

2025 Included and Optional Dental, Vision, Hearing, and Alternative Care Benefits
For Medicare Advantage Plans in Multnomah and Clackamas County (Updated 10/15/2024)

	Plan Name, Type, Plan ID	Monthly Premium	Premium w/ Full Extra Help	Included Dental	Optional Packages (Additional \$/mo.)	Vision	Hearing	Alternative Care, OTC, Transportation
1	AARP Medicare Advantage from UHC OR-0003 (HMO-POS ¹) H3805-001-0	\$46	\$19.80	\$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns. 50% coinsurance for bridges and dentures. \$1500/yr allowance for all covered services.		\$0 copay for one routine vision exam/yr. \$300 allowance for one pair of frames or contacts. Free standard prescription lenses incl. single bifocal/trifocal/standard progressives. Other covered lenses with \$40 - \$153 copays.	\$0 copay for one routine hearing exam/yr. \$99-\$829 copay for each OTC hearing aid; \$199-\$1249 copay for each prescription hearing aid; up to two/yr.	\$0 copay for fitness program. A, C - \$10 copay for 12 visits/yr each. N - \$10 copay, no limit.
2	AARP Medicare Advantage Essentials from UHC OR-04 (HMO-POS ¹) H3805-039-0	\$0	\$0	\$0 copay for preventive services.	\$54/mo premium to replace the included preventive dental benefit with a \$1,500 max benefit for preventive and comprehensive care.	\$0 copay for one routine vision exam/yr. \$200 allowance for one pair of frames or contacts. Free standard prescription lenses incl. single bifocal/trifocal/standard progressives. Other covered lenses with \$40 - \$153 copays.	\$0 copay for one routine hearing exam/yr. \$99-\$829 copay for each OTC hearing aid; \$199-\$1249 copay for each prescription hearing aid; up to two/yr.	\$0 copay for fitness program. \$25/qtr OTC.
3	AARP Medicare Advantage Extras from UHC OR-6 (HMO-POS ¹) H3805-041-0	\$0	\$0	\$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns. 50% coinsurance for bridges and dentures. \$2000/yr allowance for all covered services.		\$0 copay for one routine vision exam/yr. \$300 allowance for one pair of frames or contacts. Free standard prescription lenses incl. single bifocal/trifocal/standard progressives. Other covered lenses with \$40 - \$153 copays.	\$0 copay for one routine hearing exam/yr. \$99-\$829 copay for each OTC hearing aid; \$199-\$1249 copay for each prescription hearing aid; up to two/yr.	\$0 copay for fitness program. \$50/qtr OTC.
4	AARP Medicare Advantage from UHC OR-0001 (PPO ¹) H2406-042-0	\$49	\$22.80	\$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns. 50% coinsurance for bridges and dentures. \$1250/yr allowance for all covered services.		\$0 copay for one routine vision exam/yr. \$250 allowance for one pair of frames or contacts. Free standard prescription lenses incl. single bifocal/trifocal/standard progressives. Other covered lenses with \$40 - \$153 copays.	\$0 copay for one routine hearing exam/yr. \$99-\$829 copay for each OTC hearing aid; \$199-\$1249 copay for each prescription hearing aid; up to two/yr.	\$0 copay for fitness program. A, C - \$10 copay for 12 visits/yr each. N - \$10 copay, no visit limit. \$25/qtr OTC.
5	AARP Medicare Advantage from UHC OR-0002 (PPO ¹) H2406-070-0	\$0	\$0	\$0 copay for preventive services.	\$54/mo premium to replace the included preventive dental benefit with a \$1,500 max benefit for preventive and comprehensive care.	\$0 copay for one routine vision exam/yr. \$300 allowance for one pair of frames or contacts. Free standard prescription lenses incl. single bifocal/trifocal/standard progressives. Other covered lenses with \$40 - \$153 copays.	\$0 copay for one routine hearing exam/yr. \$99-\$829 copay for each OTC hearing aid; \$199-\$1249 copay for each prescription hearing aid; up to two/yr.	\$0 copay for fitness program.
6	Aetna Medicare Elite Plan (HMO-POS ¹) H2056-003-0	\$0	\$0	\$0 copay for covered preventive and comprehensive services up to \$1250/yr.		\$0 copay for one routine vision exam/yr. \$250 reimbursement allowance for covered prescription eyewear.	\$0 copay for one routine hearing exam/yr. \$1500 (per ear) max benefit/yr for hearing aid for each ear.	\$0 copay for Silver Sneakers fitness program and \$150/qtr reimbursement for certain fitness-related expenses. \$30/qtr OTC.
7	Aetna Medicare Value Plan (HMO-POS ¹) H2056-004-0	\$0	\$0	\$0 copay for covered preventive and comprehensive services up to \$850/yr.		\$0 copay for one routine vision exam/yr. \$200 reimbursement allowance for covered prescription eyewear.	\$0 copay for one routine hearing exam/yr. \$2000 (per ear) max benefit/yr for hearing aid for each ear.	\$0 copay for Silver Sneakers fitness program .
8	Aetna Medicare Preferred Plan (PPO ¹) H5521-492-0	\$0	\$0	\$0 copay for covered preventive and comprehensive services up to \$1250/yr.		\$0 copay for one routine vision exam/yr. \$225 reimbursement allowance for covered prescription eyewear.	\$0 copay for one routine hearing exam/yr. \$2000 (per ear) max benefit/yr for hearing aid for each ear.	\$0 copay for Silver Sneakers fitness program and \$90/qtr reimbursement for certain fitness-related expenses. \$30/qtr OTC.
9	ATRIO Choice Rx (PPO ¹) H7006-018-0	\$0	\$0	\$500 loaded to flex card every 6 mos for preventive and comprehensive services from any provider.		\$0 copay for one routine eye exam/yr. \$150/yr allowance for frames incl. standard lenses or \$100/yr allowance for contact lenses, all through VSP.	\$0 copay for one routine hearing exam/yr. \$0 copay for hearing aid fittings and evaluations. \$1500/yr allowance for hearing aids.	\$175 allowance every 6 mos loaded to flex card for gym membership and fitness classes. A, C, N - \$100 allowance every 6 mos for combined services. \$50/qtr OTC. \$0 copay for 12 one-way trips/yr to health-related locations. \$20/mo Part B reduction.
10	ATRIO Select Rx (PPO ¹) H7006-019-0	\$40	\$40	\$400 loaded to flex card every 3 mos for preventive and comprehensive services from any provider.		\$0 copay for one routine eye exam/yr. \$200/yr allowance for frames incl. standard lenses or \$100/yr allowance for contact lenses, all through VSP.	\$0 copay for one routine hearing exam/yr. \$0 copay for hearing aid fittings and evaluations. \$1500/yr allowance for hearing aids.	\$225 allowance every 6 mos loaded to flex card for gym membership and fitness classes. A, C, N - \$100 allowance every 6 mos loaded to flex card for combined services. \$100/qtr OTC. \$0 copay for 24 one-way trips/yr to health-related locations. \$20/mo Part B reduction.

