

2022 Medicare Advantage Plans for Multnomah County (updated 10-11-2021)

	Plan Name, Plan ID, Type	Monthly Premium	Premium w/ Full Extra Help	Maximum Out-Of-Pocket	Primary Care Visit In/ Out of Network	Specialist Visit In/ Out of Network	Inpatient Hospital \$/ Day	Surgery hospital out patient/ ASC	Out Patient Rehab OT, PT, ST	Diagnostic Tests/ Out Patient Labs	X-Ray/ Diag. Radiology (such as MRI)	Therapeutic Radiology	Part B Drugs	Annual Drug Deductible	Annual Medical Deductible	Vision	Hearing	Dental	Acupuncture	Chiropractic	Naturopath	Massage	Fitness	OTC	Rebate	Opt. Benefits
1	AARP Medicare Advantage Plan 1 (HMO) H3805-001-0	\$72	\$31.50	\$3,500	\$0	\$25	\$285 1-7	\$285	\$20	\$30 \$0	\$15 \$0-\$110	\$60	0%-20%	\$0	\$0	●	●	●	●	●	●		●	●		
2	AARP Medicare Advantage Plan 2 (HMO) H3805-036-0	\$0	\$0	\$5,600	\$0	\$40	\$400 1-4	\$400	\$20	\$30/\$0	\$15 \$0-\$110	\$60	0%-20%	\$0	\$0	●	●	●					●			●
3	AARP Medicare Advantage Choice (PPO ¹) H2228-029-0	\$32	\$0	\$4,500 \$10,000	\$0 \$25	\$30 \$50	\$300 1-5	\$300	\$20	\$30/\$0	\$15 \$0-\$110	\$60	0%-20%	\$100 (not tiers 1&2)	\$0	●	●	●	●	●	●		●	●		●
4	AARP Medicare Advantage Walgreens (PPO ¹) H2228-084-0	\$0	\$0	\$5,600 \$10,000	\$0 \$25	\$45 \$65	\$400 1-4	\$350	\$20	\$30/\$0	\$15 \$0-\$110	\$60	0%-20%	\$250 (not tiers 1&2)	\$0	●	●	●					●			●
5	Aetna Medicare Elite Plan (HMO-POS) H2056-003-0	\$0	\$0	\$5,200	\$0	\$25	\$295 1-4	\$200 \$100	\$10	\$0/\$0	\$0 \$125	20%	20%	\$0	\$1,000 certain	●	●	●	●	●	●		●	●		
6	Aetna Medicare Value Plan (HMO-POS) H2056-004-0	\$0	\$0	\$5,900	\$0	\$35	\$400 1-4	\$300 \$210	\$20	\$0	\$0 \$195	20%	20%	\$0	\$0	●	●	●		●	●		●			
7	Aetna Medicare Choice Plan (PPO ¹) H9431-005-0	\$20	\$3.90	\$5,900 \$10,000	\$0 45%	\$45 45%	\$420 1-4	\$330 \$300	\$30	\$15 \$0	\$0 \$295	20%	20%	\$0	\$0	●	●	●	●	●	●	●	●	●		
8	Cigna Preferred Medicare (HMO) H7389-002	\$0	\$0	\$6,500	\$0	\$25	\$395 1-5	\$295	\$25	\$0-\$35 \$0	\$0-\$15 \$0-\$205	20%	20%	\$0	\$0	●	●	●					●			
9	Cigna True Choice Medicare (PPO ¹) H7389-055	\$0	\$0	\$6,900 \$10,000	\$0	\$35	\$425 1-4	\$350 \$295	\$35	\$0-\$40 \$0	\$0-\$15 \$0-\$160	\$60	20%	\$195 (not tiers 1,2,3)	\$0	●	●	●					●			
10	Humana Gold Plus (HMO) H1036-153-0	\$0	\$0	\$5,700	\$0	\$25	\$390 1-5	\$350 \$200	\$40	\$0-\$40 \$0	\$0-\$15 \$180-\$390	20%	20%	\$0	\$0	●	●	●	●		●		●	●		
11	HumanaChoice (PPO ¹) H5216-048-0	\$200	\$159.50	\$6,700 \$10,000	\$0 30%	\$30 30%	\$325 1-4	20%	\$30	\$0-\$30 \$0-\$40	\$0-\$15 \$30-\$325	\$30	20%	\$320 (not tier 1)	\$0	●		●					●	●		●
