

	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 Essentials from UHC OR-07 (HMO-POS²) H3805-048-0	\$0	\$0	\$6,700	\$0	\$55	\$550 1-5	\$550 \$500	\$50-\$55	\$35/\$0	\$30 \$320	20%	\$685 not tiers 1,2	\$0	●	●						●				●
2	AARP Medicare Advantage Extras from UHC OR-6 (HMO-POS²) H3805-041-0	\$0	\$0	\$7,150	\$0	\$0-\$70	\$685 1-4	\$685 \$635	\$50-\$70	\$60/\$0	\$30 \$320	20%	\$685 not tiers 1,2	\$0	●	●	●					●		●		
3	AARP Medicare Advantage from UHC OR-0001 (PPO¹) H2406-042-0	\$94	\$87.70	\$6,700 \$10,750	\$0 \$25	\$0-\$50 \$80	\$550 1-5	\$550 \$400	\$50	\$10/\$0	\$15 \$320	20%	\$595 not tiers 1,2	\$0	●	●	●					●				
4	AARP Medicare Advantage from UHC OR-0002 (PPO¹) H2406-070-0	\$0	\$0	\$7,150 \$10,750	\$0 \$25	\$0-\$70 \$90	\$835 1-3	\$835 \$785	\$50-\$60	\$50/\$0	\$30 \$320	20%	\$685 not tiers 1,2	\$0	●	●	●									●
5	Aetna Medicare Elite (HMO) H2056-003-0	\$0	\$0	\$7,150	\$0	\$65	\$550 1-5	\$500 \$450	\$50-\$65	\$35	\$15 \$350	20%	\$700 not tiers 1,2	\$750 some	●	●	●					●				
6	ATRIO Choice Rx (PPO¹) H7006-018-0	\$0	\$0	\$5,900	\$0 \$50	\$45	\$585 1-4	\$0-\$400 \$250/\$50%	\$20	\$20/\$0	\$0 \$300	\$0-20%	\$400 not tiers 1,2,6	\$0	●	●	●	●	●	●		●		●		
7	Devoted CORE 001 OR (HMO) H2923-001-0	\$0	\$0	\$6,700	\$0	\$40	\$465 1-5	\$565 \$465	\$20-\$50	\$0-\$40/\$0-\$95	\$25-\$75 \$100-\$300	20%	\$461 not tiers 1,2	\$0	●	●	●	●		●	●	●		●		
8	Devoted Giveback 028 OR (HMO) H2923-028-0	\$0	\$0	\$8,900	\$0	\$50	\$490 1-5	\$590 \$490	\$35-\$50	\$0-\$95/\$0-\$50	\$25-\$75 \$100-\$300	20%	\$461 not tiers 1,2	\$200	●	●	●	●		●		●			●	
9	Devoted Giveback Extras 025 OR (HMO) H2923-025-0	\$0	\$0	\$7,700	\$0	\$45	\$490 1-5	\$580 \$480	\$35-\$50	\$0-\$95/\$0-\$45	\$25-\$75 \$100-\$300	20%	\$700 not tiers 1,2	\$150	●	●	●	●		●	●	●		●	●	
10	Devoted PREMIUM 005 OR (HMO) H2923-005-0	\$43	\$43	\$5,900	\$0	\$40	\$445 1-5	\$475 \$375	\$40-\$50	\$0-\$95/ \$0-\$40	\$25-\$75 \$100-\$300	20%	\$650 not tiers 1,2	\$200	●	●	●	●	●	●	●	●		●		
11	Devoted CHOICE Premium 002 OR (PPO¹) H7199-002-0	\$28.50	\$28.50	\$6,000 \$10,750	\$0 \$10	\$45	\$400 1-5	\$500 \$400	\$40-\$50	\$0-\$95/ \$0-\$40	\$0-\$75 \$100-\$300	20%	\$650 not tiers 1,2	\$250	●	●	●	●	●	●	●					
12	Humana Total Complete (HMO) H1036-153	\$0	\$0	\$5,150	\$0	\$30	\$420 1-4	\$395 \$350	\$35	\$0-\$100/\$0	\$0-\$145 \$205-\$330	20%	\$700 not tiers 1,2,3	\$0	●	●	●					●				
13	Humana Essentials Plus Giveback (HMO) H1036-323-0	\$0	\$0	\$9,050	\$0	\$50	\$515 1-4	\$450 \$350	\$35	\$0-\$100/\$0	\$0-\$145 \$205-\$345	20%	\$700 not tiers 1,2,3	\$700 some	●	●	●					●			●	●
14	Humana Value Choice (PPO¹) H5216-428-2	\$0	\$0	\$6,950 \$10,750	\$0 50%	\$50 50%	\$689 1-4	\$450 \$350	\$45	\$0-\$100/\$0	\$0-\$145 \$205-\$345	20%	\$700 not tiers 1,2	\$80 some	●	●	●					●				●
15	Humana Choice (PPO¹) H5216-048	\$97	\$82.60	\$7,000 \$10,100	\$0 50%	\$45 50%	\$610 1-4	\$450 \$350	\$45	50%/\$0	\$0-\$145 \$330-\$345	20%	\$700 not tiers 1,2	\$100 some	●	●	●									
16	Kaiser Permanente Senior Advantage Enhanced (HMO-POS²) H9003-001-0	\$134	\$134	\$4,000	\$0	\$35	\$250 1-6	\$250	\$25	\$0-\$35/\$0	\$0 \$0-\$150	\$0-20%	\$0	\$0	●	●		●	●	●		●				●
17	Kaiser Permanente Senior Advantage Standard (HMO-POS²) H9003-006-0	\$49	\$49	\$5,250	\$0	\$40	\$320 1-6	\$350	\$35	\$0 - \$40/\$0	\$0 \$0-\$225	\$0-20%	\$0	\$0	●	●		●	●	●		●				●
18	Kaiser Permanente Senior Advantage Value (HMO-POS²) H9003-009-0	\$0	\$0	\$6,750	\$0	\$45	\$455 1-6	\$400	\$50	\$0 - \$45/\$0	\$15 \$15-\$350	\$0-20%	\$0	\$0	●	●		●	●	●		●				●

