

	Plan Name, Type, Plan ID	Monthly Premium	LIS Monthly Premium	Optional Packages (Additional \$/mo.)	Included Dental	Vision	Hearing	Alternative Care, OTC, Transportation, etc.	Extra Benefits
1	AARP Medicare Advantage from UHC OR-0003 (HMO-POS) H3805-001-0	\$69	\$58.50		Preventive - \$0 copay for exam, cleaning, fluoride or xrays. Comprehensive - 50% coinsurance; up to \$1,500 dental allowance	Routine eye exam \$0 copay, \$0 copay standard prescription lenses, + \$300 year credit every two years for eyeglasses/lenses.	\$0 copay for annual routine hearing exam, + \$199- \$829 co-pay for OTC hearing devices, + up to \$1249 co-pay for prescription hearing devices, up to two/year.	Annual physical exam. Fitness - \$0 copay for online classes, gym membership. C - 12/year \$10 co-pay. A - 12/year, \$10 co-pay. World wide emergency services. Telehealth.	Foot care - \$35 copay, 6 visits/year. Rewards program - \$155/year for wellness activities. Meal benefit - 28 deliveries after hospital or SNF stay.
2	AARP Medicare Advantage Essentials from UHC OR-04 (HMO-POS) H3805-039-1	\$0	\$0	Optional Additional \$54 premium for \$1,500 allowance for comprehensive dental services.	Preventive - \$0 for exam, cleaning, fluoride or xrays; No comprehensive services included with this plan, must purchase optional package.	\$0 copay for one routine vision exam/yr. + \$200 allowance for one pair of frames or contacts every two years.	\$0 copay for one routine hearing exam/yr. + \$99-\$829 copay for each OTC hearing aid; \$199-\$1249 copay for each prescription hear aid; up to two/yr.	Annual physical exam. Fitness - \$0 copay for online classes and gym membership. OTC - \$25/qtr for vitamins, supplements, home safety and first aid items. World wide emergency services. Telehealth.	Foot care - \$35 copay 6 visits a year. Meal benefit - 28 meals after hospital/SNF stay. Rewards program - \$155/yr for wellness visit, social connection, physical activity.
3	AARP Medicare Advantage Extras from UHC OR-06 (HMO-POS) H3805-041-0	\$0	\$0		Preventive - \$0 copay for exam, cleaning, fluoride, xrays; Comprehensive - 30% coinsurance, up to \$2,000 allowance	\$0 copay for one routine vision exam a year; + \$300 allowance for one pair of frames or contacts every two years.	\$0 copay for one routine hearing exam/yr. + \$99-\$829 co-pay for each OTC hearing aid; \$199-\$1249 copay for each prescription hearing aid.	Annual physical exam. Fitness - \$0 copay for fitness program with online classes and gym membership. OTC - \$50/qtr OTC for vitamins, supplements, home safety and first aid items. World wide emergency services. Telehealth.	Foot care - \$40/year copay 6 visits a year. Meal benefit - 28 meals after hospital or SNF stay. Rewards program - \$155 a year rewards for wellness visit, social connection, physical activity.
4	AARP Medicare Advantage from UHC OR-0001 (PPO) H2406-042-0	\$74	\$63.50		\$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns + \$1,000/yr combined allowance for both preventive and comprehensive services, 50% coinsurance for bridges and dentures.	\$0 copay for one routine vision exam/yr. + \$300 allowance for one pair of frames or contacts every two years; free standard prescription lenses.	\$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.	Annual physical exam. Fitness - \$0 copay for fitness program with online classes and gym membership. A, C - \$10 copay for 12 visits/year each. World wide emergency services. Telehealth.	Foot care - \$40 copay, six visits a year. Meal benefit - 28 meals after hospital or SNF stay. Rewards program \$15/yr for wellness visit, social connection, physical activity.
5	AARP Medicare Advantage from UHC OR-0002 (PPO) H2406-070-0	\$0	\$0	Optional Additional \$44 Premium to replace the included preventive dental benefit with a \$1,500 max benefit for both preventive and comprehensive care.	\$0 copay for preventive services - cleaning, exam, fluoride, xrays. No comprehensive services included with this plan, must purchase optional package.	\$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.	Annual physical exam. Fitness - \$0 copay for fitness program with online classes and gym membership. World wide emergency services.	Foot care - \$40 copay six visits a year. Meal benefit - 28 meals after hospital or SNF stay. Rewards program - \$155/yr rewards for wellness visit, social connection, physical activity.
6	Aetna Medicare Elite Plan (HMO-POS) H2056-003-0	\$0	\$0		\$0 copay for preventive cleaning, exam, flouride, xrays; + \$750 allowance for comprehensive services - applied to a percentage of each specific service, i.e. 20% for endodontic services up to the \$750 allowance.	\$0 copay for one routine vision exam/yr. + \$100 reimbursement allowance for covered prescription eyewear.	\$0 copay for one routine hearing exam/yr. + \$1000 (per ear) max benefit/yr for hearing aid for each ear.	Annual physical exam. Fitness - \$0 copay for Silver Sneakers fitness program. World wide emergency services. Telehealth.	Wig for hair loss after chemo.
7	Aetna Medicare Signature (PPO) H5521-492-0	\$0	\$0		\$0 copay for covered preventive - cleaning, exam, x-rays; + \$1250/year allowance for comprehensive services - applied to a percentage of each specific service, i.e. 20% of endodontic services up to the \$1250 allowance.	\$0 copay for one routine vision exam/yr. + \$125 reimbursement allowance for covered prescription eyewear.	\$0 copay for one routine hearing exam/yr. + \$1000 (per ear) allowance/yr for hearing aid for each ear.	Annual physical exam. Fitness - \$0 copay for Silver Sneakers fitness program. OTC - \$25/qtr allowance for CVS purchase of first aid supplies, OTC medications and other approved products. World wide emergency services. Telehealth.	Wig for hair loss after chemo.
