

24 Medicare Advantage Plans available

King, WA

Showing 10 of 24 Medicare Advantage Plans

Premera Blue Cross Medicare Advantage (HMO)

Premera Blue Cross Medicare Advantage | Plan ID: H7245-001-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$144.60 Standard Part B premium

YEARLY DRUG & PREMIUM COST

Calculating... Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

\$300.00 Drug deductible

\$6,300 In-network Maximum you pay for health services

Regence BlueAdvantage HMO No Rx (HMO)

Regence BlueShield | Plan ID: H1997-008-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Only health coverage

Doesn't include: \$144.60 Standard Part B premium

YEARLY DRUG & PREMIUM COST

Calculating... Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

Drug deductible: This plan doesn't cover prescription drugs, so you'll pay for the drug's full cost under this plan. Other Medicare Advantage Plans offer drug coverage.

\$5,900 In-network Maximum you pay for health services

Regence BlueAdvantage HMO (HMO)

Regence BlueShield | Plan ID: H1997-009-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$144.60 Standard Part B premium

YEARLY DRUG & PREMIUM COST

Calculating... Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

\$250.00 Drug deductible

\$6,200 In-network Maximum you pay for health services

Humana Gold Plus H5619-057 (HMO)

Humana | Plan ID: H5619-057-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$144.60 Standard Part B premium

YEARLY DRUG & PREMIUM COST

Calculating... Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

\$100.00 Drug deductible

\$6,500 In-network Maximum you pay for health services

AARP Medicare Advantage Plan 2 (HMO)

UnitedHealthcare | Plan ID: H3805-017-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$144.60 Standard Part B premium

YEARLY DRUG & PREMIUM COST

Calculating... Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

\$275.00 Drug deductible

\$6,700 In-network Maximum you pay for health services

Humana Honor (PPO)

Humana | Plan ID: H5216-046-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Only health coverage

Doesn't include: \$144.60 Standard Part B premium

YEARLY DRUG & PREMIUM COST

Calculating... Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

Drug deductible: This plan doesn't cover prescription drugs, so you'll pay for the drug's full cost under this plan. Other Medicare Advantage Plans offer drug coverage.

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

\$3,600 In-network Maximum you pay for health services

Regence MedAdvantage Basic (PPO)

Regence BlueShield | Plan ID: H5009-001-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Only health coverage

Doesn't include: \$144.60 Standard Part B premium

YEARLY DRUG & PREMIUM COST

Calculating... Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

Drug deductible: This plan doesn't cover prescription drugs, so you'll pay for the drug's full cost under this plan. Other Medicare Advantage Plans offer drug coverage.

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

\$6,200 In-network Maximum you pay for health services

Kaiser Permanente Medicare Advantage Key (HMO)

Kaiser Foundation Health Plan of Washington | Plan ID: H5050-022-0

Star rating:

This plan got Medicare's **highest rating** (5 stars)

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$144.60 Standard Part B premium

YEARLY DRUG & PREMIUM COST

Calculating... Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

\$100.00 Drug deductible

\$6,600 In-network Maximum you pay for health services

Kaiser Permanente Medicare Advantage Vital (HMO)

Kaiser Foundation Health Plan of Washington | Plan ID: H5050-013-0

Star rating:

★ This plan got Medicare's **highest rating** (5 stars)

MONTHLY PREMIUM

\$28.00 Includes: Health & drug coverage

Doesn't include: \$144.60 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$84.00 Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$5,600 In-network Maximum you pay for health services

Humana Gold Plus H5619-097 (HMO)

Humana | Plan ID: H5619-097-0

Star rating:

★★★★☆

MONTHLY PREMIUM

\$32.00 Includes: Health & drug coverage

Doesn't include: \$144.60 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$96.00 Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

\$50.00 Drug deductible

\$5,000 In-network Maximum you pay for health services