

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](#)

19 Medicare Advantage Plans available

Filter Plans



Whatcom, WA [Change location](#)

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Showing 10 of 19 Medicare Advantage Plans

Sort plans by Lowest monthly premium ▾

[Add Special Needs Plans](#) ▾

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 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 Align (HMO)

Plan ID: H1997-010-0

Add to compare

\$0

Health plan deductible

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

\$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: \$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 ▼

Star rating: Coming Soon

\$0.00

Medicare Advantage (without drug coverage) monthly premium

Doesn't include:

\$135.50 Standard Part B premium

Add to compare

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.

\$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

Specialist: \$35 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

Add your drugs & pharmacies

Add your drugs and up to 3 preferred pharmacies to get an accurate cost estimate. We'll

Plan Details

Open Enrollment starts October 15

Advantage plans offer drug coverage.

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

Humana

Star rating: Coming Soon

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 ▼

\$0.00

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 Value Plan (HMO)

Plan ID: H5826-016-0

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: \$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 ▼

\$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

Premera Blue Cross Medicare Advantage

Star rating: Coming Soon

Premera Blue Cross Medicare Advantage Peak + Rx (HMO)

Plan ID: H9302-011-0

Add to compare

\$0 Health plan deductible

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

\$160.00 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 ▼

\$12.00

Medicare Advantage with drug coverage monthly

Premera Blue Cross Medicare Advantage

Star rating: Coming Soon

Premera Blue Cross Medicare Advantage Core (HMO)

Add to compare

premium

Doesn't include:

\$135.50 Standard Part B premium

Plan Details

Open Enrollment starts October
15

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.

COPAYS/COINSURANCE

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

PLAN BENEFITS

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

\$300.00 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.

\$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.

\$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.

COPAYS/COINSURANCE

Primary doctor: \$15 per visit
Specialist: \$50 per visit

PLAN BENEFITS

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

\$275.00 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.

\$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

\$32.00

Medicare Advantage with drug coverage monthly premium

Doesn't include:

\$135.50 Standard Part B premium

Plan Details

Open Enrollment starts October 15

Community Health Plan of WA Medicare Advantage

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.

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 ▼

Star rating: Coming Soon

\$34.00

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 Align Plus (HMO)

Plan ID: H1997-011-0

Add to compare

\$0

Health plan deductible

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

\$100.00

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: \$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 ▾

[See Original Medicare coverage](#)

Showing 10 of 19 Medicare Advantage Plans