



**Your Plan Results**  
Medicare.gov

The Official U.S. Government Site for Medicare

## WHATCOM



**Zip Code:** 98229

**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: <a href="#">[?]</a>	Monthly Premium: <a href="#">[?]</a>	Deductibles: <a href="#">[?]</a> and Drug Copay <a href="#">[?]</a> / Coinsurance: <a href="#">[?]</a>	Health Benefits: <a href="#">[?]</a>	Drug Coverage <a href="#">[?]</a> , Drug Restrictions <a href="#">[?]</a>	Estimated Annual Health and Drug Costs: <a href="#">[?]</a>	Overall Star Rating: <a href="#">[?]</a>
<b>Retail Annual:</b>	Standard Part B: \$134	Part B Deductible: \$183	Doctor Choice: Any Willing Doctor	N/A	\$8,510	Coming Soon
<b>Mail Order Annual:</b> N/A			Out of Pocket Spending Limit: Not Applicable	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span>		

### Medicare Health Plans with Drug Coverage

6 plans were found in **98229** based on your search criteria.

#### Sort Results by

#### AARP MedicareComplete (HMO) (H3805-021-0)


**Organization:** UnitedHealthcare

Estimated Annual Drug Costs: <a href="#">[?]</a>	Monthly Premium: <a href="#">[?]</a>	Deductibles <a href="#">[?]</a> and Drug Copay <a href="#">[?]</a> / Coinsurance: <a href="#">[?]</a>	Health Benefits: <a href="#">[?]</a>	Drug Coverage <a href="#">[?]</a> , Drug Restrictions <a href="#">[?]</a> and Other Programs:	Estimated Annual Health and Drug Costs: <a href="#">[?]</a>	Overall Star Rating: <a href="#">[?]</a>
<b>Retail Annual:</b>	\$17.00 Drug: \$17.00	Annual Drug Deductible: \$275	Doctor Choice: Plan Doctors for Most Services	All Your Drugs on Formulary: <b>No</b> Drug Restrictions: <b>No</b> <b>Lower Your Drug Costs</b> <b>MTM Program : Yes</b>	\$5,280	Coming Soon
<b>Mail Order Annual:</b> N/A	Health: \$0.00 <b>Part B Premium Reduction: No</b>	Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$3 - \$100, 27%	Out of Pocket Spending Limit: \$6,700 In-network	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">D</span> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">V</span> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">H</span>		Enrollment begins October 15, 2017

#### Community HealthFirst MA Pharmacy Plan (HMO) (H5826-009-0)


**Organization:** Community HealthFirst Medicare Advantage Plan

Estimated Annual Drug Costs: <a href="#">[?]</a>	Monthly Premium: <a href="#">[?]</a>	Deductibles <a href="#">[?]</a> and Drug Copay <a href="#">[?]</a> / Coinsurance: <a href="#">[?]</a>	Health Benefits: <a href="#">[?]</a>	Drug Coverage <a href="#">[?]</a> , Drug Restrictions <a href="#">[?]</a> and Other Programs:	Estimated Annual Health and Drug Costs: <a href="#">[?]</a>	Overall Star Rating: <a href="#">[?]</a>

<b>Retail Annual:</b>	\$93.00 Drug: \$19.10	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$2 - \$47, 25% - 33%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$6,700 In-network	All Your Drugs on Formulary : <b>No</b> Drug Restrictions: <b>No</b> <a href="#">Lower Your Drug Costs</a> MTM Program : <b>Yes</b>	\$5,980	Coming Soon	Enrollment begins October 15, 2017
<b>Mail Order Annual:</b> N/A	Health: \$73.90 <b>Part B Premium Reduction</b> :No						


■ [Kaiser Permanente Medicare Advantage Harbor \(HMO\) \(H5050-017-0\)](#)

Organization: Kaiser Foundation Health Plan of Washington

Estimated Annual Drug Costs: <a href="#">[?]</a>	Monthly Premium: <a href="#">[?]</a>	Deductibles <a href="#">[?]</a> and Drug Copay <a href="#">[?]</a> / Coinsurance: <a href="#">[?]</a>	Health Benefits: <a href="#">[?]</a>	Drug Coverage <a href="#">[?]</a> , Drug Restrictions <a href="#">[?]</a> and Other Programs:	Estimated Annual Health and Drug Costs: <a href="#">[?]</a>	Overall Star Rating: <a href="#">[?]</a>	
<b>Retail Annual:</b>	\$85.00 Drug: \$57.60	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 : <b>No</b> Drug Restrictions: <b>No</b> <a href="#">Lower Your Drug Costs</a> MTM Program : <b>Yes</b>	\$5,760	Coming Soon	Enrollment begins October 15, 2017
<b>Mail Order Annual:</b> N/A	Health: \$27.40 <b>Part B Premium Reduction</b> :No						


