

2025 Medicare Advantage Plans for Multnomah and Clackamas County (updated 10-15-2024)

	Plan Name, Type, Plan ID	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	Out patient surgery/ASC	Out Patient Rehab OT, PT, ST	Diagnostic Tests/Out Patient Labs	X-Ray/Diag Radiology	Chemo/Part B Drugs	Pharmacy Deductible	Medical Deductible	Vision	Hearing	Dental	Acupuncture	Chiropractic	Naturopath	Massage	Fitness	Transportation	OTC	Pt B Reduction	Opt Packages
1	AARP Medicare Advantage from UHC OR-0003 (HMO-POS ²) H3805-001-0	\$46	\$19.80	\$3,500	\$0	\$25	\$395 1-5	\$395 \$345	\$0-\$25	\$20/\$0	\$10 \$230	0%-20%	\$255 not tiers 1,2	\$0	•	•	•	•	•	•	•	•	•	•	•	•
2	AARP Medicare Advantage Essentials from UHC OR-04 (HMO-POS ²) H3805-039-0	\$0	\$0	\$4,500	\$0	\$35	\$400 1-4	\$400 \$350	\$0-\$35	\$20/\$0	\$5 \$150	0%-20%	\$255 not tiers 1,2	\$0	•	•	•					•		•		•
3	AARP Medicare Advantage Extras from UHC OR-6 (HMO-POS ²) H3805-041-0	\$0	\$0	\$6,700	\$0	\$45	\$475 1-4	\$475 \$425	\$0-\$40	\$40/\$0	\$25 \$150	0%-20%	\$340 not tiers 1,2	\$0	•	•	•					•		•		
4	AARP Medicare Advantage from UHC OR-0001 (PPO ¹) H2406-042-0	\$49	\$22.80	\$4,900 \$10,100	\$0 \$25	\$30 \$55	\$395 1-6	\$395 \$245	\$0-\$30	\$50/\$0	\$25 \$250	0%-20%	\$420 not tiers 1,2	\$0	•	•	•	•	•	•			•		•	
5	AARP Medicare Advantage from UHC OR-0002 (PPO ¹) H2406-070-000	\$0	\$0	\$6,700 \$10,100	\$0 \$25	\$45 \$70	\$400 1-4	\$400 \$350	\$35-\$40	\$40/\$0	\$25 \$190	0%-20%	\$420 not tiers 1,2	\$0	•	•	•					•				•
6	Aetna Medicare Elite Plan (HMO-POS ²) H2056-003-0	\$0	\$0	\$5,900	\$0	\$30	\$395 1-5	\$350 \$300	\$25	\$10/\$10	\$0 \$225	0-20%	\$0	\$500 some	•	•	•					•		•		
7	Aetna Medicare Value Plan (HMO-POS ²) H2056-004-0	\$0	\$0	\$6,350	\$0	\$40	\$425 1-5	\$395 \$345	\$35	\$10/\$10	\$0 \$275	0-20%	\$590 not tiers 1,2	\$0	•	•	•					•				
8	Aetna Medicare Preferred (PPO ¹) H5521-492-0	\$0	\$0	\$6,900 \$12,000	\$0 45%	\$45 45%	\$425 1-5	\$375 \$325	\$35-\$40	\$15 \$15	\$0 \$275	0-20%	\$590 not tiers 1,2	\$0	•	•	•					•		•		
9	ATRIO Choice Rx (PPO ¹) H7006-018	\$0	\$0	\$4,150	\$0 \$50	\$25 \$25	\$375 1-4	\$350 \$250	\$0	\$0	\$0 \$300	0-20%	\$0	\$0	•	•	•	•	•	•			•	•	•	•
10	ATRIO Select Rx (PPO ¹) H7006-019	\$40	\$40	\$4,150	\$0 \$50	\$25 \$50	\$250 1-5	\$350 \$125	\$0	\$0	\$0 \$60	0-20%	\$0	\$0	•	•	•	•	•	•			•	•	•	•
11	Cigna Preferred Medicare (HMO) H7389-002	\$0	\$0	\$4,200	\$0	\$25	\$300 1-5	\$350 \$295	\$25	\$0-\$35 \$0-\$50	\$15 \$195	0-20%	\$0	\$0	•	•	•	•					•	•	•	
12	Cigna True Choice Medicare (PPO ¹) H7849-055	\$0	\$0	\$4,700 \$8,950	\$0 \$0	\$25 \$25	\$395 1-4	\$275 \$200	\$25	\$0-\$40 \$0	\$15 \$160	0-20%	\$0	\$400 some	•	•	•	•					•	•	•	
13	Devoted CORE Oregon (HMO) H2923-001-0	\$0	\$0	\$5,900	\$0	\$40	\$375 1-5	\$475 \$375	\$40-\$50	\$0-\$95 \$0-\$20	\$0-\$75 \$100-\$300	0-20%	\$590 not tiers 1,2	\$0	•	•	•	•	•	•	•	•		•		
14	Devoted Giveback Oregon (HMO) H2923-004-0	\$0	\$0	\$7,900	\$0	\$50	\$375 1-5	\$475 \$385	\$35-\$50	\$0-\$95 \$0-\$40	\$0-\$75 \$100-\$300	0-20%	\$590 not tiers 1,2	\$0	•	•	•	•	•	•	•	•			•	
15	Devoted PREMIUM Oregon (HMO) H2923-005-0	\$15.70	\$0	\$5,900	\$0	\$40	\$375 1-5	\$475 \$375	\$40-\$50	\$0-\$95 \$0-\$20	\$0-\$75 \$100-\$300	0-20%	\$590 not tiers 1,2	\$0	•	•	•	•	•	•	•	•		•		
16	Devoted CHOICE Oregon (PPO ¹) H7199-001-000	\$0	\$0	\$5,900 \$9,550	\$0 \$20	\$40 \$55	\$375 1-4	\$475 \$375	\$40-\$50	\$0-\$95 \$0-\$20	\$0-\$75 \$100-\$300	0-20%	\$590 not tiers 1,2	\$0	•	•	•	•	•	•	•	•				
17	Devoted CHOICE PLUS Oregon (PPO ¹) H7199-002-0	\$1.10	\$0	\$5,900 \$9,550	\$0 \$10	\$40	\$300 1-5	\$400 \$300	\$40-\$50	\$0-\$95 \$0-\$20	\$0-\$75 \$100-\$300	0-20%	\$590 not tiers 1,2	\$0	•	•	•	•	•	•	•	•		•		

