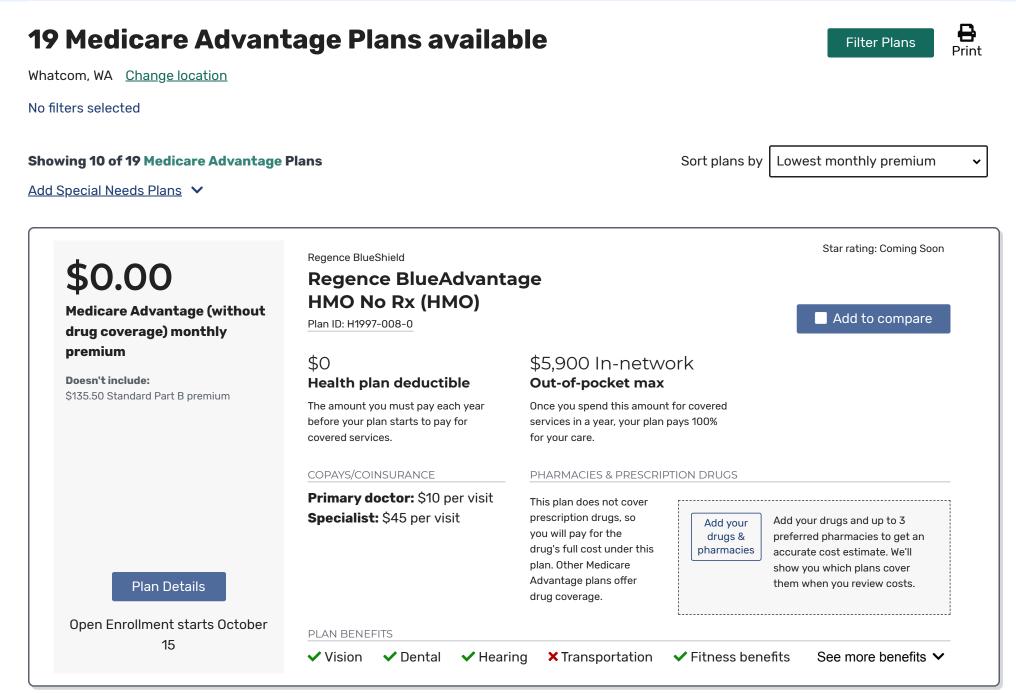
• You're previewing 2020 plans.

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

\$0.00 Medicare Advantage with	Regence BlueShield Regence Align (HMO) Plan ID: H1997-010-0		Star rating: Coming Soon Add to compare
drug coverage monthly premium	\$0 Health plan deductible	\$250.00 Drug deductible	\$6,200 In-network Out-of-pocket max
Doesn't include: \$135.50 Standard Part B premium Plan Details	The amount you must pay each year before your plan starts to pay for covered services.	The amount you must pay each year before your plan starts to pay for 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: \$10 per visit Specialist: \$45 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 th when you review costs.	
Open Enrollment starts October	PLAN BENEFITS		
15	✓ Vision ✓ Dental ✓ Heari	ng 🗙 Transportation 🗸 Fitnes	s benefits See more benefits V

\$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 PHARM

Primary doctor: \$0 copay Specialist: \$35 per visit

PHARMACIES & PRESCRIPTION DRUGS

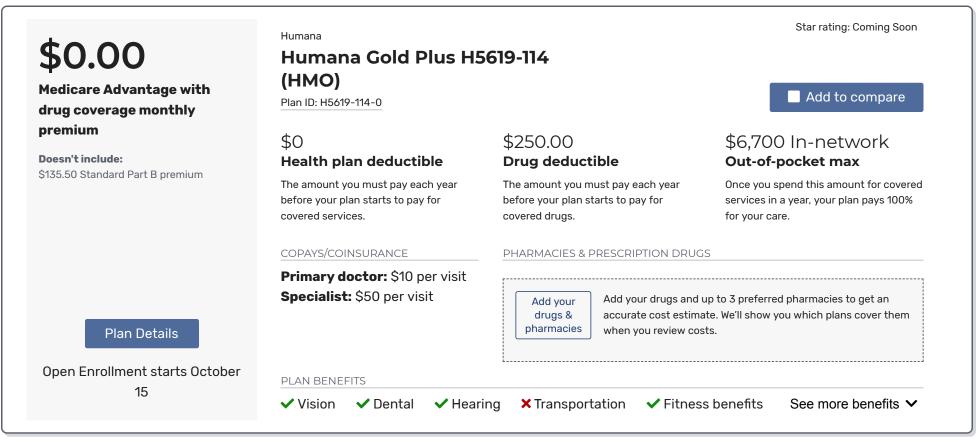
This plan does not cover prescription drugs, so you will pay for the drug's full cost under this plan. Other Medicare