8	ATRIO Choice Rx (PPO) H7006-018-0	\$0	\$0		\$1,200/yr combined allowance for preventive and comprehensive services from any provider; paid by \$300 loaded to flex card every 3 mos.	One annual \$0 copay eye exam, + \$150/yr allowance for standard eyeglasses and \$100/yr for contacts Summary of Benefits refers to \$100 credit for contact lenses, while EOC does not.	\$0 copay for one routine hearing exam/yr. \$0 copay for hearing aid fittings and evaluations + \$1500/yr allowance for hearing aids for both ears combined.	Annual physical exam. Fitness - \$175 allowance every 6 mos loaded to flex card for gym membership and fitness classes, total \$350 annually. A, C, N - \$100 allowance every 6 mos loaded to flex card for combined services, total \$200/year credit. OTC - \$50/qtr. World wide emergency response system and monitoring. Telehealth.	Transportation - \$0 copay for 12 one-way trips/year to health-related locations. Meal benefit - 28 meal deliveries after hospital or SNF stay. Pest Control Credit - Qualifying chronic conditions trigger network pest control service allowance \$175 annually.
9	Healthspring Preferred Medicare (HMO) 4407-035-0 (formerly Cigna)	\$0	\$0		\$1,800 yearly allowance for combined preventive and comprehensive services. Managed by Cigna Dental and providers bill Cigna directly.	\$0 copay for one routine vision exam/yr. + \$250 allowance for glasses or contacts annually.	\$0 copay for one routine hearing exam and hearing aid fitting/evaluation/yr. + \$399 copay for OTC aid kit per year, up to \$399- \$1800 co-pay per prescription device, limited to two/yr.	Annual Physical exam. Fitness - \$0 copay for gym and online classes. A - \$300 allowance/year. Over the Counter - flexcard \$25/qtr. Worldwide emergency services - \$50,000 combined limit emergency and urgent care. Extra Benefit Guide - see link on plan website. Telehealth.	Transportation benefit - 20 one way health-related trips a year up to 70 miles. Caregiver support services.

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

2026 Included and Optional Dental, Vision, Hearing, and Alternative Care Benefits For Medicare Advantage Plans in Multnomah and Clackamas County (Updated 12/30/25)

	Plan Name, Type, Plan ID	Monthly Premium	LIS Monthly Premium	Optional Packages (Additional \$/mo.)	Dental	Vision	Hearing	Alternative Care, OTC, Transportation, etc.	Extra Benefits
10	Healthspring True Choice Medicare (PPO) H7849-152-0 (formerly Cigna)	\$0	\$0		\$550 yearly allowance for combined preventive and comprehensive services. Managed by Cigna Dental and providers bill Cigna directly.	\$0 copay for one routine vision exam/yr. + \$175 allowance for glasses or contacts annually.	\$0 copay for one routine hearing exam and hearing aid fitting/evaluation/yr. + \$399 co-payment for OTC aid kit, limited to two kits per year, \$399 - \$1800 copay per prescription device, limited to two/yr.	Annual physical exam. Fitness - \$0 copay for Silver & Fit fitness program with gym, online resources, and once a year home kit order. OTC - OTC flexcard, \$50/qtr. Worldwide emergency services - \$50,000 combined limit emergency and urgent care. Extra Benefit Guide - see link on plan website. Telehealth.	Meal benefit - up to 14 meals after hospital or SNF stay.
11	Devoted CORE Oregon (HMO) H2923-001-0	\$0	\$0		All dental services, preventive and comprehensive, are subject to the single "Dental and Alternative Therapy Allowance" of \$2000/yr, paid via reimbursement. The Allowance is payable only for 50% of costs of dentures crowns, root canals and dental bridges, as well as therapeutic massage, routine acupuncture and/or naturopath services combined. All other dental not subject to the 50% cost limitation. Many dental and other exclusions apply.	\$0 copay for one routine vision exam/yr. + \$400/year allowance for eyewear.	\$0 copay for one routine hearing exam and hearing aid fitting/evaluation/yr.+ \$399 copay/aid and \$699 for TruHearing Advanced and Premium aids, two aids/yr.	Annual physical exam. Fitness - \$0 copay for Silver Sneakers membership, plus \$150/yr reimbursement for certain fitness-related expenses/equipment. C - \$15 copay for 12 visits/yr. A, N, Massage - subject to \$2000 combined allowance with dental and 50% co-insurance as described in Dental column of this chart. OTC - \$40/qtr; must use CVS or catalog. Emergency worldwide services - \$130 co-pay. Telehealth.	\$75/mo Food & Home benefit for qualifying chronic conditions.
12	Devoted Giveback Oregon (HMO) H2923-004-0	\$0	\$0		All dental services are subject to a single \$250/yr "Dental and Alternative Therapy Allowance" paid via reimbursement. Allowance may be used for preventive and/or comprehensive dental, therapeutic massage, routine acupuncture and/or naturopath services combined. Many dental and other exclusions apply. All services must be from in-network providers.	\$0 copay for one routine vision exam/yr. + \$200/yr allowance for eyewear.	\$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.	\$154.20/mo Part B Premium reduction. Annual physical. Fitness - \$0 copay for Silver Sneakers membership, plus \$150/yr reimbursement for certain fitness-related expenses. A, N, M - subject to \$250 allowance and 50% co-insurance as described in Dental column of this chart. Telehealth. Worldwide emergency care benefit - up to \$25,000. Telehealth.	