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Unless otherwise noted, cost-sharing amounts are generally based upon services obtained through in-network providers.

A = Acupuncture; C = Chiropractic; N = Naturopathy; M = Massage; OTC = Over The Counter

2025 Included and Optional Dental, Vision, Hearing, and Alternative Care Benefits
For Medicare Advantage Plans in Multnomah and Clackamas County (Updated 10/15/2024)

	Plan Name, Type, Plan ID	Monthly Premium	Premium w/ Full Extra Help	Included Dental	Optional Packages (Additional \$/mo.)	Vision	Hearing	Alternative Care, OTC, Transportation
11	Cigna Preferred Medicare (HMO) H7389-002-0	\$0	\$0	\$0 copay for exams and certain preventive services. \$0-675 copays for certain comprehensive services. \$20,000 max/yr for combined preventive and comprehensive services.		\$0 copay for one routine vision exam/yr. \$0 copay up to \$400/yr for one set of eyewear/yr.	\$0 copay for one routine hearing exam and hearing aid fitting/evaluation/yr. \$399-\$1800 copay/device for two devices/yr.	\$0 copay for Silver & Fit fitness program. A - \$300 reimbursement/yr. \$115/qtr OTC. \$0 copay for 10 one-way health-related trips/yr.
12	Cigna True Choice Medicare (PPO ¹) H7849-055-0	\$0	\$0	\$0 copay up to \$1500/yr allowance for most preventive and comprehensive services.		\$0 copay for one routine vision exam/yr. \$0 copay up to \$350/yr for one set of eyewear/yr.	\$0 copay for one routine hearing exam and hearing aid fitting/evaluation/yr. \$399-\$1800 copay/device for two devices/yr.	\$0 copay for Silver & Fit fitness program. A - \$300 reimbursement/yr. \$45/qtr OTC. \$0 copay for 24 one-way health-related trips/yr.
13	Devoted CORE Oregon (HMO) H2923-001-0	\$0	\$0	\$1000/yr reimbursement allowance for preventive and comprehensive dental, eyewear, therapeutic massage, routine acupuncture and/or naturopath services combined.		\$0 copay for one routine vision exam/yr. \$1000/yr reimbursement allowance for preventive and comprehensive dental, eyewear, therapeutic massage, routine acupuncture and/or naturopath services combined.	\$0 copay for one routine hearing exam and hearing aid fitting/evaluation/yr. \$399 copay/aid for TruHearing Advanced and \$699 copay/aid for TruHearing Premium aids, two aids/yr.	\$0 copay for Silver Sneakers membership, plus \$150/yr reimbursement for certain fitness-related expenses. C - \$20 copay for 12 visits/yr. A and N - subject to \$1000 allowance. \$92/mo Food & Home benefit for qualifying chronic conditions.
14	Devoted Giveback Oregon (HMO) H2923-004-0	\$0	\$0	\$250/yr reimbursement allowance for preventive and comprehensive dental, eyewear, therapeutic massage, routine acupuncture and/or naturopath services combined.		\$0 copay for one routine vision exam/yr. \$250/yr reimbursement allowance for preventive and comprehensive dental, eyewear, therapeutic massage, routine acupuncture and/or naturopath services combined.	\$0 copay for one routine hearing exam and hearing aid fitting/evaluation/yr. \$599 copay/aid for TruHearing Advanced and \$899 copay/aid for TruHearing Premium aids, two aids/yr.	\$0 copay for Silver Sneakers membership, plus \$150/yr reimbursement for certain fitness-related expenses. A and N - subject to \$250 allowance. \$137.60/mo Part B reduction.
