

	Plan Name, Type, Plan ID	Premium	Premium w/ Full Extra Help	MOOP In/Out of Network	Primary Care Visit In/Out of Network	Specialist Care 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	\$69	\$58.50	\$5,200	\$0	\$35	\$425 1-5	\$425 \$375	\$25	\$20/\$0	\$30 \$220	20%	\$355 not tiers 1,2	\$0	•	•	•	•	•			•				
2	AARP Medicare Advantage Essentials from UHC OR-04 (HMO-POS ²) H3805-039-1	\$0	\$0	\$5,500	\$0	\$45	\$455 1-6	\$455 \$405	\$45	\$50/\$0	\$30 \$260	20%	\$355 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	\$55	\$550 1-5	\$550 \$500	\$45-\$55	\$50/\$0	\$30 \$260	20%	\$440 not tiers 1,2	\$0	•	•	•		•			•		•		
4	AARP Medicare Advantage from UHC OR-0001 (PPO ¹) H2406-042-0	\$74	\$63.50	\$5,700 \$10,100	\$0 \$25	\$40 \$70	\$455 1-6	\$455 \$305	\$35	\$50/\$0	\$30 \$200	20%	\$520 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	\$55 \$85	\$550 1-5	\$550 \$500	\$35-\$45	\$50/\$0	\$30 \$210	20%	\$600 not tiers 1,2	\$0	•	•	•					•				•
6	Aetna Medicare Elite Plan (HMO-POS ²) H2056-003-0	\$0	\$0	\$5,900	\$0	\$50	\$450 1-5	\$375 \$325	\$30	\$0-\$20/\$20	\$0 \$275	20%	\$300 not tiers 1,2	\$750 some	•	•	•					•				
7	Aetna Medicare Signature (PPO ¹) H5521-492-0	\$0	\$0	\$6,900 \$13,900	\$0 50%	\$55 50%	\$475 1-5	\$450 \$375	\$35	\$0-\$25 \$25	\$0 \$325	20%	\$615 not tiers 1,2	\$0	•	•	•					•		•		
8	ATRIO Choice Rx (PPO ¹) H7006-018-0	\$0	\$0	\$5,500	\$0 \$50	\$35 \$35	\$450 1-4	\$400 \$250	\$10	\$0-\$20 \$0	\$0 \$300	20%	\$400 not tiers 1,2	\$0	•	•	•	•	•	•		•	•	•		
9	HealthSpring Preferred (HMO) H4407-035-0 (formerly Cigna)	\$0	\$0	\$5,000	\$0	\$10	\$350 1-5	\$350 \$295	\$10	\$0-\$35 \$0-\$50	\$15 \$195	20%	\$200 not tiers 1,2	\$0	•	•	•	•				•	•	•		
10	HealthSpring True Choice (PPO ¹) H7849-152-0 (formerly Cigna)	\$0	\$0	\$6,800 \$11,000	\$0 50%	\$40 50%	\$375 1-6	\$375 \$325	\$35	\$0-\$150 \$0	\$50 \$225	20%	\$250 not tiers 1,2	\$300 many	•	•	•					•		•		
11	Devoted CORE 001 OR (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	20%	\$375 not tiers 1,2	\$0	•	•	•	•	•	•	•	•		•		
12	Devoted Giveback 004 OR (HMO) H2923-004-0	\$0	\$0	\$7,900	\$0	\$50	\$385 1-5	\$525 \$385	\$35-\$50	\$0-\$95 \$0-\$40	\$0-\$75 \$100-\$300	20%	\$605 not tiers 1,2	\$0	•	•	•	•		•	•	•			•	
13	Devoted PREMIUM 005 OR (HMO) H2923-005-0	\$43.20	\$32.70	\$5,900	\$0	\$40	\$375 1-5	\$475 \$375	\$40-\$50	\$0-\$95 \$0-\$20	\$0-\$75 \$100-\$300	20%	\$615 not tiers 1,2	\$0	•	•	•	•	•	•	•	•		•		
14	Devoted CHOICE Premium 002 OR (PPO ¹) H7199-002-0	\$29	\$29	\$5,900 \$9,550	\$0 \$10	\$40	\$325 1-5	\$425 \$325	\$40-\$50	\$0-\$95 \$0-\$20	\$0-\$75 \$100-\$300	20%	\$595 not tiers 1,2	\$0	•	•	•	•	•	•	•	•		•		
15	Humana Gold Plus (HMO) H1036-153	\$0	\$0	\$4,750	\$0	\$30	\$395 1-5	\$395 \$100	\$45	\$0-\$50 \$0-\$50	\$0-\$130 \$200-\$335	20%	\$615 not tiers 1,2,3	\$0	•	•	•					•		•	•	
16	Humana Gold Plus Giveback (HMO) H1036-323-0	\$0	\$0	\$8,800	\$0	\$45	\$489 1-5	\$489 \$100	\$35	\$0-\$45 \$0-\$40	\$0-\$130 \$200-\$335	20%	\$615 not tiers 1,2,3	\$500 some	•	•	•					•			•	•

PPO¹ 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.

