

Medicare.gov | Medicare Plan Finder

The Official U.S. Government Site for Medicare



Your Plan Results Medicare.gov

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Zip Code: 98110
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: \$4,632	Standard Part B: \$134	Part B Deductible: \$183	Doctor Choice: Any Willing Doctor Out of Pocket Spending Limit: Not Applicable	N/A	\$8,510	Not Available
Mail Order Annual: N/A			N			

Medicare Health Plans with Drug Coverage

10 plans were found in 98110 based on your search criteria. View 10

Sort Results by

AARP MedicareComplete Plan 2 (HMO) (H3805-019-0)

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: \$1,668	\$20.00 Drug: \$20.00	Annual Drug Deductible: \$200	Doctor Choice: Plan Doctors for Most Services	All Your Drugs on Formulary: No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$5,290	4 out of 5 stars
Mail Order Annual: N/A	Health: \$0.00 Part B Premium Reduction: No	Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$3 - \$100, 29%	Out of Pocket Spending Limit: \$6,700 In-network	D V H		Enroll

Humana Gold Plus H5619-099 (HMO) (H5619-099-0)

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: \$1,344	\$17.00 Drug: \$0.00	Annual Drug Deductible: \$200	Doctor Choice: Plan Doctors for Most Services	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$5,210	4 out of 5 stars	Enroll
Mail Order Annual: N/A	Health: \$17.00	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$6,700 In-network				
	Part B Premium Reduction :No	Drug Copay/Coinsurance: \$4 - \$100, 29%					

Humana Gold Plus H5619-104 (HMO) (H5619-104-0)

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: \$1,332	\$47.00 Drug: \$0.00	Annual Drug Deductible: \$160	Doctor Choice: Plan Doctors for Most Services	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$5,150	4 out of 5 stars	Enroll
Mail Order Annual: N/A	Health: \$47.00	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$5,000 In-network				
	Part B Premium Reduction :No	Drug Copay/Coinsurance: \$4 - \$100, 30%					

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: \$1,826	\$100.00 Drug: \$36.20	Annual Drug Deductible: \$320	Doctor Choice: Any Doctor	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$6,170	4 out of 5 stars	Enroll
Mail Order Annual: N/A	Health: \$63.80	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$10,000 In and Out-of-network \$6,700 In-network				
	Part B Premium Reduction :No	Drug Copay/Coinsurance: \$4 - \$100, 26%					

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: \$1,930	\$199.00 Drug: \$45.80	Annual Drug Deductible: \$310	Doctor Choice: Any Doctor	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$6,760	4 out of 5 stars	Enroll
Mail Order Annual: N/A	Health: \$153.20	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$10,000 In and Out-of-network \$6,700 In-network				
	Part B Premium Reduction :No	Drug Copay/Coinsurance: \$4 - \$100, 26%					

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: \$1,328	\$99.00 Drug: \$43.70	Annual Drug Deductible: \$0	Doctor Choice: Plan Doctors for Most Services	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$5,320	4.5 out of 5 stars	Enroll
Mail Order Annual: N/A	Health: \$55.30	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$4,500 In-network				
	Part B Premium Reduction :No	Drug Copay/Coinsurance: \$0 - \$95, 33%					

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: \$1,800 Mail Order Annual: N/A	\$296.00 Drug: \$83.00 Health: \$213.00 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: \$2,000 In-network 	All Your Drugs on Formulary: No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$7,090	4.5 out of 5 stars	Enroll

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: \$804 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 	All Your Drugs on Formulary: No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$4,800	4.5 out of 5 stars	Enroll

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: \$2,381 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	4 out of 5 stars	Enroll

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: \$2,354 Mail Order Annual: N/A	\$116.00 Drug: \$67.20 Health: \$48.80 Part B Premium Reduction: No	Annual Drug Deductible: \$405 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$40, 25% - 40%	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	\$6,710	4 out of 5 stars	Enroll

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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