15	Devoted PREMIUM Oregon (HMO) H2923-005-0	\$15.70	\$0	\$2750/yr reimbursement allowance for preventive and comprehensive dental, eyewear, therapeutic massage, routine acupuncture and/or naturopath services combined.		\$0 copay for one routine vision exam/yr. \$2750/yr reimbursement allowance for preventive and comprehensive dental, eyewear, therapeutic massage, routine acupuncture and/or naturopath services combined.	\$0 copay for one routine hearing exam and hearing aid fitting/evaluation/yr. \$199 copay/aid for TruHearing Advanced and \$499 copay/aid for TruHearing Premium aids, two aids/yr.	\$0 copay for Silver Sneakers membership, plus \$150/yr reimbursement for certain fitness-related expenses. C - \$20 copay for 12 visits/yr. A and N - subject to \$2750 allowance. \$80/mo Food & Home benefit for qualifying chronic conditions.
16	Devoted CHOICE Oregon (PPO ¹) H7199-001-0	\$0	\$0	\$1050/yr reimbursement allowance for preventive and comprehensive dental, eyewear, therapeutic massage, routine acupuncture and/or naturopath services combined.		\$0 copay for one routine vision exam/yr. \$1050/yr reimbursement allowance for preventive and comprehensive dental, eyewear, therapeutic massage, routine acupuncture and/or naturopath services combined.	\$0 copay for one routine hearing exam and hearing aid fitting/evaluation/yr. \$0 copay/aid for TruHearing Advanced and \$299 copay/aid for TruHearing Premium aids, two aids/yr.	\$0 copay for Silver Sneakers membership, plus \$300/yr reimbursement for certain fitness-related expenses. C - \$20 copay for 12 visits/yr. A and N - subject to \$1050 allowance.
17	Devoted CHOICE PLUS Oregon (PPO ¹) H7199-002-0	\$1.10	\$0	\$2000/yr reimbursement allowance for preventive and comprehensive dental, eyewear, therapeutic massage, routine acupuncture and/or naturopath services combined.		\$0 copay for one routine vision exam/yr. \$2000/yr reimbursement allowance for preventive and comprehensive dental, eyewear, therapeutic massage, routine acupuncture and/or naturopath services combined.	\$0 copay for one routine hearing exam and hearing aid fitting/evaluation/yr. \$199 copay/aid for TruHearing Advanced and \$499 copay/aid for TruHearing Premium aids, two aids/yr.	\$0 copay for Silver Sneakers membership, plus \$150/yr reimbursement for certain fitness-related expenses. C - \$20 copay for 12 visits/yr. A and N - subject to \$2000 allowance. \$60/mo Food & Home benefit for qualifying chronic conditions.
18	Humana Gold Plus (HMO) H1036-153-0	\$0	\$0	\$0 copay for certain preventive and comprehensive services. \$2000 max benefit/yr.		\$0 copay for one routine vision exam/yr. \$50/yr max benefit for contacts or glasses, lenses and frames, or \$100/yr if you use a PLUS provider.	\$0 copay for one routine hearing exam/yr. \$599 copay for Advanced and \$899 copay for Premium hearing aid for each ear/yr.	\$0 copay for Silver Sneakers fitness program. \$3/mo Part B premium reduction.
19	Humana Choice (PPO ¹) H5216-428-2	\$0	\$0	\$0 copay for certain preventive and comprehensive services. \$1500 max benefit/yr.		\$0 copay for one routine vision exam/yr. \$100 maximum benefit/yr for contacts or glasses, lenses and frames, or \$150/yr if you use a PLUS provider.	\$0 copay for one routine hearing exam/yr. \$699 copay for Advanced and \$999 copay for Premium hearing aid for each ear/yr.	\$0 copay for Silver Sneakers fitness program. \$1/mo Part B premium reduction.
20	Humana Choice (PPO ¹) H5216-048	\$118	\$74.80	\$0 copay for certain preventive and comprehensive services. 30% co-ins for bridges & crowns. \$1000 max benefit/yr.				\$0 copay for Silver Sneakers fitness program.

