

Medicare.gov | Medicare Plan Finder

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 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: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage [?] , Drug Restrictions [?]	Estimated Annual Health and Drug Costs: [?]	Overall Star Rating: [?]
Retail Annual: \$3,936 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	\$7,820	Coming Soon

[Medicare Health Plans with Drug Coverage](#)


Feedback

30 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: \$1,439 Mail Order Annual: N/A	\$88.00 Drug: \$29.90 Health: \$58.10 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 	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$5,120	Coming Soon	Enrollment begins October 15, 2018

■ [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: \$1,116 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 	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$4,640	Coming Soon	Enrollment begins October 15, 2018

■ [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: [?]	

Feedback

Retail Annual: <u>\$1,369</u> Mail Order Annual: N/A Part B Premium Reduction :No	\$48.00 Drug: \$23.10 Health: \$24.90	Annual Drug Deductible: \$225 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$3 - \$95, 28%	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	\$4,850	Coming Soon	Enrollment begins October 15, 2018
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■ **[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: <u>\$1,658</u> Mail Order Annual: N/A Part B Premium Reduction :No	\$53.00 Drug: \$19.20 Health: \$33.80	Annual Drug Deductible: \$0 Health Plan Deductible: \$750 annual deductible Drug Copay/Coinsurance: \$0 - \$100, 33%	Doctor Choice: Any Doctor Out of Pocket Spending Limit: \$10,000 In and Out-of-network \$6,700 In-network D V H	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$5,530	Coming Soon	Enrollment begins October 15, 2018

■ **[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: <u>\$1,538</u> Mail Order Annual: N/A Part B Premium Reduction :No	\$34.00 Drug: \$15.20 Health: \$18.80	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: \$5,600 In-network D V H	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$4,780	Coming Soon	Enrollment begins October 15, 2018

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


Organization: Aetna Medicare

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: [?]	
Retail Annual: \$1,631 Mail Order Annual: N/A	\$87.00 Drug: \$22.90 Health: \$64.10 Part B Premium Reduction : No	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$100, 33%	Doctor Choice: Any Doctor Out of Pocket Spending Limit: \$8,500 In and Out-of-network \$5,900 In-network 	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$5,460	Coming Soon	Enrollment begins October 15, 2018


■ **[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: \$1,428 Mail Order Annual: N/A	\$0.00 Drug: \$0.00 Health: \$0.00 Part B Premium Reduction : No	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	\$4,640	Coming Soon	Enrollment begins October 15, 2018


■ **[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: \$1,344 Mail Order Annual: N/A	\$0.00 Drug: \$0.00 Health: \$0.00 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: \$6,700 In-network 	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$4,720	Coming Soon	Enrollment begins October 15, 2018


Community HealthFirst MA Extra Plan (HMO) (H5826-010-0)

Organization: Community HealthFirst Medicare Advantage Plan

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: <u>\$1,512</u> Mail Order Annual: N/A Part B Premium Reduction :No	\$26.00 Drug: \$26.00 Health: \$0.00 Part B Premium Reduction :No	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$42, 33% - 50%	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	\$5,210	Coming Soon	Enrollment begins October 15, 2018

Community HealthFirst MA Pharmacy Plan (HMO) (H5826-008-0)

Organization: Community HealthFirst Medicare Advantage Plan

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: <u>\$1,850</u> Mail Order Annual: N/A Part B Premium Reduction :No	\$68.00 Drug: \$54.20 Health: \$13.80 Part B Premium Reduction :No	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$42, 33% - 50%	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, 2018

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.

Feedback



A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services.