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HMO-POS² plans allow members to go to out-of-network providers under certain circumstances. Contact a plan representative and/or refer to the plan's Evidence of Coverage for POS restrictions and limitations.

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18	Humana Gold Plus (HMO) H1036-153	\$0	\$0	\$6,750	\$0	\$40	\$395 1-5	\$395 \$200	\$45	\$0-\$55 \$0-\$55	\$0-\$150 \$200-\$350	0-20%	\$100 not tiers 1,2	\$0	•	•	•					•			•	
19	Humana Choice (PPO ¹) H5216-428-2	\$0	\$0	\$6,750 \$10,000	\$0 50%	\$45 50%	\$495 1-5	\$475 \$350	\$45	\$0-\$55 \$0-\$55	\$0-\$150 \$300-\$350	0-20%	\$125 not tiers 1,2	\$75	•	•	•					•			•	
20	Humana Choice (PPO ¹) H5216-048	\$118	\$74.80	\$6,700 \$10,000	\$0 50%	\$35 50%	\$325 1-4	20%	\$30	\$0-\$55 \$0-\$55	\$0-20% \$300-\$350	0-20%	\$590 not tier 1	\$100			•					•				
21	Kaiser Permanente Senior Advantage Enhanced (HMO-POS ²) H9003-001-0	\$114	\$114	\$3,000	\$0	\$20	\$200 1-6	\$150 \$150	\$20	\$0 or \$20 \$0	\$0 \$150	0-20%	\$0	\$0	•	•		•	•	•		•				•
22	Kaiser Permanente Senior Advantage Standard (HMO-POS ²) H9003-006-0	\$28	\$28	\$4,175	\$0	\$30	\$250 1-6	\$160 \$160	\$30	\$0 or \$30 \$0	\$0 \$175	0-20%	\$0	\$0	•	•		•	•	•		•				•
23	Kaiser Permanente Senior Advantage Value (HMO-POS ²) H9003-009-0	\$0	\$0	\$5,000	\$0	\$35	\$275 1-6	\$175 \$175	\$35	\$0 or \$35 \$0	\$0 \$185	0-20%	\$0	\$0	•	•		•	•	•		•				•
24	PacificSource Medicare MyCare Rx 40 (HMO) H3864-040-0	\$0	\$0	\$5,800	\$0	\$30	\$395 1-7	\$395	\$5	20% \$0-20%	\$0 \$235-\$320	20%	\$150 not tiers 1,2	\$500	•	•	•	•	•	•		•				
25	PacificSource Medicare MyCare Choice Rx 34 (HMO-POS ²) H3864-034-0	\$10	\$0	\$6,500 \$8,950	\$0 \$45	\$25 \$45	\$315 1-7	\$315	\$5	\$15 \$0-20%	\$0 \$300-\$390	20%	\$199 not tiers 1,2	\$0	•	•	•	•	•	•		•				
26	Providence Medicare Extra + Rx (HMO) H9047-064-0	\$161	\$146.60	\$4,000	\$0	\$20	\$250 1-5	\$150 \$100	\$20	20% \$0	\$0 15% up to \$250	0-20%	\$0	\$0	•	•	•					•	•	•		•
27	Providence Medicare Prime + Rx (HMO) H9047-037-0	\$0	\$0	\$5,000	\$0	\$35	\$450 1-4	\$450 \$250	\$35	20% \$0	\$15 20% up to \$250	0-20%	\$250 not tiers 1,2	\$0	•	•	•	•	•	•		•				•
28	Providence Medicare Bridge + Rx (HMO-POS ²) H9047-059-0	\$29	\$2.80	\$6,500	\$0 \$25	\$30 \$50	\$325 1-6	\$375 \$250	\$30	20% \$0	\$10 20% up to \$250	0-20%	\$0	\$0	•	•	•	•	•	•		•				•
29	Providence Medicare Choice + Rx (HMO-POS ²) H9047-065-0	\$82	\$55.80	\$5,000	\$15 \$25	\$30 \$50	\$300 1-6	\$350 \$250	\$30	20% \$0	\$15 20% up to \$250	0-20%	\$0	\$0	•	•	•					•				•
30	Regence MedAdvantage + Rx Classic (PPO ¹) H3817-008-1	\$73	\$53	\$5,700 \$9,550	\$0 50%	\$40 50%	\$395 1-5	20%	\$30	\$10 \$10	\$10. \$250	0-20%	\$50 not tiers 1,2	\$0	•	•	•					•				•
31	Regence MedAdvantage + Rx Enhanced (PPO ¹) H3817-009-1	\$192	\$165.80	\$5,000 \$9,550	\$0 50%	\$25 50%	\$315 1-5	20%	\$25	\$0 \$0	\$0 \$250	0-20%	\$0	\$0	•	•	•					•				
32	Regence MedAdvantage + Rx Primary (PPO ¹) H3817-011-1	\$29	\$29	\$6,000 \$9,550	\$0 50%	\$40 50%	\$410 1-5	20%	\$40	\$35 \$30	\$20 \$300	0-20%	\$100 not tiers 1,2	\$0	•	•	•					•				
33	Wellcare Simple Value (HMO-POS ²) H6815-038-0	\$0	\$0	\$6,600	\$0	\$25	\$673 1-4	\$500 \$300	\$45	\$0 or 20% \$0	\$75 \$200-\$500	20%	\$420 not tier 1,2	\$150	•	•	•					•				•
34	Wellcare Simple (HMO-POS ²) H6815-039-0	\$0	\$0	\$6,000	\$0	\$25	\$500 1-5	\$400 \$250	\$25	\$0 or 20% \$0	\$25 \$100-\$400	20%	\$420 not tiers 1,2	\$140	•	•	•	•	•			•				