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21	Kaiser Permanente Senior Advantage Enhanced (HMO-POS ¹) H9003-001-0	\$114	\$114	See Optional Packages.	\$46/mo for Advantage Plus optional benefits: \$0 copay for preventive dental care. 50% coins for comprehensive dental care after \$50 deductible. Max dental benefit \$1250/yr. \$175 allowance every two yrs for eyewear. \$500 hearing aid allowance to buy one aid/ear every three yrs.	\$0 copay for routine eye exams. See Optional Packages.	\$0 copay for routine hearing exams and fitting and evaluation of hearing aids. See Optional Packages.	\$0 copay for One Pass fitness program. A,C,N - \$10 copay/visit for up to 18 visits/yr combined.
22	Kaiser Permanente Senior Advantage Standard (HMO-POS ¹) H9003-006-0	\$28	\$28	See Optional Packages.		\$0 copay for routine eye exams. See Optional Packages.	\$0 copay for routine hearing exams and fitting and evaluation of hearing aids. See Optional Packages.	\$0 copay for One Pass fitness program. A,C,N - \$15 copay/visit for up to 18 visits/yr combined.
23	Kaiser Permanente Senior Advantage Value (HMO-POS ¹) H9003-009-0	\$0	\$0	See Optional Packages.		\$0 copay for routine eye exams. See Optional Packages.	\$0 copay for routine hearing exams and fitting and evaluation of hearing aids. See Optional Packages.	\$0 copay for One Pass fitness program. A,C,N - \$20 copay/visit for up to 18 visits/yr combined.
24	PacificSource Medicare MyCare Rx 40 (HMO) H3864-040-0.	\$0	\$0	\$0 copay for covered preventive services. 50% coinsurance for comprehensive services. \$1750/yr allowance for all covered services.		\$0 copay for one routine eye exam per year. Up to \$200 every TWO years for contacts, glasses, lenses, and/or frames.	\$0 copay for one routine hearing exam per year. \$599-999 copay for hearing aids.	A, C, N - \$25 copay for up to 24 visits/year combined. \$0 copay for Optum fitness program. \$25/quarter OTC.
25	PacificSource Medicare MyCare Choice Rx 34 (HMO-POS ¹) H3864-034-0	\$10	\$0	\$0 copay for covered preventive services. 50% coinsurance for comprehensive services. \$1500/yr allowance for all covered services.		\$0 copay for one routine eye exam per year. Up to \$200 every TWO years for contacts, glasses, lenses, and/or frames.	\$0 copay for one routine hearing exam per year. \$599-999 copay for hearing aids.	A, C, N - \$25 copay limit 12 visits/year combined. \$0 copay for Optum fitness membership. \$25/quarter OTC.
26	Providence Medicare Extra + Rx (HMO) H9047-064-0	\$161	\$146	\$0 copay for preventive, incl. cleanings, x-ray(s), oral exams, and fluoride treatments. Restorative/comprehensive services (fillings, crowns, endodontics, etc.) require optional package.	Basic Dental \$37.50/mo with \$1000 maximum benefit. Enhanced Dental \$53.50/mo with \$1500/yr max benefit. 30-50% coinsurance on non-preventive treatments.	\$0 copay for one routine eye exam. Up to \$250/yr for contacts, glasses, lenses, and/or frames.	\$0 copay for one routine hearing exam per year. \$699-999 copay for hearing aids.	\$0 copay for membership at participating fitness clubs. \$160/qtr OTC. \$0 copay for 24 one-way trips/yr for non-emergency medical services.
