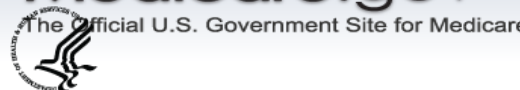


Medicare.gov | Medicare Plan Finder

The Official U.S. Government Site for Medicare



Your Plan Results

The Official U.S. Government Site for Medicare

Snohomish



Zip Code: 98270

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

28 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: \$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) (H3805-020-0)

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: \$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	\$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	\$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

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

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: [?]	

Feedback

Feedback

Retail Annual: <u>\$1,116</u>	\$33.00 Drug: \$0.00	Annual Drug Deductible: \$50	Doctor Choice: Plan Doctors for Most Services	All Your Drugs on Formulary : No	\$4,560	Coming Soon	Enrollment begins October 15, 2018
Mail Order Annual: N/A	Health: \$33.00	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$5,000	Drug Restrictions: No			
	Part B Premium Reduction : No	Drug Copay/Coinsurance: \$2 - \$100, 32%	In-network	Lower Your Drug Costs			
			MTM Program : Yes				

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

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: [?]	
Retail Annual: <u>\$1,140</u>	\$0.00 Drug: \$0.00	Annual Drug Deductible: \$100	Doctor Choice: Plan Doctors for Most Services	All Your Drugs on Formulary : No	\$4,620	Coming Soon	Enrollment begins October 15, 2018
Mail Order Annual: N/A	Health: \$0.00	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$6,500	Drug Restrictions: No			
	Part B Premium Reduction : No	Drug Copay/Coinsurance: \$2 - \$100, 31%	In-network	Lower Your Drug Costs			
			MTM Program : Yes				

■ **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: [?]	
Retail Annual: <u>\$1,861</u>	\$102.00 Drug: \$47.10	Annual Drug Deductible: \$320	Doctor Choice: Any Doctor	All Your Drugs on Formulary : No	\$6,020	Coming Soon	Enrollment begins October 15, 2018
Mail Order Annual: N/A	Health: \$54.90	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$10,000	Drug Restrictions: No			
	Part B Premium Reduction : No	Drug Copay/Coinsurance: \$4 - \$100, 26%	In-network and Out-of-network \$6,700 In-network	Lower Your Drug Costs			
			MTM Program : Yes				

■ **Kaiser Permanente Medicare Advantage Essential (HMO) (H5050-009-0)**


Organization: Kaiser Foundation Health Plan of Washington

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: \$1,165 Mail Order Annual: N/A	\$99.00 Drug: \$46.10 Health: \$52.90 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: \$4,300 In-network 	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$5,030	Coming Soon	Enrollment begins October 15, 2018


■ **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: \$1,519 Mail Order Annual: N/A	\$295.00 Drug: \$75.60 Health: \$219.40 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	\$6,840	Coming Soon	Enrollment begins October 15, 2018


■ **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: \$612 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	\$4,500	Coming Soon	Enrollment begins October 15, 2018


■ [Premera Blue Cross Medicare Advantage \(HMO\) \(H7245-001-0\)](#)

Organization: Premera Blue Cross Medicare Advantage

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>\$1,584</u> Mail Order Annual: N/A Part B Premium Reduction :No	\$0.00 Drug: \$0.00 Health: \$0.00	Annual Drug Deductible: \$300 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$4 - \$42, 27% - 35%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$6,300 In-network 	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$5,140	Coming Soon	Enrollment begins October 15, 2018

■ [Premera Blue Cross Medicare Advantage Classic \(HMO\) \(H7245-002-0\)](#)

Organization: Premera Blue Cross Medicare Advantage

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>\$1,896</u> Mail Order Annual: N/A Part B Premium Reduction :No	\$55.00 Drug: \$30.00 Health: \$25.00	Annual Drug Deductible: \$200 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$3 - \$42, 29% - 35%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$5,600 In-network 	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$5,470	Coming Soon	Enrollment begins October 15, 2018

■ [Premera Blue Cross Medicare Advantage Classic Plus \(HMO\) \(H7245-003-0\)](#)

Organization: Premera Blue Cross Medicare Advantage

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

Feedback

<p>Retail Annual: \$2,173</p> <p>Mail Order Annual: N/A</p> <p>Part B Premium Reduction :No</p>	<p>\$167.00</p> <p>Drug: \$51.10</p> <p>Health: \$115.90</p>	<p>Annual Drug Deductible: \$200</p> <p>Health Plan Deductible: \$0</p> <p>Drug Copay/Coinsurance: \$4 - \$42, 29% - 35%</p>	<p>Doctor Choice: Plan Doctors for Most Services</p> <p>Out of Pocket Spending Limit: \$5,000</p> <p>In-network</p> <p>D V H</p>	<p>All Your Drugs on Formulary :No</p> <p>Drug Restrictions: No</p> <p>Lower Your Drug Costs</p> <p>MTM Program : Yes</p>	\$6,660	Coming Soon	Enrollment begins October 15, 2018
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■ **Providence Medicare Harbor + RX (HMO)_(H9047-049-0)**

