



Your Plan Results
Medicare.gov

The Official U.S. Government Site for Medicare

SNOHOMISH



Zip Code: 98270

Current Coverage: New To Medicare

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](#)

[Medicare Health Plans with Drug Coverage](#)

26 plans were found in 98270 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 \(HMO\) \(H3805-020-0\)](#)

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	\$0.00 Drug: \$0.00 Health: \$0.00 Part B Premium Reduction :No	Annual Drug Deductible: \$275 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$3 - \$100, 27%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$6,700 In-network D V H	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$5,040	Coming Soon	Enrollment begins October 15, 2017

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

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

■ **[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 Drug: \$20.80	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	\$5,030	Coming Soon Enrollment begins October 15, 2017
Mail Order Annual: N/A	Health: \$11.20 Part B Premium Reduction :No	Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$100, 33%	Out of Pocket Spending Limit: \$5,900 In-network D V H			

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

■ **[Aetna Medicare Value Plan \(HMO\) \(H3931-126-0\)](#)**

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:	\$0.00 Drug: \$0.00	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$100, 33%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$6,500 In-network	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$4,900	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual:	N/A	Part B Premium Reduction :No	V H				

■ **Amerivantage Classic (HMO) (H1894-001-0)**

Organization: AMERIGROUP

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: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$95, 33%	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	\$4,960	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual:	N/A	Part B Premium Reduction :No	D V H				

■ **Humana Gold Plus H5619-059 (HMO) (H5619-059-0)**

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	D V H				

■ **Humana Gold Plus H5619-063 (HMO) (H5619-063-0)**

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:	\$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	\$4,880	Coming Soon	Enrollment begins October 15, 2017
Mail Order Annual:	N/A	Part B Premium Reduction :No	D V H				

■ **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	D V H				

Retail Annual:	\$0.00 Drug: \$0.00	Annual Drug Deductible: \$405 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$40, 25% - 40%	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	\$5,270	Coming Soon	Enrollment begins October 15, 2017
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■ **Regence BlueAdvantage HMO Plus (HMO) (H1997-002-0)**

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:	\$47.00 Drug: \$46.40	Annual Drug Deductible: \$200 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$40, 29% - 40%	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	\$5,480	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:	\$162.00 Drug: \$66.40	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

■ **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 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	Coming Soon	Enrollment begins October 15, 2017

■ **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 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$2 - \$47, 30% - 50%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$4,900 In-network	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$6,230	Coming Soon	Enrollment begins October 15, 2017

■ **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 Part B Premium Reduction : No	Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$3 - \$47, 30% - 50%	Out of Pocket Spending Limit: \$6,700 In-network V H	Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes			

■ **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 Part B Premium Reduction : No	Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$2 - \$47, 30% - 50%	Out of Pocket Spending Limit: \$6,500 In-network D V H	Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes			

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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