

2022 Included and Optional Dental, Vision, Hearing, and Alternative Care Benefits

For Medicare Advantage plans available in Multnomah County (11/09/2021)

	Plan Name, Plan ID, Type	Monthly Premium/with Full Extra Help	Included Dental <sup>1</sup>	Optional Dental (additional \$/mo)	Vision	Hearing	Alternative Care
1	AARP Medicare Advantage Plan 1 (HMO) H3805-001-0	\$72 \$31.50	Preventive \$0 OCFX; Additional Services--copays range from 0-50%; \$1,000 max/yr benefits in network		\$0 exam; \$0 for \$100 for frames; \$100 for standard lenses or 8 boxes of contacts	\$0 exam; Hearing aid \$375-\$1,425 copay/yr each ear.	\$0 fitness; \$10 copay for C & A--12 visits each; \$10 copay for N--no visit limit; \$25 copay foot care; \$50 quarterly credit for OTC
2	AARP Medicare Advantage Plan 2 (HMO) H3805-036-0	\$0 \$0	Preventive \$0 OCFX in-network; additional services--\$0 copay; \$500 max/yr in network	\$38; \$1,500 max/yr; co-pays \$0 for preventative; 50% for comprehensive; in or out of network; Out of Network may cost more and require indemnity	\$0 exam; \$0 for up to \$100/yr frames; \$0/yr for standard lenses or 8 boxes of contacts.	\$0 exam; Hearing aid \$375-\$1,425 copay/yr each ear.	\$0 fitness; \$40 copay for 6 foot care visits
3	AARP Medicare Advantage Choice (PPO1) H2228-029-0	\$32 \$0	Preventive \$0 OCFX; in or out of network; out of network may cost more and require indemnity	\$40; \$1,500 max/yr; co-pays \$0 for preventative; 50% for comprehensive, in & out of network; Out of Network may cost more and require indemnity	\$0 exam; \$0 for up to \$150/yr frame/contact benefit; \$0 for lenses.	\$0 exam; Hearing aid \$375-\$1,425 copay/yr each ear.	\$0 fitness; \$10 copay for C & A--12 visits each; \$10 copay for N--no visit limit; \$30 copay foot care; \$50 quarterly credit for OTC
4	AARP Medicare Advantage Walgreens (PPO1) H2228-084-0	\$0 \$0	Preventive \$0 OCFX; \$500 max/yr in/out of network; out of network may cost more and require indemnity	\$40; \$1,500 max/yr; co-pays \$0 for preventative; 50% for comprehensive, in & out of network Out of Network may cost more and require indemnity	\$0 exam; \$0 for up to \$150/yr for frames; \$0/yr for standard lenses or 8 boxes of contacts.	\$0 exam; Hearing aid \$375-\$1,425 copay/yr each ear.	\$0 copay for fitness; \$45 copay for 6 foot care visits/yr
5	Aetna Medicare Elite Plan (HMO-POS) H2056-003-0	\$0 \$0	Preventive OCFX; additional services \$0; \$2,000 max/year (indemnity for out of network)		\$0 exam; \$300 reimbursement (pay up front if out of network) for glasses/contacts.	\$0 exam; \$0 copay for annual \$2,000 benefit each ear for hearing aids;	\$0 fitness; \$10 copay for A,C, N. A - 24 visits; C & N -12 visits; \$45 per quarter OTC allowance.
6	Aetna Medicare Value Plan (HMO-POS) H2056-004-0	\$0 \$0	Preventive OCFX; additional services \$0; \$1,200 max/year (indemnity for out of network)		\$0 exam; \$300 reimbursement (pay up front if out of network) for glasses/contacts.	\$0 exam; \$0 copay for annual \$1,250 hearing aid benefit for each ear.	\$0 fitness; \$20 copay for C or N, up to 12 visits each;
7	Aetna Medicare Choice Plan (PPO1) H9431-005-0	\$20 \$3.90	Preventive OCFX; additional services \$0; \$1,000 max/yr (indemnity for out of network)		\$0 exam; \$125 reimbursement (pay up front) for eyewear.	\$0 exam; \$0 copay for \$1,250 annual hearing aid benefit for each ear.	\$0 fitness; \$10 copay for N or C--12 visits each; \$10 copay for A or massage therapy--24 visits each; \$45 per quarter OTC allowance.