■ [Soundpath Health Charter + Rx \(HMO\) \(H9302-003-0\)](#)

Organization: Soundpath Health

Estimated Annual Drug Costs: <a href="#">[?]</a>	Monthly Premium: <a href="#">[?]</a>	Deductibles <a href="#">[?]</a> and Drug Copay <a href="#">[?]</a> / Coinsurance: <a href="#">[?]</a>	Health Benefits: <a href="#">[?]</a>	Drug Coverage <a href="#">[?]</a> , Drug Restrictions <a href="#">[?]</a> and Other Programs:	Estimated Annual Health and Drug Costs: <a href="#">[?]</a>	Overall Star Rating: <a href="#">[?]</a>	
<b>Retail Annual:</b>	\$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 : <b>No</b> Drug Restrictions: <b>No</b> <a href="#">Lower Your Drug Costs</a> MTM Program : <b>Yes</b>	\$6,230	Coming Soon	Enrollment begins October 15, 2017
<b>Mail Order Annual:</b> N/A	Health: \$81.70 <b>Part B Premium Reduction</b> :No						


■ [Soundpath Health Peak + Rx \(HMO\) \(H9302-011-0\)](#)

Organization: Soundpath Health

Estimated Annual Drug Costs: <a href="#">[?]</a>	Monthly Premium: <a href="#">[?]</a>	Deductibles <a href="#">[?]</a> and Drug Copay <a href="#">[?]</a> / Coinsurance: <a href="#">[?]</a>	Health Benefits: <a href="#">[?]</a>	Drug Coverage <a href="#">[?]</a> , Drug Restrictions <a href="#">[?]</a> and Other Programs:	Estimated Annual Health and Drug Costs: <a href="#">[?]</a>	Overall Star Rating: <a href="#">[?]</a>	
<b>Retail Annual:</b>	\$0.00 Drug: \$0.00	Annual Drug Deductible: \$160 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$3 - \$47, 30% - 50%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$6,700 In-network	All Your Drugs on Formulary : <b>No</b> Drug Restrictions: <b>No</b> <a href="#">Lower Your Drug Costs</a> MTM Program : <b>Yes</b>	\$4,940	Coming Soon	Enrollment begins October 15, 2017
<b>Mail Order Annual:</b> N/A	Health: \$0.00 <b>Part B Premium Reduction</b> :No						

■ [Soundpath Health Sound + Rx \(HMO\) \(H9302-007-0\)](#)

Organization: Soundpath Health

Estimated Annual Drug Costs: <a href="#">[?]</a>	Monthly Premium: <a href="#">[?]</a>	Deductibles <a href="#">[?]</a> and Drug Copay <a href="#">[?]</a> / Coinsurance: <a href="#">[?]</a>	Health Benefits: <a href="#">[?]</a>	Drug Coverage <a href="#">[?]</a> , Drug Restrictions <a href="#">[?]</a> and Other Programs:	Estimated Annual Health and Drug Costs: <a href="#">[?]</a>	Overall Star Rating: <a href="#">[?]</a>	
<b>Retail Annual:</b>	\$40.00 Drug: \$30.20	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: \$6,500 In-network	All Your Drugs on Formulary : <b>No</b> Drug Restrictions: <b>No</b> <a href="#">Lower Your Drug Costs</a> MTM Program : <b>Yes</b>	\$5,270	Coming Soon	Enrollment begins October 15, 2017
<b>Mail Order Annual:</b> N/A	Health: \$9.80 <b>Part B Premium Reduction</b> :No						

**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.

**Medicare.gov**  
The Official U.S. Government Site for Medicare  
**Medicare.gov**

A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244



**Medicare.gov**  
The Official U.S. Government Site for Medicare

**Medic**  
The Official U.S. C  
**Medicare**



**Medic**  
The Official U.S. Gov