13	Devoted PREMIUM Oregon (HMO) H2923-005-0	\$43.20	\$32.70		All dental services are subject to the single "Dental and Alternative Therapy Allowance" of \$3000/yr, paid via reimbursement. Allowance is payable only for 50% of costs of dentures crowns, root canals and dental bridges, as well as therapeutic massage, routine acupuncture and/or naturopath services combined. All other dental not subject to the 50% cost limitation. Many dental and other exclusions apply. All services must be from in-network providers.	\$0 copay for one routine vision exam/yr. + \$200/yr allowance for eyewear.	\$0 copay for one routine hearing exam and hearing aid fitting/evaluation/yr. + \$199 copay/aid and \$499 for TruHearing Advanced and Premium aids, two aids/yr.	Annual physical. Fitness - \$0 copay for Silver Sneakers membership, plus \$150/yr reimbursement for certain fitness-related expenses, including weight-loss counseling. C - \$15 copay, 12 visits/year. A, N, M - part of \$3,000 combined allowance WITH DENTAL, and a 50% co-insurance. OTC - \$40/qtr. Must use CVS or catalog. Worldwide emergency service - \$130 copay, up to \$25,000 for out-of-US services. Telehealth.	\$80/mo Food & Home benefit for qualifying chronic conditions.
14	Devoted CHOICE Premium Oregon (PPO) H7199-002-0	\$29.00	\$29.00		All dental services are subject to the "Dental and Alternative Therapy Allowance" of \$2,000, paid via reimbursement. The Allowance is payable only for 50% of costs of dentures crowns, root canals and dental bridges, as well as therapeutic massage, routine acupuncture and/or naturopath services combined. All other dental not subject to the 50% cost limitation. Many dental and other services are excluded.	\$0 copay for one routine vision exam/yr. + \$200/yr reimbursement allowance for eyewear.	\$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.	Annual physical. Fitness - \$0 copay for Silver Sneakers membership, plus \$150/yr reimbursement for certain fitness-related expenses. C - \$15 copay for 12 visits/yr. A, N, M - subject to \$2000 dental and alternative care allowance and 50% co-insurance as described in Dental column of this chart. OTC - \$30/qtr; must use CVS or catalog. Worldwide emergency --\$130 copay up to \$25,000 allowance. Telehealth.	Some home safety devices for qualifying conditions; \$40/month Food and Home benefit for qualifying chronic conditions.
15	Humana Gold Plus (HMO) H1036-153-0	\$0	\$0		\$0 copay for certain preventive and comprehensive services. \$2500 combined max benefit/yr.	\$0 for 1 routine exam. + \$50 or \$100 benefit for frames and lenses, depending on which in-network provider is used.	\$0 co-pay for one routine hearing exam. + \$599 copay/aid and \$899 for TruHearing Advanced and Premium aids, two aids/yr.	Part B Premium Reduction - \$1/mo. Fitness - \$0 copay for Silver Sneakers. OTC - \$75/qtrr with rollover; Humana mail-order or limited vendors. World-wide emergency reimbursed at Medicare rates. Telehealth.	
16	Humana Gold Plus Giveback (HMO) H1036-323-0	\$0.00	\$0.00	Optional Additional \$53.20 Premium Dental Premium \$53.20/mo—May use in or out of network providers; <u>replaces</u> included Dental; \$1500 limit with 0%-50% co-pay for preventive and comprehensive.	Dental allowance of \$1000 max benefit/yr for both preventive and comprehensive; \$0 co-pay.	\$0 for 1 routine exam. + \$150-\$250 benefit for frames and lenses, depending on which in-network provider is used.	\$0 co-pay for one routine hearing exam. + \$599 copay/aid and \$899 for TruHearing Advanced and Premium aids, two aids/yr.	Part B reimbursement - \$61/month. Fitness - \$0 copay for Silver Sneakers. World-wide emergency - reimbursed at Medicare rates. Telehealth.	

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

	Plan Name, Type, Plan ID	Monthly Premium	LIS Monthly Premium	Optional Packages (Additional \$/mo.)	Included Dental	Vision	Hearing	Alternative Care, OTC, Transportation, etc.	Extra Benefits
17	Humana Choice (PPO) H5216-428-2	\$0	\$0		\$0 copay for exam, x-rays, cleaning, + \$1,500 max benefit/yr for comprehensive and preventive combined.	\$0 copay for one routine vision exam/yr if in-network. + \$75 or \$150 benefit for frames and lenses, depending on which in-network provider is used.	\$0 copay for one routine hearing exam/yr, including fittings and evaluation, + \$699 copay for Advanced and \$999 copay for Premuim hearing aid for each ear/yr.	Part B Premium Reduction - \$1/month. Annual physical. Fitness - \$0 copay for Silver Sneakers fitness program. OTC - \$50/qtr with rollover; Humana mail-order or limited vendors. World-wide emergency reimbursed at Medicare rates. Telehealth.	
18	Humana Choice (PPO) H5216-048	\$87	\$74.10		\$0 copay for exam, x-rays, cleaning, + \$1000 max benefit/yr for comprehensive and preventive combined.	\$0 copay for one routine vision exam/yr if in-network. + \$50 or \$100 benefit for frames and lenses, depending on which in-network provider is used.	\$0 copay for one routine hearing exam/yr, including fittings and evaluation, + \$699 copay for Advanced and \$999 copay for Premuim hearing aid for each ear/yr.	Annual physical exam. Fitness - \$0 copay for Silver Sneakers fitness program. OTC - \$50/qtr Humana mail-order or limited vendors. World-wide emergency reimbursed at Medicare rates. Telehealth.	Meal benefit after qualifying hospital or SNF stay - 7 days, 2 meals/day.