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.

2026 Medicare Advantage Plans for Multnomah and Clackamas County (updated 12-30-2025)

	Plan Name, Type, Plan ID	Premium	Premium w/ Full Extra Help	MOOP In/Out of Network	Primary Care Visit In/Out of Network	Specialist Care 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
17	Humana Choice (PPO ¹) H5216-428-2	\$0	\$0	\$6,750 \$9,500	\$0 50%	\$45 50%	\$495 1-5	\$495 \$100	\$45	\$0-\$50 \$0-\$50	\$0-\$130 \$200-\$335	20%	\$615 not tiers 1,2	\$0	•	•	•					•		•	•	
18	Humana Choice (PPO ¹) H5216-048	\$87	\$74.10	\$6,750 \$10,100	\$0 50%	\$35 50%	\$325 1-4	20%	\$30	\$0-\$50 \$0-\$50	\$0-20% \$200-\$335	20%	\$615 not tier 1,2	\$100 some	•	•	•					•				
19	Kaiser Permanente Senior Advantage Enhanced (HMO-POS ²) H9003-001-0	\$119	\$119	\$3,500	\$0	\$20	\$200 1-6	\$150 \$150	\$20	\$20 \$0	\$0 \$150	20%	\$0	\$0	•	•		•	•	•		•				•
20	Kaiser Permanente Senior Advantage Standard (HMO-POS ²) H9003-006-0	\$37	\$37	\$4,500	\$0	\$30	\$250 1-6	\$160 \$160	\$30	\$0 to \$30 \$0	\$0 \$175	20%	\$0	\$0	•			•	•	•		•				•
21	Kaiser Permanente Senior Advantage Value (HMO-POS ²) H9003-009-0	\$0	\$0	\$5,500	\$0	\$45	\$320 1-6	\$250 \$250	\$35	\$0 to \$45 \$0	\$0 \$185	20%	\$0	\$0	•			•	•	•		•			•	•
22	PacificSource Medicare MyCare Rx 40 (HMO) H3864-040-0	\$0	\$0	\$6,750	\$20	\$30	\$435 1-7	\$425	\$30	20% \$0-20%	\$15 \$400-\$450	20%	\$399 not tiers 1,2	\$500 some	•	•	•	•	•	•		•		•		
23	Providence Medicare Extra + Rx (HMO) H9047-064-0	\$161	\$161	\$4,200	\$0	\$20	\$250 1-5	\$150 \$100	\$20	20% \$0	\$0 15% up to \$250	20%	\$0	\$0	•	•	•					•		•		•
24	Providence Medicare Prime + Rx (HMO) H9047-037-0	\$0	\$0	\$6,750	\$0	\$35	\$450 1-4	\$450 \$250	\$35	20% up to \$250 \$0	\$15 20% up to \$250	20%	\$250 not tiers 1,2	\$0	•	•	•									•
25	Regence MedAdvantage + Rx Classic (PPO ¹) H3817-008-1	\$104	\$93.50	\$6,000 \$10,100	\$0 50%	\$40 50%	\$395 1-5	20%	\$40	\$20 \$0-\$20	\$10 \$300	20%	\$500 not tiers 1,2	\$0	•	•	•					•		•		
26	Regence MedAdvantage + Rx Enhanced (PPO ¹) H3817-009-1	\$224	\$213.50	\$5,400 \$9,550	\$0 50%	\$30 50%	\$315 1-5	20% \$300	\$30	\$10 \$0-\$10	\$5 \$300	20%	\$200 not tiers 1,2	\$0	•	•	•					•				
27	Regence MedAdvantage + Rx Primary (PPO ¹) H3817-011-1	\$59	\$59	\$6,700 \$10,100	\$0 50%	\$45 50%	\$450 1-5	\$395	\$45	\$40 \$0-\$30	\$25 \$300	20%	\$550 not tiers 1,2	\$0	•	•	•					•				
28	Wellcare Low Premium (HMO-POS ²) H6815-038-0	\$35	\$35	\$7,900	\$0	\$25	\$600 1-4	20% \$300	\$35-\$45	20% \$0	\$50 \$200-\$500	20%	\$615 not tier 1,2	\$150	•	•	•					•				
29	Wellcare Simple (HMO-POS ²) H6815-039-0	\$0	\$0	\$7,500	\$0	\$30	\$600 1-4	\$500 \$250	\$25	20% \$0	\$50 \$100-\$500	20%	\$615 not tiers 1,2	\$140	•	•	•	•	•			•				
30	Wellcare Giveback Open (PPO ¹) H5439-015-0	\$0	\$0	\$9,250 \$13,700	\$0 30%	\$50 30%	\$475 1-5	\$500 \$300	\$35	20% \$0	\$50 \$225-\$500	20%	\$615 not tiers 1,2	\$250 some	•	•	•					•			•	
31	Wellcare Low Premium Open (PPO ¹) H5439-019-0	\$59	\$59	\$7,000 \$12,000	\$0 \$30	\$30 \$60	\$475 1-5	\$500 \$350	\$30	20% \$0	\$50 \$250-\$500	20%	\$615 not tiers 1,2	\$250 some	•	•	•					•				
32	Wellcare Simple Open (PPO ¹) H5439-022-2	\$0	\$0	\$8,500 \$13,200	\$0 \$30	\$30 \$60	\$600 1-4	30% \$475	\$30	20% \$0	\$50 \$500	20%	\$615 not tiers 1,2	\$150 some	•	•	•	•	•			•				
33	Wellcare Premium Ultra Open (PPO ¹) H5439-011-0	\$160	\$149.50	\$6,500 \$8,700	\$0 30%	\$25 30%	\$425 1-7	\$425 \$200	\$25	20% \$0	\$50 \$125-\$425	20%	\$615 not tiers 1,2	\$250 some	•	•	•	•	•			•				

