	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-POS[2]) 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-POS[2]) 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 (PPO[1]) 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 (PPO[1]) 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	$0-$35	$15 $350	20%	$700 not tiers 1,2	$750 some	●	●	●					●				
6	ATRIO Choice Rx (PPO[1]) H7006-018-0	$0	$0	$5,900	$0 $50	$45	$585 1-4	$0-$400 $250	$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	$0-$20 $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-$40/$0-$50	$0-$20 $100-$300	20%	$461 not tiers 1,2	$200 some	●	●	●	●		●	●	●			●	
9	Devoted Giveback Extras 025 OR (HMO) H2923-025-0	$0	$0	$7,700	$0	$45	$490 1-5	$580 $480	$35-$50	$0-$40/$0-$45	$0-$20 $100-$300	20%	$700 not tiers 1,2	$150 some	●	●	●	●		●	●	●		●	●	
10	Devoted PREMIUM 005 OR (HMO) H2923-005-0	$43	$43	$5,900	$0	$40	$445 1-5	$475 $375	$40-$50	$0-$40/ $0-$40	$0-$20 $100-$300	20%	$650 not tiers 1,2	$200 some	●	●	●	●	●	●	●	●		●		
11	Devoted CHOICE Premium 002 OR (PPO[1]) H7199-002-0	$28.50	$28.50	$6,000 $10,750	$0 $10	$45	$400 1-5	$500 $400	$40-$50	$0-$40/ $0-$40	$0-$20 $100-$300	20%	$650 not tiers 1,2	$250 some	●	●	●	●	●	●	●	●				
12	Humana Total Complete (HMO) H1036-153	$0	$0	$5,150	$0	$30	$420 1-4	$395 $350	$35	$0-$100/$0	$0-$40 $0-$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-$50 $0-$330	20%	$700 not tiers 1,2,3	$700 some	●	●	●					●			●	●
14	Humana Value Choice (PPO[1]) H5216-428-2	$0	$0	$6,950 $10,750	$0 50%	$50 50%	$689 1-4	$450 $350	$45	$0-$100/$0	$0-$50 $0-$330	20%	$700 not tiers 1,2	$80 some	●	●	●					●				●
15	Humana Choice (PPO[1]) H5216-048	$97	$82.60	$7,000 $10,100	$0 50%	$45 50%	$610 1-4	$450 $350	$45	$0-$50/ $0	$0-$50 $0-$330	20%	$700 not tiers 1,2	$100 some OON	●	●	●									●
16	Kaiser Permanente Senior Advantage Enhanced (HMO-POS[2]) H9003-001-0	$134	$134	$4,000	$0	$35	$250 1-6	$250	$25	$0-$35/$0	$0 $150	$0, $35, or 20%	$0	$0	●	●		●	●	●		●				●
17	Kaiser Permanente Senior Advantage Standard (HMO-POS[2]) H9003-006-0	$49	$49	$5,250	$0	$40	$320 1-6	$350	$35	$0 - $40/$0	$0 $225	$0, $35, or 20%	$0	$0	●	●		●	●	●		●				●
18	Kaiser Permanente Senior Advantage Value (HMO-POS[2]) H9003-009-0	$0	$0	$6,750	$0	$45	$455 1-6	$400	$50	$15 - $45/$0	$15 $350	$0, $35, or 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 (PPO[1]) H3817-008-1	$130	$123.70	$6,700 $10,100	$0 50%	$40 50%	$395 1-5	20% $375	$40	$20/ $0-$20	$10 $0- $300	$0-20%	$590 not tiers 1,2	$0	●	●	●					●				
20	Regence MedAdvantage + Rx Enhanced (PPO[1]) H3817-009-1	$244	$237.70	$5,900 $9,550	$0 50%	$30 50%	$315 1-5	20% $300	$30	$10/ $0-$10	$5 $0-$300	$0-20%	$305 not tiers 1,2	$0	●	●	●					●				
21	Regence MedAdvantage + Rx Primary (PPO[1]) 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-POS[2]) H6815-038-0	$44.50	$44.50	$7,900	$0	$25	$600 1-4	20% $300	$25	$0-20%/ $0-$50	$50 $0-$200	20%	$700 not tier 1	$150 some	●	●	●	●	●			●				
23	Wellcare Low Premium Open (PPO[1]) H5439-015-0	$29	$29	$9,250 $13,700	$0 30%	$55 30%	$475 1-5	$500 $300	$35	$0-20%/ $0-$50	$50 $0-$200	20%	$700 not tier 1	$250 some	●	●	●					●				
24	Wellcare Premium Enhanced Open (PPO[1]) H5439-019-0	$76.60	$76.60	$7,000 $10,700	$0 $30	$30 $60	$475 1-5	$500 $350	$30	$0-20%/ $0-20%	$50 $0-$250	20%	$700 not tier 1	$250 some	●	●	●					●				
25	Wellcare Premium Ultra Open (PPO[1]) H5439-011-0	$206	$199.70	$6,500 $8,700	$0 30%	$30 30%	$425 1-7	$425 $200	$25	$0-20%/ $0-$50	$50 $0-$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.