19	Kaiser Permanente Senior Advantage Enhanced (HMO-POS) H9003-001-0	\$119	\$119	Optional Additional Premium: \$49/mo for Advantage Plus optional dental, vision and hearing benefits: Dental: \$0 copay for preventive dental care (exam, cleanings, fluoride, x-rays); then 50% co-ins for comprehensive dental care after \$50 deductible up to \$1,250 per year allowance. Vision: \$175 allowance every two yrs for eyewear. Hearing: \$1,000 hearing aid allowance, \$500 per ear, every three calendar years.	Not Included, must purchase Optional Package.	\$0 copay for routine eye exams.	Routine hearing exams \$0 copay, optional \$49 additional premium needed to get allowance for devices.	Annual physical exam. Fitness - One Pass fitness program. A, C, N - \$10 copay/visit for up to 18 visits/yr combined. Worldwide emergency services. Telehealth.	Home-based palliative care "Kaiser Permanente At Home" 7-12 months life expectancy, includes service alternatives to acute care in hospital. POS Out of Service Area Care- \$1,200 allowance for routine care from out of network providers while traveling in the US called "Medicare Explorer" ; Discounts on Personal Emergency Response System, in-home care providers, and Home Meal service.
20	Kaiser Permanente Senior Advantage Standard (HMO-POS) H9003-006-0	\$37	\$37		Not Included, must purchase Optional Package.	\$0 copay for routine eye exams.	Routine hearing exam at specialty office \$0 co-pay, optional \$49 additional premium needed to get allowance for devices.	Annual physical exam. Fitness- One Pass fitness program. A, C, N - \$15 copay/visit for up to 18 visits/yr combined. Worldwide emergency care services. Telehealth.	
21	Kaiser Permanente Senior Advantage Value (HMO-POS) H9003-009-0	\$0	\$0		Not Included, must purchase Optional Package.	\$0 copay for routine eye exams.	Routine hearing exams at specialty office visit \$30 copay, optional \$49 additional premium needed to get allowance for devices.	Part B premium reduction of \$10/month. Annual Physical Exam. Fitness - One Pass fitness program. A, C, N - \$20 copay/visit for up to 18 visits/yr combined. Worldwide emergency services - \$130 copay Telehealth.	
22	PacificSource Medicare MyCare Rx 40 (HMO) H3864-040-0.	\$0	\$0		\$0 copay for covered preventive services. + \$750/yr allowance for both preventive and comprehensive services. 50% coinsurance for comprehensive 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.	Annual physical exam \$0 copay. Fitness - benefit \$0 copay. OTC - \$25/qtrr allowance using NationsOTC. A, C, N - \$25 copay per 12 visits per year combined. Transportation. In-home support.	
23	Providence Medicare Extra + Rx (HMO) H9047-064-0	\$161	\$161	Optional Additional \$39 or \$56 Premium Basic Dental \$39/mo with \$1000 maximum benefit & \$50 deductible in network. Non-preventive coinsurance 30-50%. Enhanced Dental: \$56/mo with \$1500/yr max benefit and \$50 deductible in network. Non-preventive coinsurance 30-50%.Implants, oral surgery not covered w/o optional package.	\$0 copay for up to two exams, cleanings, and X-rays/year. No comprehensive services included with this plan, must purchase optional package.	\$0 copay for one routine eye exam.+ Up to \$150/yr for contacts, glasses, lenses, and/or frames.	\$0 copay for one routine hearing exam a year w/approved provider. + \$499-999 copay per ear for up to two aids/yr.	Annual physical. Fitness- \$0 copay for membership at participating fitness clubs. OTC: \$240 allowance every 6 months. Worldwide emergency services. Telehealth.	Meal benefit - 14 days, 2 meals a day after hospital or SNF stay. Personal emergency response system. Wig after chemo hair loss
24	Providence Medicare Prime + Rx (HMO) H9047-037-0	\$0	\$0		\$0 copay for up to two exams, cleanings, and X rays/year. No comprehensive services included with this plan, must purchase optional package.	\$0 copay for one routine eye exam. + Up to \$100/yr for contacts, glasses, lenses, and/or frames.	\$0 copay for one routine hearing exam a year w/approved provider. + \$499-999 copay per ear for up to two aids/yr.	Annual physical. Worldwide emergency services. Telehealth.	Personal emergency response system. Wig after chemo hair loss
25	Regence MedAdvantage + Rx Classic (PPO) H3817-008-1	\$104	\$93.50		\$0 copay in-network for preventive: cleanings, x-ray(s), oral exams, fluoride.+ \$1,250 combined allowance for both preventive and comprehensive services; 50% coinsurance in and out of network for all other services (fillings, crowns, endodontics, periodontics, dentures) Limited service frequency.	\$0 copay for 1 routine eye exam + \$100 allowance for frames or contacts per year or one set of eyeglass lenses per year.	\$0 copay for one routine TruHearing hearing exam/year, \$150 copay for other providers, 50% coinsurance for other providers. + \$499-999 copay for only TruHearing hearing aids, no coverage for others.	Annual physical exam. Fitness - Silver & Fit gym and online classes. OTC - \$15 a quarter that can be used for first aid, OTC medications, and home and bathroom safety modifications. Worldwide emergency and urgent care services. Telehealth.	Optional Visitor/Traveler Program for those away from the service area for less than 12 months at a time. Home-based palliative care. Healthy rewards program - complete health activities and redeem merchandise rewards.

