

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](#)

43 Medicare Advantage Plans available

Filter Plans



Snohomish, WA [Change location](#)

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Showing 10 of 43 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

Wellcare
WellCare Value (HMO)
Plan ID: [H1353-005-0](#)

\$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.

\$5,900 In-network
Out-of-pocket max
Once you spend this amount for covered services in a year, your plan pays 100% for your care.

[Add to compare](#)

[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.

COPAYS/COINSURANCE
Primary doctor: \$0 copay
Specialist: \$35 per visit

PHARMACIES & PRESCRIPTION DRUGS

PLAN BENEFITS
✔ Vision ✔ Dental ✔ Hearing ✘ Transportation ✔ Fitness benefits [See more benefits](#) ▼

Star rating: Coming Soon

AMERIGROUP

\$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

Amerivantage Classic (HMO)

Plan ID: H1894-001-0

Add to compare

\$0

Health plan deductible

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

\$0.00

Drug deductible

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

\$5,900 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: \$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 ▼

\$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

Star rating: Coming Soon

Regence BlueAdvantage HMO No Rx (HMO)

Plan ID: H1997-008-0

Add to compare

\$0

Health plan deductible

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

\$5,900 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: \$45 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 ▾

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

Regence BlueShield
Regence BlueAdvantage HMO (HMO)

Plan ID: H1997-009-0

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.

\$6,200 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: \$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 ▾

Star rating: Coming Soon

\$0.00

Medicare Advantage with drug coverage monthly premium

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

Aetna Medicare
Aetna Medicare Value Plus Plan (HMO)

Plan ID: H3748-003-0

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.

\$6,500 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

Add your

Add your drugs and up to 3 preferred pharmacies to get an

Plan Details

Open Enrollment starts October 15

Specialist: \$45 per visit

drugs & pharmacies

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 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 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 ▼

\$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

Star rating: Coming Soon

AARP Medicare Advantage Walgreens (HMO)

Plan ID: H3805-032-0

Add to compare

\$0 Health plan deductible

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

\$200.00 Drug deductible

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

\$6,500 In-network Out-of-pocket max

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

PLAN BENEFITS

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

covered services.

covered drugs.

for your care.

COPAYS/COINSURANCE

Primary doctor: \$0 copay
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 Details

Open Enrollment starts October
15

PLAN BENEFITS

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

\$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

Aetna Medicare

Star rating: Coming Soon

**Aetna Medicare Value Plan
(HMO)**

Plan ID: H3931-126-0

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.

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 ▼

\$0.00

Regence BlueShield

Star rating: Coming Soon

**Regence MedAdvantage
Basic (PPO)**

Plan ID: H5009-001-0

Add to compare

Medicare Advantage (without drug coverage) monthly 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: \$20 per visit
Specialist: \$40 per visit

PLAN BENEFITS

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

\$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.

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.

\$0.00

Medicare Advantage (without drug coverage) monthly premium

Doesn't include:

\$135.50 Standard Part B premium

Plan Details

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.

COPAYS/COINSURANCE

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

PLAN BENEFITS

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

\$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

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

Advantage plans offer
drug coverage.

PLAN BENEFITS

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

[See Original Medicare coverage](#)

Showing 10 of 43 Medicare Advantage Plans