	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	$69	$69	$6,500	$0	$0-$20	$325 1-7	20% 20%	$0	$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-$45	$0-$40 $0	$25 $100-$300	$0-20%	$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 admit	50%	30%	$0-50%	40%/50%	$0-20%	$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 $0-$100	$35	$0-$140 $0	$0-$15 $205-$330	$0-20%	$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 admit	20% $0-20%	20%	$0-20%/$0	$0-20% $205-$330	$0-20%	$700 not tiers 1,2,3,6	Same as 2027 Pt B Deductible	●	●	●	●		●		●		●		
6	UHC Complete Care OR-5 (HMO-POS[2] C-SNP) H3805-040-0	$0	$0	$7,150	$0	$55	$685 1-4	$685 $0-$635	$50-$55	$60/$0	$25/$285	$0-20%	$685 not tiers 1,2	$0	●	●	●							●		●
7	UHC Complete Care Support OR-1A (PPO[1] C-SNP) H2001-045-0	$0	$0	$9,850 $14,800	20% 30%	20% 30%	$1,980 per admit	20%	20%	20%/$0	20%	20%	$700 not tiers 1,2	Same as 2027 Pt B Deductible	●	●	●					●	●	●		

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 (PPO[1]) H2406-073-0	$0	n/a	$7,150 $10,750	$0 $25	$60 $80	$610 1-4	$0-$610	$50-$60	$50/$0	$30 $0-$320	$0-20%	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	$0-20%	n/a	$0	●	●	●					●		●	●	
3	Atrio Freedom (PPO[1]) H7006-021-0	$0	n/a	$4,450 $4,450	$0 $50	$40 $50	$250 1-5	$350/$250	$20	$0	$0 $0-$60	$0-20%	n/a	$0	●	●	●	●	●	●		●		●		
4	Humana USAA Honor Giveback (PPO[1]) H5216-455-0	$0	n/a	$5,100 $10,100	$0 50%	$40 50%	$480 1-4	$450 $350	$45	$0-$40/$0	$0-$40 $205-$330	20%	n/a	$0	●	●	●					●			●	
5	Humana USAA Honor Giveback (PPO[1]) H5216-427-2	$0	n/a	$9,150 $13,900	$0 35%	$45 35%	$610 1-4	$450 $350	$35	$0-$45/$0	$0-$45 $0-$330	20%	n/a	$0	●	●	●					●		●	●	
6	Regence Valiance (PPO[1]) H3817-010-0	$0	n/a	$5,300 $9,550	$0 50%	$40 50%	$370 1-4	$0-20% $0-$360	$40	$0-$10	$5 $0-$300	$0-20%	n/a	$0	●	●	●					●				
7	Wellcare Patriot Giveback Open (PPO[1]) H5439-010-0	$0	n/a	$6,750 $9,200	$0 $30	$30 $60	$525 1-5	$0-$500 $200	$25	$0-20% $10-$50	$50 $125-$500	$0-20%	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				

PPO[1] 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-POS[2] 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 and is accurate as to the date of publication.