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35	Wellcare Giveback Open (PPO ¹) H5439-015-0	\$0	\$0	\$8,850 \$13,300	\$0 30%	\$50 30%	\$450 1-5	\$425 \$300	\$35	\$0 or 20% \$0	\$80 \$225-\$425	20%	\$420 not tiers 1,2	\$240	•	•	•					•			•	
36	Wellcare Low Premium Open (PPO ¹) H5439-019-0	\$38	\$38	\$6,800 \$10,000	\$0 \$30	\$30 \$60	\$475 1-5	\$500 \$350	\$30	\$0 or 20% \$0	\$50 \$250-\$500	20%	\$420 not tiers 1,2	\$225	•	•	•					•				
37	Wellcare Simple Open (PPO ¹) H5439-017-0	\$0	\$0	\$3,450 \$3,450	\$0 \$30	\$30 \$60	\$425 1-5	\$400 \$250	\$30	\$0 or 20% \$0	\$25 \$300-\$400	20%	\$420 not tiers 1,2	\$0	•	•	•	•			•	•		•		
38	Wellcare Premium Ultra Open (PPO ¹) H5439-011-0	\$146	\$122.40	\$4,000 \$6,200	\$0 30%	\$25 30%	\$325 1-7	\$275 \$200	\$25	\$0 or 20% \$0	\$25 \$125-\$275	20%	\$420 not tiers 1,2	\$175	•	•	•	•				•				

	Plan	Telephone Number	Web Address		Plan	Telephone Number	Web Address
1	AARP Medicare Advantage from UHC	800-555-5757	AARPMedicarePlans.com	7	Kaiser Permanente	877-408-3496	kp.org
2	Aetna Medicare	833-859-6031	aetna.com/medicare	8	PacificSource Medicare	888-863-3637	Medicare.PacificSource.com
3	ATRIO Health Plans	877-672-8620	Atriohp.com/oregon/	9	Providence Medicare Advantage Plans	800-457-6064	ProvidenceHealthAssurance.com
4	Cigna Healthcare	800-313-0973	CignaMedicare.com	10	Regence BlueCross BlueShield of Oregon	888-369-3171	Regence.com/medicare
5	Devoted Health	800-376-5889	Devoted.com	11	Wellcare by Healthnet	800-225-8017	Wellcare.com
6	Humana	800-833-2364	Humana.com/medicare				