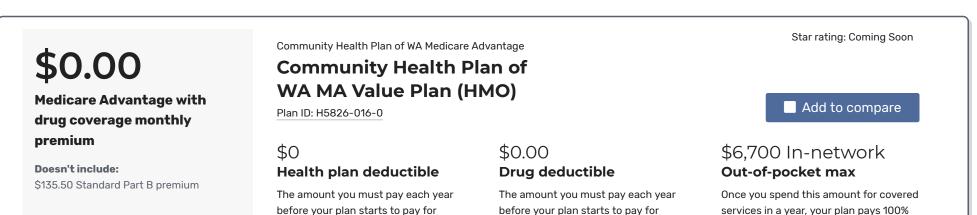
Add your drugs & pharmacies Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll

Star rating: Coming Soon

Add to compare

15	✓ Visior	🗸 🗸 Dental	✓ Hearing	× Transportation	✓ Fitness benefits	See more benefits \checkmark
Open Enrollment starts Oct	tober PLAN BEN	IEFITS				
Plan Details				dvantage plans offer rug coverage.		you which plans cover when you review costs.

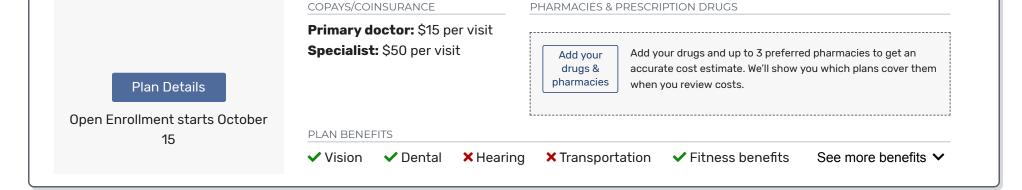


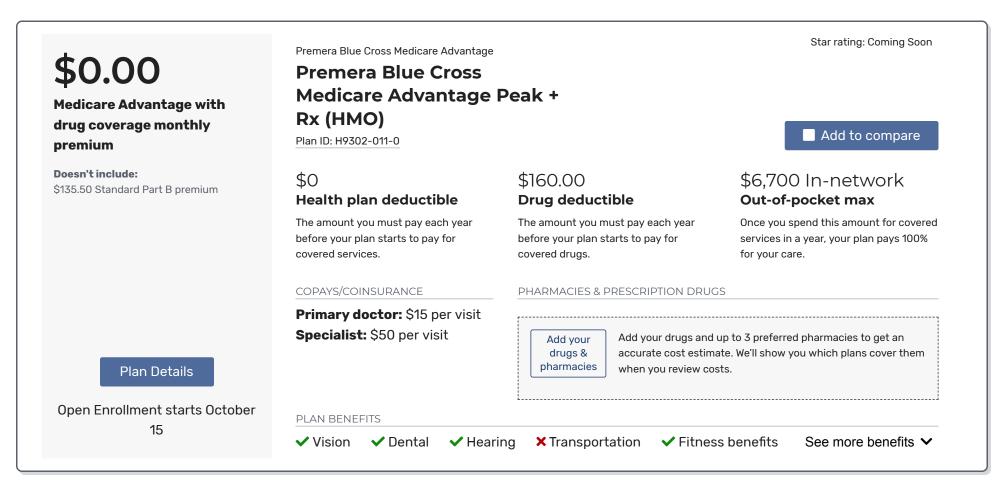


covered drugs.

for your care.

covered services.