8	Cigna Preferred Medicare (HMO) H7389-002	\$0 \$0	Preventive \$0-81 OCX; additional services copays from \$0 up to \$970; no \$ max/yr but number and frequency limits apply; in network only		\$0 exam; \$0 copay for max. coverage of \$300 per year for eyewear.	\$0 exam; \$0 copay for hearing aid fitting plus \$2,000 benefit per ear once every 3 yrs.	\$0 fitness.
9	Cigna True Choice Medicare (PPO1) H7849-055	\$0 \$0	Preventive and comprehensive \$0 copay up to \$1,000 max/year		\$0 exam; \$0 copay for \$200 annual benefit for eyeglass frames, lenses or contacts.	\$0 exam; \$0 copay for one fitting plus one hearing aid benefit of \$700 per ear once every 3 yrs.	\$0 fitness.
10	Humana Gold Plus (HMO) H1036-153-0	\$0 \$0	Preventive \$0 OCFX; additional services 0% co-ins; \$1,000 max/yr; in network only		\$0 for exam incl. \$200 total annual benefit for eyeglass lenses, frames and/or contacts.	\$0 exam; Copay of \$499-\$799 for each hearing aid, 1 per ear per yr.	\$0 fitness; \$0 copay for A--25 visit max; \$20 copay for N--25 visits; \$50/qtr OTC.
11	HumanaChoice (PPO1) H5216-048-0	\$200 \$159.50	Preventive \$0 OCFX; additional services 0% co-ins; \$1,000 max/yr	\$135.70, \$0 deductible; comprehensive generally 0-50% co-payment; \$2,000 max/yr	\$0 exam copay for \$75 benefit max; \$100 annual benefit for lenses/frames/fitting.	NA	\$0 fitness; \$30/qtr. OTC benefit.
12	HumanaChoice (PPO1) H5216-247-0	\$0 \$0	Preventive \$0-OCFX; additional services \$0; \$1,000 max/year		\$0 exam copay with \$75 benefit max; eyewear allowance of \$200/yr.	NA	\$0 fitness; \$20 copay for Chiro--12 visit max/yr. \$30/qtr. OTC benefit.
13	Humana Value Plus (PPO) H5216-294-0	\$33 \$0	Preventive \$0 OCFX; additional services \$2,000 max/year		\$0 exam copay with \$75 benefit max; eyewear \$200/yr.	\$0 exams; \$0 copay for 2 hearing aids once every 3 yrs.	\$0 fitness; \$150/qtr. OTC benefit.
14	Kaiser Permanente Senior Advantage Enhanced (HMO) H9003-001-0	\$127 \$86.50	NA	"Advantage Plus" -\$45 DVH; Preventive \$0-OCFX; additional services generally \$50 deductible, 50% co-payment, \$1,250 max/yr, in network only	\$25 exam "Advantage Plus" includes \$175 eyewear allowance per 2-yr period.	\$0 Exam and hearing aid fitting. "Advantage Plus" includes \$500 for hearing aid for each ear, once every 3 years.	\$0 fitness "Advantage Plus" \$10 copay/visit for total of 18 combined visits/yr to A,N, or C.
15	Kaiser Permanente Senior Advantage Standard (HMO) H9003-006-0	\$44 \$3.50	NA	"Advantage Plus" \$45 DVH; Preventive \$0-OCFX; additional services generally \$50 deductible, 50% co-payment, \$1,250 max/yr in and out of network	\$35 exam "Advantage Plus" includes \$175 eyewear allowance per 2-yr period.	\$0 Exam and hearing aid fitting. "Advantage Plus" includes \$500 for hearing aid for each ear, once every 3 years.	\$0 fitness "Advantage Plus" \$15 copay/visit for total of 18 combined visits/yr to A,N, or C.
