

**i** You're previewing 2020 plans.

Starting October 15, you can enroll in 2020 plans. [Show me 2019 plans.](#)

There may be separate drug plans available with lower drug costs. [Tell me more.](#)

[View 28 available drug plans](#)

# 13 Medicare Advantage Plans available

Filter Plans



Island, WA [Change location](#)

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Showing 10 of 13 Medicare Advantage Plans

Sort plans by Lowest monthly premium ▾

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Star rating: Coming Soon

# \$0.00

**Medicare Advantage with drug coverage monthly premium**

**Doesn't include:**  
\$135.50 Standard Part B premium

Plan Details

Open Enrollment starts October 15

UnitedHealthcare

## AARP Medicare Advantage Plan 2 (HMO)

Plan ID: H3805-020-0

Add to compare

**\$0 Health plan deductible**

The amount you must pay each year before your plan starts to pay for covered services.

**\$275.00 Drug deductible**

The amount you must pay each year before your plan starts to pay for covered drugs.

**\$6,700 In-network Out-of-pocket max**

Once you spend this amount for covered services in a year, your plan pays 100% for your care.

### COPAYS/COINSURANCE

**Primary doctor:** \$10 per visit  
**Specialist:** \$50 per visit

### PHARMACIES & PRESCRIPTION DRUGS

Add your drugs & pharmacies

Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

### PLAN BENEFITS

✓ Vision   ✓ Dental   ✓ Hearing   ✗ Transportation   ✓ Fitness benefits   See more benefits ▾

Star rating: Coming Soon

# \$0.00

**Medicare Advantage (without drug coverage) monthly premium**

**Doesn't include:**

\$135.50 Standard Part B premium

Plan Details

Open Enrollment starts October 15

Regence BlueShield

## Regence MedAdvantage Basic (PPO)

Plan ID: H5009-001-0

Add to compare

\$0

### Health plan deductible

The amount you must pay each year before your plan starts to pay for covered services.

\$10,000 In and Out-of-network

\$6,200 In-network

### Out-of-pocket max

Once you spend this amount for covered services in a year, your plan pays 100% for your care.

#### COPAYS/COINSURANCE

**Primary doctor:** \$20 per visit

**Specialist:** \$40 per visit

#### PHARMACIES & PRESCRIPTION DRUGS

This plan does not cover prescription drugs, so you will pay for the drug's full cost under this plan. Other Medicare Advantage plans offer drug coverage.

Add your drugs & pharmacies

Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

#### PLAN BENEFITS

✓ Vision   ✓ Dental   ✓ Hearing   ✗ Transportation   ✓ Fitness benefits   See more benefits ▼

# \$0.00

**Medicare Advantage (without drug coverage) monthly premium**

**Doesn't include:**

\$135.50 Standard Part B premium

Humana

## Humana Honor (PPO)

Plan ID: H5216-046-0

Star rating: Coming Soon

Add to compare

\$0

### Health plan deductible

The amount you must pay each year before your plan starts to pay for covered services.

\$4,500 In and Out-of-network

\$3,600 In-network

### Out-of-pocket max

Once you spend this amount for covered services in a year, your plan pays 100% for your care.

#### COPAYS/COINSURANCE

**Primary doctor:** \$0 copay

#### PHARMACIES & PRESCRIPTION DRUGS

Plan Details

Open Enrollment starts October 15

**Specialist:** \$35 per visit

This plan does not cover prescription drugs, so you will pay for the drug's full cost under this plan. Other Medicare Advantage plans offer drug coverage.

Add your drugs & pharmacies

Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- See more benefits ▼

# \$12.00

**Medicare Advantage with drug coverage monthly premium**

**Doesn't include:**  
\$135.50 Standard Part B premium

Plan Details

Open Enrollment starts October 15

Premera Blue Cross Medicare Advantage

Star rating: Coming Soon

## Premera Blue Cross Medicare Advantage Core (HMO)

Plan ID: H7245-006-0

Add to compare

**\$0 Health plan deductible**

The amount you must pay each year before your plan starts to pay for covered services.

**\$300.00 Drug deductible**

The amount you must pay each year before your plan starts to pay for covered drugs.

**\$6,300 In-network Out-of-pocket max**

Once you spend this amount for covered services in a year, your plan pays 100% for your care.

COPAYS/COINSURANCE

**Primary doctor:** \$15 or 0-15% per visit

**Specialist:** \$45 or 0-15% per visit

PHARMACIES & PRESCRIPTION DRUGS

Add your drugs & pharmacies

Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✗ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- See more benefits ▼

# \$38.00

**Medicare Advantage with drug coverage monthly**

Plan Details

Open Enrollment starts October 15

Regence BlueShield

Star rating: Coming Soon

## Regence MedAdvantage + Rx Primary (PPO)

Plan ID: H5009-009-0

Add to compare

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✗ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- See more benefits ▼

## premium

### Doesn't include:

\$135.50 Standard Part B premium

Plan Details

Open Enrollment starts October 15

\$0

## Health plan deductible

The amount you must pay each year before your plan starts to pay for covered services.

### COPAYS/COINSURANCE

**Primary doctor:** \$25 per visit

**Specialist:** \$50 per visit

### PLAN BENEFITS

✓ Vision   ✓ Dental   ✓ Hearing   ✗ Transportation   ✓ Fitness benefits   See more benefits ▼

\$340.00

## Drug deductible

The amount you must pay each year before your plan starts to pay for covered drugs.