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	Plan Name, Type, Plan ID	Monthly Premium	LIS Monthly Premium	Optional Packages (Additional \$/mo.)	Included Dental	Vision	Hearing	Alternative Care, OTC, Transportation, etc.	Extra Benefits
26	Regence MedAdvantage + Rx Enhanced (PPO) H3817-009-1	\$224	\$213.50		\$0 copay for preventive: cleanings, x-ray(s), oral exams, fluoride; +\$1,500/year combined allowance for both preventive and comprehensive services, 50% coinsurance on comprehensive services (fillings, crowns, endodontics, periodontics, dentures). Limited service frequency.	\$0 copay for one routine eye exam + 100 allowance for frames or contacts per year. One set of eyeglass lenses per year.	\$0 copay for one routine TruHearing hearing exam/year,including fitting and evaluation, \$150 copay for other providers. 50% coinsurance for other providers.+ \$499-999 copay for only TruHearing hearing aids, no coverage for others.	Annual physical exam \$0 copay. Fitness - Silver & Fit Premium Fitness - gym, online classes. Worldwide Emergency and urgent care services. Telehealth.	Healthy rewards program - complete health activities and redeem merchandise rewards. Home based palliative care. Optional Visitor/Traveler Program for those away from the service area for less than 12 months at a time.
27	Regence MedAdvantage + Rx Primary (PPO) H3817-011-1	\$59	\$59		\$0 copay for in-network preventive: cleanings, x-ray(s), oral exam, fluoride. + \$1,000/year combined allowance for both preventive and comprehensive services, 50% coinsurance on all in or out of network comprehensive services (fillings, crowns, endodontics, periodontics, dentures). Limited service frequency.	\$0 copay for one routine eye exam + \$100 allowance for frames or contacts per year. One set of eyeglass lenses per year.	\$0 copay for one routine TruHearing hearing exam/year, \$150 copay for other providers. 50% coinsurance for other providers. + \$499-999 copay for only TruHearing hearing aids, no coverage for others.	Annual physical exam - \$0 copay. Fitness - Silver & Fit - gym and online classes. Worldwide emergency services. Telehealth.	Palliative care and support in the home, Optional Visitor/Traveler Program for those away from the service area for less than 12 months at a time. Healthy Rewards Program - complete health related tasks and earn rewards at participating vendors.
28	Wellcare Low Premium (HMO-POS) H6815-038-0	\$35	\$35		\$0 copay for preventive, incl. cleanings, x-ray(s), oral exams, fluoride. Other preventive, diagnostic, adjunctive services - one every three years. No comprehensive dental coverage.	\$0 copay for one routine eye exam + up to \$100 for contacts, glasses, lenses, and/or frames per year.	\$0 copay for annual exam and hearing aid fitting, + up to \$500 per ear for two hearing aids in a year.	Annual physical exam - \$0 copay. Fitness - Gym membership, online classes and home fitness kit, \$0 copay. Worldwide Emergency services. Telehealth.	
29	Wellcare Simple (HMO-POS) H6815-039-0	\$0	\$0		\$0 copay for preventive, incl. cleanings, x-ray(s), oral exams. Other preventive, diagnostic, adjunctive services - one every three years. No comprehensive dental coverage.	\$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, + up to \$500 per ear for up to two hearing aids in a year.	Annual physical exam - \$0 copay. Fitness - Gym membership, online classes and home fitness kit, \$0 copay. C - \$15 copay, 24 visits/year. A - \$0 copay, up to 24 visits per year. Worldwide emergency services. Telehealth.	
30	Wellcare Giveback Open (PPO) H5439-015-0	\$0	\$0		\$0 copay for preventive, incl. cleanings, x-ray(s), fluoride, oral exams. Other preventive, diagnostic, adjunctive services - one every three years. No comprehensive dental coverage.	\$0 copay for one routine in-network eye exam + \$100 allowance for eyeglasses or contacts per year.	\$0 copay for annual in-network exam + up to \$500 per ear for up to two hearing aids in a year.	\$10/month Part B premium reduction. Annual physical exam \$0 copay. Fitness: Gym membership, online classes and home fitness kit, \$0 copay. Worldwide emergency services. Telehealth.	Wellcare Rewards program - up to \$100/year for completing health related tasks.
31	Wellcare Low Premium Open (PPO) H5439-019-0	\$59	\$59		\$0 copay for preventive, incl. cleanings, oral exams, fluoride, X-rays, other preventive, diagnostic, adjunctive services - one every three years. No comprehensive dental coverage.	\$0 copay for one routine in-network eye exam, + \$100 allowance for eyeglasses or contacts per year.	\$0 copay for annual exam and hearing aid fitting, + up to \$500 per ear for up to two hearing aids in a year.	Annual physical exam \$0 copay. Fitness: Gym membership and online classes and home fitness kit \$0 copay. Worldwide emergency services. Telehealth.	
32	Wellcare Simple Open (PPO) H5439-022-2	\$0	\$0		\$0 copay for preventive, incl. cleanings, oral exams, fluoride X-rays, other preventive, diagnostic, adjunctive services - one every three years. No comprehensive dental coverage.	\$0 copay for one routine in-network eye exam+ \$100 allowance for eyeglasses or contacts per year.	\$0 copay for annual in-network exam + up to \$500 per ear for up to two hearing aids in a year.	Annual physical exam \$0 copay. Fitness - Gym membership, online classes, and home fitness kit \$0 copay. C - \$15/copay, 24 visits/year. A -\$0 copay, 24 visits/year. Worldwide emergency services. Telehealth.	