12	HumanaChoice (PPO ¹) H5216-247-0	\$0	\$0	\$7,550 \$11,000	\$0 35%	\$20 35%	\$495 1-4	\$400 \$350	\$20	\$0-\$50 \$0-\$40	\$0-\$15/ \$25-\$495	\$25 or 20%	20%	\$400 (not tiers 1&2)	\$0	●		●		●			●	●		
13	Humana Value Plus (PPO) H5216-294-0	\$33	\$0	\$7,550 \$11,300	\$0 \$0	\$50 \$50	\$2,000 per stay	20% 20%	20%	\$0-\$50 or 20% \$0 or 20%	\$0-50 or 20% 20%	20%	\$0-20%	\$400	\$203	●	●	●					●	●		
14	Kaiser Permanente Senior Advantage Enhanced (HMO) H9003-001-0 (five star plan)	\$127	\$86.50	\$3,000	\$0	\$25	\$220 1-6	\$125	\$25	\$10-\$25 \$0	\$10 \$100	\$25	\$0-15%	\$0	\$0	●	●		●	●	●		●			●
15	Kaiser Permanente Senior Advantage Standard (HMO) H9003-006-0 (five star plan)	\$44	\$3.50	\$4,900	\$0	\$35	\$285 1-6	\$225	\$35	\$10-\$35 \$0	\$10 \$150	\$35	\$0-15%	\$0	\$0	●	●		●	●	●		●			●
16	Kaiser Permanente Senior Advantage Value (HMO) H9003-009-0 (five star plan)	\$0	\$0	\$5,600	\$0	\$45	\$335 1-6	\$330	\$40	\$15-\$45 \$0	\$15 \$240	\$45	\$0-15%	\$0	\$0	●	●		●	●	●		●			●
17	Moda Health Metro PPORX (PPO ¹) H3813-013-0	\$98	\$57.50	\$5,500 \$9,500	\$15 40%	\$30 40%	\$350 1-5	\$350	\$30	20% \$15	\$15 20%	20%	20%	\$285 (not tiers 1,2,7)	\$0	●	●	●					●			●
18	Moda Health PPORX Enhanced (PPO ¹) H3813-009-0	\$196	\$155.50	\$3,900 \$3,900	\$0 \$20	\$20 \$40	\$175 1-5	\$160	\$20	\$0 \$0	20% 20%	20%	20%	\$175 (not tiers 1,2,7)	\$0	●	●	●					●			●
19	PacificSource Medicare MyCare Rx40 (HMO) H3864-040-0	\$0	\$0	\$4,950	\$0	\$30	\$380 1-5	\$235	\$30	20% \$0-\$20	\$15 \$235-\$320	20%	20%	\$0	\$0	●	●	●	●	●	●		●	●		●
20	Providence Medicare Extra + Rx 001 (HMO) H9047-055-1 (five star plan)	\$173	\$132.50	\$3,400	\$0	\$20	\$250 1-5	\$150 \$100	\$20	20% \$0	\$0 15%	15%	20%	\$0	\$0	●	●	●					●	●		●
21	Providence Medicare Prime + Rx (HMO) H9047-037-0 (five star plan)	\$0	\$0	\$5,900	\$0	\$40	\$450 1-4	\$450 \$400	\$40	20% \$0	\$15 20%	20%	20%	\$150 (not tiers 1&2)	\$0	●	●	●	●	●	●		●			●
22	Providence Medicare Bridge 1 + Rx (HMO-POS ¹) H9047-059-0 (five star plan)	\$35	\$0	\$4,900 \$10,000	\$0 \$25	\$35-\$50 \$50	\$325 1-6	\$375 \$250	\$35	20% \$0	\$10 20%	20%	20%	\$0	\$0	●	●	●	●	●	●		●	●		●
23	Providence Medicare Choice + Rx (HMO-POS ¹) H9047-056-1 (five star plan)	\$92	\$51.50	\$4,500 \$10,000	\$15 \$25	\$30-\$50 \$50	\$300 1-6	\$250	\$30	20% \$0	\$15 20%	20%	20%	\$240 (not tiers 1&2)	\$0	●	●	●					●			●
24	Regence BlueAdvantage (HMO) H6237-007-1	\$0	\$0	\$5,500	\$0	\$40	\$395 1-5	\$375 \$275	\$35	\$0 \$0	\$0 \$300	20%	20%	\$200 (not tiers 1&2)	\$0	●	●	●	●	●	●	●	●	●		●