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Plans without Part D (no drug coverage)															Medical Deductible	Vision	Hearing	Dental	Acupuncture	Chiropractic	Naturopath	Massage	Fitness	OTC	Rebate/B Red	Opt. Packages
	Plan Name, Type, Plan ID	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	Out patient surgery/ ASC	Out Patient Rehab OT, PT, ST	Diagnostic Tests/Out Patient Labs	X-Ray/Diag Radiology	Therapeutic Radiology	Chemo/Part B Drugs	Pharmacy Deductible												
1	AARP Medicare Advantage Patriot NoRx OR-MA01 (PPO ¹) H2406-073-0	\$0	n/a	\$6,700 \$10,100	\$0 \$25	\$55 \$75	\$495 1-5	\$495 \$495	\$45	\$50/\$0	\$25 \$250	0%-20%	n/a	\$0	•	•	•				•	•	•			
2	Aetna Medicare Eagle Plan (PPO ¹) H9431-015-0	\$0	n/a	\$5,900 \$8,950	\$0 50%	\$35 50%	\$430 1-5	\$400 \$295	\$20	\$0/\$0	\$0 \$350	0%-20%	n/a	\$0	•	•	•				•	•	•			
3	Aetna Medicare Greater Portland Eagle Plan (PPO ¹) H5521-493-0	\$0	n/a	\$5,900 \$8,950	\$0 50%	\$35 50%	\$430 1-5	\$430 \$295	\$35	\$0/\$0	\$0 \$350	0%-20%	n/a	\$0	•	•	•				•	•	•			
4	Atrio Freedom (PPO ¹) H7006-021-0	\$0	n/a	\$4,150 \$4,150	\$0 \$50	\$25 \$50	\$100 1-4	\$350 \$250	\$0	\$0/\$0	\$0 \$60	0%-20%	n/a	\$0	•	•	•	•	•		•	•	•			
5	Cigna True Choice Courage Medicare (PPO ¹) H7849-139-0	\$0	n/a	\$5,700 \$8,700	\$0 50%	\$30 50%	\$255 1-5	\$195 \$175	\$0-\$30	\$150/\$0	\$10 \$150	0%-20%	n/a	\$0	•	•	•	•	•		•	•	•			
6	Humana USAA Honor Giveback (PPO ¹) H5216-301-1	\$0	n/a	\$5,100 \$6,000	\$0 50%	\$50 50%	\$425 1-5	\$400 \$350	\$25	\$0-\$55	\$0-\$150 \$200-\$350	0%-20%	n/a	\$100 some	•	•	•				•		•			
7	Humana USAA Honor Giveback (PPO ¹) H5216-427-2	\$0	n/a	\$9,350 \$13,300	\$0 50%	\$50 50%	\$570 1-4	\$495 \$350	\$25	\$0-\$50/\$0-\$45	\$0-\$150 \$300-\$400	0%-20%	n/a	\$100 some	•	•	•				•		•			
8	PacificSource Medicare MyCare Choice 30 (HMO-POS ²) H3864-030-0	\$0	n/a	\$4,200 \$8,950	\$0 \$45	\$0 \$45	\$425 1-5	\$250	\$0	\$20/\$0-20%	\$15 \$190-\$310	20%	n/a	\$0	•	•	•	•	•		•		•			
9	Providence Medicare Focus Medical (HMO) H9047-033-0	\$140	n/a	\$3,800	\$0	\$20	\$250 1-5	\$250 \$200	\$20	20%/\$0	\$0 15% up to \$250	20%	n/a	\$0	•	•	•	•	•		•		•			
10	Providence Medicare Reverence (HMO-POS ²) H9047-035-0	\$25	n/a	\$5,000	\$15 \$25	\$30 \$50	\$300 1-6	\$250	\$30	30%/\$0	\$15 20% up to \$250	20%	n/a	\$0	•	•	•	•	•		•		•			
11	Regence Valiance (PPO ¹) H3817-010-0	\$0	n/a	\$5,000 \$9,550	\$0 50%	\$35 50%	\$370 1-4	20% 20%	\$35	\$5/\$5	\$0 \$300	0%-20%	n/a	\$0	•	•	•				•	•	•			
12	Wellcare Patriot Giveback Open (PPO ¹) H5439-010-0	\$0	n/a	\$5,000 \$7,400	\$0 \$30	\$25 \$60	\$500 1-5	\$400 \$200	\$25	\$0-20%/\$0	\$25 \$400	0%-20%	n/a	\$200 some	•	•	•	•	•		•	•	•			

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