

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



Skagit, WA [Change location](#)

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Showing 10 of 13 Medicare Advantage Plans

Sort plans by Lowest monthly premium ▾

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\$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

Humana

Humana Honor (PPO)

Plan ID: [H5216-046-0](#)

\$0
Health plan deductible

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

COPAYS/COINSURANCE

Primary doctor: \$0 copay
Specialist: \$35 per visit

PLAN BENEFITS

✓ Vision ✓ Dental ✓ Hearing ✗ Transportation ✓ Fitness benefits [See more benefits](#) ▾

Star rating: Coming Soon

Add to compare

\$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.

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.

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

Humana

Humana Gold Plus H5619-114 (HMO)

Plan ID: H5619-114-0

Add to compare

\$0 Health plan deductible

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

\$250.00 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

\$12.00

Medicare Advantage with drug coverage monthly premium

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

Premera Blue Cross Medicare Advantage

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

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 Details

Open Enrollment starts October 15

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

PLAN BENEFITS

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

\$16.00

Medicare Advantage with drug coverage monthly premium

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

Plan Details

Open Enrollment starts October 15

UnitedHealthcare

Star rating: Coming Soon

AARP Medicare Advantage (HMO)

Plan ID: H3805-021-0

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: \$15 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 ▾

\$32.00

Medicare Advantage with drug coverage monthly premium

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

Community Health Plan of WA Medicare Advantage

Star rating: Coming Soon

Community Health Plan of WA MA Extra Plan (HMO)

Plan ID: H5826-010-0

Add to compare

\$0
Health plan deductible

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

\$0.00
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.

Plan Details

Open Enrollment starts October 15

COPAYS/COINSURANCE

Primary doctor: \$10 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 ▼

\$38.00

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 H5619-115 (HMO)

Plan ID: H5619-115-0

Add to compare

\$0 Health plan deductible

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

\$200.00 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

Primary doctor: \$0 copay

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 ▼

\$40.00

Medicare Advantage (without drug coverage) monthly premium

Plan Details

Open Enrollment starts October 15

Kaiser Foundation Health Plan of Washington

Star rating: Coming Soon

Kaiser Permanente Medicare Advantage Basic (HMO)

Plan ID: H5050-001-0

Add to compare

PLAN BENEFITS

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

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: \$30 per visit

PLAN BENEFITS

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

\$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.

\$61.00

**Medicare Advantage with
drug coverage monthly
premium**

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

Plan Details

Open Enrollment starts October
15

Aetna Medicare

**Aetna Medicare Choice Plan
(PPO)**

Plan ID: H5521-127-0

Star rating: Coming Soon

Add to compare

**\$750 annual
deductible**
Health plan deductible

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

COPAYS/COINSURANCE

Primary doctor: \$0 copay
Specialist: \$50 per visit

PLAN BENEFITS

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

\$0.00
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.

Star rating: Coming Soon

\$75.00

Medicare Advantage with drug coverage monthly premium

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

Plan Details

Open Enrollment starts October 15

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

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

\$85.00

Medicare Advantage with drug coverage monthly premium

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

Kaiser Foundation Health Plan of Washington

Kaiser Permanente Medicare Advantage Harbor (HMO)

Plan ID: H5050-017-0

Add to compare

\$0 Health plan deductible

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

\$175.00 Drug deductible

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

\$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.

COPAYS/COINSURANCE

PHARMACIES & PRESCRIPTION DRUGS

Plan Details

Open Enrollment starts October
15

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

[See Original Medicare coverage](#)