Organization: Providence Health Assurance

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: [?]	
<p>Retail Annual: \$1,140</p> <p>Mail Order Annual: N/A</p> <p>Part B Premium Reduction :No</p>	<p>\$0.00</p> <p>Drug: \$0.00</p> <p>Health: \$0.00</p>	<p>Annual Drug Deductible: \$290</p> <p>Health Plan Deductible: \$0</p> <p>Drug Copay/Coinsurance: \$0 - \$100, 27%</p>	<p>Doctor Choice: Plan Doctors for Most Services</p> <p>Out of Pocket Spending Limit: \$6,700</p> <p>In-network</p> <p>D V H</p>	<p>All Your Drugs on Formulary :No</p> <p>Drug Restrictions: No</p> <p>Lower Your Drug Costs</p> <p>MTM Program : Yes</p>	\$4,960	Coming Soon	Enrollment begins October 15, 2018

■ **Providence Medicare Summit + RX (HMO-POS)_(H9047-047-0)**


Organization: Providence Health Assurance

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: [?]	
<p>Retail Annual: \$1,709</p> <p>Mail Order Annual: N/A</p> <p>Part B Premium Reduction :No</p>	<p>\$59.00</p> <p>Drug: \$43.40</p> <p>Health: \$15.60</p>	<p>Annual Drug Deductible: \$240</p> <p>Health Plan Deductible: \$0</p> <p>Drug Copay/Coinsurance: \$4 - \$100, 28%</p>	<p>Doctor Choice: Plan Doctors Only (some exceptions)</p> <p>Out of Pocket Spending Limit: \$10,000 In and Out-of-network \$5,500 In-network \$10,000 Out-of-network</p> <p>D V H</p>	<p>All Your Drugs on Formulary :No</p> <p>Drug Restrictions: No</p> <p>Lower Your Drug Costs</p> <p>MTM Program : Yes</p>	\$5,340	Coming Soon	Enrollment begins October 15, 2018

Feedback


■ [Regence BlueAdvantage HMO \(HMO\) \(H1997-007-2\)](#)

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: <u>\$1,188</u> Mail Order Annual: N/A	\$0.00 Drug: \$0.00 Health: \$0.00 Part B Premium Reduction : No	Annual Drug Deductible: \$300 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$3 - \$40, 27% - 40%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$6,200 In-network 	All Your Drugs on Formulary : No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$4,740	Coming Soon	Enrollment begins October 15, 2018

■ [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: <u>\$1,715</u> Mail Order Annual: N/A	\$47.00 Drug: \$46.90 Health: \$0.10 Part B Premium Reduction : No	Annual Drug Deductible: \$200 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$3 - \$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	\$5,020	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: [?]	

<p>Retail Annual: <u>\$1,946</u></p> <p>Mail Order Annual: N/A</p> <p>Part B Premium Reduction :No</p>	<p>\$158.00</p> <p>Drug: \$62.20</p> <p>Health: \$95.80</p>	<p>Annual Drug Deductible: \$300</p> <p>Health Plan Deductible: \$0</p> <p>Drug Copay/Coinsurance: \$3 - \$40, 27% - 40%</p>	<p>Doctor Choice: Any Doctor</p> <p>Out of Pocket Spending Limit: \$10,000 In and Out-of-network \$5,700 In-network</p> <p>D V H</p>	<p>All Your Drugs on Formulary :No</p> <p>Drug Restrictions: No</p> <p>Lower Your Drug Costs</p> <p>MTM Program : Yes</p>	\$6,400	Coming Soon	Enrollment begins October 15, 2018
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■ **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: [?]	
<p>Retail Annual: <u>\$1,876</u></p> <p>Mail Order Annual: N/A</p> <p>Part B Premium Reduction :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>D V H</p>	<p>All Your Drugs on Formulary :No</p> <p>Drug Restrictions: No</p> <p>Lower Your Drug Costs</p> <p>MTM Program : Yes</p>	\$5,920	Coming Soon	Enrollment begins October 15, 2018

■ **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: [?]	
<p>Retail Annual: <u>\$1,295</u></p> <p>Mail Order Annual: N/A</p> <p>Part B Premium Reduction :No</p>	<p>\$146.00</p> <p>Drug: \$37.90</p> <p>Health: \$108.10</p>	<p>Annual Drug Deductible: \$160</p> <p>Health Plan Deductible: \$0</p> <p>Drug Copay/Coinsurance: \$2 - \$47, 30% - 50%</p>	<p>Doctor Choice: Plan Doctors for Most Services</p> <p>Out of Pocket Spending Limit: \$4,900 In-network</p> <p>D V H</p>	<p>All Your Drugs on Formulary :No</p> <p>Drug Restrictions: No</p> <p>Lower Your Drug Costs</p> <p>MTM Program : Yes</p>	\$5,780	Coming Soon	Enrollment begins October 15, 2018

Feedback

■ 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: \$876 Mail Order Annual: N/A	\$0.00 Drug: \$0.00 Health: \$0.00 Part B Premium Reduction :No	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 V H	All Your Drugs on Formulary :No Drug Restrictions: No Lower Your Drug Costs MTM Program : Yes	\$4,520	Coming Soon	Enrollment begins October 15, 2018

■ 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: \$1,160 Mail Order Annual: N/A	\$40.00 Drug: \$26.70 Health: \$13.30 Part B Premium Reduction :No	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 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

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.