### PHARMACIES & PRESCRIPTION DRUGS

Add your drugs & pharmacies

Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

\$10,000 In and Out-of-network  
\$6,700 In-network

## Out-of-pocket max

Once you spend this amount for covered services in a year, your plan pays 100% for your care.

\$40.00

Medicare Advantage (without drug coverage) monthly premium

### Doesn't include:

\$135.50 Standard Part B premium

Plan Details

Open Enrollment starts October

Kaiser Foundation Health Plan of Washington

Star rating: Coming Soon

## Kaiser Permanente Medicare Advantage Basic (HMO)

Plan ID: H5050-001-0

Add to compare

\$0

## Health plan deductible

The amount you must pay each year before your plan starts to pay for covered services.

### COPAYS/COINSURANCE

**Primary doctor:** \$10 per visit

**Specialist:** \$30 per visit

\$2,000 In-network

## Out-of-pocket max

Once you spend this amount for covered services in a year, your plan pays 100% for your care.

### PHARMACIES & PRESCRIPTION DRUGS

This plan does not cover prescription drugs, so you will pay for the drug's full cost under this plan. Other Medicare Advantage plans offer drug coverage.

Add your drugs & pharmacies

Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

Open Enrollment starts October 15

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✓ Transportation
- ✓ Fitness benefits
- See more benefits ▾

# \$68.00

**Medicare Advantage with drug coverage monthly premium**

**Doesn't include:**  
\$135.50 Standard Part B premium

Plan Details

Open Enrollment starts October 15

Humana

Star rating: Coming Soon

## Humana Gold Plus H5619-129 (HMO)

Plan ID: H5619-129-0

Add to compare

**\$0**  
**Health plan deductible**

The amount you must pay each year before your plan starts to pay for covered services.

**\$225.00**  
**Drug deductible**

The amount you must pay each year before your plan starts to pay for covered drugs.

**\$6,000 In-network Out-of-pocket max**

Once you spend this amount for covered services in a year, your plan pays 100% for your care.

COPAYS/COINSURANCE

**Primary doctor:** \$5 per visit  
**Specialist:** \$45 per visit

PHARMACIES & PRESCRIPTION DRUGS

Add your drugs & pharmacies

Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- See more benefits ▾

# \$75.00

**Medicare Advantage with drug coverage monthly premium**

**Doesn't include:**  
\$135.50 Standard Part B premium

Star rating: Coming Soon

Premiera Blue Cross Medicare Advantage

## Premiera Blue Cross Medicare Advantage Core Plus (HMO)

Plan ID: H7245-008-0

Add to compare

**\$0**  
**Health plan deductible**

The amount you must pay each year before your plan starts to pay for covered services.

**\$180.00**  
**Drug deductible**

The amount you must pay each year before your plan starts to pay for covered drugs.

**\$5,000 In-network Out-of-pocket max**

Once you spend this amount for covered services in a year, your plan pays 100% for your care.

COPAYS/COINSURANCE

PHARMACIES & PRESCRIPTION DRUGS

Plan Details

Open Enrollment starts October 15

Primary doctor: \$5 per visit  
Specialist: \$30 per visit

Add your drugs & pharmacies

Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

PLAN BENEFITS

✓ Vision ✓ Dental ✓ Hearing ✗ Transportation ✓ Fitness benefits See more benefits ▼

\$78.00

Medicare Advantage with drug coverage monthly premium

Doesn't include: \$135.50 Standard Part B premium

Plan Details

Open Enrollment starts October 15

Regence BlueShield

Regence MedAdvantage + Rx Classic (PPO)

Plan ID: H5009-008-0

Star rating: Coming Soon

Add to compare

\$0 Health plan deductible

The amount you must pay each year before your plan starts to pay for covered services.

\$340.00 Drug deductible

The amount you must pay each year before your plan starts to pay for covered drugs.

\$10,000 In and Out-of-network  
\$6,200 In-network  
Out-of-pocket max

Once you spend this amount for covered services in a year, your plan pays 100% for your care.

COPAYS/COINSURANCE

Primary doctor: \$15 per visit  
Specialist: \$40 per visit

PHARMACIES & PRESCRIPTION DRUGS

Add your drugs & pharmacies

Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

PLAN BENEFITS

✓ Vision ✓ Dental ✓ Hearing ✗ Transportation ✓ Fitness benefits See more benefits ▼

\$85.00

Medicare Advantage with drug coverage monthly premium

Plan Details

Open Enrollment starts October 15

Kaiser Foundation Health Plan of Washington

Kaiser Permanente Medicare Advantage Harbor (HMO)

Plan ID: H5050-017-0

Star rating: Coming Soon

Add to compare

**Doesn't include:**  
\$135.50 Standard Part B premium

Plan Details

Open Enrollment starts October  
15

**\$0**  
**Health plan deductible**

The amount you must pay each year before your plan starts to pay for covered services.

COPAYS/COINSURANCE

**Primary doctor:** \$10 per visit  
**Specialist:** \$45 per visit

PLAN BENEFITS

✓ Vision   ✓ Dental   ✓ Hearing   ✗ Transportation   ✓ Fitness benefits   See more benefits ▼

**\$175.00**  
**Drug deductible**

The amount you must pay each year before your plan starts to pay for covered drugs.

PHARMACIES & PRESCRIPTION DRUGS

Add your  
drugs &  
pharmacies

Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll show you which plans cover them when you review costs.

**\$5,250 In-network**  
**Out-of-pocket max**

Once you spend this amount for covered services in a year, your plan pays 100% for your care.

[See Original Medicare coverage](#)