

Medicare.gov | Medicare Plan Finder

The Official U.S. Government Site for Medicare



Your Plan Results
Medicare.gov

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ISLAND



Zip Code: 98282

Current Coverage: Unknown

Current Subsidy: No Extra Help [\[?\]](#)

[Important Coverage Information](#)

Your plan results are organized by plan type and are initially sorted by lowest estimated cost. To view more plans, select View 20 or View All. Select any plan name for details. Compare up to 3 plans by using the checkboxes and selecting Compare Plans. The costs displayed are estimates; your actual costs may vary.

You are now viewing 2018 plan data. [View 2017 plan data.](#)

[Symbols](#)

- D Some Dental Coverage
- V Some Vision Coverage
- N Nationwide Coverage
- H Some Hearing Coverage

[Original Medicare](#)

[Original Medicare \(H0001-001-0\)](#)

Includes Part A (Hospital Insurance) and/or Part B (Medical Insurance) - Excludes Part D Drug Coverage

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage [?] , Drug Restrictions [?]	Estimated Annual Health and Drug Costs: [?]	Overall Star Rating: [?]
Retail Annual:	Standard Part B: \$134	Part B Deductible: \$183	Doctor Choice: Any Willing Doctor	N/A	\$8,510	Coming Soon
Mail Order Annual: N/A			Out of Pocket Spending Limit: Not Applicable			


[Medicare Health Plans with Drug Coverage](#)

4 plans were found in **98282** based on your search criteria.

Sort Results by


■ **HumanaChoice H5216-047 (PPO) (H5216-047-0)**

Organization: Humana Insurance Company

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage [?] , Drug Restrictions [?] and Other Programs:	Estimated Annual Health and Drug Costs: [?]	Overall Star Rating: [?]
Retail Annual: Mail Order Annual: N/A	\$100.00 Drug: \$36.20 Health: \$63.80 Part B Premium Reduction :No	Annual Drug Deductible: \$320 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$4 - \$100, 26%	Doctor Choice: Any Doctor Out of Pocket Spending Limit: \$10,000 In and Out-of-network \$6,700 In-network 	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$6,170	Coming Soon Enrollment begins October 15, 2017


■ **HumanaChoice H5216-048 (PPO) (H5216-048-0)**

Organization: Humana Insurance Company

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage [?] , Drug Restrictions [?] and Other Programs:	Estimated Annual Health and Drug Costs: [?]	Overall Star Rating: [?]
Retail Annual: Mail Order Annual: N/A	\$199.00 Drug: \$45.80 Health: \$153.20 Part B Premium Reduction :No	Annual Drug Deductible: \$310 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$4 - \$100, 26%	Doctor Choice: Any Doctor Out of Pocket Spending Limit: \$10,000 In and Out-of-network \$6,700 In-network 	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$6,760	Coming Soon Enrollment begins October 15, 2017


■ **Kaiser Permanente Medicare Advantage Harbor (HMO) (H5050-017-0)**

Organization: Kaiser Foundation Health Plan of Washington

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage [?] , Drug Restrictions [?] and Other Programs:	Estimated Annual Health and Drug Costs: [?]	Overall Star Rating: [?]
Retail Annual: Mail Order Annual: N/A	\$85.00 Drug: \$57.60 Health: \$27.40 Part B Premium Reduction :No	Annual Drug Deductible: \$325 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$97, 25%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$5,900 In-network 	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$5,760	Coming Soon Enrollment begins October 15, 2017

■ **Regence MedAdvantage + Rx Classic (PPO) (H5009-002-0)**

Organization: Regence BlueShield

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage [?] , Drug Restrictions [?] and Other Programs:	Estimated Annual Health and Drug Costs: [?]	Overall Star Rating: [?]
Retail Annual: Mail Order Annual: N/A	\$162.00 Drug: \$66.40 Health: \$95.60 Part B Premium Reduction :No	Annual Drug Deductible: \$295 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$40, 27% - 40%	Doctor Choice: Any Doctor Out of Pocket Spending Limit: \$10,000 In and Out-of-network \$5,700 In-network 	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$6,920	Coming Soon Enrollment begins October 15, 2017

Notes:

Your costs may be different depending on your Part B premium, any Part D penalty that may apply, and whether you qualify for Extra Help from Medicare paying your drug costs.

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A federal government website managed and paid for by the U.S. Centers
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