



Your Plan Results
Medicare.gov

The Official U.S. Government Site for Medicare

KING



Zip Code: 98011

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: Mail Order Annual: N/A	Standard Part B: \$134	Part B Deductible: \$183	Doctor Choice: Any Willing Doctor Out of Pocket Spending Limit: Not Applicable N	N/A	\$8,510	Coming Soon

Medicare Health Plans with Drug Coverage

28 plans were found in 98011 based on your search criteria. [View 10](#) [View 20](#) View All

Sort Results by

AARP MedicareComplete Plan 1 (HMO) (H3805-014-0)

Organization: UnitedHealthcare

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	\$86.00 Drug: \$33.10 Health: \$52.90 Part B Premium Reduction: No	Annual Drug Deductible: \$185 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$3 - \$95, 29%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$4,200 In-network D V H	All Your Drugs on Formulary: No Drug Restrictions: No Lower Your Drug Costs MTM Program: Yes	\$5,560	Coming Soon Enrollment begins October 15, 2017

AARP MedicareComplete Plan 2 (HMO) (H3805-017-0)

Organization: UnitedHealthcare

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:	\$0.00	Annual Drug Deductible: \$275	Doctor Choice: Plan Doctors for Most Services	All Your Drugs on Formulary : No	\$5,030	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual: N/A	Drug: \$0.00 Health: \$0.00	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$6,700 In-network	Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes			
	Part B Premium Reduction :No	Drug Copay/Coinsurance: \$3 - \$100, 27%					

■ [AARP Medicare Complete Plan 3 \(HMO\) \(H3805-015-0\)](#)

Organization: UnitedHealthcare

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:	\$55.00	Annual Drug Deductible: \$225	Doctor Choice: Plan Doctors for Most Services	All Your Drugs on Formulary : No	\$5,440	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual: N/A	Drug: \$25.80 Health: \$29.20	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$5,900 In-network	Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes			
	Part B Premium Reduction :No	Drug Copay/Coinsurance: \$3 - \$95, 28%					

■ [Aetna Medicare Choice Plan \(PPO\) \(H5521-127-0\)](#)

Organization: Aetna Medicare

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:	\$51.00	Annual Drug Deductible: \$0	Doctor Choice: Any Doctor	All Your Drugs on Formulary : No	\$5,590	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual: N/A	Drug: \$24.60 Health: \$26.40	Health Plan Deductible: \$750 annual deductible	Out of Pocket Spending Limit: \$10,000 In and Out-of-network \$6,700 In-network	Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes			
	Part B Premium Reduction :No	Drug Copay/Coinsurance: \$0 - \$100, 33%					

■ [Aetna Medicare Platinum Plan \(HMO\) \(H3931-127-0\)](#)


Organization: Aetna Medicare

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:	\$32.00	Annual Drug Deductible: \$0	Doctor Choice: Plan Doctors for Most Services	All Your Drugs on Formulary : No	\$5,030	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual: N/A	Drug: \$20.80 Health: \$11.20	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$5,900 In-network	Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes			
	Part B Premium Reduction :No	Drug Copay/Coinsurance: \$0 - \$100, 33%					

■ [Aetna Medicare Select Plan \(PPO\) \(H5521-128-0\)](#)


Organization: Aetna Medicare

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:	\$86.00	Annual Drug Deductible: \$0	Doctor Choice: Any Doctor	All Your Drugs on Formulary : No	\$5,600	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual: N/A	Drug: \$26.50 Health: \$59.50	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$8,500 In and Out-of-network \$5,900 In-network	Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes			
	Part B Premium Reduction :No	Drug Copay/Coinsurance: \$0 - \$100, 33%					

Retail Annual:	\$0.00 Drug: \$0.00	Annual Drug Deductible: \$150 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$2 - \$100, 30%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$6,700 In-network	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$4,790	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual:	N/A	Part B Premium Reduction : No					


■ **[Humana Gold Plus H5619-097 \(HMO\) \(H5619-097-0\)](#)**

Organization: Arcadian Health Plan, Inc.

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:	\$33.00 Drug: \$0.00	Annual Drug Deductible: \$100 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$2 - \$100, 31%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$5,000 In-network	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$4,860	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual:	N/A	Part B Premium Reduction : No					


■ **[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:	\$100.00 Drug: \$36.20	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
Mail Order Annual:	N/A	Part B Premium Reduction : No					


■ **[Kaiser Permanente Medicare Advantage Essential \(HMO\) \(H5050-009-0\)](#)**

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:	\$99.00 Drug: \$43.70	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$95, 33%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$4,500 In-network	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$5,320	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual:	N/A	Part B Premium Reduction : No					

■ **[Kaiser Permanente Medicare Advantage Optimal \(HMO\) \(H5050-004-0\)](#)**

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:	\$296.00 Drug: \$83.00	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$95, 33%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$2,000 In-network	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$7,090	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual:	N/A	Part B Premium Reduction : No					