27	Providence Medicare Prime + Rx (HMO) H9047-037-0	\$0	\$0	\$0 copay for preventive, incl. cleanings, x-ray(s), oral exams, and fluoride treatments. Restorative/comprehensive services (fillings, crowns, endodontics, etc.) require optional package.		\$0 copay for one routine eye exam per year. Up to \$250/yr for contacts, glasses, lenses, and/or frames.	\$0 copay for one routine hearing exam per year. \$699-999 copay for hearing aids.	A, C - \$20 copay for 18 visits per year (each). N: \$20 copay for six visits per year. \$0 copay for membership at participating fitness clubs. \$110/quarter OTC.
28	Providence Medicare Bridge + Rx (HMO-POS ¹) H9047-059-0	\$29	\$2.80	\$0 copay for preventive, incl. cleanings, x-ray(s), oral exams, and fluoride treatments. Restorative/comprehensive services (fillings, crowns, endodontics, etc.) require optional package.		\$0 copay for one routine eye exam per year. Up to \$250/yr for contacts, glasses, lenses, and/or frames.	\$0 copay for one routine hearing exam per year. \$699-999 copay for hearing aids.	A, C - \$20 copay for 18 visits per year (each). N: \$20 copay for six visits per year. F: \$0 copay for membership at participating fitness clubs. \$65/quarter OTC.
29	Providence Medicare Choice + Rx (HMO-POS ¹) H9047-065-0	\$82	\$55.80	\$0 copay for preventive, incl. cleanings, x-ray(s), oral exams, and fluoride treatments. Restorative/comprehensive services (fillings, crowns, endodontics, etc.) require optional package.		\$0 copay for one routine eye exam per year. Up to \$250/yr for contacts, glasses, lenses, and/or frames.	\$0 copay for one routine hearing exam per year. \$699-999 copay for hearing aids.	\$0 copay for membership at participating fitness clubs. \$30/qtr OTC.
30	Regence MedAdvantage + Rx Classic (PPO ¹) H3817-008-1	\$73	\$53	\$0 copay for preventive, incl. cleanings, x-ray(s), oral exams, and fluoride treatments. 50% coinsurance for restorative/comprehensive services (fillings, crowns, endodontics, etc.) \$1250/year max benefit.		\$0 copay for one routine eye exam and up to \$100/yr for contacts, glasses, lenses, and/or frames.	\$0 copay for one routine hearing exam per year. \$499-999 copay for hearing aids at TruHearing Provider, one aid per ear per year.	\$0 copay for Silver & Fit fitness program. \$20/qtr OTC.
31	Regence MedAdvantage + Rx Enhanced (PPO ¹) H3817-009-1	\$192	166	\$0 copay for preventive, incl. cleanings, x-ray(s), oral exams, and fluoride treatments. 50% coinsurance for restorative/comprehensive services (fillings, crowns, endodontics, etc.)		\$0 copay for one routine eye exam and up to \$150/yr for contacts, glasses, lenses, and/or frames.	\$0 copay for one routine hearing exam per year. \$499-999 copay for hearing aids at TruHearing Provider, one aid per ear per year.	\$0 copay for Silver & Fit fitness program.
32	Regence MedAdvantage + Rx Primary (PPO ¹) H3817-011-1	\$29	\$29	\$0 copay for preventive, incl. cleanings, x-ray(s), oral exams, and fluoride treatments. 50% coinsurance for restorative/comprehensive services (fillings, crowns, endodontics, etc.) \$1000/year max benefit.		\$0 copay for one routine eye exam and up to \$100/yr for contacts, glasses, lenses, and/or frames.	\$0 copay for one routine hearing exam per year. \$499-999 copay for hearing aids at TruHearing Provider, one aid per ear per year.	\$0 copy for Silver & Fit fitness program. \$15 qtr OTC.

