

# Medicare.gov | Medicare Plan Finder

The Official U.S. Government Site for Medicare



## Your Plan Results

The Official U.S. Government Site for Medicare

# 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 2019 plan data. [View 2018 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</b> Annual: \$3,936  <b>Mail Order</b> Annual: N/A	Standard Part B: \$134	Part B Deductible: \$183	Doctor Choice: Any Willing Doctor  Out of Pocket Spending Limit: Not Applicable  <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span>	N/A	\$7,820	Not Available


### [Medicare Health Plans with Drug Coverage](#)

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

Sort Results by


■ [HumanaChoice H5216-047 \(PPO\) \(H5216-047-0\)](#)

Organization: Humana

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: [?]	
<b>Retail</b> Annual: <u>\$1,861</u>  <b>Mail Order</b> Annual: N/A	\$102.00  Drug: \$47.10  Health: \$54.90  <b>Part B Premium Reduction: No</b>	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: <b>No</b>  Drug Restrictions: <b>No</b>  <a href="#">Lower Your Drug Costs</a>  <b>MTM Program : Yes</b>	\$6,020	Coming Soon	Enrollment begins October 15, 2018

■ [HumanaChoice H5216-048 \(PPO\) \(H5216-048-0\)](#)

Organization: Humana


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: [?]	
<b>Retail</b> Annual: <u>\$1,747</u>  <b>Mail Order</b> Annual: N/A	\$201.00  Drug: \$34.60  Health: \$166.40  <b>Part B Premium Reduction: No</b>	Annual Drug Deductible: \$415  Health Plan Deductible: \$0  Drug Copay/Coinsurance: \$4 - \$100, 25%	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: <b>No</b>  Drug Restrictions: <b>No</b>  <a href="#">Lower Your Drug Costs</a>  <b>MTM Program : Yes</b>	\$6,700	Coming Soon	Enrollment begins October 15, 2018

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

Organization: Kaiser Foundation Health Plan of Washington


Feedback

Feedback

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: [?]	
<b>Retail</b> Annual: \$1,538  <b>Mail Order</b> Annual: N/A	\$85.00  Drug: \$67.20  Health: \$17.80  <b>Part B Premium Reduction</b> : No	Annual Drug Deductible: \$175  Health Plan Deductible: \$0  Drug Copay/Coinsurance: \$0 - \$97, 25%	Doctor Choice: Plan Doctors for Most Services  Out of Pocket Spending Limit: \$5,250 In-network  	All Your Drugs on Formulary : <b>No</b>  Drug Restrictions: <b>No</b>  <a href="#">Lower Your Drug Costs</a>  <b>MTM Program : Yes</b>	\$5,380	Coming Soon	Enrollment begins October 15, 2018

■ **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: [?]	
<b>Retail</b> Annual: \$1,946  <b>Mail Order</b> Annual: N/A	\$158.00  Drug: \$62.20  Health: \$95.80  <b>Part B Premium Reduction</b> : No	Annual Drug Deductible: \$300  Health Plan Deductible: \$0  Drug Copay/Coinsurance: \$3 - \$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 : <b>No</b>  Drug Restrictions: <b>No</b>  <a href="#">Lower Your Drug Costs</a>  <b>MTM Program : Yes</b>	\$6,400	Coming Soon	Enrollment begins October 15, 2018

■ **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: [?]	

Your Plan Results

<p><b>Retail</b> Annual: \$1,876</p> <p><b>Mail Order</b> Annual: N/A</p> <p><b>Part B Premium Reduction</b> :No</p>	<p>\$79.00</p> <p>Drug: \$55.30</p> <p>Health: \$23.70</p>	<p>Annual Drug Deductible: \$340</p> <p>Health Plan Deductible: \$0</p> <p>Drug Copay/Coinsurance: \$3 - \$40, 26% - 40%</p>	<p>Doctor Choice: Any Doctor</p> <p>Out of Pocket Spending Limit: \$10,000 In and Out-of-network \$6,700 In-network</p> <p><b>D V H</b></p>	<p>All Your Drugs on Formulary :<b>No</b></p> <p>Drug Restrictions: <b>No</b></p> <p><a href="#">Lower Your Drug Costs</a></p> <p><b>MTM Program : Yes</b></p>	<p>\$5,920</p>	<p>Coming Soon</p>	<p>Enrollment begins October 15, 2018</p>
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Feedback

**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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