33	Wellcare Premium Ultra Open (PPO) H5439-011-0	\$160	\$149.50		\$0 copay for preventive, incl. cleanings, oral exams fluoride X-rays and other preventive, diagnostic, adjunctive services - one every three years. + \$3,000/year allowance for comprehensive dental services.	\$0 copay for one routine in-network eye exam + \$200 allowance for eyeglasses or contacts per year.	\$0 copay for annual in-network exam + Up to \$750 per ear for a hearing aid, two in a year.	Annual physical exam \$0 copay. Fitness: Gym membership, 1 home fitness kit a year, and online classes. C - \$15 copay 24 visits/year. A - \$0 copay 24 visits/year. Worldwide emergency services up to \$50,000. Telehealth.	Wellcare Rewards program - up to \$100/year for completing health-related tasks.

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Chronic Special Needs Plans (C SNPs)*									
	Plan Name, Type, Plan ID	Premium	Premium w/ Full Extra Help	Optional Packages (Additional \$/mo.)	Included Dental	Vision	Hearing	Alternative Care, OTC, Transportation, etc.	Extra Benefits
1	AgeRight Advantage Premier Health Plan (HMO C-SNP) H1372-003-0	\$65	\$54.50		\$0 copay for routine and comprehensive dental services - exams, x-rays, cleaning, fillings, crowns, etc. up to \$1,000 annual allowance. Covered at in-network dentists only. Uses Liberty Dental network. Frequency limitations apply to services.	\$0 copay for one routine in-network eye exam + \$330 allowance for eyeglasses or contacts per year.	\$0 copay for one annual in-network hearing exam. \$1,600 hearing aid allowance every 2 years for both ears combined through NationsHearing.	A - \$25 copay for up to 12 visits/year. OTC, Fitness - \$65 monthly Health Living Flex Card for fitness and OTC items. Funds can be used for groceries for individuals with certain qualifying conditions. Transportation - \$0 copay for up to 30 one-way trips/year, limited to 20 miles/ride. Telehealth.	Routine foot care - \$0 copay, limit 6 visits/yr.
2	Devoted C-SNP Plus 009 OR (HMO C-SNP) H2923-009-0	\$10.50	\$0		\$0 copay for routine and comprehensive dental services - exams, x-rays, cleaning, fillings, crowns, and dentures, etc. up to \$3,000 annual allowance. Covered at in-network dentists only. Frequency limitations apply to services.	\$0 copay for one routine in-network eye exam + \$300 allowance for frames or contacts per year.	\$0 copay for one annual in-network hearing exam and fitting. \$399 - \$699 hearing aid allowance for up to two hearing aids per year, one per ear, through TruHearing.	Fitness - \$0 copay for SilverSneakers membership. OTC - \$50/qtr or \$314/mo on a Food & Home Card for people with certain qualifying conditions. A, N, M - up to \$150 reimbursement through Health Wellness Bucks. Worldwide Emergency. Telehealth.	Devoted Health Wellness Bucks for completing certain health-related education and fitness tasks, up to \$150/ year. Routine foot care - \$0 copay for 4 visits/year.
3	Humana Gold Plus-Diabetes and Heart (HMO C-SNP) H1036-306-0	\$0	\$0		\$0 copay for in-network preventive and comprehensive dental services - exams, x-rays, cleaning, fillings, crowns, and dentures, etc., up to \$3,000 annual allowance. Frequency limitations apply to services.	\$0 copay for one routine in-network eye exam + \$400 one-time allowance for frames or contacts. \$500 allowance from PLUS provider.	\$0 copay for one annual in-network hearing exam. \$699 - \$999 copay per hearing aid for up to two aids each year, one per ear through TruHearing.	Annual Physical Exam. Fitness - \$0 copay for SilverSneakers. A - \$0 copay for in-network routine services, up to 25 visits per calendar year. OTC - \$45 monthly Humana Healthy Options allowance for certain qualifying chronic conditions. Worldwide Emergency and Urgent Care. Telehealth.	Routine foot care - \$15 copay at in-network podiatrist. Meal benefit - 2 meals/day for 7 days after hospital or SNF stay through Humana Well Dine.
4	Humana Gold Plus-Diabetes and Heart (HMO C-SNP) H1036-317-0	\$0	\$0		\$0 copay for in-network preventive and comprehensive dental services - exams, x-rays, cleaning, fillings, crowns, and dentures, etc., up to \$500 annual allowance. Frequency limitations apply to services.	\$0 copay for one routine in-network eye exam + \$400 one-time allowance for frames or contacts. \$500 allowance from PLUS provider.	\$0 copay for one annual in-network hearing exam. \$199 - \$499 copay per hearing aid up to two aids each year, one per ear through TruHearing.	Annual Physical Exam. Fitness - \$0 copay for SilverSneakers. A - \$0 copay for in-network routine services, up to 25 visits per calendar year. OTC - \$240 monthly Humana Healthy Options allowance for certain qualifying chronic conditions. Transportation - \$0 copay for 26 one-way, non-emergency trips per year. Worldwide Emergency and Urgent Care. Telehealth.	Routine foot care - \$40 copay, 6 visits/year. Meal benefit - 2 meals/day for 7 days after hospital or SNF stay through Humana Well Dine.