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33	Wellcare Simple Value (HMO-POS) H6815-038-0	\$0	\$0.00	\$0 copay for preventive, incl. cleanings, x-ray(s), oral exams, and fluoride treatments.		\$25 copay for one routine eye exam and up to \$100 for contacts, glasses, lenses, and/or frames per year.	\$0 copay for annual exam and hearing aid fitting, and up to \$500 per ear for hearing aids every year.	\$0 copay for fitness program. \$35/qtr OTC.
34	Wellcare Simple (HMO-POS) H6815-039-0	\$0	\$0.00	\$0 copay for preventive services, incl. cleanings, x-ray(s), oral exams, fluoride treatments. 20% coinsurance for routine comprehensive services, up to \$1500/yr.		\$0 copay for one routine eye exam and up to \$100 for contacts, glasses, lenses, and/or frames per year.	\$0 copay for annual exam and hearing aid fitting, and up to \$500 per ear for hearing aids every year.	\$0 copay for fitness program. A - \$0 copay for 24 visits/yr. C - \$20 copay for 24 visits/yr. \$30/qtr OTC.
35	Wellcare Giveback Open (PPO ¹) H5439-015-0	\$0	\$0.00	\$0 copay for preventive services, incl. cleanings, x-ray(s), oral exams, and fluoride treatments.		\$0 copay for one routine eye exam and up to \$100 for contacts, glasses, lenses, and/or frames per year.	\$0 copay for annual exam and hearing aid fitting, and up to \$750 per ear for hearing aids every year.	\$0 copay for fitness program. \$26/mo Part B premium reduction.
36	Wellcare Low Premium Open (PPO ¹) H5439-019-0	\$38	\$38	\$0 copay for preventive services, incl. cleanings, x-ray(s), oral exams, and fluoride treatments.		\$0 copay for a routine eye exam and up to \$100 for contacts, glasses, lenses, and/or frames per year.	\$0 copay for annual exam and hearing aid fitting, and up to \$500 per ear for hearing aids every year.	\$0 copay for fitness program.
37	Wellcare Simple Open (PPO ¹) H5439-017-0	\$0	\$0.00	\$0 copay for preventive services, incl. cleanings, x-ray(s), oral exams, and fluoride treatments. \$0 copay for routine comprehensive services, up to \$1500/yr.		\$0 copay for a routine eye exam and up to \$200 for contacts, glasses, lenses, and/or frames per year.	\$0 copay for annual exam and hearing aid fitting, and up to \$750 per ear for hearing aids every year.	\$0 copay for fitness program. A, C, M - \$0 copay for 24 combined visits/yr. \$120/qtr OTC.
38	Wellcare Premium Ultra Open (PPO ¹) H5439-011-0	\$146	\$122.40	\$0 copay for preventive services, incl. cleanings, x-ray(s), oral exams, fluoride treatments. 40% coinsurance for routine comprehensive services up to \$2000/yr.		\$25 copay for one routine eye exam and up to \$200 for contacts, glasses, lenses, and/or frames per year.	\$0 copay for annual exam and hearing aid fitting, and up to \$750 per ear for hearing aids every year.	\$0 copay for fitness program. A - \$0 copay for 24 visits/yr. C - \$20 copay for 24 visits/yr.