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25	Regence BlueAdvantage HMO Plus (HMO) H6237-008-1	\$43	\$27	\$4,900	\$0	\$35	\$375 1-4	\$300 275	\$35	\$5 5	\$5 20%	20%	20%	\$100 (not tiers 1&2)	\$0	●	●	●	●	●	●	●	●			●
26	Regence MedAdvantage + Rx Classic (PPO ¹) H3817-008-1	\$47	\$14.90	\$5,700 10,000	\$10 30%	\$40 30%	\$395 1-4	\$325 275	\$40	\$10 \$0-\$10	\$10 20%	20%	20%	\$150 (not tiers 1&2)	\$0	●	●	●	●	●	●	●	●			●
27	Regence MedAdvantage + Rx Enhanced (PPO ¹) H3817-009-1	\$175	\$134.50	\$5,000 8,300	\$0 30%	\$25 30%	\$315 1-5	\$275 225	\$25	\$0 0	\$0 20%	20%	20%	\$0	\$0	●	●	●	●	●	●	●				●
28	Regence MedAdvantage + Rx Primary (PPO ¹) H3817-011-1	\$0	\$0	\$6,200 10,000	\$0 30%	\$45 30%	\$395 1-4	\$375 300	\$40	\$20 20	\$20 300	20%	20%	\$250 (not tiers 1&2)	\$0	●	●	●	●	●	●	●	●			●
29	UnitedHealthcare Medicare Advantage Assure (PPO) H0271-022-000	\$40.50	\$0	\$7,550 11,300	\$0 30%	\$0 30%	\$1,480 per stay	\$0-20%	\$0	\$0-20% 0	\$0-20%	0-20%	0%-20%	\$0 or \$99	\$0	●	●	●		●			●	●		
30	Wellcare Assist (HMO) H6815-037-0	\$24.80	\$0	\$5,600	\$0	\$40	\$465 1-4	\$375-\$400 250	\$30	0-20% 0	\$0 175-\$375	20%	20%	\$480 (not tier 1)	\$0	●	●	●	●	●	●		●	●		
31	Wellcare No Premium (HMO) H6815-038-0	\$0	\$0	\$4,500	\$0	\$45	\$465 1-4	\$400 250	\$30	0-20% 0	\$20 100-\$400	20%	20%	\$125 (not tiers 1,2)	\$0	●	●	●	●	●	●		●			
32	Wellcare Giveback Open (PPO ¹) H5439-015-0 (Part B premium reduction \$29)	\$0	\$0	\$7,550 7,550	\$20 30%	\$50 60	\$450 1-4	\$400 250	\$40	20% 0	\$0 225-\$400	20%	20%	\$200 (not tiers 1&2)	\$200	●	●	●					●		●	
33	Wellcare Low Premium Open (PPO ¹) H5439-018-0	\$30	\$2.70	\$6,900 6,900	\$15 30%	\$30 50	\$375 1-4	\$375 250	\$30	18% 0	\$0 100-\$375	20%	18%-20%	\$150 (not tiers 1&2)	\$195	●	●	●	●	●	●		●	●		
34	Wellcare Premium Ultra Open (PPO ¹) H5439-011-0	\$121	\$85.30	\$4,000 4,000	\$12 20%	\$25 40	\$225 1-7	\$225 200	\$25	17% 0	\$0 125-\$225	20%	20%	\$95 (not tiers 1,2)	\$145	●	●	●	●	●	●		●			