	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
19	Regence MedAdvantage + Rx Classic (PPO¹) H3817-008-1	\$130	\$123.70	\$6,700 \$10,100	\$0 50%	\$40 50%	\$395 1-5	20% \$375	\$40	\$20	\$10 \$300	\$0-20%	\$590 not tiers 1,2	\$0	●	●	●					●				
20	Regence MedAdvantage + Rx Enhanced (PPO¹) H3817-009-1	\$244	\$237.70	\$5,900 \$9,550	\$0 50%	\$30 50%	\$315 1-5	20% \$300	\$30	\$10	\$5 \$300	\$0-20%	\$305 not tiers 1,2	\$0	●	●	●					●				
21	Regence MedAdvantage + Rx Primary (PPO¹) H3817-011-1	\$88	\$81.70	\$7,150 \$10,100	\$0 50%	\$45 50%	\$450 1-5	20% \$395	\$45	\$40/\$30	\$25 \$300	\$0-20%	\$700 not tiers 1,2	\$0	●	●	●					●				
22	Wellcare Low Premium (HMO-POS²) H6815-038-0	\$44.50	\$44.50	\$7,900	\$0	\$25	\$600 1-4	20% \$300	\$25	20%/\$0-\$50	\$50 \$200-\$500	20%	\$700 not tier 1	\$150 some	●	●	●	●	●			●				
23	Wellcare Low Premium Open (PPO¹) H5439-015-0	\$29	\$29	\$9,250 \$13,700	\$0 30%	\$55 30%	\$475 1-5	\$500 \$300	\$35	20%/\$10-\$50	\$50 \$225-\$500	20%	\$700 not tier 1	\$250 some	●	●	●					●				
24	Wellcare Premium Enhanced Open (PPO¹) H5439-019-0	\$76.60	\$76.60	\$7,000 \$10,700	\$0 \$30	\$30 \$60	\$475 1-5	\$500 \$350	\$30	20%/\$10-\$50	\$50 \$250-\$500	20%	\$700 not tier 1	\$250 some	●	●	●					●				
25	Wellcare Premium Ultra Open (PPO¹) H5439-011-0	\$206	\$199.70	\$6,500 \$8,700	\$0 30%	\$30 30%	\$425 1-7	\$425 \$200	\$25	20%/\$0-\$50	\$50 \$125-\$425	20%	\$700 not tier 1	\$250 some	●	●	●	●	●			●				
Chronic Special Needs Plans (C SNPs) - You must have 1 qualifying chronic condition, which vary by plan. Contact the plan to discuss and enroll.															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	AgeRight Advantage Premier Health Plan (HMO C-SNP) H1372-003-0	\$69	\$69	\$6,500	\$0	\$0-\$20	\$325 1-7	20%/20%	\$0	20%/\$0	20%	\$0-20%	\$400 not tier 1	\$0	●	●	●					●	●	●		
2	Devoted C-SNP Giveback Extras 019 OR (HMO C-SNP) H2923-019-0	\$0	\$0	\$7,700	\$0	\$45	\$490 1-5	\$580/\$480	\$35-\$50	\$0-\$95 \$0-\$45	\$25-\$75 \$100-\$300	20%	\$700 not tiers 1,2	\$150 some	●	●	●	●		●	●	●		●	●	
3	Devoted C-SNP Plus 009 OR (HMO C-SNP) H2923-009-0	\$0	\$0	\$9,850	\$0	30%	\$2,241 per stay	50%	30%	\$0-50%	40%/50%	20%	\$461 not tiers 1,2	\$990 some	●	●	●					●		●		
4	Humana Gold Plus-Diabetes and Heart (HMO C-SNP) H1036-306-0	\$0	\$0	\$4,550	\$0	\$15	\$290 1-4	\$395/\$100	\$35	\$0-\$100 \$0	\$0-\$145 \$205-\$345	20%	\$500 not tiers 1,2,6	\$0	●	●	●	●				●				
5	Humana Gold Plus-Diabetes and Heart (HMO C-SNP) H1036-317-0	\$0	\$0	\$9,850	\$0	20%	\$2,241 per stay	20%	20%	\$0-20%/\$0	\$0-20% \$205-\$345	\$0-20%	\$700 not tiers 1 2 3 6	\$283 some	●	●	●	●		●		●				
6	UHC Complete Care OR-5 (HMO-POS² C-SNP) H3805-040-0	\$0	\$0	\$7,150	\$0	\$55	\$685 1-4	\$685/\$635	\$50-\$55	\$60/\$0	\$25/\$285	20%	\$685 not tiers 1,2	\$0	●	●	●							●		●
7	UHC Complete Care Support OR-1A (PPO¹ C-SNP) H2001-045-0	\$0	\$0	\$9,850 \$14,800	0-20% 30%	0-20% 30%	\$1,980 per stay	20%	20%	20%/\$0	20%	20%	\$700 not tiers 1,2	\$257 some	●	●	●		●			●	●	●		