16	Kaiser Permanente Senior Advantage Value (HMO) H9003-009-0	\$0 \$0	NA	"Advantage Plus" \$45 DVH; Preventive \$0-OCFX; additional services generally \$50 deductible, 50% co-payment, \$1,250 max/yr in and out of network	\$45 exam "Advantage Plus" includes \$175 eyewear allowance per 2-yr period.	\$0 Exam and hearing aid fitting. "Advantage Plus" includes \$500 for hearing aid for each ear, once every 3 years.	\$0 fitness "Advantage Plus" \$20 copay/visit for total of 18 combined visits/yr to A,N, or C.
17	Moda Health Metro PPORX (PPO1) H3813-013-0	\$98 \$57.50	Preventive \$0 OCX in network; additional services in network \$500 max/yr; out of network preventive, diagnostic and comprehensive \$500 max/year combined		\$0 exam; \$0 copay one eyewear every 2 yrs.	\$0 exam; \$699-\$999 copay per hearing aid.	\$0 fitness; opt. A,C,N for \$5 mo. premium, 50% copay, \$500 max all services.
18	Moda Health PPORX Enhanced (PPO1) H3813-009-0	\$196 \$155.50	Preventive \$0 OCX in network; additional services in network \$500 max/yr; out of network preventive, diagnostic and comprehensive \$500 max/year combined		\$0 exam; \$0 copay one eyewear every 2 yrs.	\$0 exam; \$699-\$999 copay per hearing aid.	\$0 fitness; opt. A,C,N for \$5 mo. premium, 50% copay, \$500 max benefit all services.
19	PacificSource Medicare MyCare Rx40	\$0 \$0	Preventive \$0 OCX; additional covered services--copay 30%; \$500 max/yr	\$57; \$1000 max/year; co-pays \$0 for preventive, 20%-50% for comprehensive	\$0 exam and \$200 reimbursement for eyewear--1 every 2 yrs.	\$0 exam; \$599-\$999 copay per hearing aid.	\$0 fitness; A, C, and N copay \$25/visit. 12 combined max 12 visits/yr; \$100 annual benefit OTC.
20	Providence Medicare Extra + Rx 001 (HMO) H9047-055-1	\$173 \$132.50	Preventive \$15 co-pay OCX; in-network only	Opt. 1 \$32.50/mo/, \$1,000 max/yr Opt.2 \$45.10/mo , \$1,500 max/yr Ded. \$50 in/\$150 out; Copays: Prev. \$0 in/20% out; Comp: 50% in/60% out	\$75 allowance for annual exam and \$215 annual allowance for eyewear..	\$0 exam; \$699-\$999 copay per hearing aid.	\$0 fitness; \$175/qtr OTC Catalog.
21	Providence Medicare Prime + Rx (HMO) H9047-037-0	\$0 \$0	Preventive \$15 co-pay OCX; in-network only	Opt. 1 \$32.50/mo/, \$1,000 max/yr Opt.2 \$45.10/mo , \$1,500 max/yr Ded. \$50 in/\$150 out; Copays: Prev. \$0 in/20% out; Comp: 50% in/60% out	\$75 allowance for annual exam and \$100 annual allowance for eyewear.	\$0 exam; \$699-\$999 copay per hearing aid.	\$0 fitness; C-\$20 copay/visit; N,A-\$40 copay; max combined benefit for C,N,A--\$500.
22	Providence Medicare Bridge 1 + Rx (HMO-POS1) H9047-059-0	\$35 \$0	Preventive \$15 co-pay OCX; in-network only	Opt. 1 \$32.50/mo/, \$1,000 max/yr Opt.2 \$45.10/mo , \$1,500 max/yr Ded. \$50 in/\$150 out; Copays: Prev. \$0 in/20% out; Comp: 50% in/60% out	\$75 allowance for annual exam and \$150 annual allowance for eyewear.	\$0 exam; \$699-\$999 copay per hearing aid.	\$0 fitness; \$50/qtr OTC Catalog; C-\$20 copay/visit; N,A-\$35 copay/visit; max combined benefit for C,N,A--\$500.