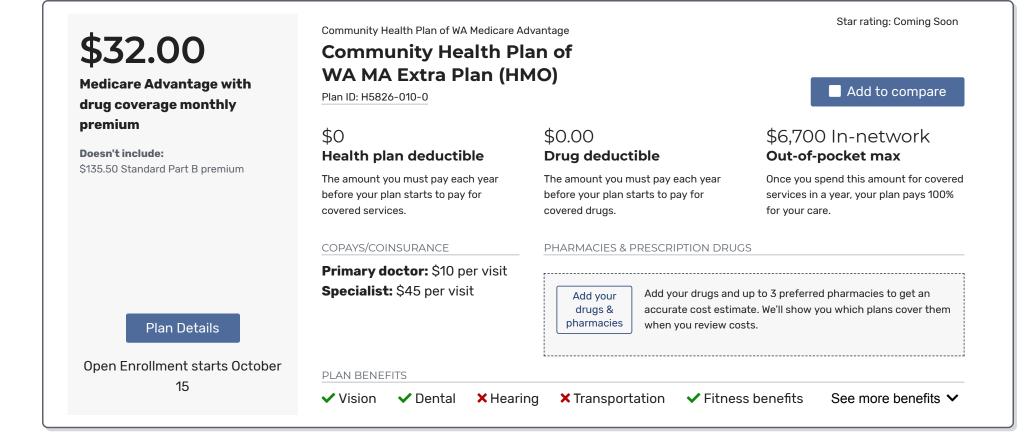


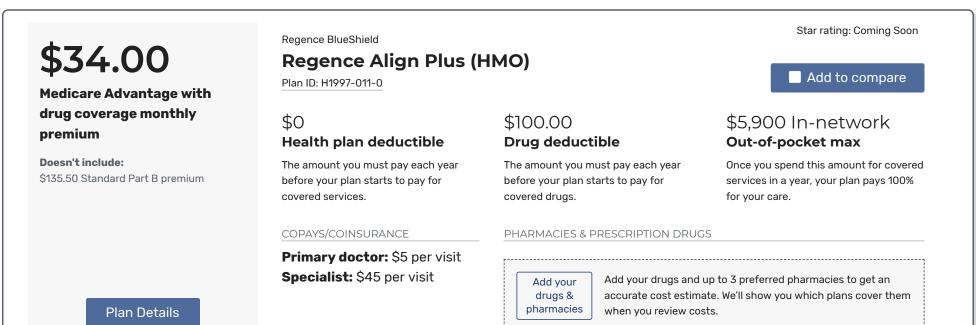
\$12.00 Medicare Advantage with drug coverage monthly Premera Blue Cross Medicare Advantage

Premera Blue Cross Medicare Advantage Core (HMO) Star rating: Coming Soon

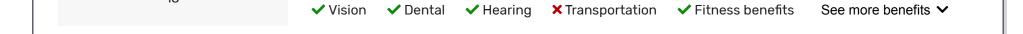
premium	Plan ID: H7245-006-0		Add to compare	
Doesn't include: \$135.50 Standard Part B premium	\$0 Health plan deductible	\$300.00 Drug deductible	\$6,300 In-network Out-of-pocket max Once you spend this amount for covered services in a year, your plan pays 100% for your care.	
	The amount you must pay each year before your plan starts to pay for covered services.	The amount you must pay each year before your plan starts to pay for covered drugs.		
	COPAYS/COINSURANCE	PHARMACIES & PRESCRIPTION DRUC	S	
Plan Details	Primary doctor: \$15 or 0-15% per visit Specialist: \$45 or 0-15% per visit		up to 3 preferred pharmacies to get an ate. We'll show you which plans cover them sts.	
Open Enrollment starts October	PLAN BENEFITS			
15	🗸 Vision 🗸 Dental 🗙 Heari	ng 🗙 Transportation 🗸 Fitnes	s benefits See more benefits \checkmark	

Medicare Advantage with drug coverage monthly	(HMO) Plan ID: H3805-021-0		Add to compare	
premium Doesn't include: \$135.50 Standard Part B premium	\$0 Health plan deductible	\$275.00 Drug deductible	\$6,700 In-network Out-of-pocket max	
	The amount you must pay each year before your plan starts to pay for covered services.	The amount you must pay each year before your plan starts to pay for covered drugs.	Once you spend this amount for covered services in a year, your plan pays 100% for your care.	
	COPAYS/COINSURANCE	PHARMACIES & PRESCRIPTION DRUC	S	
	Primary doctor: \$15 per visit			
Plan Details	Specialist: \$50 per visit		up to 3 preferred pharmacies to get an ate. We'll show you which plans cover them sts.	
Open Enrollment starts October	PLAN BENEFITS	L		





PLAN BENEFITS



See Original Medicare coverage



Showing 10 of 19 Medicare Advantage Plans