Kaiser Permanente Medicare Advantage Vital (HMO) (H5050-013-0)

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	\$28.00 Drug: \$0.00 Health: \$28.00 Part B Premium Reduction: No	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$95, 33%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$5,900 In-network D V H	All Your Drugs on Formulary: No Drug Restrictions: No Lower Your Drug Costs MTM Program: Yes	\$4,800	Coming Soon Enrollment begins October 15, 2017

Premera Blue Cross Medicare Advantage (HMO) (H7245-001-0)

Organization: Premera Blue Cross Medicare Advantage

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	\$0.00 Drug: \$0.00 Health: \$0.00 Part B Premium Reduction: No	Annual Drug Deductible: \$340 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$5 - \$42, 26% - 35%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$6,200 In-network D	All Your Drugs on Formulary: No Drug Restrictions: No Lower Your Drug Costs MTM Program: Yes	\$5,540	Coming Soon Enrollment begins October 15, 2017

Premera Blue Cross Medicare Advantage Classic (HMO) (H7245-002-0)

Organization: Premera Blue Cross Medicare Advantage

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	\$75.00 Drug: \$32.20 Health: \$42.80 Part B Premium Reduction: No	Annual Drug Deductible: \$275 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$4 - \$42, 27% - 35%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$5,900 In-network D V H	All Your Drugs on Formulary: No Drug Restrictions: No Lower Your Drug Costs MTM Program: Yes	\$6,240	Coming Soon Enrollment begins October 15, 2017

Premera Blue Cross Medicare Advantage Classic Plus (HMO) (H7245-003-0)

Organization: Premera Blue Cross Medicare Advantage

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	\$166.00 Drug: \$46.30 Health: \$119.70 Part B Premium Reduction: No	Annual Drug Deductible: \$200 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$4 - \$42, 29% - 35%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$5,000 In-network D V H	All Your Drugs on Formulary: No Drug Restrictions: No Lower Your Drug Costs MTM Program: Yes	\$7,060	Coming Soon Enrollment begins October 15, 2017

Providence Medicare Harbor + RX (HMO) (H9047-049-0)

Organization: Providence Health Assurance

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:	\$162.00 Drug: \$66.40	Annual Drug Deductible: \$295	Doctor Choice: Any Doctor	All Your Drugs on Formulary : No	\$6,920	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual: N/A	Health: \$95.60	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$10,000	Drug Restrictions: No			
	Part B Premium Reduction :No	Drug Copay/Coinsurance: \$0 - \$40, 27% - 40%	In and Out-of-network \$5,700 In-network	Lower Your Drug Costs			
			MTM Program : Yes				
			D V H				

■ **Regence MedAdvantage + Rx Primary (PPO) (H5009-008-0)**

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:	\$116.00 Drug: \$67.20	Annual Drug Deductible: \$405	Doctor Choice: Any Doctor	All Your Drugs on Formulary : No	\$6,710	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual: N/A	Health: \$48.80	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$10,000	Drug Restrictions: No			
	Part B Premium Reduction :No	Drug Copay/Coinsurance: \$0 - \$40, 25% - 40%	In and Out-of-network \$6,700 In-network	Lower Your Drug Costs			
			MTM Program : Yes				
			D V H				

■ **Soundpath Health Charter + Rx (HMO) (H9302-003-0)**

Organization: Soundpath Health

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:	\$146.00 Drug: \$64.30	Annual Drug Deductible: \$160	Doctor Choice: Plan Doctors for Most Services	All Your Drugs on Formulary : No	\$6,230	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual: N/A	Health: \$81.70	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$4,900	Drug Restrictions: No			
	Part B Premium Reduction :No	Drug Copay/Coinsurance: \$2 - \$47, 30% - 50%	In-network	Lower Your Drug Costs			
			MTM Program : Yes				
			D V H				

■ **Soundpath Health Peak + Rx (HMO) (H9302-011-0)**

Organization: Soundpath Health

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:	\$0.00 Drug: \$0.00	Annual Drug Deductible: \$160	Doctor Choice: Plan Doctors for Most Services	All Your Drugs on Formulary : No	\$4,940	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual: N/A	Health: \$0.00	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$6,700	Drug Restrictions: No			
	Part B Premium Reduction :No	Drug Copay/Coinsurance: \$3 - \$47, 30% - 50%	In-network	Lower Your Drug Costs			
			MTM Program : Yes				
			V H				

■ **Soundpath Health Sound + Rx (HMO) (H9302-007-0)**

Organization: Soundpath Health

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:	\$40.00 Drug: \$30.20	Annual Drug Deductible: \$160	Doctor Choice: Plan Doctors for Most Services	All Your Drugs on Formulary : No	\$5,270	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual: N/A	Health: \$9.80	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$6,500	Drug Restrictions: No			
	Part B Premium Reduction :No	Drug Copay/Coinsurance: \$2 - \$47, 30% - 50%	In-network	Lower Your Drug Costs			
			MTM Program : Yes				
			D V H				

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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