23	Providence Medicare Choice + Rx (HMO-POS1) H9047-056-1	\$92 \$51.50	Preventive \$15 co-pay OCX; in-network only	Opt. 1 \$32.50/mo/, \$1,000 max/yr Opt.2 \$45.10/mo , \$1,500 max/yr Ded. \$50 in/\$150 out; Copays: Prev. \$0 in/20% out; Comp: 50% in/60% out	\$75 allowance for annual exam and \$220 annual allowance for eyewear.	\$0 exam; \$699-\$999 copay per hearing aid.	\$0 fitness.

	Plan Name, Plan ID, Type	Monthly Premium/with Full Extra Help	Included Dental <sup>1</sup>	Optional Dental (additional \$/mo)	Vision	Hearing	Alternative Care
24	Regence BlueAdvantage (HMO) H6237-007-1	\$0 \$0	Preventive \$0 OCFX and diagnostic; additional covered services \$0 copay; \$1,000 max/yr; in-network only	\$24; 50% co-pay comprehensive \$1,000 max/yr; in network only	\$0 exam; \$0 lenses; \$100 allowance for frames or contacts.	\$0 exam; \$699-\$999 copay per hearing aid.	\$0 fitness; A & C copay \$20/visit, combined max 18 visits/yr; N copay \$20/6 visits; Massage copay \$20/6 visits; \$40/qtr OTC.
25	Regence BlueAdvantage HMO Plus (HMO) H6237-008-1	\$43 \$27	Preventive \$0 OCFX and diagnostic; additional covered services \$0 copay no \$ limit/yr covered services; in-network only	\$24; 50% co-pay comprehensive \$1,000 max/yr; in network only	\$0 exam; \$0 lenses; \$100 allowance for frames or contacts.	\$0 exam; \$699-\$999 copay per hearing aid.	\$0 fitness; A & C copay \$20/visit, combined max 18 visits/yr; N copay \$20/6 visits; Massage copay \$20/6 visits.
26	Regence MedAdvantage + Rx Classic	\$47 \$14.90	Preventive OCFX, diagnostic, and limited periodontics \$0 in network; 50% co-ins out of network ; no \$ limit on covered services	\$24; 50% co-pay comprehensive \$1,000 max/yr; in network only	\$0 exam; \$0 lenses; \$100 allowance for frames or contacts.	\$0 exam; \$699-\$999 copay per hearing aid.	\$0 fitness; A & C copay \$20/visit, combined max 18 visits/yr; N copay \$20/6 visits; Massage copay \$20/6 visits.
27	Regence MedAdvantage + Rx Enhanced (PPO1) H3817-009-1	\$175 \$134.50	Preventive OCFX, diagnostic and limited periodontics \$0 in network, 50% co-ins out of network; additional comprehensive services 50% in or out of network.; \$1,000 max/yr		\$0 exam; \$0 lenses; \$150 allowance for frames or contacts.	\$0 exam; \$599-\$899 copay per hearing aid.	\$0 fitness; A & C copay \$20/visit, combined max 18 visits/yr; N copay \$20/6 visits; Massage copay \$20/6 visits.
28	Regence MedAdvantage + Rx Primary	\$0 \$0	Preventive OCFX, diagnostic and limited periodontics \$0 in network, 50% out of network; \$1,000 max/yr	\$24; 50% co-pay comprehensive \$1,000 max/yr	\$0 exam; \$0 lenses; \$100 allowance for frames or contacts.	\$0 exam; \$699-\$999 copay per hearing aid.	\$0 fitness; A & C copay \$20/visit, combined max 18 visits/yr; N copay \$20/6 visits; Massage copay \$20/6 visits; \$40/qtr OTC.
29	UnitedHealthcare Medicare Advantage Assure (PPO) H0271-022-000	\$40.50 \$0	Preventive \$0 OCFX; additional services \$0; \$1,500 max/yr; in and out of network; out of network may cost more and require indemnity		\$0 exam; \$0 copay for up to \$200/yr frame/contact benefit; \$0 for lenses.	\$0 exam; \$0 copay for \$2,000 total annual hearing aid benefit.	\$0 fitness; \$0 Chiro, 20 visits/yr; \$320/qtr OTC. \$0 copay--foot care/4 visits.