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Plans without Part D (no prescription drug coverage)								
	Plan Name, Type, Plan ID	Monthly Premium	Premium w/ Full Extra Help	Included Dental	Optional Packages (Additional \$/mo.)	Vision	Hearing	Alternative Care
1	AARP Medicare Advantage Patriot NoRx OR-MA01 (PPO ¹) H2406-073-0	\$0	n/a	\$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns. 50% coinsurance for bridges and dentures. \$1500/yr allowance for all covered services.		\$0 copay for one routine vision exam/yr. \$300 allowance for one pair of frames or contacts. Free standard prescription lenses incl. single vision, biocals, trifocals and Tier 1 (standard) progressives. Other covered lenses with \$40 - \$153 copays	\$0 copay for one routine hearing exam/yr. \$99-\$829 copay for each OTC hearing aid; \$199-\$1249 copay for each prescription hearing aid; up to two/yr.	\$0 copay for fitness program. \$75/qtr OTC. Part B premium reduction of \$115.
2	Aetna Medicare Eagle Plan (PPO ¹) H9431-015-0	\$0	n/a	\$0 copay for covered preventive and comprehensive services up to \$1250/yr.		\$0 copay for one routine vision exam/yr. \$225 reimbursement allowance for covered prescription eyewear.	\$0 copay for one routine hearing exam/yr. \$1250 (per ear) max benefit/yr for hearing aid for each ear.	\$0 copay for Silver Sneakers fitness program. \$75/qtr OTC. Part B premium rebate of \$50/mo.
3	Aetna Medicare Greater Portland Eagle Plan (PPO) H5521-493-0	\$0	n/a	\$0 copay for covered preventive and comprehensive services up to \$1500/yr.		\$0 copay for one routine vision exam/yr. \$225 reimbursement allowance for covered prescription eyewear.	\$0 copay for one routine hearing exam/yr. \$1250 (per ear) max benefit/yr for hearing aid for each ear.	\$0 copay for Silver Sneakers fitness program. \$75/qtr OTC. Part B premium rebate of \$50/mo.
4	Atrio Freedom (PPO ¹) H7006-021-0	\$0	n/a	\$400 loaded to flex card every 3 mos for preventive and comprehensive services from any provider.		\$0 copay for one routine eye exam/yr. \$200/yr allowance for frames incl. standard lenses or \$100/yr allowance for contact lenses, all through VSP.	\$0 copay for one routine hearing exam/yr. \$0 copay for hearing aid fittings and evaluations. \$1500/yr allowance for hearing aids.	\$100 allowance every 3 mos loaded to flex card for gym membership and fitness classes. A, C, N - \$100 allowance every 6 mos loaded to flex card for combined services. \$150/qtr OTC. \$0 copay for 24 one-way trips/yr to health-related locations.
5	Cigna True Choice Courage Medicare (PPO ¹) H7849-139-0	\$0	n/a	\$0 copay up to \$1500/yr allowance for routine preventive and comprehensive services.		\$0 copay for one routine vision exam/yr. \$0 copay up to \$250/yr for one set of eyewear/yr.	\$0 copay for one routine hearing exam and hearing aid fitting/evaluation/yr. \$399-\$1800 copay/device for two devices/yr.	\$0 copay for Silver & Fit fitness program. A - \$300 reimbursement/yr. C - \$15 copay for 12 visits/yr. \$105/qtr OTC. \$0 copay for 24 one-way health-related trips/yr. \$75/mo Part B premium reduction.
6	Humana USAA Honor Giveback (PPO ¹) H5216-301-1	\$0	n/a	\$0 copay for certain preventive and comprehensive services. \$2000 max benefit/yr.		\$0 copay for one routine vision exam/yr. \$200 max benefit/yr for contacts or glasses, lenses and frames, or \$250/yr if you use a PLUS provider.	\$0 copay for one routine hearing exam/yr. \$699 copay for Advanced and \$999 copay for Premium hearing aid for each ear/yr.	\$0 copay for Silver Sneakers fitness program. \$30/mo Part B premium reduction.
7	Humana USAA Honor Giveback (PPO ¹) H5216-427-2	\$0	n/a	\$0 copay for certain preventive and comprehensive services. \$1500 max benefit/yr.		\$0 copay for one routine vision exam/yr. \$100 max benefit/yr for contacts or glasses, lenses and frame, or \$150/yr if you use a PLUS provider.	\$0 copay for one routine hearing exam/yr. \$699 copay for Advanced and \$999 copay for Premium hearing aid for each ear/yr.	\$0 copay for Silver Sneakers fitness program. \$100/mo Part B premium reduction.
8	PacificSource Medicare MyCare Choice 30 (HMO-POS ¹) H3864-030-0	\$0	n/a	\$0 copay for covered preventive and comprehensive services. \$2000 per year allowance for all services.		\$0 copay for a routine eye exam. Up to \$250 every TWO years for contacts, glasses, lenses, and/or frames.	\$0 copay for one routine hearing exam per year. \$599-999 copay for hearing aids.	A, C, N - \$0 copay for up to 24 visits/year combined. \$0 copay for Optum fitness membership. \$100/qtr OTC.
9	Providence Medicare Focus Medical (HMO) H9047-033-0	\$140	n/a	\$0 copay for preventive, incl. cleanings, x-ray(s), oral exams, and fluoride treatments. Restorative/comprehensive services (fillings, crowns, endodontics, etc.) require optional package.	Basic Dental \$37.50/mo with \$1000 maximum benefit. Enhanced Dental \$53.50/mo with \$1500/yr max benefit. 30-50% coinsurance on non-preventive treatments	\$0 copay for one routine eye exam. Up to \$250/yr for contacts, glasses, lenses, and/or frames.	\$0 copay for one routine hearing exam per year. \$399-699 copay for hearing aids.	A, C - \$20 copay for 18 visits per year (each). N: \$20 copay for six visits/year. \$0 copay for membership at participating fitness clubs. \$75/qtr OTC.
10	Providence Medicare Reverence (HMO-POS ¹) H9047-035-0	\$25	n/a	\$0 copay for preventive, incl. cleanings, x-ray(s), oral exams, and fluoride treatments. Restorative/comprehensive services (fillings, crowns, endodontics, etc.) require optional package.	Basic Dental \$37.50/mo with \$1000 maximum benefit. Enhanced Dental \$53.50/mo with \$1500/yr max benefit. 30-50% coinsurance on non-preventive treatments.	\$0 copay for one routine eye exam. Up to \$250/yr for contacts, glasses, lenses, and/or frames.	\$0 copay for one routine hearing exam per year. \$399-699 copay for hearing aids.	A, C - \$20 copay for 18 visits/year (each). N: \$20 copay for six visits/year. \$0 copay for membership at participating fitness clubs. \$75/qtr OTC.