5	UHC Complete Care OR-5 (HMO-POS C-SNP) H3805-040-0	\$0	\$0	Optional Additional \$44 Premium to replace the included preventive dental benefit with a \$1,500 max benefit for both preventive and comprehensive care.	Preventive - \$0 for exam, cleaning, fluoride or xrays, etc; No comprehensive services included with this plan, must purchase optional package. Frequency limitations apply to services.	\$0 copay for one routine in-network eye exam + one pair of frames or contact lenses with retail value up to \$150. \$0 copay for standard lenses; different copay structure for different types of lenses.	\$0 copay for one annual in-network hearing exam. \$199 - \$1249 copay for different hearing aid tiers. Covers two aids each year. Must be purchased through UnitedHealthcare Hearing.	Fitness - \$0 copay for Renew Active program. OTC - \$40 monthly allowance on UCard. Healthy food can be purchased with UCard for those with certain qualifying conditions. Worldwide Emergency and Urgent Care. Telehealth.	Routine foot care - \$40 copay, 6 visits/year in-network. Meal benefit - 2 meals/day for 14 days after hospital or SNF stay.
6	UHC Complete Care Support OR-1A (PPO C-SNP) H2001-045-0	\$10.50	\$0		Preventive and comprehensive services - \$0 for exam, cleaning, fluoride or xrays, fillings, crowns, and dentures, etc, up to \$3,000 annual allowance. Frequency limitations apply to services.	\$0 copay for one routine in-network eye exam; 30% co-insurance for out of network eye exam. + \$300 allowance for one pair of frames or contact lenses. \$0 copay for standard lenses.	\$0 copay for one annual in-network hearing exam; 30% coinsurance out of network. \$2,500 hearing aid allowance for two aids every two years. Must be purchased through UnitedHealthcare Hearing.	Fitness - \$0 copay for Renew Active program. OTC - \$194 monthly allowance on UCard. Healthy food can be purchased with UCard for those with certain qualifying conditions. Worldwide Emergency and Urgent Care. Telehealth.	Routine foot care - \$0 copay, 4 visits/year in-network; 30% coinsurance out of network.. Meal benefit - 2 meals/day for 14 days after hospital or SNF stay.

*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.

Plans without Part D (no prescription drug coverage)									
	Plan Name, Type, Plan ID	Monthly Premium	LIS Monthly Premium	Optional Packages (Additional \$/mo.)	Dental	Vision	Hearing	Alternative Care, OTC, Transportation, etc.	Extra Benefits
1	AARP Medicare Advantage Patriot NoRx OR-MA01 (PPO) H2406-073-0	\$0	N/A		\$0 copay for preventive cleaning, exam, x-rays and fluoride, + \$4,000/yr combined allowance for both preventive and comprehensive services, 50% coinsurance for comprehensive services .	\$0 copay for one routine vision exam/yr. + \$300 allowance every two years for one pair of frames or contacts. Free standard prescription lenses, others available for \$40-153 copay	\$0 copay for one routine hearing exam/yr.; + \$199-\$829 copay for each OTC hearing aid; \$199-\$1249 copay for each prescription hearing aid; up to two/yr.	\$140/month Part B reduction. Annual physical exam - \$0 copay for fitness program at Renew Active which includes online fitness classes. OTC - \$50/qtr OTC card that you can use for first aid supplies, home safety devices like grab bars, etc. World wide emergency services. Telehealth.	Routine foot care - \$45 copay, 6 visits/year. Meal benefit - 28 deliveries for 14 days after hospital or SNF stay. Up to \$150 a year rewards for annual wellness visit, being physically active, social connection.

2026 Included and Optional Dental, Vision, Hearing, and Alternative Care Benefits For Medicare Advantage Plans in Multnomah and Clackamas County (Updated 12/30/25)

2	Aetna Medicare Eagle (PPO) H5521-493-0	\$0	N/A		\$0 copay for exams, x-rays, cleaning, + \$1,500/yr allowance for comprehensive services, 20-50% co-insurance for various covered comprehensive services .	\$0 copay for one routine vision exam/yr. + \$225 annual reimbursement allowance for covered prescription eyewear.	\$0 copay for one routine hearing exam/yr.; + \$1250 allowance annually per ear for hearing aids (max of two per year).	\$50/month Part B premium reduction. Annual physical exam - \$0 copay for Silver Sneakers fitness program. OTC - \$75/qtr OTC card to purchase first aid etc. supplies through CVS. Health education. World wide emergency services. Telehealth.	\$400 wig allowance for hair loss after chemo.
3	Atrio Freedom (PPO) H7006-021-0	\$0	N/A		\$400 loaded to flex card every 3 mos for preventive and comprehensive services from any provider. \$1,600 total allowance yearly.	\$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. Note: EOC page 89 indicates one box of contact lenses per year, no allowance noted.	\$0 copay for one routine hearing exam/yr. \$0 copay for hearing aid fittings and evaluations. + \$1500/yr allowance for hearing aids (both ears combined).	Annual physical exam. Fitness - \$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. OTC - \$150/qtr on flex card. Transportation - \$0 copay for 24 one-way trips/yr to plan approved health-related locations. World wide emergency services. Telehealth.	Meal benefit - 28 meals delivered after hospital or SNF stay. Personal emergency response system and monitoring.
4	Humana USAA Honor Giveback (PPO) H5216-455-0	\$0	N/A		\$0 copay for exam & cleaning up to two a year; \$0 copay for x-rays once a year, + \$2,500/year combined preventive and comprehensive services allowance.	\$0 copay for one routine vision exam/yr. + \$150/yr allowance for contacts or glasses, lenses and frames from a Plus provider, \$75/yr allowance if purchased from another provider.	\$0 copay for one routine hearing exam/yr. + \$699 copay for Advanced and \$999 copay for Premuim hearing aid for each ear/yr.	\$30/month Part B Premium reduction. Annual physical exam. Fitness - \$0 copay Silver Sneakers. OTC - \$50/qtr OTC card. World wide emergency services. Go365 rewards program for social or wellness or physical activities. Telehealth.	Meal benefit - 14 meals over seven days after hospital or SNF stay.