PPO¹ 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.

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.

Chronic Special Needs Plans (C SNPs)*																																	
	Plan Name, Type, Plan ID	Premium	Premium w/ Full Extra Help	MOOP In/Out of Network	Primary Care Visit In/Out of Network	Specialist Care 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	AgeRight Advantage Premier Health Plan (HMO C-SNP) H1372-003-0	\$65	\$54.50	\$6,000	\$0	\$0 some	\$325 1-7	\$0-\$225/20%	\$0	\$0 20%	20%	20%	\$300 not tier 1	\$0	•	•	•	•	•			•	•	•									
2	Devoted C-SNP Plus 009 OR (HMO C-SNP) H2923-009-0	\$10.50	\$0	\$9,250	\$0	30%	\$2,230 per stay	40%	30%	40%	\$35/\$40	20%	\$615 not tier 6	\$425	•	•	•		•			•		•									
3	Humana Gold Plus-Diabetes and Heart (HMO C-SNP) H1036-306-0	\$0	\$0	\$5,500	\$0	\$15	\$360 1-4	\$395/\$100	\$35	\$0-\$45 \$0-\$45	\$0-\$130 \$200-\$335	20%	\$615 not tiers 1,2,3,6	\$0	•	•	•	•				•		•	•								
4	Humana Gold Plus-Diabetes and Heart (HMO C-SNP) H1036-317-0	\$0	\$0	\$9,250	20%	20%	\$2,230 per stay	20%	20%	\$40 or 20% \$0-\$40 or 20%	\$40 or 20% \$200-\$335	20%	\$615 not tiers 1,2,6	\$257 some	•	•	•	•		•		•	•	•	•								
5	UHC Complete Care OR-5 (HMO-POS ² C-SNP) H3805-040-0	\$0	\$0	\$5,500	\$0	\$40	\$455 1-5	\$455/\$405	\$40	\$50 \$0	\$25 \$260	20%	\$355 not tier 1,2	\$0	•	•	•					•		•		•							
6	UHC Complete Care Support OR-1A (PPO ¹ C-SNP) H2001-045-0	\$10.50	\$0	\$9,250 \$13,900	20%	20%	\$2,000 per stay	20%	20%	20% \$0	20%	20%	\$615	\$257 some	•	•	•		•			•	•	•									

*You must have at least one qualifying chronic condition and your provider will need to verify your condition(s). Qualifying chronic conditions vary by plan. Contact the insurer to discuss and enroll.

PPO¹ 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.

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.