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

Unless otherwise noted, cost-sharing amounts are generally based upon services obtained through in-network providers.

A = Acupuncture; C = Chiropractic; N = Naturopathy; M = Massage; OTC = Over The Counter

2025 Included and Optional Dental, Vision, Hearing, and Alternative Care Benefits
For Medicare Advantage Plans in Multnomah and Clackamas County (Updated 10/15/2024)

Plans without Part D (no prescription drug coverage)								
	Plan Name, Type, Plan ID	Monthly Premium	Premium w/ Full Extra Help	Included Dental	Optional Packages (Additional \$/mo.)	Vision	Hearing	Alternative Care
11	Regence Valiance (PPO ¹) H3817-010-0	\$0	n/a	\$0 copay for preventive, incl. cleanings, x-ray(s), oral exams, and fluoride treatments. 50% coinsurance for restorative/comprehensive services (fillings, crowns, endodontics, etc.) \$1500/year max benefit.		\$0 copay for one routine eye exam and up to \$100/yr for contacts, glasses, lenses, and/or frames.	\$0 copay for one routine hearing exam per year. \$499-999 copay for Hearing Aids. All at TruHearing Provider.	\$0 copay for Silver & Fit fitness program. \$40/qtr OTC. \$30/month Part B premium reduction.
12	Wellcare Patriot Giveback Open (PPO ¹) H5439-010-0	\$0	n/a	\$0 copay for preventive services, incl. cleanings, x-ray(s), oral exams, fluoride treatments. 40% coinsurance for routine comprehensive services up to \$2000/yr.		\$0 copay for one routine eye exam and up to \$200 for contacts, glasses, lenses, and/or frames per year.	\$0 copay for annual exam and hearing aid fitting, and up to \$1000 per ear for hearing aids every year.	\$0 copay for fitness program. A, C, M - \$0 copay for 24 combined visits/yr. \$100/qtr OTC. \$50/mo Part B premium reduction.

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