30	Wellcare Assist (HMO) H6815-037-037-0	\$24.80 \$0	Preventive \$0 OCFX; Additional services; \$750/year max.		\$0 exam; \$100 eyewear allowance.	\$0 exam; \$0 copay for \$1,000 annual allowance combined for both ears.	\$0 fitness; \$20 copay for combined 24 visits with A,C, or N; \$35/qtr OTC.
31	Wellcare No Premium (HMO) H6815-038-0	\$0 \$0	Preventive \$0 OCFX; Additional Services 20%; \$1,000 max/yr; \$100 rebate shared with V and H.		\$0 exam; \$200 eyewear allowance. \$100 rebate shared with D and H.	\$0 exam; \$0 copay for \$1,000 annual allowance combined for both ears. \$100 rebate shared with V and H.	\$0 fitness; \$0 copay for combined 24 visits with A,C, or N for alt. pain treatment.
32	Wellcare Giveback Open (PPO1) H5439-015-0	\$0/\$0	Preventive \$0 OCFX in network; 50% co-ins out; additional services (limited) \$0 in; 50% out; \$750 max/yr		\$0 exam; \$200 eyewear allowance.	\$0 exam; \$1,500 hearing aid allowance.	\$0 fitness. \$29 rebate on monthly Part B premium.
33	Wellcare Low Premium Open (PPO1) H5439-018-0	\$30 \$2.70	Preventive \$0 OCFX in-network, 70% co-ins out; additional comprehensive services 40% in network, 70% out; \$2,000 max/yr		\$0 exam; \$200 eyewear allowance.	\$0 exam; \$1,500 hearing aid allowance.	\$0 fitness; \$0 copay for combined 24 visits with A,C, or N for alt. pain treatment; \$25/qtr OTC.
34	Wellcare Premium Ultra Open (PPO1) H5439-011-0	\$121 \$85.30	Preventive OCFX \$0 in network; co-ins 70% out, additional services 40% co ins in-network; 70% co-ins out, \$2,000 max/yr		\$0 exam; \$200 eyewear allowance.	\$0 exam; \$1,500 hearing aid allowance.	\$0 fitness; \$0 copay for combined 24 visits with A,C, or N for alt. pain treatment.
	Plan Name, Plan ID, Type	Mo. Prem. /w Full Extra Help	Included Dental <sup>1</sup>	Optional Dental (additional \$/mo)	Vision	Hearing	Alternative Care
1	AARP Medicare Advantage Patriot (PPO1) H2228-088-000	\$0 NA	Preventive \$0 in/out of network OCFX; addtl services--varying copays up to 50%; \$1,000 max/yr; Out of network may cost more & require indemnity		\$0 exam; \$0 for \$250/yr benefit toward frames/contacts; \$0 for lenses.	\$0 exam; Hearing aid \$375-\$1,425 copay/yr for each ear.	\$0 fitness; \$45 copay foot care/6 visits; \$50 rebate on monthly Part B premium.
2	Aetna Medicare Eagle Plan (PPO1) H9431-015-0	\$0 NA	Preventive OCFX; additional services \$0 up to \$1,250/year (indemnity for out of network)		\$0 exam; \$0 copay for \$225 reimbursement for glasses/lenses/contacts-pay up front.	\$0 exam; \$0 copay for \$2,000 per ear total annual hearing aid benefit.	\$0 fitness; \$25 rebate on monthly Part B premium; Massage \$10 copay and 50% coinsurance, 24 visit max; \$120/qtr OTC.
3	Humana Honor (PPO1) H5216-301-0	\$0 NA	Preventive \$0 in/out of network OCFX; additional covered services \$0 in/out of network; \$2,000 max/yr		\$0 exam; \$75 max exam benefit; \$200 max eyewear benefit.	\$0 exam; Hearing aid \$399-\$699 copay/yr for each ear.	\$0 fitness; \$10 rebate on monthly Part B premium; \$0 copay for A up to 25 visits; \$75/qtr OTC.