	Plan	Telephone Number	Web Address		Plan	Telephone Number	Web Address
1	AARP Medicare Advantage from UHC	800-555-5757	AARPMedicarePlans.com	7	Kaiser Permanente	877-221-8221	877-221-8221
2	Aetna Medicare	833-859-6031	aetna.com/medicare	8	PacificSource Medicare	888-530-1428	Medicare.PacificSource.com
3	ATRIO Health Plans	877-672-8620	Atriohp.com/oregon/	9	Providence Medicare Advantage Plans	800-603-2340	ProvidenceHealthAssurance.com
4	Devoted Health	800-385-0916	Devoted.com	10	Regence BlueCross BlueShield of Oregon	800-541-8981	Regence.com/medicare
5	Healthspring (formerly Cigna)	866-617-8713	healthspring.com/medicare	11	Wellcare by Healthnet	844-480-0680	Wellcare.com
6	Humana	800-833-2364	Humana.com/medicare				

Plans without Part D (no drug coverage)															Vision	Hearing	Dental	Acupuncture	Chiropractic	Naturopath	Massage	Fitness	Transportation	OTC	Pt B Reduction	Opt Packages
	Plan Name, Type, Plan ID	Premium	Premium w/ Full Extra Help	MOOP In/Out of Network	Primary Care Visit In/Out of Network	Specialist Care 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												
1	AARP Medicare Advantage Patriot NoRx OR-MA01 (PPO¹) H2406-073-0	\$0	n/a	\$6,700 \$10,100	\$0 \$25	\$55 \$75	\$550 1-5	\$550 \$550	\$50-\$55	\$50/\$0	\$30 \$260	20%	n/a	\$0	•	•	•					•		•	•	
2	Aetna Medicare Eagle (PPO¹) H5521-493-0	\$0	n/a	\$5,900 \$8,950	\$0 50%	\$0-\$35 50%	\$430 1-5	\$400 \$350	\$35	\$0/\$0	\$0 \$300	20%	n/a	\$0	•	•	•					•		•	•	
3	Atrio Freedom (PPO¹) H7006-021-0	\$0	n/a	\$4,150 \$4,150	\$0 \$50	\$25 \$50	\$100 1-5	\$350 \$250	\$0	\$0/\$0	\$0 \$60	20%	n/a	\$0	•	•	•	•	•	•		•	•	•		
4	Humana USAA Honor Giveback (PPO¹) H5216-455-0	\$0	n/a	\$5,100 \$10,100	\$0 50%	\$40 50%	\$480 1-5	\$480 \$350	\$25	\$0-\$50	\$0-\$130 \$200-\$335	20%	n/a	\$0	•	•	•					•		•	•	
5	Humana USAA Honor Giveback (PPO¹) H5216-427-2	\$0	n/a	\$9,150 \$13,900	\$0 35%	\$45 35%	\$600 1-4	\$495 \$350	\$25	\$0-\$45/\$0-\$40	\$0-\$130 \$200-\$335	20%	n/a	\$0	•	•	•					•		•	•	
6	PacificSource Medicare MyCare Choice 30 (HMO-POS²) H3864-030-0	\$15	n/a	\$4,950 \$8,950	\$0 \$45	\$0 \$45	\$425 1-5	\$400	\$0	\$20/\$0-20%	\$15 \$190-\$310	20%	n/a	\$0	•	•	•	•	•	•		•		•		
7	Providence Medicare Focus Medical (HMO) H9047-033-0	\$120	n/a	\$4,200	\$0	\$20	\$250 1-5	\$250 \$200	\$20	20%/\$0	\$0 15% up to \$250	20%	n/a	\$0	•	•	•					•		•		•
8	Providence Medicare Reverence (HMO-POS²) H9047-035-0	\$25	n/a	\$6,750	\$15 50%	\$30 50%	\$300 1-6	\$250	\$30	20%/\$0	\$15 20% up to \$250	20%	n/a	\$0	•	•	•					•		•		•
9	Regence Valiance (PPO¹) H3817-010-0	\$0	n/a	\$5,300 \$9,550	\$0 50%	\$40 50%	\$370 1-4	20% \$360	\$40	\$10/\$0-\$10	\$5 \$300	20%	n/a	\$0	•	•	•					•		•	•	
10	Wellcare Patriot Giveback Open (PPO¹) H5439-010-0	\$0	n/a	\$6,750 \$9,200	\$0 \$30	\$25 \$60	\$525 1-5	\$500 \$200	\$25	\$0-20%/\$0	\$50 \$125-\$500	20%	n/a	\$200	•	•	•	•	•			•		•	•	

PPO¹ 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.

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.