5	Humana USAA Honor Giveback (PPO) H5216-427-2	\$0	N/A		\$0 copay for exam, cleaning 2x/year, x-rays once a year, + \$1,500/yr combined allowance for both preventive and comprehensive services	\$0 copay for one routine vision exam/yr. + \$75 max benefit/yr for contacts or glasses, lenses and frame, or \$150 max benefit/year if you use Plus provider.	\$0 copay for one routine hearing exam/yr. + \$699 copay for Advanced and \$999 copay for Premuim hearing aid for each ear/yr.	\$125 Part B premium giveback. Annual physical exam. Fitness: \$0 copay for Silver Sneakers fitness program. OTC - \$50/qtr. World wide emergency services. Telehealth. Note: Acupuncture covered per plan documents, but not on Medicare.gov.	Meal benefit - 14 meals over seven days after hospital or SNF stay.
6	PacificSource Medicare MyCare Choice 30 (HMO-POS) H3864-030-0	\$15	N/A		\$0 copay for covered preventive and comprehensive services, + \$1000/yr combined allowance for both preventive and comprehensive services.	\$0 copay for a routine eye exam. + \$200/yr allowance for contacts, glasses, lenses, and/or frames.	\$0 copay for one routine hearing exam per year + \$599-999 copay for hearing aids, two per year.	Annual physical exam. Fitness - \$0 copay for Onepass fitness membership for gyms, online classes. A, C, N - \$0 copay for up to 24 visits/year combined. OTC - \$50/qtr - see product catalog. Telehealth. Plan materials state "No Referrals Required" .	Chronic health condition coordination available.
7	Providence Medicare Focus Medical (HMO) H9047-033-0	\$120	N/A	Optional Additional \$39 or \$56 Premium: Basic Dental \$39/mo with \$1000 maximum annual benefit, 30-50% of covered services, no root canals or deep cleaning covered. Enhanced Dental \$56/mo with \$1500/yr max benefit. 30-50% coinsurance on covered benefits including root canals and deep cleaning, etc.	\$0 copay for preventive dental: 2/yr cleanings, x-ray(s), oral exams, and fluoride treatments. No comprehensive services included with this plan, must purchase optional package.	\$0 copay for one routine eye exam + \$250/yr eyeglass/contact allowance	\$0 copay for one routine hearing exam per year + \$499-999 copay for hearing aids (1 per ear per year).	Annual physical exam. Fitness - \$0 copay for membership at participating fitness clubs, online fitness classes. OTC - \$100/six months. World wide emergency services. Telehealth.	Personal emergency response system mobile device and monitoring. Meal benefit - 2 meals a day for 14 days after hospital/SNF stay; Wig for hair loss after chemo - \$0 copay.
8	Providence Medicare Reverence (HMO-POS) H9047-035-0	\$25	N/A		\$0 copay for preventive, incl. 2/yr cleanings, x-ray(s), oral exams, and fluoride treatments. No comprehensive services included with this plan, must purchase optional package.	\$0 copay for one routine eye exam + \$250/yr for contacts, glasses, lenses, and/or frames.	\$0 copy for one routine hearing exam per year + \$499-999 copay for hearing aids (one per ear per year).	Annual physical exam. Fitness - \$0 copay for membership at participating fitness clubs, online fitness classes. OTC - \$100/six months. World wide emergency services. Telehealth.	Wig for hair loss after chemo - no copay. Personal emergency response system mobile device and monitoring. Meal benefit - 2 meals a day for 14 days after hospital/SNF stay.
9	Regence Valiance (PPO) H3817-010-0	\$0	N/A		\$0 copay for preventive, incl. 2x year exams and cleaning, 1x year fluoride and x-rays; + \$1,500 allowance for both combined preventive and basic/major dental, 50% coinsurance for basic/major services.	\$0 copay for one routine eye exam, and \$100 yearly allowance for glasses, lenses or contacts.	\$0 copay for one routine hearing exam per year. \$499-999 copay for Hearing Aids. All at TruHearing Provider.	\$15 Part B Premium reduction. Annual physical exam. Fitness - \$0 copay for Silver & Fit fitness program with both gym membership and online services. OTC - allowance \$20/qtr for first aid, etc. and home/bathroom safety items. World wide emergency services. Telehealth.	Home-based palliative care services. Healthy Rewards program: complete eligible care services to get merchandise at participating businesses with BlueFlexDollars card.
10	Wellcare Patriot Giveback Open (PPO) H5439-010-0	\$0	N/A		\$0 copay for preventive services, incl. cleanings, x-ray(s), oral exams, fluoride treatments, + \$1,000 year allowance for combined preventive and comprehensive services; 40% coinsurance for comprehensive services.	\$0 copay for one routine eye exam + \$100/yr for contacts, glasses, lenses, and/or frames per year.	\$0 copay for annual exam and hearing aid fitting, + \$500/yr per ear allowance for hearing aids.	\$50 Part B premium reduction. Annual Physical exam. Fitness - \$0 copay for gym membership and online classes. A - \$0 copay, up to 24 visits/year. C - \$15 copay, up to 24 visits/yr. OTC - allowance \$15/month on Spendables card. Telehealth. Note: Acupuncture covered per plan documents, but not on Medicare.gov	Rewards program up to \$100 for completing wellness activities.

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