Plans Without Drug Coverage																Vision	Hearing	Dental	Acupuncture	Chiropractic	Naturopath	Massage	Fitness	OTC	Rebate	Opt. Benefits
	Plan Name, Plan ID, Type	Monthly Premium	Premium w/ Full Extra Help	Maximum Out-Of-Pocket	Primary Care Visit In/ Out of Network	Specialist Visit In/ Out of Network	Inpatient Hospital \$/ Day	Surgery hospital out patient/ ASC	Out Patient Rehab OT, PT, ST	Diagnostic Tests/ Out Patient Labs	X-Ray/ Diag. Radiology (such as MRI)	Theraputic Radiology	Part B Drugs	Annual Drug Deductible	Annual Medical Deductible											
1	AARP Medicare Advantage Patriot (PPO ¹) H2228-088-000 (Part B premium reduction up to \$50)	\$0	n/a	\$5,600 \$10,000	\$0 \$25	\$45 \$65	\$400/1-4	\$350 \$350	\$20	\$30/\$0	\$15 \$110	\$60	0%-20%	n/a	\$0	●	●	●					●		●	
2	Aetna Medicare Eagle Plan (PPO ¹) H9431-015-0 (Part B premium reduction \$25)	\$0	n/a	\$5,600 \$10,000	\$0 50%	\$35 50%	\$450 1-4	\$355 \$275	\$20	\$0/\$0	\$0 \$275	20%	20%	n/a	\$0	●	●	●				●	●	●	●	
3	Humana Honor (PPO ¹) H5216-301-0 (Part B premium reduction up to \$10)	\$0	n/a	\$5,000 \$5,900	\$0 50%	\$35 50%	\$360 1-5	\$360 \$200	\$25 or 20%	\$0-\$50/\$0-\$15	\$0-\$15 \$35-\$360	20%	20%	n/a	\$0	●	●	●	●			●	●	●		
4	Lasso Healthcare Growth (MSA) H1924-001-0	\$0	n/a	\$3,000	Medicare Allowed Charges										\$5,000											
5	Lasso Healthcare Growth Plus (MSA) H1924-004-0	\$0	n/a	\$5,000	Medicare Allowed Charges										\$8,000											
6	Moda Health (PPO ¹) H3813-001-0	\$15	n/a	\$3,500 \$3,500	\$10 \$15	\$35 \$35	\$250 1-5	\$200	\$35	\$0/\$0	20% 20%	20%	20%	n/a	\$0	●	●	●					●			●
7	Providence Medicare Focus Medical (HMO) H9047-033-0 (five star plan)	\$128	n/a	\$3,400	\$0	\$20	\$250 1-5	\$250 \$200	\$20	20%/\$0	\$0 15%	15%	20%	n/a	\$0	●	●	●	●	●	●		●	●		●
8	Providence Medicare Select Medical (HMO-POS) H9047-035-0 (five star plan)	\$51	n/a	\$4,500 \$10,000	\$15 \$25	\$30 \$50	\$300 1-6	\$250	\$30	20%/\$0	\$15 20%	20%	20%	n/a	\$0	●	●	●	●	●	●		●	●		●
9	Regence Valiance (HMO) H6237-006-0	\$0	n/a	\$4,900	\$0	\$35	\$375 1-4	\$300 \$275	\$35	\$5/\$5	\$5 \$300	20%	20%	n/a	\$0	●	●	●	●	●	●	●	●	●		●
10	Regence Valiance (PPO ¹) H3817-010-0	\$0	n/a	\$5,000 \$10,000	\$0 30%	\$40 30%	\$390 1-4	\$275 \$225	\$35	\$5/\$5	\$0 \$300	20%	20%	n/a	\$0	●	●	●	●	●	●	●	●	●		
11	Wellcare Patriot No Premium Open (PPO ¹) H5439-010-0	\$0	n/a	\$2,500 \$5,100	\$12 20%	\$25 40%	\$175 1-8	\$225 \$150	\$25	\$0-15%/\$0	\$0 \$125-\$225	20%	20%	n/a	\$125 certain services	●	●	●	●	●	●		●			

¹ PPO/POS plans allow members to go to out-of-network providers, but in-network providers cost less. Unless noted, costs shown here are in-network costs.

Note: This sheet should only be considered a comparison tool. Information is from the Medicare Plan Finder and health plan websites. People who wish to enroll should rely on materials provided by the plan or Medicare.

Websites and enrollment phone numbers: aarpmedicareplans.com 844-723-6473, aetnamedicare.com 833-859-6031, cignamedicare.com 877-602-6226, humana.com 800-833-2364, kp.org/medicare 877-408-3496, lassohealth.com 866-766-2583, modahealth.com/medicare 877-299-9062,