

# Medicare.gov | Medicare Plan Finder

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 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: [?]
<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](#)

11 plans were found in 98229 based on your search criteria. [View 10](#) View 11

Sort Results by


■ [AARP MedicareComplete \(HMO\) \(H3805-021-0\)](#)

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: [?]	
<b>Retail</b> Annual: \$1,308  <b>Mail Order</b> Annual: N/A	\$16.00  Drug: \$16.00  Health: \$0.00  <b>Part B Premium Reduction</b> :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 : <b>No</b>  Drug Restrictions: <b>No</b>  <a href="#">Lower Your Drug Costs</a>  <b>MTM Program</b> : <b>Yes</b>	\$4,870	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: [?]	
<b>Retail</b> Annual: \$1,512  <b>Mail Order</b> Annual: N/A	\$26.00  Drug: \$26.00  Health: \$0.00  <b>Part B Premium Reduction</b> :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 : <b>No</b>  Drug Restrictions: <b>No</b>  <a href="#">Lower Your Drug Costs</a>  <b>MTM Program</b> : <b>Yes</b>	\$5,210	Coming Soon	Enrollment begins October 15, 2018

■ [Community HealthFirst MA Pharmacy Plan \(HMO\) \(H5826-009-0\)](#)

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: [?]	

Feedback

<p><b>Retail</b> Annual: <u>\$1,525</u></p> <p><b>Mail Order</b> Annual: N/A</p> <p><b>Part B Premium Reduction</b> :No</p>	<p>\$94.00</p> <p>Drug: \$27.10</p> <p>Health: \$66.90</p>	<p>Annual Drug Deductible: \$0</p> <p>Health Plan Deductible: \$0</p> <p>Drug Copay/Coinsurance: \$0 - \$42, 33% - 50%</p>	<p>Doctor Choice: Plan Doctors for Most Services</p> <p>Out of Pocket Spending Limit: \$6,700</p> <p>In-network</p> <p><b>D V</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>	\$5,580	Coming Soon	Enrollment begins October 15, 2018
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■ **[Humana Gold Plus H5619-114 \(HMO\) \(H5619-114-0\)](#)**

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: [?]	
<p><b>Retail</b> Annual: <u>\$1,152</u></p> <p><b>Mail Order</b> Annual: N/A</p> <p><b>Part B Premium Reduction</b> :No</p>	<p>\$0.00</p> <p>Drug: \$0.00</p> <p>Health: \$0.00</p>	<p>Annual Drug Deductible: \$150</p> <p>Health Plan Deductible: \$0</p> <p>Drug Copay/Coinsurance: \$2 - \$100, 30%</p>	<p>Doctor Choice: Plan Doctors for Most Services</p> <p>Out of Pocket Spending Limit: \$6,700</p> <p>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>	\$4,850	Coming Soon	Enrollment begins October 15, 2018

■ **[Humana Gold Plus H5619-115 \(HMO\) \(H5619-115-0\)](#)**


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: [?]	
<p><b>Retail</b> Annual: <u>\$1,140</u></p> <p><b>Mail Order</b> Annual: N/A</p> <p><b>Part B Premium Reduction</b> :No</p>	<p>\$33.00</p> <p>Drug: \$0.00</p> <p>Health: \$33.00</p>	<p>Annual Drug Deductible: \$100</p> <p>Health Plan Deductible: \$0</p> <p>Drug Copay/Coinsurance: \$2 - \$100, 31%</p>	<p>Doctor Choice: Plan Doctors for Most Services</p> <p>Out of Pocket Spending Limit: \$5,000</p> <p>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>	\$4,730	Coming Soon	Enrollment begins October 15, 2018

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


Organization: Humana

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: <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

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


**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: [?]	
<b>Retail</b> Annual: <u>\$1,538</u>  <b>Mail Order</b> Annual: N/A	\$85.00 Drug: \$67.20 Health: \$17.80 <b>Part B Premium Reduction: No</b>	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

■ **[Premera Blue Cross Medicare Advantage Core \(HMO\) \(H7245-006-0\)](#)**


**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: [?]	

<b>Retail</b> Annual: <u>\$1,704</u>  <b>Mail Order</b> Annual: N/A  <b>Part B Premium Reduction</b> :No	\$12.00 Drug: \$10.00 Health: \$2.00	Annual Drug Deductible: \$300 Health Plan Deductible: \$0 Drug Copay/ Coinsurance: \$4 - \$42, 27% - 34%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$6,300 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>	\$5,280	Coming Soon	Enrollment begins October 15, 2018
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■ **[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: [?]	
<b>Retail</b> Annual: <u>\$1,295</u>  <b>Mail Order</b> Annual: N/A  <b>Part B Premium Reduction</b> :No	\$146.00 Drug: \$37.90 Health: \$108.10	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>	\$5,780	Coming Soon	Enrollment begins October 15, 2018

■ **[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: [?]	
<b>Retail</b> Annual: <u>\$876</u>  <b>Mail Order</b> Annual: N/A  <b>Part B Premium Reduction</b> :No	\$0.00 Drug: \$0.00 Health: \$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>	\$4,520	Coming Soon	Enrollment begins October 15, 2018

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

Organization: Soundpath Health

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: \$1,160  <b>Mail Order</b> Annual: N/A	\$40.00 Drug: \$26.70 Health: \$13.30 <b>Part B Premium Reduction: No</b>	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> <b>MTM Program: Yes</b>	\$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

**Medicare.gov**  
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