Plans without Part D (no drug coverage)																														
	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 Dediuctible	Vision	Hearing	Dental	Acupuncture	Chiropractic	Naturopath	Massage	Fitness	Transportation	OTC	Pt B Reduction	Opt Packages				
1	AARP Medicare Advantage Patriot NoRx OR-MA01 (PPO¹) H2406-073-0	\$0	n/a	\$7,150 \$10,750	\$0 \$25	\$60 \$80	\$610 1-4	\$610	\$50-\$60	\$50/\$0	\$30 \$320	20%	n/a	\$0	•	•	•					•		•	•					
2	Aetna Medicare Eagle (HMO) H2056-018-0	\$0	n/a	\$5,500	\$0	\$40	\$325 1-5	\$325 \$275	\$40	\$0-\$20/\$0	\$10 \$275	20%	n/a	\$0	•	•	•					•		•	•					
3	Atrio Freedom (PPO¹) H7006-021-0	\$0	n/a	\$4,450 \$4,450	\$0 \$50	\$40 \$50	\$250 1-5	\$350/\$250	\$20	\$0	\$0 \$60	\$0-20%	n/a	\$0	•	•	•	•	•	•		•		•						
4	Humana USAA Honor Giveback (PPO¹) H5216-455-0	\$0	n/a	\$5,100 \$10,100	\$0 50%	\$40 50%	\$480 1-4	\$450 \$350	\$45	\$0-\$100/\$0	\$0-\$145 \$0-\$345	20%	n/a	\$0	•	•	•					•			•					
5	Humana USAA Honor Giveback (PPO¹) H5216-427-2	\$0	n/a	\$9,150 \$13,900	\$0 35%	\$45 35%	\$610 1-4	\$450 \$350	\$35	\$0-\$100/\$0	\$0-\$145 \$205-\$345	20%	n/a	\$0	•	•	•					•		•	•					
6	Regence Valiance (PPO¹) H3817-010-0	\$0	n/a	\$5,300 \$9,550	\$0 50%	\$40 50%	\$370 1-4	20% \$360	\$40	\$10	\$5 \$300	\$0-20%	n/a	\$0	•	•	•					•								
7	Wellcare Patriot Giveback Open (PPO¹) H5439-010-0	\$0	n/a	\$6,750 \$9,200	\$0 \$30	\$30 \$60	\$525 1-5	\$500 \$200	\$25	20%/\$10-\$50	\$50 \$125-\$500	20%	n/a	\$200 some	•	•	•	•	•			•		•	•					

	Plan	Telephone Number	Web Address		Plan	Telephone Number	Web Address
1	AARP Medicare Advantage from UHC	800-555-5757	aarpmedicareplans.com	6	Humana	888-873-0686	humana.com/medicare
2	AgeRight Advantage	844-854-6885	agerightadvantage.com	7	Kaiser Permanente	877-408-3496	healthy.kaiserpermanente.org
3	Aetna Medicare	844-509-6254	aetna.com/medicare	8	Regence BlueCross BlueShield of Oregon	888-369-3171	regence.com/medicare
4	ATRIO Health Plans	877-672-8620	atriohp.com/oregon/	9	Wellcare by Healthnet	844-480-0680	wellcare.com
5	Devoted Health	844-978-2770	devoted.com				

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.

Information on this sheet comes from [Medicare.gov](https://www.medicare.gov) and is accurate as to the date of publication.