4	Lasso Healthcare Growth (MSA) H1924-001-0	\$0 NA	NA		NA	NA	NA
5	Lasso Healthcare Growth Plus (MSA) H1924-004-0	\$0 NA	NA		NA	NA	NA
6	Moda Health (PPO1) H3813-001-0	\$15 NA	Preventive \$0 OCX in network; additional services in network \$500 max/yr; out of network preventive, diagnostic and comprehensive \$500 max/year combined		\$0 exam; \$0 copay one eyewear every 2 yrs.	\$0 exam; \$699-\$999 copay per hearing aid.	\$0 fitness; Opt. \$5/mo premium for A,C,N--50% copay, \$500 max benefit all services.
7	Providence Medicare Focus Medical (HMO) H9047-033-0	\$128 NA	Preventive \$15 copay OCX; in-network only	Opt. 1 \$32.50/mo/ , \$1,000 max/yr Opt.2 \$45.10/mo , \$1,500 max/yr Ded. \$50 in/\$150 out; Copays: Prev. \$0 in/20% out; Comp: 50% in/60% out	\$75 allowance for annual exam and \$250 annual allowance for eyewear.	\$0 exam; \$399-\$699 copay per hearing aid.	\$0 fitness; C,N,A -- \$20 copay/visit, \$500 max combined benefit; \$75/qtr OTC.
8	Providence Medicare Select Medical (HMO-POS) H9047-035-0	\$51 NA	Preventive \$15 copay OCX; in-network only	Opt. 1 \$32.50/mo/ , \$1,000 max/yr Opt.2 \$45.10/mo , \$1,500 max/yr Ded. \$50 in/\$150 out; Copays: Prev. \$0 in/20% out; Comp: 50% in/60% out	\$75 allowance for annual exam and \$250 annual allowance for eyewear.	\$0 exam; \$399-\$699 copay per hearing aid.	\$0 fitness; \$75/qtr OTC; C-\$20 copay/visit; N,A-\$30 copay/visit; max combined benefit for C,N,A--\$500.
9	Regence Valiance (HMO) H6237-006-0	\$0 NA	Preventive \$0--OCFX and diagnostic and limited periodontal	\$24; 50% co-pay comprehensive \$1,000 max/yr	\$0 exam; \$0 lenses; \$100 allowance for frames or contacts.	\$0 exam; \$699-\$999 copay per hearing aid.	\$0 fitness; A & C copay \$20/visit, combined max 18 visits/yr; N copay \$20/ up to 6 visits/yr; Massage copay \$20/up to 6 visits/yr; \$40/qtr OTC.
10	Regence Valiance (PPO1) H3817-010-0	\$0 NA	Preventive OCFX and diagnostic \$0 in network; 50% out of network; additional covered services 50% in and out of network; \$1000 max/yr		\$0 exam; \$0 lenses; \$100 allowance for frames or contacts.	\$0 exam; \$699-\$999 copay per hearing aid.	\$0 fitness; A & C copay \$20/visit, combined max 18 visits/yr; N copay \$20/ up to 6 visits/yr; Massage copay \$20/up to 6 visits/yr; \$40/qtr OTC.
11	Wellcare Patriot No Premium Open (PPO1) H5439-010-0	\$0 NA	Preventive OCFX \$0 in network; co-ins 70% out, additional services 40% co-ins in-network; 70% co-ins out, \$2,000 max/yr		\$0 exam; \$200 eyewear allowance.	\$0 exam; \$2,000 hearing aid allowance.	\$0 fitness; \$0 copay for combined 24 visits with A,C, or N for alt. pain treatment.

<sup>1</sup> Preventive: O (Oral Exams), C (Cleaning), F (Flouride), X (X-rays); Additional Services may include Non-Routine, Diagnostic, Restorative, Endodontics, Periodontics, Extractions, and Prosthodontics.